



DAC Call Center RI  
Effective Date: November 16, 2021

## DAC CALL CENTER RI

|                                     |                                                                                                              |     |
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## I. IMPORTANT INFORMATION

This section describes information that every employee **must** read **before processing** DAC Call Center Registration Intake.



### Purpose:

- The Disaster Assistance Center Call Center Registration Intake (DAC Call Center RI) User's Guide is designed to help you correctly register applicants for FEMA Disaster Assistance.
- This SOP identifies the tasks you will perform when taking a registration, shows the screens used to perform the tasks, and explains how to complete the information on each screen.

**NOTE:** The screenshots available throughout the document may NOT re the actual wording on the screen.

### Additional Information:

- The sequence of screens that appears during a registration is driven by the data entered during the call. Therefore, some of the screens identified in this guide may NOT appear during an individual registration. For example, the **Update Vehicle** screen appears only if the applicant reports disaster-caused vehicle damage.
- In addition, some screens reflect disaster-specific information or contain fields that vary depending upon applicant responses to questions, such as those regarding home insurance or disabilities.
- Other screens may appear at different points in the registration process when applicant information needs to be verified, validated, and/or corrected. For example, screens may pop up to alert you to review and correct information such as:
  - Damaged dwelling address (DDA)
  - Current mailing address (CMA)
  - Identification verification failure





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- Duplicate application
- Invalid registration
- In addition to this manual, RI agents should also become familiar with the following resources:
  - [Language Line](#)
  - [Threatening Phone Calls](#)
  - [Late Application](#)
  - Telephone instructions specific to the site where the user is assigned, with procedures for:
    - Logging in;
    - Answering calls;
    - Leaving the phone for lunches, breaks, and other business related purposes during the user's workday;
    - Placing the caller on hold to consult with supervisors and other support staff;
    - Making outbound calls;
    - Transferring calls to Helpline, if/when applicable;
    - Transferring to the Small Business Administration (SBA), if/when applicable;
    - Transferring calls internally; AND
    - Logging out at the end of the workday.
  - Procedures for handling bomb threats
- Pre-recorded Information Heard by Callers on **Hold**
  - Before speaking with a FEMA representative to register for assistance, callers who call the Registration Intake (RI) line hear the following critical prerecorded information through FEMA's interactive voice response system (IVR).
    - Prompt to identify their language;
      - In addition to English and Spanish, available languages include:



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- Arabic;
  - Haitian Creole;
  - Russian;
  - Vietnamese;
  - Samoan; AND
  - Mandarin.
- Web site information to register their own application;
  - Prompt to enter the zip code where their damages occurred;
  - Prompt to register or ask questions about an existing registration;
  - Privacy Act and Declaration of Eligibility statement;
  - Suggestion to have a pen and paper available to take notes;
  - List of information required to register, i.e. date the damages/loss occurred, Social Security Number (SSN), name, addresses, phone numbers, family's gross income, and insurance information;
  - Time commitment required to complete a registration (20-30 minutes); AND
  - After transfer, the disclosure statement, **"This call may be monitored and recorded for quality assurance purposes."**
- This recorded information utilizes the time during which callers are potentially in queue (waiting for the next available representative) to help them prepare for registration. Providing preparatory information at this point reduces the time spent on the phone with a FEMA representative and increases the number of completed registrations as opposed to those saved as incomplete.
  - It is crucial that every caller hears the Privacy Act and Declaration of Eligibility statement. The Privacy Act is required by law and must be read to every caller who has NOT heard it on the recorded message.
  - Therefore, if you are tasked to take registrations while working on Helpline, **PRESS CTRL-F3** on the DAC Call Center RI **Home** screen when you begin a registration and **READ** the Privacy Act and Declaration of Eligibility statement to the caller before continuing.





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- Also use this feature to access the **Privacy Act** screen on Delta calls (multiple callers in sequence on one continuous call) to ensure that all callers hear the statement as required. Additionally, for Delta calls, the disclosure statement: **This call may be monitored and recorded for quality assurance purposes** must also be given to the caller.

■ Calls requiring Special Assistance

- Over the course of an [open registration period](#), it is possible that you could receive a call that requires special assistance. This section provides information about how to assist the caller and obtain special assistance in situations where you DO NOT speak the caller's language, or where the caller's statements indicate that he or she is suicidal.
- Caller Speaks a Different Language
  - The caller's language will appear in C3MP when the call is connecting.
    - If you DO NOT speak the caller's language, DO NOT attempt to speak to the caller. The IVR has already advised the caller, in their language, they will be placed on an extended hold while an interpreter is obtained. **PLACE** the caller on hold and **CONNECT** the call via FEMA's Language Line Services (LLS) provider. A LLS coordinator will match staff with an interpreter who speaks the caller's language. Once connected with an interpreter and the caller:
      - **ADVISE** the interpreter to provide the disclosure statement: **This call may be monitored and recorded for quality assurance purposes** to the caller; AND
      - **READ** the **Privacy Act** and **Declaration of Eligibility** statement verbatim to any caller that DOES NOT speak English or Spanish.
  - Refer to the [Language Line](#) SOP for additional information about connecting with LLS, communicating with the LLS coordinator, and completing the registration with the interpreter's assistance.
- Caller Expresses Suicidal Intent
  - Callers who have experienced losses due to a disaster are undergoing a great deal of stress. In some situations, the stress can lead to despondency or depression. On rare occasions, a caller may even express suicidal intent on an RI call. Be on the alert if a caller says something such as, "**I won't be a problem much longer,**" or makes other statements indicating that they have thoughts of attempting suicide.





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- Always take expressions of suicidal thinking seriously. Above all, stay calm, and **DO NOT PLACE THE CALLER ON HOLD**. **ALERT** supervisory staff for assistance.
  - Always **OPEN** the PPM document [Threatening Phone Calls](#), and **FOLLOW** procedures in the job aid for assisting a caller who expresses suicidal thoughts.
  - Time is of the essence in this situation. Therefore, **ENSURE** that you always have immediate access to and are familiar with instructions in [Threatening Phone Calls](#), and any additional procedures in place at your facility.
- **Exceptions to Completing Registrations:** Registrations must always be completed for all callers who wish to register, with only four exceptions.
- No Disaster Declaration In Effect for the state, territory, or tribe;
    - If no current disaster declaration is in effect in the state, territory, or tribe where the caller is reporting disaster losses, and if early registrations are **NOT** authorized by the Program Management Section (PMS) in that state, territory, or tribe; **DO NOT** create a new registration;
    - **INFORM** the caller that there are no federally declared disasters in the state, territory, or tribe; and refer the caller to his or her local American Red Cross Chapter and advise them to monitor their local news, state, territorial, tribal, or county emergency management websites and FEMA.gov website for further information about state, territorial, tribal, or Federal assistance; **AND**
    - If the caller has an urgent need for food, clothing or shelter, refer them to their local voluntary organizations such as Salvation Army, Catholic Charities and other community based organizations. These services may be found by calling 2-1-1. **NOTIFY** callers to call 9-1-1 for medical emergencies.
  - The state, territory, or tribe where the caller's damage occurred is declared, but; the incident that caused their damage is **NOT** declared.
    - If the state, territory, or tribe where the caller is reporting disaster losses is declared, but the incident that caused their losses is **NOT** declared, and if early registrations are **NOT** authorized by PMS in that state, territory, or tribe; **DO NOT** create a new registration.

**NOTE:** In the event that PMS has authorized early registrations in an undeclared state, territory or tribe; staff will be fully notified via supervisory direction, email flash, pre-shift, and other means of the authorization.





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- Applicant/Co-applicant Previously Registered in Same Disaster
  - If the caller is an applicant or co-applicant previously registered in the same disaster declaration, DO NOT create a new/duplicate registration. Instead, refer the caller to Helpline to check on the status of the previously-completed registration.
  - If it is unclear whether the caller previously registered, start a new registration and pay close attention to the **Duplicate Check** window if it appears during the registration process. If the **Duplicate Check** window appears and the applicant states they have NOT registered, **CHECK** the Incomplete Registration section for a partial registration for the caller. If one is found, **COMPLETE** this registration as described in the [Continuing an Incomplete Registration](#) section.
- Person Calling to Register DOES NOT have a SSN.
  - One SSN is required to continue with a registration. If only one SSN is available from the caller and their co-applicant, the person whose SSN is recorded will be considered the applicant.
  - If an individual who calls to register DOES NOT have a SSN, but their co-applicant does have an SSN, **COMPLETE** the registration using the SSN of the co-applicant. **RECORD** the person whose SSN is used to register as the applicant.
  - An undocumented resident without a SSN can register using the SSN of a dependent child who is a US citizen, non-citizen national, or qualified alien. The individual must be over the age of 18 and be the parent or legal guardian of the dependent child, and the dependent child must reside in the same household. The child will be recorded as the applicant. Instructions for completing this type of registration are provided in the section: [Entering Dependent Child Applicant's SSN for an Undocumented Resident](#).
  - Record the co-applicant's SSN, if available.
  - If a caller CANNOT provide one SSN for either the applicant, the co-applicant, or the applicant's dependent child, DO NOT create a new registration.

**NOTE:** DO NOT discuss eligibility with the applicant during registration, and never discourage an applicant from continuing a registration based on your assessment of their possible eligibility status. Eligibility is not addressed until the application is completed and processed by NEMIS. The above are the only times you should NOT take a registration.



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- After completing the registration, if the file is IDV\_FAILED applicants will NOT be able to create an online account to view their file.
- Person Calling was NOT able to complete an registration online.
  - Applicants will NOT be able to complete the registration online if:
    - Occupancy or Identity Verification fail; OR
    - There are duplicates with other applicants in the same disaster (co-registrant social security number (SSN), phone number, direct deposit information, or address).
  - Applicants will receive a message indicating that they can complete the registration by calling (800) 621-3362.
  - Since the registration was unable to be completed online, you will complete the registration.





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## II. PROCESS

### A. Help Features

Various forms of **Help** tools are provided on the DAC Call Center RI screens to assist you with the registration process.

#### 1. On - Screen Help

##### a. **Help for this page** link



- i. Near the top of each page is a **Help for this page** link to help with completion of entry fields. It opens a window that describes the field on the screen.

##### b. **Pre - populated Field Information**



- i. After the system has processed the applicant's SSN, pre- populated information may be available for certain fields. The presence of pre-populated information is marked with an icon beside the corresponding fields.

1. **CLICK** on the icon to reveal the system information. **DO NOT** read the pre-populated information to the applicant, but have the applicant provide the information to you for verification.

##### c. **Auto-Filled Information**

- i. If the information has been entered previously, it may be auto-filled on following screens, where you can change it if needed, i.e. because the SSN is first entered on the Privacy Act screen, it is auto-filled on the **Personal Information** screen.

#### 2. Call Center Menu

- a. The **Call Center** menu at the left of the screen provides shortcuts that enable you to access helpful functions. The functions listed on the **Call Center** menu vary for different screens.

- i. **Privacy Act (CTL-F3): SELECT** this feature to access a pop-up window with the script for the Privacy Act and Declaration of Eligibility statement. **USE** this feature on LLS calls and Delta calls (multiple callers in sequence on one continuous call) to ensure all callers hear the Privacy Act and Declaration of Eligibility statement as required. **Error! Reference source not found.** section provides information about the Privacy Act and Declaration of Eligibility statement.



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Figure 1: Privacy Act and Declaration of Eligibility Window

- ii. **Summary (CTL-F5): SELECT** this feature after completing a registration to access a pop-up window that shows all the data entry fields. The Summary provides a quick review of registration information. It is helpful when you complete a registration previously saved as incomplete.

| DEPARTMENT OF HOMELAND SECURITY<br>FEDERAL EMERGENCY MANAGEMENT AGENCY<br>APPLICATION/REGISTRATION FOR DISASTER ASSISTANCE |                                 |                                          | Registration ID<br>45-0177979   | O.I.B. No. 1660-0002<br>Expires Aug 31, 2013 | DR #<br>6500                      |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|---------------------------------|----------------------------------------------|-----------------------------------|
| 1. Name (Last, First, MI)<br>TESTER, LUCILLE D.                                                                            | 2. Language<br>English          | 3. Social Security Number<br>XXX-XX-4321 | 4. Date of Birth<br>06/18/1962  | 5. Date of loss<br>03/22/2004                | 6. Application Date<br>06/07/2011 |
| 7A. Damaged phone #<br>(123) 456-7890                                                                                      | 7B. Alt Damaged phone #<br>None | 7C. Current phone #<br>(123) 456-7890    | 7D. Alt Contact phone #<br>None | 7E. Email address<br>NOTE:                   |                                   |
| 8. Address of Damaged Property<br>Street Address<br>1286 S VANITY AVE                                                      |                                 |                                          | City<br>BAINBRIDGE ISLAND       | State<br>WA                                  | Zip+4<br>98110-3217               |
| 9. Current Mailing Address                                                                                                 |                                 |                                          |                                 |                                              |                                   |

Figure 2: Summary Window

- iii. **Referrals (F6): SELECT** this feature to access **Agency Referrals** specific to the disaster declaration in which the current registration is being entered, **SELECT** the appropriate referrals and **CLICK** the **Submit** button to add them to the registration. Staff may read the referrals to the caller or transfer the caller to the IVR after the [Conclusion](#) screen. **NOTE: CLICK** the arrow on the bottom right of each referral to expand for additional information related to that referral.





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A screenshot of a web application window titled "Referrals". It contains five sections, each with a checkbox and descriptive text. The first section, "Aging Services", is checked. The other sections are "American Red Cross", "Crisis Counseling", "Fraud Detection", and "Information and Referrals", all of which are unchecked. At the bottom of the window are "Submit" and "Close" buttons.

**Referrals**

☒ **Aging Services**  
Your local agency on aging may help you with special needs such as transportation, meals, or home care.

☐ **American Red Cross**  
The American Red Cross or other voluntary agencies may be able to assist you with essential needs on an emergency basis including serious needs not addressed by your insurance company or other disaster assistance programs.

To help you reconnect with family and friends, the American Red Cross offers a free, on-line service where you can register yourself as being "safe and well". Concerned family and friends can search for you based on a pre-disaster address or phone number. To register visit [www.redcross.org/safeandwell](http://www.redcross.org/safeandwell).

☐ **Crisis Counseling**  
Referral services and short-term intervention counseling is available for mental health problems caused or aggravated by the disaster.

☐ **Fraud Detection**  
To report possible fraud regarding Federal Disaster Assistance please call FEMA's Fraud Detection toll free number.

☐ **Information and Referrals**  
This referral service can provide referrals to ongoing community programs that are available in your local area.

**Submit** **Close**

Figure 3: Referrals Window

- iv. **Comments (F9): SELECT** this feature to open a window where you can create and view comments. Refer to [Adding Call Center Comments](#) and [Viewing Call Center Comments](#) for additional information about Registration Intake comments.

A screenshot of a web application window titled "Comments". It has a header bar with "Add Comment" and "View Comments" links. Below the header is a form with two main sections: "SUMMARY" and "COMMENT TEXT", each with a text input area. At the bottom of the window are "Save" and "Close" buttons.

**Comments**

[Add Comment](#) | [View Comments](#)

**Add Comment**

**SUMMARY**

**COMMENT TEXT**

**Save** **Close**

Figure 4: Comments Window

- v. **Save Incomplete (F10): SELECT** this feature to save the file as incomplete, using the following window. Refer to [Save an Incomplete Registration](#) for additional information on this subject.



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Figure 5: Save as Incomplete Window

- vi. **End (Alt+F11): SELECT** this feature to end the registration and mark it as complete.

**NOTE:** All required information must be completed before saving the registration as complete.

- vii. **Cal (CTL+F11): SELECT** this feature to access a pop-up window with a calendar to help identify the date of the applicant's damages/loss.

Figure 6: Calendar Window

- viii. **Info (F8): USE** this feature to select and view [Disaster Specific Information](#). **SELECT** the disaster and **CLICK** the **OK** button to view disaster information. The Disaster, Agencies, and Information screens provide information about the disaster incident and area, partnering agencies, and basic IHP program eligibility requirements.





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Figure 7: Disaster Info Selection Window

- ix. **Disaster** screen: Provides the Disaster Agreement Number, Declaration Date, Incident Period, Application Filing Deadline, Incident Types, Helpline number, Helpline Hours, Designated Counties and Places, and other disaster-specific details.

Figure 8: Disaster Tab

- x. **Agencies** screen: Identifies the agencies that FEMA has partnered with to provide additional assistance beyond what is available in the IHP program.



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**SELECT** the agency name to view contact information for that agency. **CLICK** the arrows at the bottom of the screen to view information about each office. **USE** this screen to refer applicants to other agencies that may be able to assist them if they fall outside the disaster registration SOPs. A similar screen will appear at the end of a completed registration that provides the ability to assign specific agency referrals to the registration details. Staff will have the option to read these agency referrals to the applicant or transfer the applicant to the IVR to have the automated system read the referrals to the applicant after the [Conclusion](#) screen. **NOTE:** Applicants may NOT be transferred to the IVR if they speak a language other than English or Spanish. Staff must read any needed referrals that are NOT available on the IVR.

Figure 9: Agencies Tab

- xi. **Information** screen: The scrollable area of the **Information** screen explains the Office of Management and Budget's approval for information collection. It also provides information about IHP verification requirements for citizenship, occupancy, and ownership.





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A screenshot of the "Information" tab in the DAC Call Center RI application. The window title is "Disaster Info". The "Script" section contains a paragraph about OMB Control Number 1601-0002 and a "UNITED STATES CITIZEN OR NON-CITIZEN NATIONAL DEFINITION" section with four bullet points. A "Done" button is at the bottom right.

Figure 10: Information Tab

- xii. **Exit (CTL-F12): SELECT** this feature to exit the DAC Call Center RI application.
- xiii. **Help: SELECT** this feature to view a list of Call Center functions and their shortcut keys. You may print the list for their convenience. **Error! Reference source not found.** on illustrates this list of shortcut keys.

### B. Navigating and Recording Information in the Application

After you choose to complete a registration, the following series of tabs will appear to guide you through the process of entering categories of registration information:

- Introduction
- Identification
- Disaster
- Losses
- Occupants
- Financial
- Correspondence

Each of the tabs is associated with a series of related screens enabling you to enter sub-categories of registration information. Keep the following instructions in mind as you complete information on these screens.

1. Navigation:



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- a. After you enter the information on a screen, **CLICK** the **Next** button to save the entries and continue.
- b. After you **CLICK Next** to **Save** and **Continue**, the screen will appear as an active link under its tab on the left side of the web page. You can return directly to the screen using this link, or you can page back to the screen using the **Back** button.

## 2. Required information:

- a. If you leave a required field blank and attempt to continue, a red error message will appear at the top of the screen identifying the field(s) to be completed. To navigate directly to a previous screen without completing all required fields on the current screen, **SELECT** the link to the previous screen (listed in the top left corner).

## 3. Entering Punctuation:

- a. DO NOT use any punctuation or symbols ( , : ; & #), with the following exception:
  - i. Address fields can include fractions (for example: 100 1/2 MAIN ST).
  - ii. Email addresses can include special characters.

**NOTE:** For hyphenated names, **USE** a space instead of a hyphen.

## C. Important Points to Remember When Taking Registrations

### 1. When you are taking a registration, keep the following important guidelines in mind:

- a. Never convince or persuade any caller to discontinue completing an application.
- b. Always verify that callers have heard the Privacy Act and Declaration of Eligibility statement and **READ** the Privacy Act and Declaration of Eligibility statement to all callers who have NOT heard it, including callers:
  - i. Registering from Helpline; OR
  - ii. Registering on a Delta Call.





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**NOTE:** Callers registering with assistance of LLS may NOT have heard the **Privacy Act and Declaration of Eligibility** in a language they understand. Staff must **ADVISE** the interpreter to read the **Privacy Act and Declaration of Eligibility** to the caller.

- c. If caller requests that another person take over the conversation, the staff member will say to each person the caller requests them to speak with: "Good morning/afternoon/evening, my name is \_\_\_\_\_. This call may be monitored and recorded for quality assurance purposes." Also; when you transfer a call outside of FEMA (for example the SBA), the disclosure statement, must be provided to the person to whom the call is transferred.
- d. Always verify information provided by the applicant by repeating the information as you complete the fields on the screen. (For names, also repeat the spelling.)
- e. Never provide personal identity information to a caller and ask if it is correct. This is NOT an acceptable verification method and it compromises the security of the applicant's information.
- f. Always use phonetic spelling and reinforcement to clarify and verify all parts of the applicant's name when identity verification (IDV) fails.
- g. Always provide your first name and personal identification number (PIN) to the applicant when closing the call, even if it was provided at any other point during the call. The only exception to this guideline is when a call is unexpectedly disconnected.
- h. Never discuss eligibility with the applicant. If asked, explain that eligibility is determined after the registration is completed and processed.
- i. Always, before you place an applicant on hold, first ask and explain why you must do so. For example, **SAY**, "May I please place you on hold so that I can review your case? It will take only a few minutes." Also, if you place the applicant on hold, make contact with the caller in no less than two-minute intervals.

**NOTE:** An exception is when calling the IHP Helpdesk. **INFORM** the applicant that they are being placed on hold and it may be for an extended period. Also, **DO NOT** conference the applicant into the discussion.

- j. Always provide your name and personal identification number (PIN) to other representatives before transferring a call to a third party.



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- k. Never use the Web browser buttons to attempt to navigate through the registration. The browser buttons may cause you to exit the application and result in lost data or an incomplete application.

### D. Starting the Registration Process

#### 1. Logging into the DAC Call Center RI System

- a. Each facility provides a link on the facility Home page that opens the DAC Call Center RI **Login** screen. To log in:
  - i. **SELECT** the link at your facility.
  - ii. **ENTER** your standard **User ID** and **Password** on the following screen.
  - iii. **SELECT Login**.

Figure 11: Login Screen

**NOTE:** The **Login** screen will only show up if staff is using the **DSAT** link to complete a registration.

#### 2. Selecting the Registration Task

- a. After you log in, the Call Center **Home** screen appears

Figure 12: Call Center Home Screen





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**NOTE:** The figure above may NOT represent the actual wording on the screen.

