



KŌKUA BINDER



Art work by Kaulumaika

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Total Pages:	40

Binder Supplies

- Tab Divider Folders
- Business Card Holder Sheets
- Sheet Protectors
- Lined Notebook
- Pen Bag with Pen
- Optional: highlighter, sticky notes

Kōkua Binder

Disaster Recovery Support for Hawai'i's Communities

This binder belongs to you. It is a place to keep your important recovery information organized, track the help and resources you receive, and document what you still need. You decide what information you share and with whom.

We hope this binder makes your recovery journey a little easier by helping you stay organized, prepare for appointments and applications, and share your needs without having to tell your story over and over again.

This recovery tool was created with aloha by Papa Ola Lōkahi, guided by the experiences and insights of survivors, Kula No Nā Po'e Hawai'i, and other recovery navigators from the Lahaina wildfires and Kona Low floods, to support 'ohana affected by other natural disasters.

Name: _____

Date Started: _____

My Recovery Record

This belongs to me. I can choose who I share it with.

My Information

Full name: _____

Preferred name: _____

Date of Birth: _____

Phone: _____

Email: _____

My Housing & Living Situation

Tell us about where you lived when the disaster happened and where you are staying now. This information can help you explain your housing situation when applying for disaster assistance or recovery services.

BEFORE THE DISASTER

Address of damaged/affected home: _____

How long did you live at this address? _____

At the time of the disaster, did you:

- ☐ Own the home ☐ Rent the home
- ☐ Live with family or friends ☐ Live in employer-provided housing
- ☐ Have another living arrangement: _____

Was this your primary residence? ☐ Yes ☐ No

Was your name on the:

- ☐ Deed / Property records ☐ Mortgage
- ☐ Lease / Rental agreement ☐ None of these ☐ Unsure

If you rented, did you have a written lease?

- ☐ Yes ☐ No ☐ Month-to-month ☐ Not applicable

Landlord / Property Owner: _____

Phone / Email: _____

Did you pay rent or contribute toward housing costs?

- ☐ Yes ☐ No

Do you have proof that you lived at this address?

- ☐ Driver's license / State ID ☐ Utility bill
- ☐ Lease / Rental agreement ☐ Bank or credit card statement
- ☐ Government or benefits mail ☐ School records
- ☐ Letter from landlord/property owner
- ☐ Other: _____
- ☐ Unsure what I can use

My Housing & Living Situation

Tell us about where you lived when the disaster happened and where you are staying now. This information can help you explain your housing situation when applying for disaster assistance or recovery services.

AFTER THE DISASTER

Can you currently live safely in your home?

☐ Yes ☐ No ☐ Unsure

Did you have to leave your home because of the disaster?

☐ Yes ☐ No

Date you left: _____

Where are you currently staying?

- ☐ My affected home ☐ With family or friends
☐ Hotel / Motel ☐ Shelter ☐ Temporary rental
☐ Transitional housing ☐ Another home I own/rent
☐ Vehicle ☐ No consistent place to stay
☐ Other: _____

Current address/location:

Is this arrangement temporary? ☐ Yes ☐ No ☐ Unsure

Are you paying for your current housing? ☐ Yes ☐ No

If yes, approximately how much? \$_____ ☐ Day ☐ Week ☐ Month

My Housing & Living Situation

Tell us about where you lived when the disaster happened and where you are staying now. This information can help you explain your housing situation when applying for disaster assistance or recovery services.

Do you expect to return to your affected home?

☐ Yes ☐ No ☐ Unsure

What is preventing you from returning or staying safely?

- ☐ Flood / Water damage ☐ Mold / Moisture
☐ Structural damage ☐ Electrical problems
☐ Plumbing / Sewer problems ☐ No utilities
☐ Unsafe conditions ☐ Repairs are still needed
☐ Landlord has not completed repairs ☐ Home was destroyed / cannot be repaired ☐ Financial reasons
☐ Other: _____

What housing help do you currently need?

- ☐ Temporary housing ☐ Rental assistance
☐ Hotel / Lodging assistance ☐ Help paying rent or mortgage
☐ Home repairs ☐ Cleanup / Mold remediation
☐ Help communicating with landlord ☐ Help finding a new home
☐ Accessibility modifications ☐ Housing legal assistance
☐ I am not sure what help I need
☐ Other: _____

ADDITIONAL HOUSING INFORMATION

Homeowners / Renters Insurance: ☐ Yes ☐ No ☐ Unsure

Mortgage Company (if applicable): _____

Insurance Company: _____

Are there any other families or households living on the same property? ☐ Yes ☐ No

Is there anything about your housing situation that may be difficult to document or explain? ☐ Yes ☐ No

If yes, explain:

Property Damage Description

Describe the damage to your home, property, and belongings caused by the disaster.

Be specific about what was damaged, where the damage occurred, and how severe it is.

