

SBA-Certified SDVOSB | UEI ZYMKSLV6DD5 | CAGE 20TP6 | GA Real Estate License #424101 (Johnnie E. Benton, Sr.) — Epique Realty, 888-893-3537

LOSS SITE, CLAIM & OCCUPANT DATA

Damaged Address

Date / Time of Loss

Primary Resident

Resident Phone / Email

Adults / Children / Animals

Insurance Carrier

Claim #

Adjuster

Prime Contractor PM

PM Direct Phone

Work Order #

Loss Cause

☐ Fire

☐ Water

☐ Storm

☐ Other

PHASE 1 — ONSITE INTAKE & ACCESSIBILITY SCREENING (HOURS 0–2)

☐ **Displacement Intake form:** Complete Form DI-1 with resident contact details, damaged site address, and loss cause.

Time

Init.

☐ **Functional mobility screening:** Note zero-step entry, ground-floor bedroom, roll-in shower, grab bars, and oxygen/CPAP power needs. No diagnoses.

Time

Init.

☐ **Pets & service animals:** Record breed, weight, and fenced-yard needs. Note service animals (no pet fees or deposits). Do not ask for documentation or about the person's disability.

Time

Init.

☐ **Location & commute continuity:** Confirm school district and bus stop needs, work commute ZIP/radius, and bedroom/bathroom count.

Time

Init.

PHASE 2 — PRE-PLACEMENT 5-GATE VERIFICATION (HOURS 2–4)

☐ **Gate 1 — Authority:** Confirm claim # and the adjuster-approved daily lodging rate cap before booking.

Time

Init.

☐ **Gate 2 — Purpose:** Keep work to housing logistics and ALE receipt documentation. No adjusting, coverage opinions, or claim negotiation.

Time

Init.

☐ **Gate 3 — Scope:** Set up direct vendor/hotel billing so the resident has no out-of-pocket lodging expense.

Time

Init.

☐ **Gate 4 — Safety & Privacy:** Get the resident's signed information release; send intake data only to the PM and adjuster.

Time

Init.

☐ **Gate 5 — Capacity:** Confirm Metro Atlanta inventory (extended-stay hotel, furnished apartment, or single-family rental).

Time

Init.

PHASE 3 — LODGING PLACEMENT & ALE BINDER (HOURS 4–24)

☐ **Placement confirmation:** Finalize the reservation, confirm kitchen facilities, and give the resident check-in instructions.

Time

Init.

☐ **Proof of occupancy:** Get the lodging provider's check-in folio showing the actual check-in date and time.

Time

Init.

☐ **ALE ledger:** Log lodging charges, meal allowances, and temporary transit costs on the ALE Expense Ledger (Form ALE-1).

Time

Init.

☐ **Transmittal:** Send the Work Order (WO-1), Intake (DI-1), and ALE Ledger (ALE-1) to the prime PM and carrier adjuster.

Time

Init.

FIELD PM SIGN-OFF

Field PM Name

Date / Time Completed

Escalations / Notes

Signature