- b. The screen instructions prompt you to greet the caller, **ASK** for the state, territory, or tribe where the damage occurred, and **USE F8** to check whether the disaster is open or closed.
- c. DO NOT attempt to create a new registration if:
  - i. The state, territory, or tribe where the applicant's damage occurred is NOT declared and there are NO Flash or [Preshift Notes](#) instructions from IHP Helpdesk to take early registrations from the area; OR
  - ii. The state, territory, or tribe where the applicant's damage occurred is declared, but; the incident that caused their damage is NOT declared.
- d. Instead, refer the caller to his or her local American Red Cross Chapter and advise them to monitor their local news, state, territorial, tribal, and county emergency management websites and FEMA.gov website for further information about state, territorial, tribal, or Federal assistance.
- e. The scrolling window of the Call Center **Home** screen also includes information to provide callers about the assistance programs available through FEMA and the Small Business Administration.
- f. To register an applicant with damages from an area where IHP Helpdesk has authorized pre-disaster registrations, **CONTINUE** to [Error! Reference source not found.](#)
- g. To register an applicant with damages from an open declared disaster, continue as follows, depending on whether you are creating a new registration or continuing and incomplete registration.
  - i. To start a new registration, **SELECT** the **New Registration** tab, and continue to [Creating a New Registration](#).
  - ii. To edit an existing registration, **SELECT** the **Incomplete Registration** tab, and see [Continuing an Incomplete Registration](#).



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**NOTE:** The **Callout Registrations** and **Change Disaster** tabs are available only for specialized use.

- The **Callout Registration** tab is used by authorized personnel assigned to special registration callout projects.

The **Change Disaster** tab is used by authorized personnel to move pre-disaster registrations to a new disaster after the declaration is signed and IHP setup is completed in NEMIS (Pre-disaster registrations are initially saved in NEMIS, according to the business rules, and moved after the declaration and IHP setup are completed).

### 3. Taking Registrations for an Undesignated County

- a. Federal Disaster Assistance is available when a federal disaster is declared for a state, territorial, or tribal land, and specific counties/parishes/municipios are designated to receive Federal Disaster Assistance. During the [open registration period](#), FEMA will register applicants for a declared incident within a declared state, territory, or tribe; regardless of whether their loss is in a designated county/parish/municipio. If undesignated areas in a declared state, territory, or tribe are later designated, applicants' registrations in those areas will automatically be processed in NEMIS.
- b. In special situations (such as consideration of a Declaration) identified by PMS, FEMA will accept early registrations for an undeclared incident from applicants who live in or who sustained damage in a state, territorial, or tribal land, even when that state, territorial, or tribal land has an open registration period for another incident.
- c. Early Registrations authorized in an Undeclared Incident:
  - i. If PMS has authorized early registrations for an undeclared incident, staff will receive notification to select a disaster option that allows for completion of early registrations in that area ("**Disaster has occurred, but NOT in the list**"). The [Disaster Selection](#) and [Early registration](#) sections of this guide provide additional information about taking and updating early registrations in authorized areas.
- d. Early Registrations NOT Authorized in an Undeclared Incident:
  - i. If early registrations are NOT authorized for an undeclared incident, staff will be unable to complete the registration. The **No Matching Disasters** screen





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will pop up with the option to delete the registration and end the registration process.

- ii. **SAY** to the caller "[Currently there are no federally declared disasters in your state, territory, or tribe.](#)" In this situation, advise callers to monitor their local news, state, territorial, tribal, and county emergency management, and FEMA.gov websites for further information about state, territorial, tribal, or Federal assistance.
- iii. If the caller has an urgent need for food, clothing or shelter, refer them to their local voluntary organizations such as Salvation Army, Catholic Charities and other community based organizations. Advise callers to find these services by calling 211. For medical emergencies, advise them to call 911.

**NOTE: DO NOT** do the following:

- Provide the applicant with the registration number;
- Complete call transfers to SBA. Until an official declaration has occurred, official referrals to the SBA are NOT generated.

4. Handling a Late Application

- a. FEMA accepts late applications for callers with extenuating circumstances for up to 60 days beyond the application filing deadline. Refer to [Late Application](#), for guidance on handling late applications.
- b. Late Applications within the 60-Day Grace Period
  - i. If a caller wishes to register within the 60-day grace period past the application filing deadline, **COMPLETE** a full **applications**. After you select the disaster during the registration process, the RI system will generate an Invalid Registration error message. This message explains that the filing deadline is past, and that the applicant will be sent a letter stating that he or she is NOT eligible for consideration for disaster assistance under the IHP program.
  - ii. The ineligibility letter sent for late applications explains that for further consideration, applicants should write a letter to FEMA with the details of the extenuating circumstances that prevented them from applying for assistance in a timely manner.
  - iii. **INFORM** late applicants that the letter they receive will provide instructions for submitting a written explanation of their extenuating circumstances for review.



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- iv. If the applicant wishes to continue, **COMPLETE** the late applications.
- c. Late Applications after the 60-Day Grace Period
  - i. Registration Intake for a declared disaster is disabled 60 days after the standard or extended registration period end date.
  - ii. You may start a registration for callers attempting to apply after the 60-day grace period. After disaster selection, the RI system will generate a message explaining that the deadline for registration has passed and that a registration can no longer be completed.
  - iii. In this situation, FEMA can send the caller a letter explaining the reason they CANNOT register for disaster assistance (NPLATE letter), **DO** the following:
    - 1. **ASK** the caller for their **name, mailing address** and confirm language preference.
    - 2. **FORWARD** the caller's name, mailing address and as needed language preference to your Supervisor or designated POC to request an NPLATE letter from the [FEMA-IHP-Mailroom](#).
      - a. The FEMA-IHP-Mailroom will generate and mail the NPLATE letter using the name and mailing address provided.

5. Save an Incomplete Registration:

- a. If the applicant wishes to continue the registration at a later time or the call is disconnected, **SELECT** the **Save Incomplete (F10)** button from the **Call Center Menu**.
  - i. This choice is NOT available until you have progressed to the **Disaster Related Losses** screen.

The screenshot shows a web-based registration system. On the left is a navigation menu with options like 'Losses', 'Registration', and 'Call Center'. The main area displays a registration form with several questions, each with 'Yes', 'No', and 'Other' radio button options. At the bottom of the form, there are three buttons: 'Back', 'Save as Incomplete', and 'Next'. The 'Save as Incomplete' button is highlighted, indicating it is the correct action to take at this stage of the registration process.





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Figure 13: Disaster Related Losses Screen

- b. The Call Center **Exit Registration Options** screen will appear.
- c. **CLICK** the **Save as Incomplete** button.

A screenshot of the "Call Center Exit Registration Options" screen. The title bar is blue with white text. Below the title bar, there is a line of text: "You have the opportunity to handle this registration as describe on the text next to each button." Below this text are three blue buttons with white text, each followed by a description of its function. The first button is "Delete Registration" with the description "Delete the registration." The second button is "Save as Incomplete" with the description "Save registration as Incomplete." The third button is "Return" with the description "Returns the user to editing the registration."

Figure 14: Call Center Exit Registration Options Screen

- d. On this screen **COMPLETE** the following:
  - i. If available, **ADVISE** the applicant of the registration number and disaster number. Also, **ADVISE** the caller they can complete the registration by calling (800) 621-3362.
  - ii. **SELECT YES** or **NO**, if the applicant would like to be notified about important events regarding their incomplete registration.

The US Postal Service is NOT an option.

If **YES**, **COMPLETE** the **Email Address** and **Verify Email Address** fields.

If the applicant is no longer connected to the call, **CLICK NO** to the notification question, **DO NOT** enter email address, and **CLICK Continue**.

- iii. **SELECT** the language the applicant would like to receive the notifications.
  - 1. **ENGLISH** or **SPANISH** are the available choices.
- iv. **CLICK** the **Continue** button and the **What to Expect** screen will appear.



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Figure 15: Interim Screen Incomplete Registration Screen

- v. **CLICK** the **Home** button to return to the **Call Center Home** screen.

Figure 16: What to Expect Screen

## 6. Continuing an Incomplete Registration:

- a. If the applicant previously started but DID NOT complete a registration, **SEARCH** and **CONTINUE** the Incomplete Registration.
  - i. **SELECT** the **Incomplete Registrations** tab from the **Call Center Home** screen. The **Incomplete Registrations Search** screen will appear;

Figure 17: Incomplete Registrations Search Screen

- ii. The following table provides instructions for entering search information on this screen.





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| Field            | Instructions                                                                                                                                             |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Dstr Nr       | a. <b>SELECT</b> the disaster declaration number.                                                                                                        |
| 2. Rgsn ID       | a. <b>ENTER</b> the caller's registration identification number, if the caller can provide the number                                                    |
| 3. SSN           | a. <b>ENTER</b> the applicant's SSN.                                                                                                                     |
| 4. Last Name     | a. <b>ENTER</b> the applicant's last name in the field. (Complete this field only if the Registration ID or SSN is unknown.)                             |
| 5. First Name    | a. <b>ENTER</b> the applicant's first name in the field. (Complete this field only if the Registration ID or SSN is unknown.)                            |
| 6. Damaged Phone | a. <b>ENTER</b> the phone number located in the applicant's home. (Complete this field only if the Registration ID or SSN is unknown.)                   |
| 7. State         | a. <b>SELECT</b> the state, territory, or tribe where the damaged or loss occurred.                                                                      |
| 8. County        | a. <b>SELECT</b> the county where the damage or loss occurred. (The state, territory, or tribe must be selected for a list of counties to be available.) |

Table 1: Registration Options

iii. **SELECT** the disaster number (**Dstr Nr**), **ENTER** any search criteria from the table above, and **CLICK** the **Search** button to locate the list of Incomplete Registrations; AND

iv. **CLICK** the **Edit** icon next to the Applicant's information. The registration will open on the **Personal Identification** screen.

**NOTE:** DO NOT click the icon more than once. Doing so may lock temporarily lock the registration.



Figure 18: Incomplete Registrations Search Results

- b. **SEARCH** NEMIS for duplicate registrations using the Applicant's SSN.
  - i. If a completed registration is found in NEMIS, **VERIFY** the applicant's name, SSN, and DDA.
    1. If this information **EXACTLY** matches the information in the Incomplete Registration, **CLICK** the **Delete** icon next to the Applicant's information to remove the Incomplete Registration from the system; AND
    2. **PROVIDE** the disaster number and registration number for the completed registration to the applicant.



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- ii. If a completed registration is NOT found in NEMIS; or, the information in NEMIS DOES NOT exactly match the information in the Incomplete Registration, **CONTINUE** with the Incomplete Registration.
- iii. If there is more than one Incomplete Registration under the applicant's SSN, **VERIFY** which registration the applicant would like to complete.

#### 7. Outbound Calls for Incomplete Registrations:

The standard hours for outbound calls are 8am to 9pm in the applicant's time zone. Staff should calculate the time zone difference before placing an outbound call.

- a. Before making an outbound call to complete an Incomplete Registration, **REVIEW** the file to **ENSURE** a call is needed.

**NOTE:** When you reach the question **Is your mailing address the same as the Damaged Dwelling Address**, **REVIEW** the **Summary (F5)** page. If they are the same, **SELECT Yes**. If they are NOT the same, **SELECT No**. For the **Identity Proofing** questions, **SELECT Skip**.

- i. If the last outbound call was made less than 24 hours prior:
  - 1. DO NOT make an outbound call; AND
  - 2. **SAVE** the registration as **Incomplete**.
- ii. If the last outbound call was made more than 24 hours prior:
  - 1. Refer to [step b](#).
- iii. If three attempts to all numbers on file have already been made:
  - 1. **FOLLOW** the [steps to DELETE](#) the registration.
- iv. The following scenarios DO NOT require an outbound call:
  - 1. Household income is missing;
    - a. **SELECT Income not Available** and **COMPLETE** the registration.
  - 2. Mail preference is missing;
    - a. **SELECT Traditional Postal Mail** and **COMPLETE** the registration.





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3. SMS text message preference is missing;
  - a. **SELECT No** and **COMPLETE** the registration.
4. EFT information is missing;
  - a. **SELECT No** and **COMPLETE** the registration.
- b. **CALL** the applicant/co-applicant and **COMPLETE** the registration. Three call attempts to all numbers on file is required. One call attempt per day.
  - i. If you DO NOT speak the applicant's language, **FOLLOW** the [procedures to connect with an interpreter](#). Refer to the [Language Line](#) SOP for additional information.
  - ii. If the call is answered by someone other than the applicant/co-applicant, **SAY**: "Good morning/evening, this is a courtesy call from FEMA and my name is (First name /PIN). This call may be monitored and recorded for quality assurance purposes. May I please speak to Mr. /Ms. (Applicant/Co Applicant's Name)?"
  - iii. Once the applicant/co-applicant is on the line, **SAY**: "This call may be monitored and recorded for quality assurance purposes. Mr. /Ms. (Applicant/Co Applicant's Name) I am calling regarding your current incomplete registration for Disaster #####. A completed registration is required to determine your eligibility for FEMA assistance. I am able to assist you in completing your registration at this time. It will take up to 20 minutes to complete your registration."
1. If the applicant/co-applicant DOES NOT want to complete the registration:
  - a. **FOLLOW** the [steps to DELETE](#) the registration.
2. If the applicant/co-applicant wishes to complete the registration:
  - a. **READ** the [Privacy Act and Declaration of Eligibility](#) statement to the applicant/co-applicant;
  - b. For verification purposes, **ASK** the applicant/co-applicant to state their first and last name and provide their full SSN. If they are listed as IDV\_Failed, **ASK** the applicant/co-applicant to **SPELL** their first and last name; AND
  - c. **VERIFY** all previously entered data. DO NOT read previously entered data to the applicant/co-applicant and ask if it is correct. Instead, **ASK** the applicant/co-applicant to ensure their privacy is protected.



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3. If the applicant/co-applicant wish to complete the registration but DO NOT have time:
  - a. **INSTRUCT** them to call FEMA at (800) 621-3362 at their earliest convenience to complete the registration;
  - b. **EXPLAIN** we will hold the Incomplete Registration for 24 hours and will attempt to call them again if it is not completed; AND
  - c. **ENTER** a **Comment**.

**NOTE:** If the registration was started online, the applicant/co-applicant will NOT be able to complete the registration online. They must call (800) 621-3362 to complete the registration.

- c. **LEAVE** a message for the applicant/co-applicant.
  - i. If leaving a message with another person, **SAY:** "Good morning/evening, this is a courtesy call from FEMA and my name is (First name /PIN). We are attempting to contact Mr. / Ms. (Applicant's Last Name) to complete some missing information in their file. Please have them contact us at 1 (800) 621-3362 or 1 (800) 462-7585 (TTY). Thank you for your time."
    1. **ENTER** a **Comment** notating the date and time of the call with the time zone you are calling from; AND
    2. **SAVE** the registration as **Incomplete**.
  - ii. If leaving a voicemail, **SAY:** "Good morning/evening, this is a courtesy call from FEMA and my name is (First name /PIN). We are attempting to contact Mr. / Ms. (Applicant's Last Name) to complete some missing information in their file. Please call FEMA at 1 (800) 621-3362 or 1 (800) 462-7585 (TTY). Thank you."
    1. **ENTER** a **Comment** notating the date and time of the call with the time zone you are calling from; AND
    2. **SAVE** the registration as **Incomplete**.
- d. Deleting a registration.
  - i. **SELECT** the **Exit Registration** button;
  - ii. **SELECT** **Delete Registration**; AND





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iii. **SELECT Yes.**

8. Completing the Registration:

- a. After you select the registration do the following to continue:
  - i. If the caller has NOT heard the Privacy Act and Declaration of Eligibility statement, **CLICK** on the **Privacy Act (CTL-F3)** link on the left and **READ** the page to the caller verbatim;
  - ii. For verification purposes, have the applicant provide you with the spelling of their first name, last name, and SSN;
  - iii. **CLICK** the icon in the **Edit** field beside the applicant's information. This will open the registration at the **Personal Identification** tab; AND
  - iv. Verbally review all previously entered data, starting with the Personal Identification information, to ensure accuracy.

**NOTE:** DO NOT read information previously entered on the **Personal**, **Contact**, and **Income** screens to the caller. Instead, **REQUEST** this information again to ensure that the applicant's privacy is protected. This process will also serve as a verification process to ensure that the correct incomplete registration has been accessed.

## E. Creating a New Registration

**SELECT** the **New Registration** tab from the Call Center **Home** screen to start a new registration.

**NOTE:** Remember, as you take a registration, **DO NOT** discuss eligibility with the applicant during registration, and **NEVER** deter an applicant from continuing a registration based on your assessment of their possible eligibility status. See [Exceptions to Completing Registrations](#) for the only exceptions to completing a registration.

1. Registration Instructions

- a. **SELECT** the **New Registration** tab and the **Registration Instructions** screen appears.



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A screenshot of the "Registration Instructions" screen. The screen has a blue header with the title "Registration Instructions" and a progress bar on the right labeled "Application Progress" with a series of dots. The main content area is divided into two columns. The left column has a heading "Instructions" and a sub-heading "Instructions". The right column contains text: "The application process will take approximately 15-20 minutes." followed by "To complete this process you will need: Your Social Security Number, Insurance Type, Gross household income, Address and Phone Numbers. If you do not have any of these an applicant's agent will help identify all this data please visit back. The Social Security number is required to identify your identity." Below this text are three buttons: "Go Back", "Tell me more", and "Next".

Figure 19: Registration Instructions Screen

- i. This screen identifies the information required from the applicant during the registration process (SSN, insurance type, gross household income, addresses, and phone numbers). Callers typically receive these instructions in a recorded message while they are waiting to speak with an agent; however, they may NOT always be able to attend to the recording.
- b. To start the registration:
  - i. **VERIFY** that the applicant has heard the instructions and is prepared to continue.
  - ii. **READ** the instructions if the applicant is NOT familiar with them.
  - iii. **CLICK** the **Next** button to continue.
1. Privacy Act, Declaration of Eligibility statement, and SSN appears after you **CLICK Next** on the **Registration Instructions** screen.

**NOTE:** The figure below may NOT represent the actual wording on the screen.





Introduction

Privacy Act Statement and Declaration of Eligibility

Application Progress
100%
LMS No. 1680-A-02, Exp. 03-28-06

Instructions
+ Instructions
- Privacy Act

**Service Rep:**

Please read the following statement to each Delta Call applicant, as they will not have heard it from the phone recorded message.

FEMA is required to provide you with the following statement:

The Privacy Act of 1974 protects your rights as to how FEMA uses and shares your information with entities such as other Federal agencies, including Department of Homeland Security, States, tribal or local governments, voluntary organizations, and other organizations providing disaster assistance in accordance with the law. FEMA may share your information with these partners to make sure you receive all disaster assistance available to you, prevent duplicating benefits, or to prevent future disaster losses.

The Stafford Act, Privacy Act and other laws allow FEMA to collect information to determine eligibility and provide assistance as a result of a Presidentially declared disaster.

FEMA may record phone calls for internal quality assurance purposes. Providing your Social Security Number and other requested information is voluntary, however, refusing to provide this information may delay or prevent you from receiving assistance.

To be eligible for FEMA Assistance, you must hereby declare under penalty of perjury, that you are a citizen, non-citizen national, a qualified alien of the United States; or a parent or legal custodian of a minor child, who lives with you and who is a citizen, non-citizen national or qualified alien of the United States.

**You must understand that** if you intentionally lie or hide any information in an attempt to obtain disaster assistance, it is a violation of federal and State laws, which carry severe fines and/or imprisonment.

**You must understand that** if you received FEMA Assistance and have insurance that covers the same loss or receive other assistance for the same loss, you may be required to return some or all of the FEMA Assistance provided to you.

**You must authorize FEMA to verify all information given by you** about your primary residence, income, identity, and dependents in order to determine your eligibility for disaster assistance.

**You must authorize FEMA and/or the State to request your personal information from entities such as your insurance company, or financial institution** to continue your registration, you must acknowledge you understand and that you agree with the information I have just read to you. Do you understand and agree to these statements?

*(If the applicant disagrees, delete the registration, if they agree, continue)*

**Service Rep:**

May I have your Social Security Number?

\* Applicant Social Security Number:      \_ \_ \_ \_ \_

☐ I am a DSAT or IRS employee

Back
Exit Registration
Next

Figure 20: Privacy Act and Declaration of Eligibility Screen

**NOTE:** The "I am a DSAT or IRS employee" field is not for use by facility Call Center staff.

## F. Reading the Privacy Act and Declaration of Eligibility statement

1. Applicants who call the Registration Intake line typically hear a recorded Privacy Act and Declaration of Eligibility statement while they are waiting to connect. Before continuing the registration:
  - a. The agent taking the registration must ask whether the applicant heard the Privacy Act and Declaration of Eligibility statement.
    - i. If the applicant verifies they heard the Privacy Act and Declaration of Eligibility statement during the recorded message, the agent is NOT required to read it.
    - ii. If the applicant has **NOT** heard the Privacy Act and Declaration of Eligibility statement, staff is required to **READ** all statements on this page verbatim.



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- iii. The staff should answer any questions regarding the message. For questions on citizenship, refer to the [Frequently Asked Questions](#) for additional information.
- iv. If the caller is disconnected or declines to register at this point, **SELECT** the **Delete This Registration** button to delete the application and return to the **Home** page.

**2. Privacy Act and Declaration of Eligibility for Multiple Applicants on One Call (Delta Callers)**

- a. At times you will need to complete several registrations from different applicants in sequence while on one continuous call. This type of call is referred to as a **Delta Call**. Only the first applicant on a Delta Call will have heard the recorded Privacy Act and Declaration of Eligibility statement. When you start a new registration for each applicant that follows, begin by reading the Privacy Act and Declaration of Eligibility statement. Additionally, for Delta calls, **REPEAT This call may be monitored and recorded for quality assurance purposes** to the registrant and all other persons to whom the call is handed to or transferred to up to and including the applicant or co-applicant.