Include anything that was destroyed, lost, unsafe, or no longer usable. Take photos when possible.

Tip: Don't minimize the damage. Even small or hidden damage may be important to document.

Household Members Information

Document details of all household members here

	Full Name	Age	Gender
1			
2			
3			
4			
5			
6			
7			
8			

Additional notes:

My Recovery Contact List

Use this page to keep contact information for the people and organizations helping with your recovery. Include case managers, agency contacts, insurance representatives, inspectors, contractors, and other important contacts.

[illegible]

My Recovery Contact List

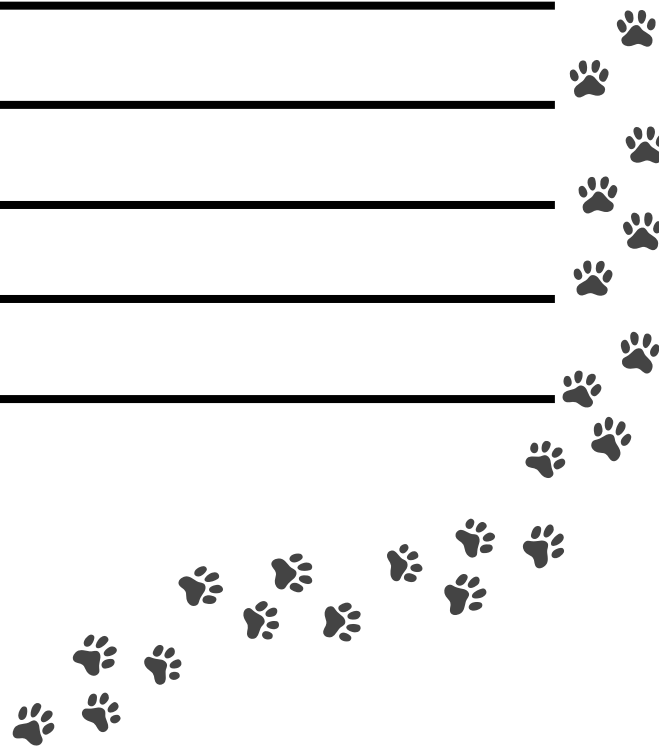
Use this page to keep contact information for the people and organizations helping with your recovery. Include case managers, agency contacts, insurance representatives, inspectors, contractors, and other important contacts.

[illegible]

Pet Information

List name, type (breed), color of your pet(s), and the name of their veterinarian:

Please list any medication(s) and/or supports that your animal(s) require:



Medical Needs & Health Information

Keep this with you and share with healthcare providers
or support agencies as needed

Healthcare Providers

Primary Care Provider (Clinic / Doctor): _____

Clinic Phone Number: _____

Specialist: _____

Pharmacy Name & Location: _____

Insurance Coverage:

Insurance Provider: _____

Member ID: _____

☐ Uninsured

☐ Other: _____

Medical Conditions (check all that apply)

☐ Diabetes

☐ Asthma

☐ Heart Condition

☐ Kidney Disease

☐ Other: _____

☐ High Blood Pressure

☐ Mental Health Condition

☐ Disability

☐ Pregnancy

Medical Equipment / Supplies Needed

☐ Inhaler

☐ CPAP Machine

☐ CPAP Supplies

☐ Nebulizer

☐ Prescription Glasses

☐ Contact Lenses

☐ Hearing Aids

☐ Wheelchair/Walker

☐ Oxygen

☐ Blood Sugar Supplies

☐ Wound Care Supplies

☐ Other: _____

Medications

List any medications you are currently taking

[illegible]

Family Medical Information

List any health conditions of your family members

[illegible]

Appointments / Follow-Up

List any upcoming medical appointments you or your family might have in the future

[illegible]

Appointments / Follow-Up

List any upcoming medical appointments you or your family might have in the future

[illegible]

Important Documents & Records Tracker

Use this page to track important documents that were lost, damaged, or need to be replaced after the disaster. Record when you requested each replacement, any fees paid, and when you received it. Keep copies of receipts and confirmation numbers when available.

Documents or Records	Person's name	Replacement requested	Date Requested	Confirmation Reference Number	Fee Paid
Birth Certificate					
Social Security Card					
State ID					
Driver's License					
Passport					
Marriage Certificate					
Death Certificate					
Vehicle Registration					
Auto Insurance card					
Car Title					

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[illegible]

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[illegible]

Vehicle Information

Owner: _____

Year / Make / Model: _____

License Plate: _____

VIN: _____

Loan or Lease Company: _____

Approximate Loan Balance: \$ _____

WHAT HAPPENED?

Date damage occurred: _____

Where was the vehicle? _____

What caused the damage? _____

☐ Floodwater ☐ Falling debris ☐ Wind ☐ Mud ☐ Other: _____

How high did the water reach on the vehicle?

