



RECOVERY REFERRAL FORM

Office use only

Client ID No: Date: Time:

Logged by: Event:

Household

Personal Details (Respondent)

Surname:

Given Name: Middle Name:

Current Address:

Postcode:

Telephone numbers

Home: Mobile: Work:

Email: Preferred contact:

Status (injured/not injured):

Persons living at affected property (excluding "respondent")

	Surname	Given Name	Age	Gender	Relationship
1					
2					
3					
4					
5					
6					

Support Needs:

Verbal Consent:

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Affected Property Details

Property Details:

Address of affected property:

Postcode:

Owner/Occupier: Tenant:

Agent Details:

Damage: Internal External Both

Primary Place of Residence: Yes No

Is the property accessible? Yes No

Has the property been visited? Yes No

Is the property habitable? Yes No

Are you insured? Yes No

Structure insured? Yes No

Contents insured? Yes No

If yes, who is your insurer?

Property Details (if not as above)

External Damage:

Nil:

Destroyed: (Premises uninhabitable for extended period (more than 1 month); premises destroyed or major structural repairs required.)

Major: (Premises uninhabitable for interim period (estimated >1 week to <1 month), moderate repairs required (replacing floor coverings or cupboards); access roads affected; utilities impacted)

Medium: (Premises impacted internally or externally. Includes disabling services, such as septic tank damage and access problems for

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brief period (< 1 week). Includes significant damage to outbuildings, garages, sheds, equipment).

Minor: (premises impacted mostly externally, with no residual effects (for example, water up to floor boards; saturated land area; contents of outbuildings wet but repairable; some damage to outbuildings. Access to property may have been affected and emergency relief accommodation required).

Other:

Internal Damage:

Nil:

Destroyed: (Premises uninhabitable for extended period (more than 1 month); premises destroyed or major structural repairs required.

Major: (Premises uninhabitable for interim period (estimated > 1 week to < 1 month), moderate repairs required (replacing floor coverings or cupboards); access roads affected; utilities impacted.

Medium: (Premises impacted internally or externally. Includes disabling services, such as septic tank damage and access problems for brief period (< 1 week). Includes significant damage to outbuildings, garages, sheds, equipment.

Minor: (Premises impacted mostly externally, with no residual effects (for example, water up to floor boards; saturated land area; contents of outbuildings wet but repairable; some damage to outbuildings. Access to property may have been affected and emergency accommodation required).

Other:

Plan to return to the property? Yes: No:

Structural Soundness:

Roof:

Ceiling:

Walls:

Floors:



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Asbestos: Yes: No:

When was your house built? ____/____/____

Do you believe your dwelling or outbuilding/s contain/s asbestos materials?

Yes: No: N/A:

Would you like an officer to assess your property for asbestos materials?

Yes: No: N/A:

Comments:

Loss Details

Number of items/extent/severity/insurance/other details:

Home:

Sheds:

Caravan/Similar:

Primary Resident

Motor Vehicle

Fridge/Freezer

Hay/Fodder

Other (water tanks, machinery, CFA water use etc.

Fences Lost

Yes:

No:



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Crown Boundary Fences Kms (estimate)

Boundary Fences Kms (estimate)

Internal Fences Kms (estimate)

Stock:

Injured (#) Sheep Cattle Horses Other

Dead (#) Sheep Cattle Horses Other

Is there evidence of putrescible matter/dead animals on property?

Yes: No:

What is the source of the water supply to the property?

Reticulated/mains Tank Bore Stream

Have fridge/freezer contents been removed? Yes: No: N/A

Are there any potential hazardous conditions/objects (trees, swimming pools, LPG gas bottles, etc)?

Yes: No: N/A

State/condition:

Is there any other health or sanitation problem? Yes: No: N/A

If yes, describe problem:

What essential services have been disrupted?

Type	Duration of interruption	Have service been restored?	
Power	<input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Gas	<input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Water	<input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Telephone	<input type="text"/>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>



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Household Needs:

Tree Removal	<input type="checkbox"/>	<input type="text"/>
Dam Water replacement	<input type="checkbox"/>	<input type="text"/>
Fencing	<input type="checkbox"/>	<input type="text"/>
Storage	<input type="checkbox"/>	<input type="text"/>
Property Surveying	<input type="checkbox"/>	<input type="text"/>

Customer Comments

Privacy Statement

The information being collected by Latrobe City is to assist in identifying your/your family's needs and will be handled in accordance with the *Information Privacy Act 2000*.

This information may be disclosed to other organisations and government departments.

You are entitled to access the information we collect about you in accordance with the relevant privacy legislation by contacting Latrobe City Council on 1300 367 700.

Affected Person Signature: Date:

When this form is completed email to flood2021@latrobe.vic.gov.au