**3. To access the Privacy Act and Declaration of Eligibility statement from any screen, PRESS CTRL-F3 or CLICK the Privacy Act link.**

- a. The following is the text of the Privacy Act and Declaration of Eligibility statement in English:

**"FEMA is required to provide you with the following statement:**

**The Privacy Act of 1974 protects your rights as to how FEMA uses and shares your information with entities such as other Federal agencies, including Department of Homeland Security, States, tribal or local governments, voluntary organizations, and other organizations providing disaster assistance in accordance with the law. FEMA may share your information with these partners to make sure you receive all disaster assistance available to you, prevent duplicating benefits, or to prevent future disaster losses.**

**The Stafford Act, Privacy Act and other laws allow FEMA to collect information to determine eligibility and provide assistance as a result of a Presidentially declared disaster.**

**FEMA may record phone calls for internal quality assurance purposes. Providing your Social Security Number and other requested information is voluntary, however, refusing to provide this information may delay or prevent you from receiving assistance.**





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**To be eligible for FEMA assistance, you must hereby declare under penalty of perjury, that you are a citizen, non-citizen national, a qualified alien of the United States, or a parent or legal custodian of a minor child, who lives with you and who is a citizen, non-citizen national or qualified alien of the United States.**

**You must understand that if you intentionally lie or hide any information in an attempt to obtain disaster assistance, it is a violation of federal and State laws, which carry severe fines and or imprisonment.**

**You must understand that if you received FEMA assistance and have insurance that covers the same loss or receive other assistance for the same loss, you may be required to return some or all of the FEMA assistance provided to you.**

**You must authorize FEMA to verify all information given by you about your primary residence, income, identity, and dependents in order to determine your eligibility for disaster assistance.**

**You must authorize FEMA and/or the State to request your personal information from entities such as your insurance company, or financial institution.**

**To continue your registration, you must acknowledge you understand and that you agree with the information I have just read to you. Do you understand and agree to these statements?**

**(If the applicant disagrees, delete the registration, if they agree, continue.)**

**May I have your Social Security Number?"**

- b. The following is the text of the Privacy Act and Declaration of Eligibility statement in Spanish:

**"A FEMA se le requiere proveer la siguiente declaración:**

**El Acta de Privacidad de 1974 protege sus derechos en cuanto a cómo FEMA utiliza y comparte su información con entidades tales como agencias Federales, incluyendo el Departamento de Seguridad Nacional, gobiernos estatales, tribales o locales, organizaciones voluntarias, y otras organizaciones proveedoras de asistencia por desastre en conformidad con la ley. FEMA puede compartir su información con estas entidades para asegurarse que reciba toda la asistencia por desastre disponible para usted, prevenir la duplicación de beneficios, o para prevenir pérdidas en futuros desastres.**

**El Acta Stafford, el Acta de Privacidad y otras leyes permiten que FEMA recopile información para determinar elegibilidad y proveer asistencia como resultado de un desastre declarado por el presidente.**





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**FEMA puede grabar llamadas telefónicas con el propósito de asegurar la calidad interna. El proveer su Número de Seguro Social y otra información requerida es voluntario, sin embargo, reusarse a proveer esta información puede retrasar o prevenir que usted reciba asistencia.**

**Para ser elegible para Asistencia de FEMA, usted tiene que declarar bajo pena de perjurio, que es un ciudadano, nacional no ciudadano, un extranjero calificado de los Estados Unidos, o un padre o tutor legal de un menor, que vive con usted y que es un ciudadano, nacional no ciudadano, o un extranjero calificado de los Estados Unidos.**

**Usted debe entender que mentir u ocultar cualquier información intencionalmente en un intento de obtener asistencia por desastre, es una violación a las leyes federales y estatales, que conlleva multas severas y/o encarcelamiento.**

**Usted debe entender que si recibió asistencia de FEMA y tiene un seguro que cubre la misma pérdida o recibe otra asistencia que cubre la misma pérdida, a usted se le puede requerir que devuelva parte o toda la asistencia que FEMA le proveyó.**

**Usted debe autorizar a FEMA a verificar toda la información otorgada por usted acerca de su residencia principal, ingreso, identidad, y dependientes para poder determinar su elegibilidad para asistencia por desastre.**

**Usted debe autorizar a FEMA y/o al Estado para solicitar su información personal a entidades tales como su compañía de seguro o institución financiera.**

**Para continuar con su solicitud, usted tiene que reconocer que entiende y que está de acuerdo con la información que le acabo de leer. ¿Usted entiende y acepta estas declaraciones?**

**(Si el solicitante no está de acuerdo, borre la solicitud; si está de acuerdo, continúe)**

**¿Puede decirme su número de seguro social?**

## **G. Entering the SSN**

After ensuring that the applicant has heard the Privacy Act and Declaration of Eligibility statement, **ASK** for the applicant's SSN and type it in the SSN field. This is a required entry. The SSN will auto-fill on the first page of the **Personal Identification** screen. A valid SSN is required in order to complete a registration. Always verify the SSN by repeating it back to the applicant.





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**NOTE:** If the caller is disconnected or declines to register at this point, **SELECT** the **Delete This Registration** button to delete the application and return to the **Home** page.

In the following situations, the SSN to enter depends on the applicant's circumstances. In such cases, after you enter applicant identification information, **PRESS F9 and ADD a Comment** explaining the situation. The **Comment (F9)** feature becomes available after you enter the applicant's address.

1. Entering the SSN for a Business Only Application

- a. For a business only application, **USE** the SSN of the business owner or representative to complete the registration.
- b. Once the **Comment (F9)** feature becomes available; **ADD** a **Comment** about the registration. Refer to [Adding Call Center Comments](#) for an example **Comment**.

2. Entering the SSN for a Funeral-Only Application

- a. For a funeral-only application, **USE** the SSN of the person responsible for the deceased person's funeral expenses to complete the registration.
- b. Once the **Comment (F9)** feature becomes available; **ADD** a **Comment** about the registration. Refer to [Adding Call Center Comments](#) for an example **Comment**.

3. Entering Dependent Child Applicant's SSN for an Undocumented Resident

- a. An undocumented resident without a SSN may register using the SSN of a dependent child with citizenship status. The undocumented resident must be the parent or legal guardian of the dependent child, the dependent child must reside in the same household, and the parent/legal guardian must be over the age of 18 years.
- b. **ADVISE** undocumented residents that they may register by providing the SSN and date of birth of a dependent child in the household. Following the registration, the parent/legal guardian will be asked to [sign](#) the Declaration and Release form (009-0-3) on behalf of the child and indicate if the child is a U.S. Citizen, Non-Citizen National, or a Qualified Alien.
- c. The child will be considered the applicant for administrative purposes. If paid by check, the check will be made out to the Registrant (minor child). Financial institutions have processes in place for parents/guardians to cash/deposit checks for minors.





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- d. When you record household occupants, record the parent/guardian as the co-applicant.
- e. Once the **Comment (F9)** feature becomes available; **ADD** a **Comment** about the registration. Refer to [Adding Call Center Comments](#) for an example **Comment**.

#### 4. Entering the SSN for an Applicant who is Represented by the Caller

- a. In unique circumstances when a disaster victim is unable to register for himself/herself, FEMA will accept registration information from a representative of the applicant. For an applicant who is NOT the caller, but who is represented by the caller, **ENTER** the applicant's information in all areas, including SSN, DOB, Address, email, etc.
- b. DO NOT enter any EFT information with a representative.
  - i. EFT information can only be accepted from the applicant or co-applicant unless a valid written consent is on file.
- c. If the caller will represent the applicant during future communications with FEMA, **INFORM** the caller that FEMA requires the applicant to provide a Written Consent or Power of Attorney document that allows them to access information in the applicant's file. For instructions about Written Consent requirements, refer to the [Written Consent and Sharing Applicants Information](#) SOP for additional information.
- d. Once the **Comment (F9)** feature becomes available; **ADD** a **Comment** about the registration. Refer to [Adding Call Center Comments](#) for an example **Comment**.

## H. Entering Identification Information

After you **ENTER** the applicant's SSN and **CLICK Next**, the **Identification** tab is displayed.

This section provides the following information about entering applicant identification information.

**NOTE:** The "I am a DSAT or IRS employee" field is NOT for use by facility Call Center staff. Always request identification information from the applicant. **ASK** for the **spelling** of names (including persons, streets, etc.), and **REPEAT** the pronunciation and spelling to the applicant for verification.

**DO NOT** read pre-populated information to the applicant.





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- Personal Identification
- Contact Phone Numbers
- Other Types of Registrations
- Address Information
- Damaged Dwelling/Mailing Address Correction
- Correcting an Identity Verification Error
- Damaged Dwelling (DD) County/Parish/Municipio.

When you are completing identification information, **VERIFY** the information following the procedures given in each section:

- Personal Identification (Prefix, Applicant's First Name, Middle Initial and Last Name, SSN, Date of Birth and Email Address)
- Phone Numbers (Home, Current, Cell and Alternate)
- Damaged Dwelling and Current Mailing Address
- County/Parish/Municipality where damage occurred

1. Personal Identification

- a. The **Personal Identification** screen is the first in the series of screens used to enter the applicant's contact information. **USE** this screen to enter the applicant's name, SSN, date of birth, and email address if applicable.



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A screenshot of the "Personal Identification" web form. The form has a blue header with the title "Personal Identification" and a link "Help for this page". On the right, it shows "Application Progress" with a progress bar and a timestamp "Last modified: Sep 12, 2020". The left sidebar contains a menu with "Identification" (selected), "Registration", "Personal", "Phone Numbers", "Address", "County / State / Municipality", and "Basic Profile". The main content area is titled "To register for disaster assistance, please provide the following information:" and includes fields for "Prefix", "Applicant First Name", "Applicant MI", "Applicant Last Name", "Applicant Social Security Number" (with a "Show Social Security Number" checkbox), and "Date of Birth: MM/DD/YYYY". Below these are instructions to "Enter your email address so that you have the option to check your registration status online. If you do not enter your email address, you will need to call FEMA to get updates on your registration." followed by "Email Address:" and "Verify Email:" fields. At the bottom are three buttons: "Back", "Get Registration", and "Next". A footer line reads "Version: 5.06.00.00-1206 / Server: DAC-TOLYO-PUBLIC".

Figure 21: Personal Identification Screen

- b. Pre-population results may be available after the applicant's SSN has been checked by the identity verification program. Pre-population information is indicated by an icon that appears beside the field name.
  - i. To verify the applicant's information, **ALWAYS ASK** the applicant to state and spell their first and last names and middle initial. Then **REPEAT** the full name and spelling back to the applicant. This is required for verification and privacy protection. **DO NOT** discuss information listed in the drop-down options.
  - ii. If the applicant's responses match the pre-populated and/or auto-filled information, you may select the pre-populated information after verifying it.
  - iii. You may make minor changes to pre-populated information after it has been entered.
- c. Follow the special instructions in the following table for other types of registrations.

**NOTE:** If you receive an error **ID search failed! Did not return any data** at any point, continue to take the registration. This error means that the pre-population function **CANNOT** find data associated with the SSN to enter in a field. A common example of this error is when an applicant registers using their child's SSN.





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| Field                                                                                          | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. NAME:</p> <p>Prefix<br/>Applicant's First Name<br/>MI (Middle Initial)<br/>Last Name</p> | <p>a. <b>ENTER</b> the appropriate prefix, for example: MS. or MR.</p> <p>b. <b>ASK</b> for applicant's first name, middle initial and last name. As you enter this information, repeat each field entry back to the applicant, and spell each item for verification.</p> <p>c. DO NOT include co-applicant's name.</p> <p>d. If a suffix, e.g. JR, SR, or III; was included with the last name and the screen shows an <b>IDV_Fail</b>, <b>REMOVE</b> the suffix from the last name to verify if the status changes to <b>IDV_Pass</b>:</p> <p>i. If the status remains <b>IDV_Fail</b>, <b>ADD</b> the suffix back to the last name and <b>CONTINUE</b> with the registration; OR</p> <p>ii. If the status changes to <b>IDV_Pass</b>, <b>ADVISE</b> the applicant the suffix has been removed for administrative purposes. If they add the suffix back, it may delay their assistance.</p> <p>e. For Funeral only Registrations:</p> <p>i. <b>USE</b> the name of the person responsible for the deceased person's funeral expenses.</p> <p>f. For Business-only Registrations:</p> <p>i. <b>ENTER</b> the name of either the business owner or representative (NOT the business name).</p> <p>g. For Resident without SSN Registering for Minor Child with SSN</p> <p>i. <b>ENTER</b> the child's first name, middle initial, and last name in the First Name, MI, and Last Name fields.</p> <p>h. For an Applicant Other than the Caller</p> <p>i. <b>ENTER</b> the name of the applicant represented by the caller.</p> |
| <p>2. Applicant's SSN (SSN)</p>                                                                | <p>a. An SSN is required to register for disaster assistance. This will auto-fill with the SSN entered on the <b>Privacy Act</b> screen.</p> <p>b. <b>CONFIRM</b> that the SSN on this screen is correct by repeating the auto-filled entry back to the applicant.</p> <p>c. For Funeral only Registrations:</p> <p>i. This should be the SSN of the person responsible for the deceased person's funeral expenses.</p> <p>d. For Business-only Registrations:</p> <p>i. This should be the SSN of the business owner or representative.</p> <p>e. For Resident without SSN Registering for Minor Child with SSN</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |



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| Field            | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  | i. This should be the SSN of the child.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3. Date of Birth | <p>a. <b>ASK</b> for the applicant's date of birth and <b>ENTER</b> it in the MM/DD/YYYY format (example: 01/01/1960). Repeat the information for verification.</p> <p>b. For Resident without SSN Registering for Minor Child with SSN</p> <p>i. <b>ENTER</b> the child's date of birth.</p>                                                                                                                                                                                                                        |
| 4. Email Address | <p>a. <b>ASK</b> for the applicant's email address.</p> <p>b. <b>CONFIRM</b> that the email address is correct by repeating the entry back to the applicant.</p> <p>i. If the applicant DOES NOT provide an email address, they will NOT be able to receive a Pin number and Password to access their disaster assistance application online. Users who DO NOT enter an email address during RI, will need to call FEMA Helpline to add their email address prior to attempting to create an online DAC account.</p> |

Table 2: Personal Identification Registration Directions

2. Language Needs/Preferences

- a. This information will assist FEMA inspectors and caseworkers to interact with the applicant during the recovery process. If other members of the household have a disability accommodation that information will be collected on the following screen (Other Needs).
- b. If the applicant says YES to having a disability or language accommodation please be sure to document the accommodation based on the list provided. While there is an "Other" option, **it is important that you utilize the list provided by asking the caller if one of the items from the list meets their need**, whenever possible. (e.g. Applicant states the need for a vision accommodation, ask them if the need would be met with large print or braille correspondence).





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Figure 22: Language Needs/Preferences

- c. **SELECT** the appropriate response YES/NO on the radio dropdown AND language need/preference options will become available.
- ASK** the applicant to clarify their language need/preference from the list of options.
- i. If they indicate a **“Language other than English”**, another dropdown will become available of commonly used language options.
  - ii. **ONLY** If the applicant’s language of choice is still not present, **SELECT** **“Other”** and manually enter the specified language
  - iii. **READ** the options to the applicant for the most accurate response.

| Field                                                                      | Description of Field                                                                                                                                                                    |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Sign language interpreter.                                              | A system of communication with its own grammar that uses visual gestures and signs to convey meaning. It may be the primary language of individuals who are deaf or hard of hearing.    |
| 2. CART (Communication Access Real-time Translation) (in person or remote) | A real-time text-only translation of the spoken word that can be displayed on a computer monitor or tablet, projected onto a screen, or combined with a video presentation as captions. |
| 3. Text messages to communicate                                            | Written communication via cell phone.                                                                                                                                                   |
| 4. Assistive listening device                                              | Help improve hearing by increasing and isolating the sounds you want to hear, especially when there is a lot of background noise.                                                       |



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|                                                                                                                                                                                                                                                                            |                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Braille                                                                                                                                                                                                                                                                 | Form of written language for people who are blind, in which characters are represented by patterns of raised dots that are felt with the fingertips |
| 6. Large print                                                                                                                                                                                                                                                             | Print set in a type size larger than normal, which can make reading easier and accommodate individuals with visual disabilities.                    |
| 7. Face-to-face assistance (reader or writer)                                                                                                                                                                                                                              | In person communication.                                                                                                                            |
| 8. Wheelchair access                                                                                                                                                                                                                                                       | The method and ability to enter, leave and move around a place using a wheelchair.                                                                  |
| 9. Language other than English <ul style="list-style-type: none"> <li>a. Arabic</li> <li>b. Haitian Creole</li> <li>c. Mandarin</li> <li>d. Other (Enter Language Preference)</li> <li>e. Russian</li> <li>f. Samoan</li> <li>g. Spanish</li> <li>h. Vietnamese</li> </ul> |                                                                                                                                                     |
| 10. Other                                                                                                                                                                                                                                                                  | <p>"Other" should ONLY be used when the accommodation is not captured in options 1-8.</p> <p>DO NOT enter any Personal Property.</p>                |

Table 3: Field Descriptions for Entering Other Needs Assistance

3. Other Needs

- a. **USE** this screen to enter if the applicant or anyone in their household has a disability that affects their ability to perform activities of daily living or requires an assistive device. **YES** or **NO** is required.





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Figure 23: Other Needs Category

Figure 24: Other Needs Category

- USE** this screen to identify specific items or services required to assist with the applicable special need.
- The items that display depend on the general categories identified on the previous screen. **CHECK** all items and/or services the applicant had before the disaster that were lost or made unavailable as a result of the disaster.



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- i. **READ** the options to the applicant for the most accurate response
- c. If you **CHECK** any items in the Other Needs list, **PRESS F9** and **ADD a Comment** to enter any additional information the applicant may provide.
- d. Refer to the following descriptions of each Other Needs list options if more information is needed.
- e. Respond as appropriate to the second set of questions on this screen to provide details about the applicant's disability-related assistive devices or medically required equipment/supplies/support services damaged, destroyed, lost, or disrupted because of the disaster.
- f. Refer to the following descriptions of each option if more information is needed.

| Field                                                 | Description of Field                                                                                                                                                                             |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Mobility                                           | The ability to move or be moved freely and easily                                                                                                                                                |
| 2. Cognitive/Developmental Disabilities/Mental Health | Pertaining to the mental processes of perception, memory, judgment, and reasoning that can impact physical development, learning, language, or behavior.                                         |
| 3. Hearing or Speech                                  | Condition in which an individual has problems creating speech sounds or expressing thoughts in a way needed to communicate with others; Any degree of loss of ability to perceive or understand. |
| 4. Vision                                             | Decreased ability to see.                                                                                                                                                                        |
| 5. Self Care                                          | Individuals having difficulty doing activities such as dressing, bathing, or getting around inside the home.                                                                                     |
| 6. Independent Living                                 | A facility designed specifically to assist people with disabilities to live independently.                                                                                                       |
| 7. Other                                              | "Other" should ONLY be used when the accommodation is not captured in options 1-6.<br><br><b>DO NOT</b> Enter any Personal Property.                                                             |
| 8. Prefer Not to Answer                               |                                                                                                                                                                                                  |
| Field                                                 | Description of Field                                                                                                                                                                             |
| 1. Power or manual wheelchair                         | A wheelchair is a manually operated or power-driven device designed primarily for use by an individual with a mobility disability.                                                               |
| 2. Scooter                                            | A light two-wheeled open motor vehicle on which the driver sits over an enclosed engine with legs together and feet resting on a floorboard.                                                     |
| 3. Prosthesis                                         | An artificial device to replace or augment a missing or impaired part of the body.                                                                                                               |
| 4. Oxygen or respiratory equipment                    | Equipment that assists an individual with breathing, maintaining open airways or measuring oxygen and carbon dioxide in blood.                                                                   |





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|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Assistance technology device for hearing or vision, such as hearing aid, screen enlarging software, etc.   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 6. Personal-care devices such as shower bench, bedside commode, Hoyer lift, or lift chair. Independent Living |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 7. Environmental control or alerting devices                                                                  | An environmental control is an electronic device that assists an individual with a disability to control their surroundings.<br>Alerting devices are used to notify an individual who is deaf or hard of hearing to sounds in the environment                                                                                                                                                                                                                                     |
| 8. Adaptive van or vehicle                                                                                    | A vehicle modified to provide accessibility to hand controls, wheelchair lifts, scooter lifts, tie downs, and other adaptive equipment.                                                                                                                                                                                                                                                                                                                                           |
| 9. Walker, cane, or crutches                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 10. Medication or medical supplies including adult diapers and catheters.                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 11. Service animal                                                                                            | Service animals have been specifically trained to help an individual with a disability and are protected by the Americans with Disabilities Act (ADA).<br>Not considered a "service animal":<br><ul style="list-style-type: none"> <li>• Therapy animals are trained to work in various facilities to comfort people and give affection.</li> <li>• Emotional support animals may be of any species and have been prescribed by a licensed mental health professional.</li> </ul> |
| 12. Personal assistive services/in-home care                                                                  | Services that provide in-home support to an individual with a disability so that they may remain in their own homes.                                                                                                                                                                                                                                                                                                                                                              |
| 13. Dialysis                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 14. Other                                                                                                     | "Other" should ONLY be used when the accommodation is not captured in options 1-13.<br><br><b>DO NOT</b> Enter any Personal Property.                                                                                                                                                                                                                                                                                                                                             |

Table 4: Field Descriptions for Entering Disability-Related Devices

4. Contact Phone Numbers

- a. This screen appears after you enter other needs information and **CLICK** the **Next** button.



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Figure 25: Contact Phone Numbers Screen

- b. **USE** this screen to enter the applicant's **Damaged Dwelling**, **Current**, **Cell**, and **Alternate Phone** numbers. The damaged dwelling and current phone numbers are required. **ASK** the applicant to state their phone numbers. To verify, **REPEAT** back the caller's responses. You may choose the correct pre-populated radio button(s) to enter the verified phone information in the corresponding fields.