Describe the damage:

Is the vehicle drivable? ☐ Yes ☐ No ☐ Unsure

DOCUMENT THE DAMAGE

1. Photos of all sides of vehicle
2. Photos of interior damage
3. Photos showing water/mud line
4. Photos of engine/trunk/cargo area, if safe
5. Photos of damaged belongings inside vehicle
6. Copy of registration
7. Copy of insurance card
8. Receipts for towing/storage
9. Repair estimate or inspection report

Insurance/Claim

Insurance Company: _____

Policy #: _____

Claim #: _____

Adjuster: _____

Phone/Email: _____

Date Claim Filed: _____

Inspection Date: _____

Repair Estimate: \$ _____

Insurance Payment: \$ _____

Deductible: \$ _____

Claim Status:

☐ Pending ☐ Approved ☐ Denied ☐ Total Loss ☐ Repairable

TOWING / REPAIR

Vehicle Towed To: _____

Tow Company: _____

Repair Shop: _____

Contact: _____

Storage Fees: \$ _____

Estimated Repair Cost: \$ _____

FINAL OUTCOME

☐ Repaired ☐ Declared Total Loss ☐ Vehicle Replaced

☐ Claim Denied ☐ Still Waiting

☐ Other: _____

Amount Received: \$ _____

Remaining Uncovered Cost/Loss: \$ _____

Home Inspection & Damage Assessment Tracker

Use this page to track anyone who visits your home to inspect, assess, or document disaster damage. Record when they came, what they found, and any next steps. Keep copies of inspection reports, estimates, and photos when available.

Agency	Name & Contact info	Date of inspection	Findings and outcomes	Report / Reference #	Follow-Up / Next Step
FEMA Inspector					
Insurance Adjuster / Inspector					
SBA Damage / Loss Verification					
County Damage Assessment / Building Inspector					
OHA / Hawaiian Council Assessor (if required for assistance)					
Landlord / Property Manager (for renters)					
Licensed Contractor / Repair Estimate					

Home Inspection & Damage Assessment Tracker

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[illegible]

Financial Assistance & Benefits Tracker

Use this page to track money, benefits, reimbursements, and disaster relief you apply for.
Record your application or case number, important dates, status, and next steps.
Keep all confirmation emails, letters, and receipts with your disaster records.

Service/Agency	Date Applied	Application or Case #	Status	Amount received & type (cash, gift card, check etc.)	Follow-Up / Next Step
FEMA – Individual Assistance					
Small Business SBA – Disaster Assistance					
American Red Cross – Financial Assistance					
Disaster Unemployment Assistance					
County/State Financial or Rental Assistance					
USDA / FSA Disaster Assistance					
Insurance Claim					
Hawai'i Home Energy Assistance Program (H-HEAP)					

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Service/Agency	Date Applied	Application or Case #	Status	Amount received & type (cash, gift card, check etc.)	Follow-Up / Next Step
Lahui Foundation					
Office of Hawaiian Affairs					
Hawaiian Council					
Salvation Army					
Catholic Charities					
Hawai'i DHS – SNAP					
Hawai'i DHS – Financial Assistance					
Hawai'i DHS – Med- QUEST (Medicaid)					
Hawai'i DHS – Child Care Assistance					

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[illegible]

Recovery Services & Support Tracker

Use this page to track organizations and people helping with your recovery.
Record who you contacted, the help you requested, appointments or referrals,
and any next steps or follow-up dates.

Program/ Service	Contact Person & info	Date Contacted	Help needed or requested	Appt or visitation date	Status	Notes
Aloha United Way 211						
Disaster Case Management Program (DCMP)						
American Red Cross						
Local Recovery Center / Community Navigator						

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Program/ Service	Contact Person & info	Date Contacted	Help needed or requested	Appt visitation date	Status	Notes
Kūpuna / Disability Services						
Housing / Temporary Housing Services						
Food / Meal Assistance						
Transportation Assistance						

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Program/ Service	Contact Person & info	Date Contacted	Help needed or requested	Appt or visitation date	Status	Notes
Legal Aid of Hawai'i						
Mental Health / Emotional Support						
Child & Family Services						
Native Hawaiian Legal Corporation						

Donated Goods & Supplies Tracker

Use this page to track donated items and supplies you receive during recovery. Record what you received, who provided it, and the estimated value when known. This can help document assistance received and identify items you may still need.

[illegible]

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Recovery Expenses & Receipts Tracker

Use this page to track expenses related to your disaster recovery.

Keep all receipts, invoices, and proof of payment when possible.

Category Examples: Housing/Home Repair • Cleanup • Food & Essentials • Transportation
• Medical • Child/Family/Pet Care • Utilities • Emergency Supplies • Other

[illegible]

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[illegible]

Q & As

Question:

Answer:

Question:

Answer:

Question:

Answer:

Q & As

Question:

Answer:

Question:

Answer:

Question:

Answer:

Q & As

Question:

Answer:

Question:

Answer:

Question:

Answer: