

OPERATION: RESTORE

Needs Assessment — Family/Individual Intake

Complete this with the family or individual before scheduling a project. It protects everyone's time and safety, and helps match the right crew and materials.

Contact & Basics

Name _____
Phone / Best Way to Reach _____
Address _____
Referred By _____

The Need

What do you need help with? (Be specific — what's broken, missing, or unsafe?) _____
How long has this been a problem? _____
Has anyone else looked at it or given a quote/estimate? _____
Is this urgent/safety-related, or can it wait a few weeks? _____

Scope & Access

Is this a rental or owned home? (If rental, does the landlord know/approve?) _____
Are there pets, mobility issues, or anyone in the home we should know about on project day? _____
Is there anything hazardous on-site we should know about (mold, structural damage, electrical, etc.)? _____
What days/times work for the household? _____

Restore Dignity

Is there a skill, trade, or strength you or someone in your household would be willing to offer to a future Restore project?

Staff/Volunteer Use Only

Estimated Materials Needed

Estimated Crew Size & Skills Needed

Safety Concerns Noted

Assessed By / Date