**NOTE:** Notice that the **Comments (F9)** feature is available for your use after you reach this screen.

- c. **USE** the following instructions to enter information on this screen.

| Field                     | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Damaged Dwelling Phone | <p>a. The <b>Damaged Dwelling phone</b> number is a required field for a complete registration. Beginning with the area code, enter the phone number at the damaged dwelling at the time of the disaster, even if it is NOT currently working. If the applicant DOES NOT have a damaged dwelling phone number, enter their current cell phone number.</p> <p><b>NOTE:</b> If an applicant insists that they did NOT have a telephone in their damaged dwelling and they DO NOT have a cell phone, <b>ENTER</b> 111-111-1111.</p> <p>To assist with resolution/prevention of duplicates, a <b>Comment</b> is required. <b>PRESS F9</b> and <b>ADD</b> a <b>Comment</b> regarding the use of all 1's in this field.</p> <p><b>USE</b> this entry <b>ONLY</b> if applicants CANNOT provide a valid number for the damaged dwelling phone field.</p> <p>b. For Business Only Registrations</p> <p>i. <b>ENTER</b> the business owner or representative's home (or current) phone number.</p> <p>c. For <b>Funeral Only Registrations</b></p> |





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| Field                                         | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                               | <ul style="list-style-type: none"> <li>i. <b>ENTER</b> the home (or current) phone number of the person responsible for the funeral expenses.</li> <li>d. For <b>Vehicle Only Registrations</b> <ul style="list-style-type: none"> <li>i. <b>ENTER</b> the home (or current) phone number of the owner of the vehicle.</li> </ul> </li> <li>e. For <b>Other Types of Registrations</b> NOT Involving Damage at Primary Residence <ul style="list-style-type: none"> <li>i. <b>ENTER</b> the home (or current) phone number of the caller registering for assistance.</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 2. Current Phone Number Same as Damaged Phone | <ul style="list-style-type: none"> <li>a. <b>CHECK</b> this box if the current phone number is the same as the damaged phone number. (For example, if the applicant currently takes calls at the damaged dwelling phone number.) <ul style="list-style-type: none"> <li>i. Before using this shortcut feature, <b>ENSURE</b> that you <b>VERIFY</b> the Damaged Phone entry by repeating it back to the applicant</li> </ul> </li> </ul> <p><b>NOTE</b> the following if you select this check box:</p> <p>The Current Phone fields will NOT immediately populate but will be saved when you <b>CLICK</b> the <b>Next</b> button.</p> <p>Tabbing from the check box moves the cursor to the <b>Current Phone Number</b> fields. Leave these fields blank. Navigate to the <b>Cell Phone</b> and/or <b>Alternative Phone</b> fields if adding any other contact numbers.</p> <p>When checked, the damaged phone number will overwrite any number entered into the Current Phone fields.</p>                         |
| 3. Current Phone                              | <ul style="list-style-type: none"> <li>a. The <b>Current Phone</b> number is a required field for a complete registration. If the applicant's current phone number is NOT the same as the damaged dwelling phone number, <b>ENTER</b> the number where the applicant can be reached, beginning with the area code.</li> <li>b. If the applicant states they DO NOT have any available contact phone numbers, <b>USE</b> good customer service skills to advise applicants that an inspector may be unable to reach them to schedule an appointment. Lack of a contact number may delay their inspection and any possible FEMA assistance.</li> <li>c. If the applicant is using their cell phone number, work phone, or the number of a friend or relative, <b>USE</b> the <b>Note</b> field associated with the <b>Current Phone</b> to enter any explanatory information. For example, in the Note field you could enter: <ul style="list-style-type: none"> <li>i. Cell phone number, or</li> </ul> </li> </ul> |



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| Field              | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    | <ul style="list-style-type: none"> <li>ii. Work number, ask for Lisa Jones between 8a and 6p, or</li> <li>iii. Home phone of app's mother, Ms. Betty Smith</li> <li>d. If the applicant is using the phone number of a hotel/motel, or a mass shelter, in the <b>Note</b> field <b>ENTER</b> the name of the hotel/motel or mass shelter. Additionally, <b>PRESS F9</b> and <b>ADD</b> a <b>Comment</b> to avoid the possibility of a duplicate registration. <ul style="list-style-type: none"> <li>i. For example, in the Note field you could enter: <ul style="list-style-type: none"> <li>1. Motel 6 on Highway 6, or</li> <li>2. Red Cross shelter in Oaks High School</li> </ul> </li> <li>ii. DO NOT enter a pay phone number.</li> <li>iii. The <b>Note</b> field accepts up to 50 characters.</li> <li>iv. <b>ENTER</b> the <b>Extension number</b>, if available. This field accepts up to 4 numeric characters.</li> </ul> </li> </ul> |
| 4. Cell Phone      | <ul style="list-style-type: none"> <li>a. If the applicant can be reached by cell phone, <b>ENTER</b> the cell number beginning with the area code.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 5. Alternate Phone | <ul style="list-style-type: none"> <li>a. If the applicant can provide an alternate phone number where FEMA can contact them or leave a message, <b>ENTER</b> the number, beginning with area code.</li> <li>b. If you enter the number of another individual or organization, such as a family member, friend, or minister, <b>USE</b> the <b>Note</b> field to explain.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

Table 5: Registering Damaged Dwelling Place

## 5. Other Types of Registrations

### a. Business Only Registrations:

- i. This type of registration applies only to businesses (owned or represented) that suffered damage as a result of a declared disaster.
- ii. This type of registration is NOT for applicants with home or personal property damage.
- iii. **COMPLETE** the registration using standard guidelines, with the following exceptions:





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**NOTE:**

- **USE** these guidelines to complete Other Types of Disaster Assistance Center Call Center (DAC-CC) applications.
- Screen and field entries are provided when data required differs from standard registration guidelines.

If the damage address is located in an undeclared area (or out of state) and staff CANNOT continue the registration, **PROVIDE** the applicant with the requested referral information, i.e. SBA, Disaster Unemployment, U.S. Department of Agriculture.

| Screen                                      | Specific Guidelines for Business Only Registrations                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Privacy Act/ Personal Information Screen | <p>a. SSN:</p> <p>i. If you are completing an application for business losses only, <b>ENTER</b> the SSN of the business owner or representative, NOT the business tax ID number.</p> <p>b. Name:</p> <p>i. If you are completing an application for business losses only, <b>ENTER</b> the name of the business owner or representative, NOT the business name.</p>            |
| 2. Contact Phone Number Screen              | <p>a. Damaged Phone Number:</p> <p>i. <b>ENTER</b> the applicant's home phone number.</p>                                                                                                                                                                                                                                                                                       |
| 3. Damaged Dwelling Address Screen          | <p>a. Location where damage occurred:</p> <p>i. <b>ENTER</b> the physical location where the damage/injury occurred.</p> <p>b. Do you own your home, or do you rent?</p> <p>i. <b>ENTER</b> the applicant's current status.</p> <p>c. Is the address above also your mailing address?</p> <p>i. <b>ENTER YES or NO.</b> If NO, the <b>Mailing Address</b> screen will open.</p> |
| 4. Mailing Address Screen                   | <p>a. Current Mailing Address:</p> <p>i. <b>ENTER</b> the location where the information package will be sent.</p>                                                                                                                                                                                                                                                              |
| 5. Disaster Selection                       | <p>a. <b>SELECT</b> the disaster identified by the applicant.</p>                                                                                                                                                                                                                                                                                                               |
| 6. Disaster Related Losses Screen           | <p>a. Home damaged by the disaster?</p>                                                                                                                                                                                                                                                                                                                                         |



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| Screen                           | Specific Guidelines for Business Only Registrations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                  | <p>i. <b>SELECT NO.</b></p> <p>b. Personal property NOT including vehicles damaged by the disaster?</p> <p>i. <b>SELECT NO.</b></p> <p>c. Essential utilities out for 5 consecutive days or more?</p> <p>i. <b>SELECT NO.</b></p> <p>d. Were all of the vehicles in your household made undrivable due to the disaster?</p> <p>i. If ALL the vehicles owned by the applicant's household, including the applicant, applicant's spouse/significant other, and dependents, are NOT drivable due to disaster damage, <b>SELECT Yes</b>. If one or more vehicles in the household are drivable, <b>SELECT NO</b>.</p> <p><b>NOTE:</b> If you <b>SELECT YES</b>, the <b>Disaster Related Vehicle Damage</b> screen will appear later, asking for vehicle details. If you <b>SELECT NO</b>, other vehicle screens will NOT appear.</p> <p>e. <b>SELECT NO</b> for the remaining questions on this screen.</p> |
| 7. Damaged Dwelling Screen       | <p>a. Current Location: <b>SELECT MY HOME</b></p> <p>b. Residence Type: <b>SELECT OTHER</b></p> <p>c. Primary Residence: <b>SELECT NO</b></p> <p>d. Access to Home: <b>SELECT Yes</b>, I am able to get to my home</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 8. Home Insurance Screen         | <p>a. Type of Insurance:</p> <p>i. <b>SELECT I have no insurance for my home or personal property.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 9. Occupants Screen              | <p>a. <b>ENTER</b> the name and related information of the co-registrant (if any).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 10. Financial Information Screen | <p>a. Dependents:</p> <p>i. If you are the business owner, <b>ENTER</b> the number of dependents claimed on the Federal Tax Return.</p> <p>ii. If you are only representing the business, <b>ENTER</b> the number one.</p> <p>b. Family's pre-disaster gross income:</p> <p>i. If you are the owner, <b>ENTER</b> the total amount claimed on your Federal Tax Return.</p> <p>ii. If you are a representative of the company and/or business, <b>ENTER</b> only the income that is claimed for that company and/or business.</p>                                                                                                                                                                                                                                                                                                                                                                        |





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| Screen       | Specific Guidelines for Business Only Registrations                                                                                                                                                                                                                                                                    |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              | <ul style="list-style-type: none"> <li>iii. For NON PROFIT businesses, <b>ENTER</b> the total amount of operating expenses.</li> <li>c. Electronic Funds Transfer: <ul style="list-style-type: none"> <li>i. <b>SELECT NO</b></li> </ul> </li> </ul>                                                                   |
| 11. Comments | <ul style="list-style-type: none"> <li>a. <b>ADD a Comment</b> about the application.</li> <li>b. Example: <ul style="list-style-type: none"> <li>i. <b>Summary:</b> FACILITY# (NPSC#) BUSINESS ONLY REGISTRATION</li> <li>ii. <b>Text:</b> APP is the representative for the damaged business.</li> </ul> </li> </ul> |

Table 6: Specific Guidelines for Business Only Registrations

iv. **COMPLETE** the rest of the application as if it were a standard application .

1. **READ** all referrals on the **Agency Referral** screen; OR.

2. **TRANSFER** the applicant to the IVR to listen to the referrals through the automated system.

a. If you choose to transfer the caller to the IVR, **SELECT** the appropriate referrals in C3MP and continue to the next step in the registration .

i. If a referral is NOT listed in the **Agency Referrals** tab in C3MP, staff will need to read that referral to the caller.

ii. If the caller speaks a language other than English or Spanish, staff will need to read all referrals to the caller.

**NOTE:** You will complete the transfer after the [Conclusion](#) screen.

b. **Transportation Only Registrations:**

i. This type of registration covers situations where only the vehicle was damaged.

ii. **COMPLETE** the registration using standard guidelines, with the following exceptions:

| Screen                         | Specific Guidelines for Transportation Only Registrations                                                                                                                            |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Contact Phone Number screen | <ul style="list-style-type: none"> <li>a. Damaged Phone Number <ul style="list-style-type: none"> <li>i. <b>ENTER</b> the home phone number of the applicant.</li> </ul> </li> </ul> |



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| Screen                             | Specific Guidelines for Transportation Only Registrations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Damaged Dwelling Address Screen | <p>a. Location where Damage occurred:</p> <p>i. <b>ENTER</b> the physical location where the damage to the vehicle occurred.</p> <p>b. Do you own this home or do you rent?</p> <p>i. <b>ENTER</b> the applicant's current status; either <b>Own</b> or <b>Rent</b>.</p> <p>c. Is the address above also your mailing address?</p> <p>i. If the location where the damage occurred is NOT the applicant's mailing address, <b>ENTER NO</b>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3. Mailing Address Screen          | a. <b>ENTER</b> the address where the information package will be sent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 4. Disaster Selection              | a. <b>SELECT</b> the disaster identified by the applicant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 5. Disaster Related Losses Screen  | <p>a. Home damaged by the disaster?</p> <p>i. <b>SELECT NO</b>.</p> <p>b. Personal property NOT including vehicles damaged by the disaster?</p> <p>i. <b>SELECT NO</b>.</p> <p>c. Essential utilities out for 5 consecutive days or more?</p> <p>i. <b>SELECT NO</b>.</p> <p>d. Were all of the vehicles in your household made undrivable due to the disaster?</p> <p>i. If ALL the vehicles owned by the applicant's household, including the applicant, applicant's spouse/significant other, and dependents, are NOT drivable due to disaster damage, <b>SELECT Yes</b>. If one or more vehicles in the household are drivable, <b>SELECT NO</b>.</p> <p><b>NOTE:</b> If you <b>SELECT YES</b>, the <b>Disaster Related Vehicle Damage</b> screen will appear later, asking for vehicle details. If you <b>SELECT NO</b>, other vehicle screens will NOT appear.</p> <p>e. <b>SELECT NO</b> for the remaining questions on this screen.</p> |
| 6. Damaged Dwelling Screen         | <p>a. Current Location: <b>SELECT MY HOME</b>.</p> <p>b. Residence Type: <b>SELECT OTHER</b>.</p> <p>c. Primary Residence: <b>SELECT NO</b>.</p> <p>d. Access to Home: <b>SELECT Yes, I am able to get to my home</b>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 7. Home Insurance Screen           | <p>a. Type of Insurance:</p> <p>i. <b>SELECT I have no insurance for my home or personal property</b>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |





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| Screen                                    | Specific Guidelines for Transportation Only Registrations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. Disaster Related Vehicle Damage Screen | <p>a. Were any vehicles covered by comprehensive insurance?</p> <p>i. <b>SELECT YES</b> or <b>NO</b>.</p> <p><b>NOTE:</b> If you select <b>NO</b>, the <b>Vehicles</b> Screen will appear next. If you select <b>YES</b>, other vehicle screens will NOT appear.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 9. Vehicle Screen                         | <p>a. If you <b>SELECT NO</b> on the <b>Disaster Related Vehicle Damage</b> screen, the <b>Vehicles</b> screen will appear next, enabling staff to add vehicle information.</p> <p>b. <b>CLICK</b> on the <b>Add</b> button to begin adding vehicle information.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 10. Update Vehicle Screen                 | <p>a. <b>ENTER</b> the information for all vehicles owned by the applicant's household members (applicant, spouse, and/or dependents).</p> <p>i. <b>ENTER</b> or <b>SELECT</b> the vehicle <b>Year</b>, <b>Make</b>, and <b>Model</b>.</p> <p>b. Vehicle Damaged by disaster?</p> <p>i. <b>YES</b> will be preselected.</p> <p>c. Vehicle currently drivable?</p> <p>i. <b>NO</b> will be pre-selected.</p> <p>d. Vehicle covered by comprehensive insurance?</p> <p>i. <b>NO</b> will be pre-selected.</p> <p>e. Insurance company name?</p> <p>i. Should remain blank since comprehensive insurance is <b>NO</b>.</p> <p>f. Vehicle covered by liability insurance?</p> <p>i. <b>SELECT YES</b> or <b>NO</b>.</p> <p>g. Insurance company name?</p> <p>i. <b>ENTER</b> the name of the liability insurance company in the text box.</p> <p>h. Vehicle currently registered?</p> <p>i. <b>SELECT YES</b> or <b>NO</b>, as indicated by the applicant.</p> <p>j. <b>CLICK</b> on the <b>Save</b> button to save the information and return to the <b>Vehicles</b> screen.</p> <p>k. If you need to add other vehicles, <b>CLICK</b> on the <b>Add</b> button and <b>COMPLETE</b> the <b>Update Vehicle</b> screen for each vehicle.</p> |
| 11. Comment                               | <p>a. <b>ADD</b> a <b>Comment</b> about the application.</p> <p>i. <b>Summary:</b> FACILITY# (NPSC#) VEHICLE ONLY REGISTRATION</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



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| Screen | Specific Guidelines for Transportation Only Registrations |
|--------|-----------------------------------------------------------|
|        | ii. <b>TEXT:</b> APP is registering for vehicle only      |

Table 7: Specific Guidelines for Transportation Only Registrations

- i. **COMPLETE** the rest of the application as if it were a standard application.
- ii. **READ** all referrals on the **Agency Referral** screen; OR.
  - 1. **TRANSFER** the applicant to the IVR to listen to the referrals through the automated system.
    - a. If you choose to transfer the caller to the IVR, **SELECT** the appropriate referrals in C3MP and continue to the next step in the registration.
      - i. If a referral is NOT listed in the **Agency Referrals** tab in C3MP, staff will need to read that referral to the caller.
      - ii. If the caller speaks a language other than English or Spanish, staff will need to read all referrals to the caller.

**NOTE:** You will complete the transfer after the [Conclusion](#) screen.

c. **Medical/Dental Only Registrations:**

- i. This section covers registrations for medical and/or dental uninsured expenses only, without addressing real or personal property.
- ii. **COMPLETE** the registration using standard guidelines, with the following exceptions:

| Screen                             | Specific Guidelines for Medical/Dental Only Registrations                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Damaged Dwelling Address Screen | a. Location where damage occurred: <ul style="list-style-type: none"> <li>i. <b>ENTER</b> the physical location where the damage/injury occurred.</li> </ul> b. Do you own your home or do you rent? <ul style="list-style-type: none"> <li>i. <b>ENTER</b> the applicant's current status.</li> </ul> c. Is the address above also your mailing address? <ul style="list-style-type: none"> <li>i. <b>ENTER YES</b> or <b>NO</b>. If <b>NO</b>, the <b>Mailing Address</b> screen will open.</li> </ul> |
| 2. Mailing Address Screen          | a. Current Mailing Address: <ul style="list-style-type: none"> <li>i. <b>ENTER</b> the location where the information package will be sent.</li> </ul>                                                                                                                                                                                                                                                                                                                                                   |





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| Screen                            | Specific Guidelines for Medical/Dental Only Registrations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Disaster Selection             | a. <b>SELECT</b> the disaster identified by the applicant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 4. Disaster Related Losses Screen | <p>a. Home damaged by the disaster?</p> <p>i. <b>SELECT NO.</b></p> <p>b. Personal property NOT including vehicles damaged by the disaster?</p> <p>i. <b>SELECT NO.</b></p> <p>c. Essential utilities out for 5 consecutive days or more?</p> <p>i. <b>SELECT NO.</b></p> <p>d. Were all of the vehicles in your household made undrivable due to the disaster?</p> <p>i. If ALL the vehicles owned by the applicant's household, including the applicant, applicant's spouse/significant other, and dependents, are NOT drivable due to disaster damage, <b>SELECT Yes</b>. If one or more vehicles in the household are drivable, <b>SELECT NO.</b></p> <p><b>NOTE:</b> If you <b>SELECT YES</b>, the <b>Disaster Related Vehicle Damage</b> screen will appear later, asking for vehicle details. If you <b>SELECT NO</b>, other vehicle screens will NOT appear.</p> <p>e. <b>SELECT NO</b> for the remaining questions on this screen</p> |
| 5. Damaged Dwelling Screen        | <p>a. Current Location: <b>SELECT MY HOME</b></p> <p>b. Residence Type: <b>SELECT OTHER</b></p> <p>c. Primary Residence: <b>SELECT NO</b></p> <p>d. Access to Home: <b>SELECT Yes, I am able to get to my home</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 6. Home Insurance Screen          | <p>a. Type of Insurance:</p> <p>i. <b>SELECT</b> all the types of Insurance the applicant has on their home and/or personal property</p> <p>b. If the applicant has no home/personal property, <b>SELECT I have no insurance for my home or personal property.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 7. Comments                       | <p>a. <b>ADD a Comment</b> about the application.</p> <p>b. Example:</p> <p>i. <b>SUMMARY FACILITY# (NPSC#) MEDICAL/DENTAL EXPENSES ONLY REGISTRATION</b></p> <p>ii. <b>Text:</b> APP is registering for Medical/Dental expenses only. Applicant was injured/lost medications/lost personally owned medical equipment/lost dental appliance, etc. as a result of the disaster.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

Table 8: Specific Guidelines for Medical/Dental and Other/Miscellaneous Only Registrations



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- iii. **COMPLETE** the rest of the application as if it were a standard application.
- iv. **READ** all referrals on the **Agency Referral** screen; OR.
  - 1. **TRANSFER** the applicant to the IVR to listen to the referrals through the automated system.
    - a. If you choose to transfer the caller to the IVR, **SELECT** the appropriate referrals in C3MP and continue to the next step in the registration.
      - i. If a referral is NOT listed in the **Agency Referrals** tab in C3MP, staff will need to read that referral to the caller.
      - ii. If the caller speaks a language other than English or Spanish, staff will need to read all referrals to the caller.

**NOTE:** You will complete the transfer after the [Conclusion](#) screen.

**d. Other/Miscellaneous—Child Care Only Registrations:**

- i. This section covers registrations for child care expenses only, without addressing real or personal property.
- ii. **COMPLETE** the registration using standard guidelines, with the following exceptions:

| Screen                             | Specific Guidelines for Child Care Only Registrations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Damaged Dwelling Address Screen | a. Location where damage occurred: <ul style="list-style-type: none"> <li>i. <b>ENTER</b> the physical location of the child care facility that was damaged as a result of the disaster (caused the increased burden for child care); OR</li> <li>ii. <b>ENTER</b> the physical location of the applicant's place of employment where the disaster caused a disaster related loss of income (therefore creating an increased burden for child care).</li> </ul> b. Do you own your home or do you rent? <ul style="list-style-type: none"> <li>i. <b>ENTER</b> the applicant's current status.</li> </ul> c. Is the address above also your mailing address? <ul style="list-style-type: none"> <li>i. <b>ENTER YES</b> or <b>NO</b>. If <b>NO</b>, the <b>Mailing Address</b> screen will open.</li> </ul> |
| 2. Mailing Address Screen          | a. Current Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |





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| Screen                            | Specific Guidelines for Child Care Only Registrations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                   | <ul style="list-style-type: none"> <li>i. <b>ENTER</b> the location where the information package will be sent.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 3. Disaster Selection             | <ul style="list-style-type: none"> <li>a. <b>SELECT</b> the disaster identified by the applicant.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 4. Disaster Related Losses Screen | <ul style="list-style-type: none"> <li>a. Home damaged by the disaster? <ul style="list-style-type: none"> <li>i. <b>SELECT NO.</b></li> </ul> </li> <li>b. Personal property NOT including vehicles damaged by the disaster? <ul style="list-style-type: none"> <li>i. <b>SELECT NO.</b></li> </ul> </li> <li>c. Essential utilities out for 5 consecutive days or more? <ul style="list-style-type: none"> <li>i. <b>SELECT NO.</b></li> </ul> </li> <li>d. Were all of the vehicles in your household made undrivable due to the disaster? <ul style="list-style-type: none"> <li>i. If ALL the vehicles owned by the applicant's household, including the applicant, applicant's spouse/significant other, and dependents, are NOT drivable due to disaster damage, <b>SELECT Yes</b>. If one or more vehicles in the household are drivable, <b>SELECT NO</b>.<br/><br/><b>NOTE:</b> If you <b>SELECT YES</b>, the <b>Disaster Related Vehicle Damage</b> screen will appear later, asking for vehicle details. If you <b>SELECT NO</b>, other vehicle screens will NOT appear.</li> </ul> </li> <li>e. <b>SELECT NO</b> for the remaining questions on this screen</li> </ul> |
| 5. Damaged Dwelling Screen        | <ul style="list-style-type: none"> <li>a. Current Location: <b>SELECT MY HOME</b></li> <li>b. Residence Type: <b>SELECT OTHER</b></li> <li>c. Primary Residence: <b>SELECT NO</b></li> <li>d. Access to Home: <b>SELECT Yes, I am able to get to my home</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6. Home Insurance Screen          | <ul style="list-style-type: none"> <li>a. Type of Insurance: <ul style="list-style-type: none"> <li>i. <b>SELECT</b> all the types of Insurance the applicant has on their home and/or personal property</li> </ul> </li> <li>b. If the applicant has NO home/personal property, <b>SELECT I have no insurance for my home or personal property.</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 7. Comments                       | <ul style="list-style-type: none"> <li>a. <b>ADD a Comment</b> about the application. <ul style="list-style-type: none"> <li>i. <b>SUMMARY FACILITY# (NPSC#) CHILD CARE EXPENSES ONLY REGISTRATION</b></li> <li>ii. <b>Text:</b> APP is registering for Child Care Expenses only. Applicant has an increased financial burden for child care as a result of the disaster.</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |



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Table 9: Specific Guidelines for Other/Miscellaneous - Child Care Only Registrations

- iii. **COMPLETE** the rest of the application as if it were a standard application.
- iv. **READ** all referrals on the **Agency Referral** screen; OR.
  - 1. **TRANSFER** the applicant to the IVR to listen to the referrals through the automated system.
    - a. If you choose to transfer the caller to the IVR, **SELECT** the appropriate referrals in C3MP and continue to the next step in the registration.
      - i. If a referral is NOT listed in the **Agency Referrals** tab in C3MP, staff will need to read that referral to the caller.
      - ii. If the caller speaks a language other than English or Spanish, staff will need to read all referrals to the caller.

