

## Initial Community Needs Assessment

Name \_\_\_\_\_

Date \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_

Fill out separate form for each town

**Description of the event:**

**Response Entities on Scene (including behavioral health resources):**

### Estimated Impact

Loss Categories	Number of Persons
Type of Loss	Number
Dead	
Hospitalized	
Non-hospitalized Injured	
Homes destroyed	
Homes "Major Damage"	
Homes "Minor Damage"	
Disaster Unemployed	
(Others—Specify)	

**Locations where survivors are being assisted::**

**Estimated behavioral health needs in the community:**