**NOTE:** You will complete the transfer after the [Conclusion](#) screen.

e. **Other/Miscellaneous – State, Territorial, or Tribal Designated Items (Chainsaw, Humidifier, etc.):**

- i. This section covers registrations for reimbursement of miscellaneous expenses only for state, territorial, or tribal-designated items purchased for disaster recovery, without addressing real or personal property.

**NOTE:** RI DOES NOT provide a question to ask the applicant about miscellaneous uninsured expenses. If the applicant states they are requesting assistance for these expenses complete the application as described in this section.

- ii. **ADVISE** the applicant to send in receipts for items used for recovery efforts. (See the [Disaster Specific Information](#) page for identification of state, territorial, or tribal-approved items that may be eligible for reimbursement.)
- iii. **COMPLETE** the registration using standard guidelines, with the following exceptions:





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| Screen                             | Specific Guidelines for State, Territorial, or Tribal Designated Items Only Registrations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Damaged Dwelling Address Screen | <p>a. Location where damage occurred:</p> <p>i. <b>ENTER</b> the physical location where the damaged occurred.</p> <p>b. Do you own your home or do you rent?</p> <p>i. <b>ENTER</b> the applicant's current status.</p> <p>c. Is the address above also your mailing address?</p> <p>i. <b>ENTER YES</b> or <b>NO</b>. If <b>NO</b>, the <b>Mailing Address</b> screen will open.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 2. Mailing Address Screen          | <p>a. Current Mailing Address:</p> <p>i. <b>ENTER</b> the location where the information package will be sent.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3. Disaster Selection              | <p>a. <b>SELECT</b> the disaster identified by the applicant.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4. Disaster Related Losses Screen  | <p>a. Home damaged by the disaster?</p> <p>i. <b>SELECT NO</b>.</p> <p>b. Personal property NOT including vehicles damaged by the disaster?</p> <p>i. <b>SELECT NO</b>.</p> <p>c. Essential utilities out for 5 consecutive days or more?</p> <p>i. <b>SELECT NO</b>.</p> <p>d. Were all of the vehicles in your household made undrivable due to the disaster?</p> <p>i. If <b>ALL</b> the vehicles owned by the applicant's household, including the applicant, applicant's spouse/significant other, and dependents, are <b>NOT</b> drivable due to disaster damage, <b>SELECT Yes</b>. If one or more vehicles in the household are drivable, <b>SELECT NO</b>.</p> <p><b>NOTE:</b> If you <b>SELECT YES</b>, the <b>Disaster Related Vehicle Damage</b> screen will appear later, asking for vehicle details. If you <b>SELECT NO</b>, other vehicle screens will <b>NOT</b> appear.</p> <p>e. <b>SELECT NO</b> for the remaining questions on this screen</p> |
| 5. Damaged Dwelling Screen         | <p>a. Current Location: <b>SELECT MY HOME</b></p> <p>b. Residence Type: <b>SELECT OTHER</b></p> <p>c. Primary Residence: <b>SELECT NO</b></p> <p>d. Access to Home: <b>SELECT Yes, I am able to get to my home</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |



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| Screen                   | Specific Guidelines for State, Territorial, or Tribal Designated Items Only Registrations                                                                                                                                                                                          |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Home Insurance Screen | <p>a. Type of Insurance:</p> <p>i. <b>SELECT</b> all the types of Insurance the applicant has on their home and/or personal property</p> <p>b. If the applicant has no home/personal property, <b>SELECT I have no insurance for my home or personal property.</b></p>             |
| 7. Comment               | <p>a. <b>ADD a Comment</b> about the application.</p> <p>i. <b>SUMMARY FACILITY# (NPSC#) MISCELLANEOUS EXPENSES ONLY REGISTRATION</b></p> <p>ii. <b>Text:</b> APP is registering for Misc Expenses only. App purchased dehumidifier for help with their post-disaster cleanup.</p> |

Table 10: Specific Guidelines for Other / Miscellaneous – State, Territorial, or Tribal Designated Items Only Registrations

iv. **COMPLETE** the rest of the application as if it were a standard application.

v. **READ** all referrals on the **Agency Referral** screen; OR.

1. **TRANSFER** the applicant to the IVR to listen to the referrals through the automated system.

a. If you choose to transfer the caller to the IVR, **SELECT** the appropriate referrals in C3MP and continue to the next step in the registration.

i. If a referral is NOT listed in the **Agency Referrals** tab in C3MP, staff will need to read that referral to the caller.

ii. If the caller speaks a language other than English or Spanish, staff will need to read all referrals to the caller.

**NOTE:** You will complete the transfer after the [Conclusion](#) screen.

f. **Funeral Only Registrations:**

i. This assistance is only applied to cover uninsured funeral expenses for deaths that occurred as a result of the disaster.

ii. **USE** your best customer service skills when speaking with this caller.

iii. **COMPLETE** the registration using standard guidelines, with the following exceptions:





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| Screen                                      | Specific Guidelines for Funeral Only Registrations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Privacy Act/ Personal Information Screen | <p>a. SSN:</p> <p>i. For funeral only registrations, <b>ENTER</b> the SSN of the person responsible for the deceased person's funeral expenses.</p> <p>b. Name:</p> <p>i. For funeral only registrations, <b>ENTER</b> the name of the person responsible for the deceased person's funeral expenses.</p>                                                                                                                                                                                                                                                                                                                                                               |
| 2. Contact Phone Number Screen              | <p>a. Damaged Phone Number:</p> <p>i. <b>ENTER</b> the home phone number of the applicant.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 3. Damaged Dwelling Address Screen          | <p>a. Location where damage occurred:</p> <p>i. <b>ENTER</b> the physical location where the damage/injury occurred.</p> <p>b. Do you own your home or do you rent?</p> <p>i. <b>ENTER</b> the applicant's current status.</p> <p>c. Is the address above also your mailing address?</p> <p>i. <b>ENTER YES</b> or <b>NO</b>. If <b>NO</b>, the <b>Mailing Address</b> screen will open.</p>                                                                                                                                                                                                                                                                            |
| 4. Mailing Address Screen                   | <p>a. Current Mailing Address:</p> <p>i. <b>ENTER</b> the location where the information package will be sent.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 5. Disaster Selection                       | <p>a. <b>SELECT</b> the disaster identified by the applicant.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 6. Disaster Related Losses Screen           | <p>a. Home damaged by the disaster?</p> <p>i. <b>SELECT NO</b>.</p> <p>b. Personal property NOT including vehicles damaged by the disaster?</p> <p>i. <b>SELECT NO</b>.</p> <p>c. Essential utilities out for 5 consecutive days or more?</p> <p>i. <b>SELECT NO</b>.</p> <p>d. Were all of the vehicles in your household made undrivable due to the disaster?</p> <p>i. If <b>ALL</b> the vehicles owned by the applicant's household, including the applicant, applicant's spouse/significant other, and dependents, are <b>NOT</b> drivable due to disaster damage, <b>SELECT Yes</b>. If one or more vehicles in the household are drivable, <b>SELECT NO</b>.</p> |



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| Screen                          | Specific Guidelines for Funeral Only Registrations                                                                                                                                                                                                                                          |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                 | <p><b>NOTE:</b> If you <b>SELECT YES</b>, the <b>Disaster Related Vehicle Damage</b> screen will appear later, asking for vehicle details. If you <b>SELECT NO</b>, other vehicle screens will <b>NOT</b> appear.</p> <p>e. <b>SELECT NO</b> for the remaining questions on this screen</p> |
| 7. Damaged Dwelling Screen      | <p>a. Current Location: <b>SELECT MY HOME</b></p> <p>b. Residence Type: <b>SELECT OTHER</b></p> <p>c. Primary Residence: <b>SELECT NO</b></p> <p>d. Access to Home: <b>SELECT Yes, I am able to get to my home</b></p>                                                                      |
| 8. Home Insurance Screen        | <p>a. Type of Insurance:</p> <p>i. <b>SELECT</b> all the types of Insurance the applicant has on their home and/or personal property.</p> <p>b. If the applicant has no home/personal property insurance, <b>SELECT I have no insurance for my home or personal property.</b></p>           |
| 9. Financial Information Screen | <p>a. <b>ENTER</b> the number of dependents for the person responsible for the funeral expenses (applicant).</p>                                                                                                                                                                            |
| 10. Comments                    | <p>a. <b>ADD</b> a <b>Comment</b> about the application.</p> <p>i. <b>SUMMARY:</b> FACILITY # (NPSC#) FUNERAL ONLY REGISTRATION</p> <p>ii. <b>Text:</b> APP is registering for Funeral only. APP is the responsible party for his Father, Name, SSN, and DOB.</p>                           |

Table 11: Specific Guidelines for Funeral Only Registrations

iv. **COMPLETE** the rest of the application as if it were a standard application.

v. **READ** all referrals on the **Agency Referral** screen; OR.

1. **TRANSFER** the applicant to the IVR to listen to the referrals through the automated system.

a. If you choose to transfer the caller to the IVR, **SELECT** the appropriate referrals in C3MP and continue to the next step in the registration.

i. If a referral is **NOT** listed in the **Agency Referrals** tab in C3MP, staff will need to read that referral to the caller.

ii. If the caller speaks a language other than English or Spanish, staff will need to read all referrals to the caller.

**NOTE:** You will complete the transfer after the [Conclusion](#) screen.

g. **Evacuation Registrations (Inaccessible/Damage Unknown)**





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- i. This type of registration is for applicants who have been evacuated, who have NOT been able to return to their homes, and/or DO NOT currently know whether their home, personal property, or access was damaged.
- ii. **COMPLETE** the registration using standard guidelines, with the following exceptions:

| Screen                            | Specific Guidelines for Evacuation Registrations                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Disaster Related Losses Screen | <ol style="list-style-type: none"> <li>a. <b>SELECT Unknown</b> for the first two questions on this screen. These are required fields.</li> <li>b. <b>ASK</b> the remaining questions on this screen.</li> </ol>                                                                                                                                                                              |
| 2. Damaged Dwelling Screen        | <ol style="list-style-type: none"> <li>a. If the residence is inaccessible due to a mandatory evacuation, <b>SELECT I am unable to get to my home due to mandatory evacuation.</b></li> <li>b. If the residence is inaccessible due to damage caused by the disaster, <b>SELECT I am unable to get to my home because damages to the roads and bridges in the area prevent it.</b></li> </ol> |
| 3. Home Insurance Screen          | <ol style="list-style-type: none"> <li>a. Type of Insurance: <ol style="list-style-type: none"> <li>i. <b>SELECT</b> all the types of Insurance the applicant has on their home and/or personal property</li> <li>ii. If the applicant has no home/personal property insurance, <b>SELECT I have no insurance for my home or personal property.</b></li> </ol> </li> </ol>                    |

Table 12: Specific Guidelines for Evacuation Registrations (Inaccessible/Damage Unknown)

- iii. **COMPLETE** the rest of the application as if it were a standard application.
- iv. **READ** all referrals on the **Agency Referral** screen; OR.
  1. **TRANSFER** the applicant to the IVR to listen to the referrals through the automated system.
    - a. If you choose to transfer the caller to the IVR, **SELECT** the appropriate referrals in C3MP and continue to the next step in the registration.
      - i. If a referral is NOT listed in the **Agency Referrals** tab in C3MP, staff will need to read that referral to the caller.
      - ii. If the caller speaks a language other than English or Spanish, staff will need to read all referrals to the caller.

**NOTE:** You will complete the transfer after the [Conclusion](#) screen.

#### h. **Secondary Home Registrations**

- i. For secondary home registrations, complete the application just like you would a Home and Personal Property application, except for some of the



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questions on the **Damaged Dwelling Address** screen and **Damaged Dwelling** screen.

- ii. **COMPLETE** the registration using standard guidelines with the following exceptions:

| Screen                             | Specific Guidelines for Secondary Home Registrations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Damaged Dwelling Address Screen | <p>a. Location where damage occurred:</p> <p>i. <b>ENTER</b> the physical location where the damaged occurred.</p> <p>b. Do you own your home or do you rent?</p> <p>i. <b>ENTER</b> the applicant's current status.</p> <p>c. Is the address above also your mailing address?</p> <p>i. <b>ENTER YES</b> or <b>NO</b>. If <b>NO</b>, the <b>Mailing Address</b> screen will open.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2. Mailing Address Screen          | <p>a. Current Mailing Address:</p> <p>i. <b>ENTER</b> the location where the information package will be sent.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3. Disaster Selection              | <p>a. <b>SELECT</b> the disaster identified by the applicant.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4. Disaster Related Losses Screen  | <p>a. Home damaged by the disaster?</p> <p>i. <b>SELECT NO</b>.</p> <p>b. Personal property NOT including vehicles damaged by the disaster?</p> <p>i. <b>SELECT NO</b>.</p> <p>c. Essential utilities out for 5 consecutive days or more?</p> <p>i. <b>SELECT NO</b>.</p> <p>d. Were all of the vehicles in your household made undrivable due to the disaster?</p> <p>i. If ALL the vehicles owned by the applicant's household, including the applicant, applicant's spouse/significant other, and dependents, are NOT drivable due to disaster damage, <b>SELECT Yes</b>. If one or more vehicles in the household are drivable, <b>SELECT NO</b>.</p> <p><b>NOTE:</b> If you <b>SELECT YES</b>, the <b>Disaster Related Vehicle Damage</b> screen will appear later, asking for vehicle details. If you <b>SELECT NO</b>, other vehicle screens will NOT appear.</p> <p>e. <b>SELECT NO</b> for the remaining questions on this screen</p> |





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| Screen                     | Specific Guidelines for Secondary Home Registrations                                                                                                                                                                                                                   |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Damaged Dwelling Screen | <p>a. Current Location: <b>SELECT MY HOME</b></p> <p>b. Residence Type: <b>SELECT OTHER</b></p> <p>c. Primary Residence: <b>SELECT NO</b></p> <p>d. Access to Home: <b>SELECT Yes, I am able to get to my home</b></p>                                                 |
| 6. Home Insurance Screen   | <p>a. Type of Insurance:</p> <p>i. <b>SELECT</b> all the types of Insurance the applicant has on their home and/or personal property</p> <p>b. If the applicant has no home/personal property, <b>SELECT I have no insurance for my home or personal property.</b></p> |

Table 33: Specific Guidelines for Secondary Home Registrations

iii. **COMPLETE** the rest of the application as if it were a standard application.

iv. **READ** all referrals on the **Agency Referral** screen; OR.

1. **TRANSFER** the applicant to the IVR to listen to the referrals through the automated system.

a. If you choose to transfer the caller to the IVR, **SELECT** the appropriate referrals in C3MP and continue to the next step in the registration.

i. If a referral is NOT listed in the **Agency Referrals** tab in C3MP, staff will need to read that referral to the caller.

ii. If the caller speaks a language other than English or Spanish, staff will need to read all referrals to the caller.

**NOTE:** You will complete the transfer after the [Conclusion](#) screen.

i. **Personal Property Stored Elsewhere Registrations**

i. This registration is intended only for damages to personal property that the applicant has in storage somewhere other than their residence.

ii. **USE** this form of registration when there are also no damages to the home, vehicles, or business, and there are no miscellaneous or uninsured expenses.

iii. **COMPLETE** the registration using standard guidelines, with the following exceptions:

| Screen                         | Specific Guidelines for Personal Property Stored Elsewhere Registrations |
|--------------------------------|--------------------------------------------------------------------------|
| 1. Contact Phone Number Screen | a. Damaged Phone Number:                                                 |



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| Screen                             | Specific Guidelines for Personal Property Stored Elsewhere Registrations                                                                                                                                                                                                                                                                                                                          |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                    | i. <b>ENTER</b> the home phone number of the applicant.                                                                                                                                                                                                                                                                                                                                           |
| 2. Damaged Dwelling Address Screen | <p>a. Location where damage occurred:</p> <p>i. <b>ENTER</b> the physical location where the Personal Property is stored.</p> <p>b. Do you own your home or do you rent?</p> <p>i. <b>ENTER</b> the applicant's current status.</p> <p>c. Is the address above also your mailing address?</p> <p>i. <b>ENTER YES</b> or <b>NO</b>. If <b>NO</b>, the <b>Mailing Address</b> screen will open.</p> |
| 3. Mailing Address Screen          | <p>a. Current Mailing Address:</p> <p>i. <b>ENTER</b> the location where the information package will be sent.</p>                                                                                                                                                                                                                                                                                |
| 4. Disaster Selection              | a. <b>SELECT</b> the disaster identified by the applicant.                                                                                                                                                                                                                                                                                                                                        |
| 5. Disaster Related Losses Screen  | <p>a. Was your home damaged by the disaster?</p> <p>i. <b>SELECT NO</b></p> <p>b. Was any of your personal property NOT including vehicles damaged by the disaster?</p> <p>i. <b>SELECT YES</b></p> <p>c. <b>SELECT NO</b> for the remaining questions on this screen.</p>                                                                                                                        |
| 6. Damaged Dwelling Screen         | <p>a. <b>Current Location: SELECT MY HOME</b></p> <p>b. <b>Residence Type: SELECT OTHER</b></p> <p>c. <b>Primary Residence: SELECT NO</b></p> <p>d. <b>Access to Home: SELECT Yes, I am able to get to my home</b></p>                                                                                                                                                                            |
| 7. Home Insurance Screen           | <p>a. Type of Insurance:</p> <p>i. <b>SELECT</b> all the types of Insurance the applicant has on their home and/or personal property</p> <p>b. If the applicant has no home/personal property, <b>SELECT I have no insurance for my home or personal property.</b></p>                                                                                                                            |
| 8. Comment                         | <p>a. <b>ADD a Comment</b> about the application.</p> <p>b. Example:</p> <p>i. <b>SUMMARY FACILITY# (NPSC#) PERSONAL PROPERTY STORED ELSEWHERE</b></p> <p>ii. <b>Text:</b> Personal Property stored in rental storage unit # 123 (or relative's home (name) and no damage to home.</p>                                                                                                            |

Table 14: Specific Guidelines for Personal Property Stored Elsewhere Only Registrations





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- iv. **COMPLETE** the rest of the application as if it were a standard application.
- v. **READ** all referrals on the **Agency Referral** screen; OR.
  - 1. **TRANSFER** the applicant to the IVR to listen to the referrals through the automated system.
    - a. If you choose to transfer the caller to the IVR, **SELECT** the appropriate referrals in C3MP and continue to the next step in the registration.
    - i. If a referral is NOT listed in the **Agency Referrals** tab in C3MP, staff will need to read that referral to the caller.
    - ii. If the caller speaks a language other than English or Spanish, staff will need to read all referrals to the caller.

**NOTE:** You will complete the transfer after the [Conclusion](#) screen.

j. **Farm/Agriculture Only Registrations**

- i. This type of registration applies to applicants who register for farm or ranch damages but who DO NOT have any damage to their home or personal property.
- ii. Farm/agricultural damages include: farm or ranch property, crops, livestock, farm buildings, and equipment. A family garden DOES NOT qualify as a farm.
- iii. If the applicant has farm/agricultural damage only and insists on describing it as business damage, follow standard guidance for a Business Only application.
- iv. **COMPLETE** the registration using standard guidelines, with the following exceptions:

| Screen                                     | Specific Guidelines for Farm/Agriculture Only Registrations                                                                                                                                                                                                                                                                                 |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Privacy Act/Personal Information Screen | a. SSN: <ul style="list-style-type: none"> <li>i. If you are completing an application for farm losses only, <b>ENTER</b> the SSN of the farm owner or representative (NOT the business tax ID number).</li> </ul> b. Name: <ul style="list-style-type: none"> <li>i. <b>ENTER</b> the name of the farm owner or representative.</li> </ul> |
| 2. Contact Phone Number Screen             | a. Damaged Phone Number: <ul style="list-style-type: none"> <li>i. <b>ENTER</b> the applicant's home phone number.</li> </ul>                                                                                                                                                                                                               |



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| Screen                             | Specific Guidelines for Farm/Agriculture Only Registrations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Damaged Dwelling Address Screen | <p>a. Location where damage occurred:</p> <p>i. <b>ENTER</b> the physical location of the farm where the damaged occurred.</p> <p>b. Do you own your home or do you rent?</p> <p>i. <b>ENTER</b> the option that applies to the applicant's current living situation.</p> <p>c. Is the address above also your mailing address?</p> <p>i. <b>ENTER YES</b> or <b>NO</b>. If <b>NO</b>, the <b>Mailing Address</b> screen will open.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 4. Mailing Address Screen          | <p>a. Current Mailing Address:</p> <p>i. <b>ENTER</b> the location where the information package will be sent.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 5. Disaster Selection              | <p>a. <b>SELECT</b> the disaster identified by the applicant.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 6. Disaster Related Losses Screen  | <p>a. Home damaged by the disaster?</p> <p>i. <b>SELECT NO</b>.</p> <p>b. Personal property NOT including vehicles damaged by the disaster?</p> <p>i. <b>SELECT NO</b>.</p> <p>c. Essential utilities out for 5 consecutive days or more?</p> <p>i. <b>SELECT NO</b>.</p> <p>d. Were all of the vehicles in your household made undrivable due to the disaster?</p> <p>i. If <b>ALL</b> the vehicles owned by the applicant's household, including the applicant, applicant's spouse/significant other, and dependents, are <b>NOT</b> drivable due to disaster damage, <b>SELECT Yes</b>. If one or more vehicles in the household are drivable, <b>SELECT NO</b>.</p> <p><b>NOTE:</b> If you <b>SELECT YES</b>, the <b>Disaster Related Vehicle Damage</b> screen will appear later, asking for vehicle details. If you <b>SELECT NO</b>, other vehicle screens will <b>NOT</b> appear.</p> <p>e. <b>SELECT NO</b> for the remaining questions on this screen</p> |
| 7. Damaged Dwelling Screen         | <p>a. Current Location: <b>SELECT MY HOME</b></p> <p>b. Residence Type: <b>SELECT OTHER</b></p> <p>c. Primary Residence: <b>SELECT NO</b></p> <p>d. Access to Home: <b>SELECT Yes, I am able to get to my home</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |





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| Screen                                     | Specific Guidelines for Farm/Agriculture Only Registrations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. Home Insurance Screen                   | <p>a. Type of Insurance:</p> <p>i. <b>SELECT I have no insurance for my home or personal property</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 9. Disaster Related Expenses Screen        | <p>a. All fields on this screen</p> <p>i. <b>SELECT NO.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 10. Disaster Related Vehicle Damage Screen | <p>a. <b>SELECT NO.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 11. Miscellaneous Purchases Screen         | <p>a. <b>SELECT NO.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 12. Emergency Needs Screen                 | <p>a. <b>CLICK NEXT</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 13. Special Needs Screen                   | <p>a. <b>CLICK NEXT</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 14. Occupants Screen                       | <p>a. <b>CLICK NEXT</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 15. Business Damage Screen                 | <p>a. All fields on this screen</p> <p>i. <b>SELECT NO</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 16. Financial Information Screen           | <p>a. Dependents</p> <p>i. If you are the farm owner, <b>ENTER</b> the number of dependents claimed on the Federal Tax Return.</p> <p>ii. If you are only representing the farm, <b>ENTER</b> the number one (1).</p> <p>b. Family's pre-disaster gross income</p> <p>i. If you are the owner, <b>ENTER</b> the total amount claimed on your Federal Tax Return.</p> <p>ii. If you are a representative of the farm, <b>ENTER</b> only the income that is claimed for the farm.</p> <p>c. Electronic Funds Transfer</p> <p>i. <b>SELECT NO.</b></p> |
| 17. Comments                               | <p>a. <b>ADD a Comment</b> about the application.</p> <p>b. Example:</p> <p>i. <b>SUMMARY:</b> FACILITY# (NPSC#) FARM ONLY REGISTRATION</p> <p>ii. <b>Text:</b> APP is the representative for the damaged farm.</p>                                                                                                                                                                                                                                                                                                                                 |
| 18. Agency Referrals                       | <p>a. Manually <b>ADD</b> this referral to the registration.</p> <p>b. The U.S. Department of Agriculture Farm Service Agency may have disaster aid available, to determine if funding is available contact your local Farm Service Agency.</p> <p>And, if needed:</p> <p>c. Unemployment Assistance</p>                                                                                                                                                                                                                                            |



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| Screen | Specific Guidelines for Farm/Agriculture Only Registrations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | <p>i. If you or a member of your household lost work or became unemployed due to the disaster, your local unemployment office may provide benefits and services, even if you are self-employed, through their regular unemployment and/or Disaster Unemployment Assistance Program. This program may also assist you if you have become the head of household because the working breadwinner was fatally injured as a result of the disaster. These referrals are NOT available on the IVR. Therefore, staff must read these referrals to the applicant.</p> |

Table 15: Specific Guidelines for Farm/Agriculture Only Registrations

v. **COMPLETE** the rest of the application as if it were a standard application.

vi. **READ** all referrals on the **Agency Referral** screen; OR.

1. **TRANSFER** the applicant to the IVR to listen to the referrals through the automated system.

a. If you choose to transfer the caller to the IVR, **SELECT** the appropriate referrals in C3MP and continue to the next step in the registration.

i. If a referral is NOT listed in the **Agency Referrals** tab in C3MP, staff will need to read that referral to the caller.

ii. If the caller speaks a language other than English or Spanish, staff will need to read all referrals to the caller.

**NOTE:** You will complete the transfer after the [Conclusion](#) screen.

k. **Disaster Unemployment Assistance Only Registrations**

i. This type of registration applies only to applicants who lost their employment income due to the disaster.

ii. This type of registration is NOT for applicants with home or personal property damage.

iii. **COMPLETE** the registration using standard guidelines, with the following exceptions:





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| Screen                                     | Specific Guidelines for Disaster Unemployment Assistance Only Registrations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Privacy Act/Personal Information Screen | <p>a. SSN:</p> <p>i. <b>ENTER</b> the SSN of the person with disaster-caused unemployment losses.</p> <p>b. Name:</p> <p>i. <b>ENTER</b> the name of the person with disaster-caused unemployment losses.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2. Contact Phone Number Screen             | <p>a. Damaged Phone Number:</p> <p>i. <b>ENTER</b> the applicant's home phone number (NOT the work number of the damaged place of employment).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 3. Damaged Dwelling Address Screen         | <p>a. Location where damage occurred:</p> <p>i. <b>ENTER</b> the physical location of the applicant's place of employment where the damage occurred.</p> <p>b. Do you own your home or do you rent?</p> <p>i. <b>ENTER</b> the applicant's current status.</p> <p>c. Is the address above also your mailing address?</p> <p>i. <b>ENTER YES or NO.</b> If NO, the <b>Mailing Address</b> screen will open.</p>                                                                                                                                                                                                                                            |
| 4. Mailing Address Screen                  | <p>a. Current Mailing Address:</p> <p>i. <b>ENTER</b> the location where the information package will be sent.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5. Disaster Selection                      | <p>a. <b>SELECT</b> the disaster identified by the applicant.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 6. Disaster Related Losses Screen          | <p>a. Home damaged by the disaster?</p> <p>i. <b>SELECT NO.</b></p> <p>b. Personal property NOT including vehicles damaged by the disaster?</p> <p>i. <b>SELECT NO.</b></p> <p>c. Essential utilities out for 5 consecutive days or more?</p> <p>i. <b>SELECT NO.</b></p> <p>d. Were all of the vehicles in your household made undrivable due to the disaster?</p> <p>i. If ALL the vehicles owned by the applicant's household, including the applicant, applicant's spouse/significant other, and dependents, are NOT drivable due to disaster damage, <b>SELECT Yes.</b> If one or more vehicles in the household are drivable, <b>SELECT NO.</b></p> |



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| Screen                                     | Specific Guidelines for Disaster Unemployment Assistance Only Registrations                                                                                                                                                                                                                                                                        |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                            | <p><b>NOTE:</b> If you <b>SELECT YES</b>, the <b>Disaster Related Vehicle Damage</b> screen will appear later, asking for vehicle details. If you <b>SELECT NO</b>, other vehicle screens will <b>NOT</b> appear.</p> <p>a. <b>SELECT NO</b> for the remaining questions on this screen; <b>SELECT NO</b></p> <p>e. These are required fields.</p> |
| 7. Damaged Dwelling Screen                 | <p>a. Current Location: <b>SELECT MY HOME</b></p> <p>b. Residence Type: <b>SELECT OTHER</b></p> <p>c. Primary Residence: <b>SELECT NO</b></p> <p>d. Access to Home: <b>SELECT Yes, I am able to get to my home</b></p>                                                                                                                             |
| 8. Home Insurance Screen                   | <p>a. Type of Insurance:</p> <p>i. <b>SELECT I have no insurance for my home or personal property.</b></p>                                                                                                                                                                                                                                         |
| 9. Disaster Related Expenses Screen        | <p>a. All fields on this screen</p> <p>i. <b>SELECT NO.</b></p>                                                                                                                                                                                                                                                                                    |
| 10. Disaster Related Vehicle Damage Screen | <p>a. <b>SELECT NO.</b></p>                                                                                                                                                                                                                                                                                                                        |
| 11. Miscellaneous Purchases Screen         | <p>a. <b>SELECT NO.</b></p>                                                                                                                                                                                                                                                                                                                        |
| 12. Emergency Needs Screen                 | <p>a. <b>CLICK NEXT.</b></p>                                                                                                                                                                                                                                                                                                                       |
| 13. Special Needs Screen                   | <p>a. <b>CLICK NEXT.</b></p>                                                                                                                                                                                                                                                                                                                       |
| 14. Occupants Screen                       | <p>a. <b>CLICK NEXT.</b></p>                                                                                                                                                                                                                                                                                                                       |
| 15. Business Damage Screen                 | <p>a. All fields on this screen</p> <p>i. <b>SELECT NO.</b></p>                                                                                                                                                                                                                                                                                    |
| 16. Financial Information Screen           | <p>a. Dependents</p> <p>i. <b>ENTER</b> the number of dependents claimed on the Federal Tax Return.</p> <p>b. Family's pre-disaster gross income</p> <p>i. <b>ENTER</b> the pre-disaster gross income (before taxes) for the family.</p> <p>c. Electronic Funds Transfer</p> <p>i. <b>SELECT NO.</b></p>                                           |
| 17. Comments                               | <p>a. <b>ADD a Comment</b> about the application.</p> <p>b. Example:</p> <p>i. <b>SUMMARY:</b> FACILITY# (NPSC#) DISASTER UNEMPLOYMENT ASSISTANCE ONLY REGISTRATION</p> <p>ii. <b>Text:</b> APP is unemployed due to the disaster losses at place of employment.</p>                                                                               |





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| Screen               | Specific Guidelines for Disaster Unemployment Assistance Only Registrations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18. Agency Referrals | <p>a. If available, this referral must be manually added to the registration</p> <p>i. Unemployment Assistance</p> <ol style="list-style-type: none"> <li>1. If you or a member of your household lost work or became unemployed due to the disaster, your local unemployment office may provide benefits and services, even if you are self-employed, through their regular unemployment and/or Disaster Unemployment Assistance Program. This program may also assist you if you have become the head of household because the working breadwinner was fatally injured as a result of the disaster.</li> <li>2. This referral information may be located on the Disaster Referral Information spreadsheet found on the <a href="#">Disaster Specific Information</a> pages and NOT on this referral list. If so, provide the referral and continue to the next step in the registration. This referral is NOT available on the IVR. Therefore, staff must read this referral to the applicant.</li> </ol> |

Table 16: Specific Guidelines for Disaster Unemployment Assistance Only Registrations

- iv. **COMPLETE** the rest of the application as if it were a standard application.
- v. **READ** all referrals on the **Agency Referral** screen; OR.
  1. **TRANSFER** the applicant to the IVR to listen to the referrals through the automated system.
    - a. If you choose to transfer the caller to the IVR, **SELECT** the appropriate referrals in C3MP and continue to the next step in the registration.
      - i. If a referral is NOT listed in the **Agency Referrals** tab in C3MP, staff will need to read that referral to the caller.
      - ii. If the caller speaks a language other than English or Spanish, staff will need to read all referrals to the caller.

**NOTE:** You will complete the transfer after the [Conclusion](#) screen.

6. Address Information

a. **Damaged Dwelling Address**

- i. The **Damaged Dwelling Address** screen appears after you complete the applicant's contact phone numbers and **CLICK Next** to continue.



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Figure 26: Damaged Dwelling Address Screen

- ii. **USE** the following instructions to enter address information on this screen.
  1. **ASK** for, **REPEAT**, and **SPELL** the information you enter on this screen for verification.
  2. It is a good practice to ask the applicant to start with the zip code when providing the address. Zip Code is the first address field on the screen, and the city and state, territory, or tribe will be auto-populated based on the zip code entered.
  3. Also, remember to **PRESS F9** and **ADD** a **Comment** to explain the location for vehicle, medical, dental, funeral, business, or personal property-only applications.

**NOTE:** For detailed information about comments, refer to [Adding Call Center Comments](#), [Viewing Call Center Comments](#), and [Examples of Required Call Center Comments](#).

| Field  | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Zip | <ol style="list-style-type: none"> <li>a. <b>ENTER</b> the <b>zip code</b> where the damage or loss occurred. After you enter the zip code, the <b>City</b> field may auto-fill or enable you to select the city.</li> <li>b. For <b>Vehicle, Child Care, or Medical/Dental/Funeral Only</b> Registrations               <ol style="list-style-type: none"> <li>i. <b>ENTER</b> the <b>zip code</b> where the damage, injury, or fatality occurred. Also, <b>PRESS F9</b> and <b>ADD</b> a <b>Comment</b> that this is the zip code where disaster-caused incident occurred.</li> </ol> </li> <li>c. For <b>Business Only</b> Registrations</li> </ol> |





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| Field             | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | <ul style="list-style-type: none"> <li>i. <b>ENTER</b> the <b>zip code</b> of the damaged business address. For example, for a Landlord registering a damaged rent house, enter the zip code of the rent house, or for a storeowner registering a damaged store, enter the zip code of store building. Also, <b>PRESS F9</b> and <b>ADD</b> a <b>Comment</b> that this is the applicant's damaged business zip code.</li> <li>d. <b>Farm/Disaster Unemployment</b> and the <b>Remaining Other Types</b> Registrations <ul style="list-style-type: none"> <li>i. <b>ENTER</b> the <b>zip code</b> of the damaged business, farm, place of employment, or other location where the loss occurred.</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2. Street Address | <ul style="list-style-type: none"> <li>a. <b>ENTER</b> the <b>street address</b> where the damage or loss occurred. <b>REPEAT</b> street names and spellings to the applicant for verification. <ul style="list-style-type: none"> <li>i. <b>INCLUDE</b> the house number or building number. Also <b>ASK</b> for and <b>INCLUDE</b> the apartment, duplex, or mobile home lot number, if applicable. For example: <b>Back Mountain St Apt 4B</b></li> <li>ii. Omitting an apartment, duplex, or lot number can trigger a duplicate error if other applicants register with the same street address, even if they have separate households.</li> </ul> </li> <li>b. <b>DO NOT:</b> <ul style="list-style-type: none"> <li>i. <b>ENTER</b> a post office box or general delivery route; OR</li> <li>ii. <b>Abbreviate</b> street names. For example, enter: 23 Back Mountain St (NOT 23 Bk Mtn St )</li> </ul> </li> <li>c. Standard US Postal Service street abbreviations are acceptable, such as: Ave (Avenue), Blvd (Boulevard), Cir (Circle), Ct (Court), Dr (Drive), St (Street), Hts (Heights), Fwy (Freeway), Hwy (Highway), Jct (Junction), Pkwy (Parkway)</li> <li>d. For Vehicle, Child Care, or Medical/Dental/Funeral Only Registrations <ul style="list-style-type: none"> <li>i. <b>ENTER</b> only the name of the street on which the damage, injury, or fatality occurred (NOT a house, apartment, or other street number).</li> </ul> </li> <li>e. For Business/Farm/Disaster Unemployment and any of the Other Types Registrations <ul style="list-style-type: none"> <li>i. <b>ENTER</b> the street address of the damaged business, farm, place of employment, or other location where the loss occurred. (<b>USE</b> the 911 address designation for rural areas without street addresses.)</li> </ul> </li> </ul> |



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| Field                          | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |    |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
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| 3. City                        | <p>a. <b>ENTER</b> the city where the damages occurred. (You may be able to select from a pull-down list, based on the zip. City code entered above.)</p> <p>i. If the city auto-filled when you entered the zip code, <b>VERIFY</b> the city.</p> <p>b. For Business/Transportation/Child Care/Medical/Dental/Funeral and Other Types of Registrations NOT involving damage at primary residence</p> <p>i. <b>ENTER</b> the city where the damage, injury, fatality, or other form of loss occurred. (<b>USE</b> the nearest city for farms or other rural areas.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |    |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| 4. State                       | <p>a. For all types of registrations, <b>ENTER</b> the state, territory, or tribe where the damages, injury or other form of losses occurred.</p> <p><b>NOTE:</b> Following is a list of abbreviations to use for US states and territories. You can find these abbreviations from your facility's Home Page by clicking the <b>USPS Zip Codes</b> link and then using the <b>Zip Code Lookup</b> feature.</p> <table border="1"> <tbody> <tr><td>Alabama</td><td>AL</td><td>Montana</td><td>MT</td></tr> <tr><td>Alaska</td><td>AK</td><td>Nebraska</td><td>NE</td></tr> <tr><td>American Samoa</td><td>AS</td><td>Nevada</td><td>NV</td></tr> <tr><td>Arizona</td><td>AZ</td><td>New Hampshire</td><td>NH</td></tr> <tr><td>Arkansas</td><td>AR</td><td>New Jersey</td><td>NJ</td></tr> <tr><td>California</td><td>CA</td><td>New Mexico</td><td>NM</td></tr> <tr><td>Colorado</td><td>CO</td><td>New York</td><td>NY</td></tr> <tr><td>Connecticut</td><td>CT</td><td>North Carolina</td><td>NC</td></tr> <tr><td>Delaware</td><td>DE</td><td>North Dakota</td><td>ND</td></tr> <tr><td>District of Columbia</td><td>DC</td><td>Northern Mariana Islands</td><td>MP</td></tr> <tr><td>Federated States of Micronesia</td><td>FM</td><td>Ohio</td><td>OH</td></tr> <tr><td>Florida</td><td>FL</td><td>Oklahoma</td><td>OK</td></tr> <tr><td>Georgia</td><td>GA</td><td>Oregon</td><td>OR</td></tr> <tr><td>Guam</td><td>GU</td><td>Palau</td><td>PW</td></tr> <tr><td>Hawaii</td><td>HI</td><td>Pennsylvania</td><td>PA</td></tr> <tr><td>Idaho</td><td>ID</td><td>Puerto Rico</td><td>PR</td></tr> <tr><td>Illinois</td><td>IL</td><td>Rhode Island</td><td>RI</td></tr> <tr><td>Indiana</td><td>IN</td><td>South Carolina</td><td>SC</td></tr> <tr><td>Iowa</td><td>IA</td><td>South Dakota</td><td>SD</td></tr> <tr><td>Kansas</td><td>KS</td><td>Tennessee</td><td>TN</td></tr> <tr><td>Kentucky</td><td>KY</td><td>Texas</td><td>TX</td></tr> <tr><td>Louisiana</td><td>LA</td><td>Utah</td><td>UT</td></tr> <tr><td>Maine</td><td>ME</td><td>Vermont</td><td>VT</td></tr> <tr><td>Marshall Islands</td><td>MH</td><td>Virgin Islands</td><td>VI</td></tr> <tr><td>Maryland</td><td>MD</td><td>Virginia</td><td>VA</td></tr> <tr><td>Massachusetts</td><td>MA</td><td>Washington</td><td>WA</td></tr> <tr><td>Michigan</td><td>MI</td><td>West Virginia</td><td>WV</td></tr> <tr><td>Minnesota</td><td>MN</td><td>Wisconsin</td><td>WI</td></tr> <tr><td>Mississippi</td><td>MS</td><td>Wyoming</td><td>WY</td></tr> <tr><td>Missouri</td><td>MO</td><td></td><td></td></tr> </tbody> </table> | Alabama                  | AL | Montana | MT | Alaska | AK | Nebraska | NE | American Samoa | AS | Nevada | NV | Arizona | AZ | New Hampshire | NH | Arkansas | AR | New Jersey | NJ | California | CA | New Mexico | NM | Colorado | CO | New York | NY | Connecticut | CT | North Carolina | NC | Delaware | DE | North Dakota | ND | District of Columbia | DC | Northern Mariana Islands | MP | Federated States of Micronesia | FM | Ohio | OH | Florida | FL | Oklahoma | OK | Georgia | GA | Oregon | OR | Guam | GU | Palau | PW | Hawaii | HI | Pennsylvania | PA | Idaho | ID | Puerto Rico | PR | Illinois | IL | Rhode Island | RI | Indiana | IN | South Carolina | SC | Iowa | IA | South Dakota | SD | Kansas | KS | Tennessee | TN | Kentucky | KY | Texas | TX | Louisiana | LA | Utah | UT | Maine | ME | Vermont | VT | Marshall Islands | MH | Virgin Islands | VI | Maryland | MD | Virginia | VA | Massachusetts | MA | Washington | WA | Michigan | MI | West Virginia | WV | Minnesota | MN | Wisconsin | WI | Mississippi | MS | Wyoming | WY | Missouri | MO |  |  |
| Alabama                        | AL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Montana                  | MT |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Alaska                         | AK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Nebraska                 | NE |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| American Samoa                 | AS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Nevada                   | NV |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Arizona                        | AZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | New Hampshire            | NH |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Arkansas                       | AR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | New Jersey               | NJ |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| California                     | CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | New Mexico               | NM |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Colorado                       | CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | New York                 | NY |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Connecticut                    | CT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | North Carolina           | NC |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Delaware                       | DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | North Dakota             | ND |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| District of Columbia           | DC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Northern Mariana Islands | MP |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Federated States of Micronesia | FM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ohio                     | OH |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Florida                        | FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Oklahoma                 | OK |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Georgia                        | GA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Oregon                   | OR |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Guam                           | GU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Palau                    | PW |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Hawaii                         | HI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Pennsylvania             | PA |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Idaho                          | ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Puerto Rico              | PR |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Illinois                       | IL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Rhode Island             | RI |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Indiana                        | IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | South Carolina           | SC |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Iowa                           | IA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | South Dakota             | SD |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Kansas                         | KS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Tennessee                | TN |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Kentucky                       | KY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Texas                    | TX |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Louisiana                      | LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Utah                     | UT |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Maine                          | ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Vermont                  | VT |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Marshall Islands               | MH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Virgin Islands           | VI |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Maryland                       | MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Virginia                 | VA |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Massachusetts                  | MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Washington               | WA |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Michigan                       | MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | West Virginia            | WV |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Minnesota                      | MN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Wisconsin                | WI |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Mississippi                    | MS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Wyoming                  | WY |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |
| Missouri                       | MO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |    |         |    |        |    |          |    |                |    |        |    |         |    |               |    |          |    |            |    |            |    |            |    |          |    |          |    |             |    |                |    |          |    |              |    |                      |    |                          |    |                                |    |      |    |         |    |          |    |         |    |        |    |      |    |       |    |        |    |              |    |       |    |             |    |          |    |              |    |         |    |                |    |      |    |              |    |        |    |           |    |          |    |       |    |           |    |      |    |       |    |         |    |                  |    |                |    |          |    |          |    |               |    |            |    |          |    |               |    |           |    |           |    |             |    |         |    |          |    |  |  |





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| Field                                              | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Do you own this home or do you rent it?         | <p>a. From the drop down list, <b>SELECT Own</b> or <b>Rent</b> to indicate the residency status. To be considered the legal <b>OWNER</b> of the home, the caller must:</p> <ul style="list-style-type: none"> <li>i. Have the deed;</li> <li>ii. Pay no rent, maintain the home, and pay taxes (if applicable); OR</li> <li>iii. Have lifetime occupancy rights without holding legal title to the home</li> </ul> <p>b. <b>SELECT Rent</b> if the caller DOES NOT meet any of the above criteria, even if they pay no rent.</p> <p>c. For Business/Transportation/Medical/Dental/Funeral and Other Types of Registrations NOT involving damage at primary residence</p> <ul style="list-style-type: none"> <li>i. <b>SELECT</b> the option that applies to the applicant's current living situation.</li> </ul> |
| 6. Is the address above also your mailing address? | <p>a. If the damaged dwelling address and current mailing address are the same, <b>SELECT YES</b>.</p> <p>b. If the applicant's damaged dwelling address and current mailing address are NOT the same, <b>SELECT NO</b>.</p> <p>c. If you <b>SELECT NO</b> the <b>Mailing Address</b> screen will appear, as described in the following section.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Table 17: Field Instructions on Entering Address Information



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a. Mailing Address

- i. This screen appears only if you selected **NO** to the question **Is the address above also your mailing address?** on the **Damaged Dwelling Address** screen.

Figure 27: Mailing Address Screen

- ii. **USE** the following instructions to enter the applicant's current mailing address on this screen. **ASK** for and **REPEAT** the information you enter on this screen for verification.

| Field                              | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. In Care Of                      | <p>a. <b>ENTER</b> the name of the person who will receive mail on behalf of the applicant if the mailing address belongs to someone other than the applicant.</p> <p>i. For example, if the applicant Moselle Brown's mail is going to her sister Tilda Green's address, you would enter: Tilda Green</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2. Zip/Street Address/ City/ State | <p>a. <b>ENTER</b> the zip code, street address, city, and state, territory, or tribe where the applicant is currently receiving mail. This <b>DOES NOT</b> have to be the address where the applicant is residing. After you enter the zip code, the <b>City</b> field may auto-fill and/or display a selection arrow that enables you to quickly select the city.</p> <p>b. <b>INCLUDE</b> the house, building, apartment, duplex, or lot number, if applicable.</p> <p>c. You may <b>ENTER</b> a post office box number or general delivery address in this field. If possible, <b>ENTER</b> an address where the applicant will receive mail for a minimum of 60 days.</p> <p>d. <b>REPEAT</b> street and city names and spellings, as well as street/PO/zip code numbers, etc., for verification.</p> |

Table 18: Field Instructions for Entering Applicant's Mailing Address

b. Continuing after the Address Verification Process





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- i. After you complete address information and **CLICK Next**, the system will compare the applicant's address to addresses in its directory. Continue as follows, depending on the results.
  1. If the system DOES NOT locate any matching addresses in the directory, the Damaged Dwelling/Mailing Address Correction pop-up screen will appear. See the following topic, [Damaged Dwelling/Mailing Address Correction](#) to continue.

If the system locates the address but NOT the SSN and name at the address, an **Identity Verification Error** will appear. See [Correcting an Identity Verification Error](#) to continue.

If the system verifies address and identity information, you will next be prompted to select the damaged county, parish, or municipio. See [Damaged Dwelling County/Parish/Municipio](#) to continue.

## 7. Damaged Dwelling/Mailing Address Correction

- a. If the system DOES NOT locate any addresses in the directory that match the damaged dwelling and/or mailing address, the **Address Correction** screen will appear.

Figure 28: Damaged Dwelling/Mailing Address Correction

- b. This screen displays the submitted address and enables you to edit the address if needed. Separate correction screens may appear for the damaged dwelling address and current mailing address. **VERIFY** the submitted address with the applicant.
  - i. If the address shown in the **Submitted Address** area is correct, **CLICK** the **Use Submitted** button.



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- ii. If the address is incorrect, **EDIT** the address in the **Corrected Address** fields and **CLICK** the **Resubmit** button.
- c. After you correct the address information, continue as follows, depending on the system's identity verification results.
  - i. If the system DOES NOT locate SSN and name at the address, an **Identity Verification Error** will appear. See [Correcting and Identity Verification Error](#) to continue.
  - ii. If the system verifies address and identity information, you will next be prompted to select the damaged county, parish, or municipio. See [Damaged Dwelling County/ Parish/ Municipio](#) to continue.

#### 8. Correcting an Identity Verification Error

**NOTE:** NEMIS business rules run multiple checks during the course of an application. These checks verify the following applicant information to make sure it is valid:

- Name
- SSN
- Damage dwelling address
- Current mailing address

- a. Identification Verification Error Reasons
  - i. If an identity verification error has occurred, the **Identification Verification Error** screen will appear at the time of the error. It identifies the source of the error. The error might be because of:
    - 1. Applicant Name is NOT verified as matching the SSN (Identity Verification)
    - 2. Applicant is NOT verified as occupying the damaged dwelling address (Occupancy Verification)
    - 3. Applicant who registered as owner is NOT verified as owning the damaged dwelling address (Ownership Verification).





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## Identification Verification Error

Identity Verification: **FAILED**  
Co-occupancy Verification: **FAILED**  
Ownership Verification: **FAILED**

Please **VERIFY** the spelling of the Name and Social Security Number. The Name and Social Security Number must be identical as they appear on the caller's Social Security card.

If the Name and Social Security Number fail identity verification:

Please click the back button and **VERIFY** the following:

If caller has had a recent name change due to marriage or divorce or used a nickname please reenter the name correctly using the following guidance:

**FIRST NAME**  
Do not include the name of the co-applicant in this field. DO NOT use ANY type of accent marks in the name field as this will slow the processing of the registration. This field accepts a maximum of 50 alphanumeric characters.

**MIDDLE INITIAL**  
Enter the middle initial if available.

**LAST NAME**  
Enter the last name in this field. If appropriate, enter JR, SR, III etc., following the last name. (Example: JOHNS JR.) This field accepts a maximum of 50 alphanumeric characters. Last Name when verifying with a dependent child's social security number. If the caller is completing a registration using a dependent child's SSN, enter the last name (parent/legal guardian) as well as the full name of the child, for example, SMITH FOR JOHN Q. PUBLIC. The first name and middle initial fields should contain caller's only.

**Damaged Dwelling Address**  
Damaged property address: verify the Street Address, City, State and Zip code where the damage occurred according to the house number, building number or any apartment or apt number.  
Do not abbreviate street names (23 Bklyn St instead of 23 Back Mountain St) or use the following in the address fields:  
If an apartment, record it as (example 23 Back Mountain St Apt 5) or 23 Back Mountain St Apt 4C.  
DO NOT enter a Post Office Box or General Delivery type address in this field.  
This is a required field. It accepts up to 50 alphanumeric characters.

**Vehicle/medical/identical/funeral only registration**: enter only the name of the asset to enter the damaged account.

**Current Mailing Address**: If the current Mailing Address is NOT the same as the damaged dwelling address enter the address where the caller is currently receiving mail. If caller does not have to be where they live now, they may enter a post office box number or general delivery address in this field. If possible, enter an address where they will receive mail for a minimum of 60-days. This field accepts up to 50 alphanumeric characters.

**SOCIAL SECURITY NUMBER**  
A SSN is required to register. If the caller does not have a SSN (can happen with SSN of a Dependent Child)  
**Applying with SSN of Dependent Child**  
If the caller does not have a SSN but does have a dependent child in the household with a SSN, enter that child's SSN and all of the child's information in the registration fields for the person.  
**Business ONLY**  
If this registration is for business (BOLP), enter the SSN of the responsible party for the business. This information will be used as an identifier only.  
**Funeral ONLY**  
Enter the social security number of the person responsible for the funeral expenses.  
**E-MAIL ADDRESS**  
Enter e-mail address if available.  
**DATE OF BIRTH**  
Enter the date of birth in the MM/DD/YYYY format. (Example: 01/01/1980).

[Back](#) [Delete this Registration](#) [Continue](#)

Figure 29: Identity Verification Error Screen

## b. Identification Verification Error Corrections

- i. If the **Identity Verification Error** screen appears, do the following:
  1. **RETURN** to the **Identification** tab (by clicking the **Back** button or **Identification** tab).
  2. **REVIEW** the identification information with the applicant and **MAKE** any necessary corrections.
  3. When you repeat the applicant's first and last names for verification, **USE** phonetic reinforcement to clarify the spelling. (For example, to verify a first name of Mary, state, "First name Mary—That's M like in Mike, A like in Alpha, R like in Romeo, and Y like in Yankee.")
    - a. Following is a list of standard words to use in English and Spanish for phonetic reinforcement.

| English Phonetic Alphabet | Spanish Phonetic Alphabet |
|---------------------------|---------------------------|
| A – Alpha                 | A – Antonio               |
| B – Beta                  | B – Barcelona             |



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|              |                       |
|--------------|-----------------------|
| C – Charley  | C – Carmen            |
| D – Delta    | Ch – Chocolate        |
| E – Echo     | D – Dolores, Daniel   |
| F – Foxtrot  | E – Enrique, España   |
| G – Golf     | F – Francia           |
| H – Hotel    | G – Gerena            |
| I – India    | H – Historia          |
| J – Juliette | I – Inés              |
| K – Kilo     | J – José              |
| L – Lima     | K – Kilo              |
| M – Mike     | L – Lorenzo           |
| N – November | LJ – Llover           |
| O – Oscar    | M – Madrid            |
| P – Papa     | N – Navarra, Navidad  |
| Q – Quebec   | Ñ – Ñoño              |
| R – Romeo    | O – Oviedo            |
| S – Sierra   | P – París             |
| T – Tango    | Q – Querido           |
| U – Uniform  | R – Ramón             |
| V – Victor   | S – Sábado            |
| W – Whiskey  | T – Tarragona, Teruel |
| X – X-ray    | U – Ulises            |
| Y – Yankee   | V – Valencia          |
| Z – Zulu     | W – Washington        |
|              | X – Xiquena           |
|              | Y – Yagüe, Yegua      |
|              | Z – Zaragoza          |

Table 19: English / Spanish Phonetic Alphabets

4. **CLICK** the **Next** button to save the changes and continue.
- ii. If the name and SSN still fail:
  1. **ASK** if there is another member of the household whose name and SSN could be used as the applicant for the registration.
    - a. If **Yes**, **ADVISE** the caller they will be updated to the co-applicant on file. **CLICK** the **BACK** button to return to the **Personal Identification** screen and **ENTER** the new applicant's name, SSN, and other identification information.
    - b. If **No**, **ADVISE** that the registration CANNOT be processed for assistance until identity is verified.
- iii. If the identity fails with the new applicant's information, **RE-ENTER** the caller's information as the applicant. Advise that the registration CANNOT be processed for assistance until identity is verified.
  1. **ADVISE** the caller to submit the identify verification documents to FEMA via fax or mail as soon as they are able.





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- iv. Documents that can be used to verify identity should match the applicant's name to his or her SSN. They include copies of one or more of the following:
  - 1. Documents from the Social Security Administration (SSA), Medicare, or other federal entities, even if the document only includes the last four digits of SSN (SSN) or includes an "A" at the end;
  - 2. Social Security card if accompanied by a state, territorial, tribal, or federal issued ID (with or without any portion of the SSN);
  - 3. Employer's payroll document containing the full or last four digits of the SSN;
  - 4. U.S. Military ID (with or without any portion of the SSN);
  - 5. Marriage license that shows the applicant's maiden name;
  - 6. United States Passport (with or without any portion of the SSN); OR
  - 7. State, territorial, or tribal-issued driver's license or ID card containing all or last 4 of the SSN.
- v. An undocumented caller who is registering their dependent child using the child's name, SSN and date of birth and themselves as the co-applicant also need to send copies of both of the following:
  - 1. Any of the documents listed above, if in the child's name; AND
  - 2. Child's birth certificate and a copy of the child's Social Security card or documentation from the SSA, OR OTHER Federal entity, containing the full or last four digits of the child's SSN.
- vi. Instruct the caller to submit identity verification documents to the following fax number or address:

Maryland NPSC  
P.O. Box 10055  
Hyattsville, MD 20782  
FAX: 1-800-827-8112
- vii. Refer to the [Identity Verification](#) for additional details about identity verification requirements.
- c. If the caller elects NOT to complete the registration, **CLICK** the **Delete this Registration** button to delete the application and return to the **HOME** page. If the



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caller elects to complete the application without correcting the identity verification error, **CLICK CONTINUE** to complete the registration.

## 9. Damaged Dwelling County/Parish/Municipio

- a. The **Damaged Dwelling County/Parish/Municipio** screen appears after you enter and/or confirm the applicant's damaged address.

Figure 30: Damaged Dwelling County/Parish/Municipio Screen

- b. The county, parish, or municipio name will be auto-filled in response to the **In what county/parish/municipio did the damage occur?** question, based on the applicant's address information.
- i. Do the following:
1. **ASK** the applicant for the County/Parish/Municipio name and **REPEAT** the name to the applicant for verification.
  2. If the County/Parish/Municipal name is incorrect, **SELECT** the correct name.
  3. **CLICK** the **Next** button to continue to the **Disaster** tab.

## I. Entering Disaster Information

After you finish entering applicant identification information, the **Disaster** tab is displayed. This section provides the following information about entering disaster information.

### 1. Disaster Selection:

- a. The **Disaster Selection** screen is the first in the series of screens used to specify the disaster and types of damage that affected the applicant.





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| Select                   | Description of Disaster                  | Incident Period           | Disaster Number | County Declared      |
|--------------------------|------------------------------------------|---------------------------|-----------------|----------------------|
| <input type="checkbox"/> | WADT TEST DISASTER SC FLOOD 2018         | 07/01/2018 - 08/31/2018   | 1580            | County is undeclared |
| <input type="checkbox"/> | WADT TEST DISASTER HURRICANE SC 2018     | 08/01/2018 - 09/30/2018   | 1577            | County is undeclared |
| <input type="checkbox"/> | SC-W18 TEST BEVUNE TIFORD                | 05/01/2017 - Present Time | 1542            | County is undeclared |
| <input type="checkbox"/> | SC-W18 BEVUNE TIFORD                     | 05/01/2017 - Present Time | 3080            | County is undeclared |
| <input type="checkbox"/> | SC ACE HURRICANE TEST                    | 08/01/2014 - 08/30/2014   | 1490            | County is undeclared |
| <input type="checkbox"/> | SC TEST HURRICANE                        | 02/24/2014 - 02/27/2014   | 1482            | County is undeclared |
| <input type="checkbox"/> | SC HURRICANE TEST                        | 07/01/2011 - 07/30/2011   | 1472            | County is undeclared |
| <input type="checkbox"/> | SC THAIWROO DEPT TEST DISASTER           | 08/15/2012 - 08/20/2012   | 1448            | County is undeclared |
| <input type="checkbox"/> | HURRICANE GUSTAV TEST 11-24-08           | 11/01/2008 - 11/15/2008   | 1300            | County is undeclared |
| <input type="checkbox"/> | TSL TEST IN TROPICAL STORM FANNE 1-20-08 | 01/20/2008 - Present Time | 7992            | County is undeclared |

Figure 31: Disaster Selection Screen

- b. This screen lists disasters that are currently active in the state, territory, or tribe where the applicant's damage occurred. For each disaster listed, it provides the disaster description, disaster incident period, and disaster number, and indicates whether the applicant's county is declared or undeclared.
- c. If the disaster that affected the applicant is listed and the county is declared, simply **SELECT** the disaster and **CLICK** the **Next** button.

2. Disaster is NOT listed and/or County is Undeclared:

- a. If the disaster that affected the applicant is NOT listed, or if the county is shown as undeclared, verify the damaged dwelling address and county. To do so:
  - i. **CLICK** the **Back** button (or **Identification** tab and **Address** link) to return to the **Address** screen.
  - ii. **VERIFY** the complete address, including the U.S. state, territorial, or tribal land where the damage occurred, and change the entry, if needed.

**NOTE:** Make sure the correct U.S. postal/zip code is entered. See [Address Information](#) for a list of state and territory postal codes.

- iii. **CLICK Next** to return to the [Damaged Dwelling County/Parish/Municipio](#) screen.



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- iv. **VERIFY** the county/parish/municipio where the damage occurred, and **CHANGE** the selection, if needed.
- v. **CLICK Next** to return to the **Disaster Selection** screen.
- vi. If all address and county information is correct and the county is still shown as undeclared, **SELECT** the disaster for the undeclared county and **CLICK** the **Next** button.
- vii. If the disaster is still NOT listed continue as described below, depending on whether early registrations are authorized for the undeclared incident.

**IMPORTANT: USE** the option **None of the disasters above match the situation** ONLY AS DIRECTED by the IHP Helpdesk via Flash email and/or Pre-Shift. This selection is used ONLY when a new disaster has been recently declared. The registration would be considered an early registration.

3. Disaster is NOT listed and Early Registrations are NOT authorized for the undeclared incident:

- a. If all identification information is accurate, no applicable disaster is listed, and PMS has NOT issued a directive to take early registrations for an undeclared incident, DO NOT use the **None of the disasters above match the situation** option.
- b. If the caller has an urgent need for food, clothing or shelter, refer them to their local voluntary organizations such as Salvation Army, Catholic Charities and other community based organizations. Advise callers to find these services by calling 211. For medical emergencies, advise them to call 911.
- c. Then **SELECT Exit Registration** and **DELETE** the application.

4. Disaster is NOT listed and Early Registrations are authorized for an undeclared incident:

- a. In special situations identified by PMS, FEMA will accept early registrations from applicants who sustained damage from an undeclared incident.
- b. If the IHP Helpdesk has directed FEMA via Flash or Pre-Shift to take early registrations for a recent incident that has NOT yet been declared, **SELECT 'Disaster has occurred, but NOT in the list'** from the list of disasters on the **Disaster Selection** screen.





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- c. **ADVISE** the applicant that although a federal declaration for disaster-caused damages is NOT yet in effect in their area, you will complete the registration and the case will be processed if and when a declaration is [signed](#).
- d. Selecting this option will open the **Early Registration** screen, which provides instructions about how to continue.

5. Early Registration:

- a. In the **Disaster Selection** screen, the **RI Application** checks for a federally declared disaster in the applicant's state, territorial, or tribal land; or other federal area. In most cases, if there is no federally declared disaster in the state, territorial, or tribal land; staff will be unable to continue the registration.
- b. However, in special situations identified by PMS, FEMA will accept early registrations from applicants who sustained damage from an undeclared incident. If early registrations are authorized, the **Early Registration** screen will appear at this point.



Figure 32: Early Registration Screen

6. Continue in one of the suggested ways:

- a. **SELECT Next** to continue the registration process (as an early registration). **ENTER** the date of loss and cause of damage , as instructed in [Damage Type](#) screen. (If the registration contains duplicate SSN or damaged address/phone information, staff may need to correct the duplicate information first, as instructed in [Correcting a Duplicate Application Error](#).)
- b. If the applicant wishes to end the registration process, **SELECT Exit Registration** and **DELETE** the registration.



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- c. **SELECT Back** to return to the previous screens to verify the data entered. Staff may need to change the street, city, state, territory, or tribe; and/or county entry.
- d. Modifying Completed Early Registrations:
  - i. If the applicant completed a registration and calls to update their information, **SEARCH** for the application in the **Incomplete Registrations** tab. **CONFIRM** the name, last four digits of their SSN, damaged dwelling address, and proceed to the tab to be updated.
  - ii. **UPDATE** any missing fields and the information requested by the applicant.
  - iii. Staff will always have to **CONFIRM** the question **Is the address above also your mailing address?** and **ENTER** their email address if they selected to receive email notification.
  - iv. Staff will have to **CLICK** through all RI screens to complete the update, but **DO NOT** need to reconfirm all information with the applicant.

#### 7. Registering for Multiple Disasters:

- a. If the caller is applying for multiple disasters, **COMPLETE** a separate registration for each disaster.

#### 8. Correcting a Duplicate Application Error:

- a. After you complete the applicant's identity information and select the disaster, NEMIS business rules run a quick check against other complete and incomplete applications in the NEMIS database to prevent duplicate applications. Four identity fields are cross-checked at this point to prevent duplication of benefits. These fields are:
  - i. Applicant SSN;
  - ii. Co-applicant SSN;
  - iii. Damaged dwelling address; AND
  - iv. Damaged address phone number.
- b. If a match is found, the **Duplicate Application Error** screen will appear. It will show duplicated fields in red.





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- c. The availability of the **Select** field and **Continue** button depend on whether a duplicate registration is complete or incomplete, and whether the applicant's SSN is duplicated.

Figure 33: Duplicate Application (Duplicate Damaged Dwelling Address)

## 9. Considerations for Verifying Duplicate Information :

- In all cases, **ASK** the applicant to verify all duplicated information on the application(s) listed. **DETERMINE** whether the SSN, name, and damaged address are all duplicated.
- ASK** whether someone else in the household possibly registered and identified the caller as the applicant or co-applicant. This is especially possible if the names are the same.
- If the address is duplicated, **ASK** for an apartment number, lot number, or other means to distinguish between multiple households residing at the same property, such as an apartment building. The possibility of another household member residing at the same property that also applied is especially strong if the address is the only duplicate information.
- If the applicant provides an explanation for duplicate information, **PRESS F9**; and **SUMMARIZE** the explanation in a brief **Comment**.

## 10. How to Proceed after Verifying Duplicate Information :

- If the applicant's SSN is duplicated, the current application is considered an exact duplicate with the previous application. FEMA will accept only one registration with a given SSN, whether entered for an applicant or a co-applicant. You can **EDIT** the SSN and **CONTINUE** the current application; however, you will be unable to continue with the duplicate SSN.
- If you verify the applicant's SSN, and **it is an exact match** with the SSN used on the duplicate application, **SAY "I am unable to complete an application for**





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assistance at this time. I will transfer you to an agent that will assist you with this matter.”; and **COMPLETE** a cold transfer to the FEMA Helpline.

- c. If you verify the applicant’s SSN, and it is **NOT** an exact match with the SSN used on the duplicate application, **CONTINUE** the current registration without making edits if the applicant desires to do so. However, the completed registration will have a duplicate status, which could delay the applicant’s assistance.
- d. The following table provides instructions for continuing, depending on the duplicate situation.

| If:                                                                                                                                                                                                                             | Then do the Following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. The SSN provided <b>exactly matches</b> the SSN used in a completed application; AND<br><br>The applicant states that no one previously registered on their behalf.                                                          | <ol style="list-style-type: none"> <li>a. <b>SAY</b> “I am unable to complete an application for assistance at this time. I will transfer you to an agent that will assist you with this matter.”; AND</li> <li>b. <b>COMPLETE</b> a cold transfer to the FEMA Helpline.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                |
| <ol style="list-style-type: none"> <li>1. The SSN provided <b>exactly matches</b> the SSN used in a completed application; AND</li> <li>2. The applicant states an application <b>WAS</b> completed on their behalf.</li> </ol> | <ol style="list-style-type: none"> <li>a. <b>SAY</b> “An application for assistance has already been completed on your behalf. I will transfer you to the FEMA Helpline so you can check the status of your registration.”;</li> <li>b. <b>CLICK</b> the <b>Delete This Registration</b> button<sup>1</sup> <ol style="list-style-type: none"> <li>i. <b>NOTE:</b> If the duplicate registration is <b>COMPLETE</b>, deleting the current registration is the only option available;</li> </ol> </li> <li>c. This action will return you to the <b>Home</b> page; AND</li> <li>d. <b>COMPLETE</b> a cold transfer to the FEMA Helpline.</li> </ol> |
| 2. The caller wishes to discontinue the current registration.                                                                                                                                                                   | a. <b>CLICK</b> the <b>Delete This Registration</b> button. This action will return you to the <b>Home</b> page.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 3. You need to change duplicate information on the current registration (for example, by changing the SSN or adding an apartment number)                                                                                        | <ol style="list-style-type: none"> <li>a. <b>CLICK</b> the <b>Back</b> button (or <b>Identification</b> tab) to return to the screen(s) where you need to make corrections.</li> <li>b. <b>EDIT</b> the SSN, damaged dwelling address, and/or other information as needed.</li> <li>c. <b>CLICK Next</b> on each screen to save changes and continue.</li> </ol>                                                                                                                                                                                                                                                                                   |
| 4. You DO NOT need to change duplicate information on the current registration                                                                                                                                                  | a. <b>CLICK</b> the <b>Continue</b> button to proceed to the next RI screen.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 5. The duplicate application status is <b>INCOMPLETE</b> and the applicant confirms that a previous registration was started on their behalf                                                                                    | <ol style="list-style-type: none"> <li>a. <b>SAY</b> “ To avoid any potential issues I will continue with the registration that was started. I will need to verify information previously provided before we can add information and complete this registration.”;</li> <li>b. <b>SELECT</b> the <b>Incomplete Registration</b> and <b>CLICK</b> the <b>Edit</b> button;</li> </ol>                                                                                                                                                                                                                                                                |





| IF: | Then do the Following:                                                                                                                                                                                                                                                                                            |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | <p>i. This action will delete the current registration and open the incomplete application at the <b>Personal Identification</b> screen.</p> <p>c. <b>VERIFY</b> and <b>EDIT</b> information on each screen as needed; AND</p> <p>d. <b>CLICK</b> the <b>Next</b> button to save changes and <b>CONTINUE</b>.</p> |

Table 20: Instructions for Verifying Duplication Application Status

## 11. Damage Type:

- a. The **Damage Type** screen appears after you select the disaster and **CLICK Next** on the **Disaster Selection** screen.

Figure 34: Damage Type Screen

- b. **USE** this screen to record the applicant's loss date and causes of damage. The incident start date will be shown as the default loss date. The damage types listed by default are those associated with the selected disaster. (Notice that **Other damages** is also a choice.)
- c. To continue:
- i. **VERIFY** the applicant's loss date. If it differs from the date shown in the **Loss Date** field, **ENTER** the applicant's loss date in the field.

If the applicant is unsure of their date of loss, provide the incident period dates for the selected disaster. Staff can view the incident period dates by returning to the **Disaster Selection** screen, which lists the incident period for each disaster declared in the applicant's state, territory, or tribe. Staff can also view the incident period by selecting the **Info (F8)** link and then selecting the applicant's disaster.



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Example: If the incident period for the selected disaster in the applicant's state, territory, or tribe was September 1<sup>st</sup> through September 10<sup>th</sup>, **ASK** "Did your damages occur within the dates of September 1<sup>st</sup> through the 10<sup>th</sup>?"

If the applicant states their damage occurred sometime during the first week of September, suggest a date of September 1. If the applicant agrees with the suggested date, proceed with completing the registration.

- ii. If the applicant states that the loss occurred outside the designated incident period, **TAKE** the registration, and **ENTER** the given date as the date of loss.

1. **SELECT** all the damage types that affected the applicant.

For example, if the home was damaged by hurricane winds and flooding, **SELECT** both **Hurricane/Hail/Wind Driven Rain** and **Flood** as the damage types. If floodwater caused an electrical fire that destroyed the home, **SELECT Fire** and **Flood**.

If the damage type is **NOT** listed, **CLICK** the **Other damage NOT listed here** checkbox and **CLICK** the **Next** button.

After you **SELECT** this checkbox and **CLICK Next**, the screen will display a list of additional damage types that are **NOT** specified in the [Disaster Specific Information](#) page for the selected disaster.

**USE** the following instructions to enter information on the **Damage Type** screen. The table describes all of the damage types that can be chosen.

| Field                  | Instructions                                                                                                                                                                                                                                                                                          |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Loss Date           | a. The initial date of the incident will be listed as the default. <b>ENTER</b> the date of the applicant's loss if it differs from the initial date shown.                                                                                                                                           |
| 2. Earthquake          | <p>a. <b>SELECT</b> if damages were caused by the shaking of the earth's crust caused by changes far beneath the earth's surface.</p> <p>b. Aftershocks are also considered earthquake activity.</p> <p><b>NOTE:</b> Damage caused by volcanic eruption is included in the earthquake damage type</p> |
| 3. Fire/Smoke/Soot/Ash | a. <b>SELECT</b> if damages were caused by fire, smoke, soot, or ash.                                                                                                                                                                                                                                 |





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| Field                                   | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. Flood                                | <p>a. <b>SELECT</b> if damages were caused by a partial or complete submersion of normally dry areas caused by a water source originating outside. The flood source may be:</p> <ul style="list-style-type: none"> <li>i. Overflow of inland/tidal waters</li> <li>ii. Rapid accumulation of rainwater on/in the soil</li> <li>iii. Ocean waves directly striking property</li> </ul> <p>b. Also select this box if the damage resulted from mudslide, mudflow, and/or landslide (caused by rising water or ground saturation)</p> |
| 5. Hurricane/Hail/Rain/Wind Driven Rain | <p>a. <b>SELECT</b> if damages were caused by hurricane rain or wind driven rain. This includes damages resulting from rain blowing in or around doors/windows and under roofing.</p>                                                                                                                                                                                                                                                                                                                                              |
| 6. Ice/Snow                             | <p>a. <b>SELECT</b> if damages were caused by the presence or buildup of ice or snow. This includes damages occurring when tree limbs break under the buildup of ice/snow causing damages to the home or personal property.</p>                                                                                                                                                                                                                                                                                                    |
| 7. Power Surge/Lightning                | <p>a. <b>SELECT</b> if damages were caused by a Power Surge or Lightning strike.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 8. Seepage                              | <p>a. <b>SELECT</b> if damages were caused by water-saturated ground surrounding a structure (usually a basement). Seepage DOES NOT require water to rise from the ground up, as in flooding. Water seepage occurs when water-permeated earth makes direct contact with porous building materials, such as concrete blocks, used in foundations and/or basements.</p>                                                                                                                                                              |
| 9. Sewer Backup                         | <p>a. <b>SELECT</b> if damages were caused by an overflow of water and other debris from within a plumbing system.</p>                                                                                                                                                                                                                                                                                                                                                                                                             |
| 10. Tornado/Wind                        | <p>a. <b>SELECT</b> if damages were caused by tornado, hurricane, or straight line winds. This would include damages caused by flying debris.</p>                                                                                                                                                                                                                                                                                                                                                                                  |
| 11. Other damage NOT listed here        | <p>a. This selection retrieves a list of the damage types that were NOT declared in this particular disaster.</p>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 12. Other Damage & Other Damage Text    | <p>a. This field is reserved for special use.</p> <p>b. In most cases, you will NOT use this field. The IHP Helpdesk will notify RI agents when to use this Damage Type, and what text to enter into the <b>Other Damage Text</b> field.</p> <p>c. DO NOT select this field for the damages resulting from the following:</p>                                                                                                                                                                                                      |



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| Field | Instructions                                                                                                                                                                                                                                                                                                                            |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | <p>i. Mudflow, mudslide, and/or landslide. These damages are all a result of flooding conditions. Therefore, you should <b>SELECT Flood</b> for this type of damage.</p> <p>ii. Volcanic eruption. This damage is covered by Earthquake insurance policies. Therefore, you should <b>SELECT Earthquake</b> for this type of damage.</p> |

Table 21: Field Instructions for Entering Damage Type

12. Other Locations:

- a. This screen may appear after selecting damage types when entering registrations for disasters that have **Declared Designated Areas** in lieu of **Designated Counties**.

Figure 35: Other Locations Screen

- b. To continue:
- If the damaged dwelling is located in one of the designated places, **SELECT** the place name.
  - If the damaged dwelling location is NOT listed, **SELECT My dwelling is NOT located in any of the above places**.

13. Handling an Invalid Registration:





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- a. If one or more conditions were entered that were NOT declared for the selected disaster, the **Invalid Registration** screen will appear.

A screenshot of the DisasterAssistance.gov website showing the "Invalid Registration" screen. The page header includes the FEMA logo and "DisasterAssistance.gov". The main content area has a blue banner that says "Invalid Registration". Below this, there are sections for "Invalid Incident", "After Filing Deadline", "Outside Incident Period", and "Undesignated County", each with explanatory text. At the bottom, there are three buttons: "Back", "Exit Registration", and "Next". The left sidebar contains links for "Disaster Selection", "Call Center", and "Privacy Act".

Figure 36: Invalid Registration Screen

- b. This screen informs you that the information provided did NOT match the declaration for the selected disaster. For example, this screen might appear due to:
- Selecting an undeclared type of damage (invalid incident)
  - Registering after the filing deadline
  - Entering a loss date that falls outside the disaster incident period
  - Selecting an undesignated county
- c. If this screen appears, **ADVISE** the applicant of the situation, and offer to complete the registration. Then **CONTINUE** in one of the following ways:
- USE** the **Back** button to return to the **Disaster Selection** screen and change disasters, loss date, or damage types.
  - NAVIGATE** to the **Identification** tab to verify the damaged dwelling address and change it if needed; then **CLICK** the **Next** button to save the change and continue.



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- iii. **USE** the **Next** button to continue with the registration, or to navigate to the next screen and save the registration as incomplete (**F10**).

**NOTE:** If the invalid registration is due to registering after the filing deadline (late application), staff may continue the registration. As noted in the RI script, applicants who wish to continue will be sent a letter stating they are NOT eligible for consideration for disaster assistance. **ADVISE** late applicants that this letter will also provide instructions for submitting a written explanation of their extenuating circumstances for review. Refer to the Late Application SOP for detailed guidance for handling late applications.

14. Changing the Date of Loss or Damage Type:

- a. If you need to change the date of loss or the damage type after continuing to another RI screen, you will need to reset the disaster selection before making the change. Following are the steps for changing the date of loss and/or damage type:
  - i. **CLICK** the **Disaster** tab. The **Disaster Confirmation** screen will appear; OR **CLICK** the **Back** button to go to the **Disaster Confirmation** screen.



Figure 37: Disaster Confirmation Screen.

- ii. **SELECT** the **Reset** button to return to the **Disaster Selection** screen.
- iii. On the **Disaster Selection** screen, **SELECT** the disaster for which you are registering the applicant, and **CLICK** the **Next** button. The **Damage Type** screen will appear.
- iv. On the **Damage Type** screen, **ENTER** the correct date of loss and **SELECT** the correct damage type(s).
- v. **CLICK Next** to save the changes and continue.





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## J. Entering Disaster Related Losses

### 1. Disaster Related Losses:

- a. The **Disaster Related Losses** screen is the first in the series of screens used to identify the losses experienced by the applicant.

Figure 38: Disaster Related Losses Screen

- b. Respond as appropriate to the questions on this screen to indicate whether the applicant has damages to their home, personal property, or vehicles; experienced an extended utilities outage; or incurred an additional financial burden for child care expenses.

**NOTE:** If the applicant mentions a need for help with miscellaneous/other expenses for disaster recovery and cleanup, **PRESS F9 and ADD a Comment** to document the specific item rented or purchased and the reason it was required. Reimbursable Miscellaneous/Other items, such as wet/dry vacuum, chainsaw, dehumidifier, etc., are identified on the Disaster Specific Information page for the disaster being registered.

| Field                     | Instructions                                                                                                                                     |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Was your home damaged? | a. <b>SELECT YES</b> or <b>NO</b> to indicate damages to the home. If the applicant is uncertain of damages to the home, <b>SELECT UNKNOWN</b> . |



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| Field                                                                                    | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                          | <p>i. If the applicant's <b>ONLY</b> access route (road or bridge) leading to their home is inaccessible due to damages, and the applicant is wholly or partially responsible for maintaining the damaged road or bridge; <b>SELECT YES</b> to indicate home damage.</p> <p>b. For <b>Other Types of Registrations</b> that DO NOT involve losses to the primary dwelling, <b>SELECT NO</b>.</p>                                                                                                                                                                                       |
| 2. Not including vehicles, was any of your personal property damaged?                    | <p>a. <b>SELECT YES</b> or <b>NO</b> to indicate personal property damage. If the applicant is uncertain of personal property damages, <b>SELECT UNKNOWN</b>. Personal property includes appliances, clothing, and/or furniture. For this question, a vehicle is NOT considered personal property. Vehicles will be addressed separately.</p> <p>b. To register for personal property stored elsewhere other than the primary dwelling, <b>SELECT YES</b>.</p> <p>c. For <b>Other Types of Registrations</b> that DO NOT involve losses to the primary dwelling, <b>SELECT NO</b>.</p> |
| 3. Did the disaster cause you to be without your essential utilities for 5 days or more? | <p>a. <b>SELECT YES</b> or <b>NO</b>.</p> <p>b. For <b>Other Types of Registrations</b> that DO NOT involve losses to the primary dwelling, <b>SELECT NO</b>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 4. Were all of the vehicles in your household damaged and considered not drivable?       | <p><b>NOTE:</b> FEMA DOES NOT pay for cosmetic repairs.</p> <p>a. <b>SELECT YES</b> if all vehicles owned by the applicant, co-applicant, and all members of their household were so badly damaged as a result of the disaster that none of them are drivable. Otherwise, <b>SELECT NO</b>.</p> <p><b>NOTE:</b> A motorized form of transportation is considered a vehicle if it is a primary mode of transportation. For example, a motorcycle or motor home is considered a vehicle, whereas a bicycle is not.</p>                                                                   |
| 5. Do you have any new or additional child care costs because of the disaster?           | <p>a. <b>SELECT YES</b> if the applicant's child care costs have increased or the applicant's household income has decreased due to the disaster, resulting in an increased financial burden for child care.</p> <p>b. <b>SELECT NO</b> if the applicant's child care costs did NOT increase or the applicant's income did NOT decrease due to the disaster.</p>                                                                                                                                                                                                                       |

Table 42: Field Instructions for Entering Disaster Related Losses





## 2. Damage Extent:

- a. The **Damage Extent** screen appears after you complete the information about the applicant's disaster related losses and **CLICK** the **Next** button.

Figure 39: Damaged Extent Screen

- b. Respond as appropriate to the questions on this screen to provide details about the applicant's damaged dwelling or personal property situation.

## 3. Damaged Dwelling:

- a. The **Damaged Dwelling** screen appears after you **SELECT Yes** to indicate the applicant's Home or Personal Property damages and **CLICK** the **Next** button.



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Figure 40: Damaged Dwelling Screen

- b. Respond as appropriate to the questions on this screen to provide details about the applicant's damaged dwelling and current housing situation.
- c. **USE** the following instructions to complete this screen.

| Field                                         | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Where are you currently living or staying? | <p>a. From the drop-down list, <b>SELECT</b> the type of housing where the applicant is currently living. Choices include: My Home, Family/Friends, Hotel/Motel, Mass Shelter, Church/House of Worship, Homeless, FEMA Provided Unit, New Permanent Rental, New Temporary Rental Unit, Purchased New Home, Place of Employment, RV/Camper, Secondary Home, My vehicle, Tent. If you <b>DO NOT</b> find an appropriate selection, <b>ADD</b> a <b>Comment</b> with explanation as needed, i.e. shed.</p> <p>b. For <b>Other Types of Registrations</b> that <b>DO NOT</b> involve losses to the primary dwelling, <b>SELECT My Home</b>, i.e. Business Only, Transportation Only, Funeral Only, etc.</p> |
| 2. What type of home are you registering?     | <p>a. From the drop-down list, <b>SELECT</b> the residence type for which the applicant is applying. The list of choices available depends on whether the applicant is a renter or owner.</p> <p>b. Choices for both renters AND owners include: Boat, Condo, House-Single/Duplex, Mobile Home, Other, Townhouse, and Travel Trailer.</p> <p>c. Additional choices for renters include: Apartment, <a href="#">Assisted Living Facility</a>, College Dormitory, Correctional Facility, and Military Housing.</p>                                                                                                                                                                                        |





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| Field                                          | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                | <p>d. If you DO NOT find an appropriate selection choose <b>Other</b>.</p> <p>e. For <b>Other Types of Registrations</b> that DO NOT involve losses to the primary dwelling, <b>SELECT Other</b>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3. Is this your Primary Residence?             | <p>a. From the drop-down list, <b>SELECT YES (PRIMARY)</b> if the affected home is the primary residence.</p> <p>b. <b>SELECT No (Secondary)</b>, if the affected home is the secondary residence or vacation home.</p> <p>c. A home is the primary residence if the applicant:</p> <ul style="list-style-type: none"> <li>i. Lives in the home more than six months of the year</li> <li>ii. Lists it as their home address on their Federal Tax Return</li> <li>iii. Filed a homestead exemption at this address</li> </ul> <p>d. For <b>Other Types of Registrations</b> that DO NOT involve losses to the primary dwelling, <b>SELECT NO</b>.</p> |
| 4. Are you currently able to get to your home? | <p>a. <b>SELECT</b> the situation that best describes the access to the applicant's primary residence.</p> <ul style="list-style-type: none"> <li>i. <b>SELECT Yes, I am able to get to my home</b> if access to the residence is unrestricted.</li> <li>ii. <b>SELECT I am unable to get to my home due to mandatory evacuation</b> if the residence is inaccessible due to a mandatory evacuation.</li> <li>iii. <b>SELECT I am unable to get to my home because damages to the roads and bridges in the area prevent it</b> if the residence is inaccessible due to damage caused by the disaster.</li> </ul>                                      |



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| Field | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | <p>1. If damage to a road or bridge that leads to the applicant's home results in the home being inaccessible, then habitability is affected. If the applicant is wholly or partially responsible for maintaining the damaged road or bridge, <b>RETURN</b> to the <b>Disaster Related Losses</b> screen and <b>SELECT YES</b> to indicate home damage.</p> <p>iv. For <b>Other Types of Registrations</b> that DO NOT involve losses to the primary dwelling, <b>SELECT Yes, I am able to get to my home</b>.</p> |

Table 23: Field Instructions for Entering Damaged Dwelling Information

4. Home Insurance:

- a. The **Home Insurance** screen appears after you provide details about the applicant's damaged dwelling and **CLICK** the **Next** button. **USE** this screen to specify the types of insurance policies the applicant holds for their primary residence and personal property and to enter the insurance company names if available.
- b. This screen will display different selections depending on the following criteria:
  - i. Type of home identified by the applicant (single-family home, condominium, mobile home)
  - ii. Applicant's designation as an owner or renter
  - iii. Damage types reported

**NOTE:** You CANNOT continue from the **Home Insurance** screen for owners or renters without making a selection.

- c. Following are examples of the screen with different options for owners and renters.





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- i. **SELECT** all the types of insurance the applicant has on their home and/or personal property. If the applicant has NO home or personal property insurance, **SELECT I have no insurance for my home or personal property.**
  - ii. Always **SELECT I have no insurance for my home or personal property** for the following categories of registrations:
    1. Business only
    2. Transportation only
    3. Farm/Agriculture damage only
    4. Disaster Unemployment Assistance only
- d. **Home Insurance screen (Owners)**

The screenshot shows the 'Home Insurance' screen for 'Owners'. The top header includes 'Home Insurance' and 'Help for this page'. The sidebar on the left lists navigation options: 'Locales', 'Damage Event', 'Home Insurance', 'Expenses', 'Vehicle Expenses', 'Emergency Funds', 'Special Needs General', 'Call Center', 'Privacy Act (CTLP-3)', 'Summary (DE+FS)', 'Rationale (FE)', 'Comments (FS)', 'Save Information (F10)', 'Exit Registration (Alt+F11)', 'Cancel (CTL+F11)', 'Disaster Info (F3)', and 'Call Center Help'. The main content area is titled 'Registration: MR TEST & TESTER' and 'Registration ID: FS0436730'. It includes a note: 'Identify the type of insurance policies currently in effect for your home and/or personal property. Check all correct policies that apply.' Below this is a 'Select Type of Insurance' section with a table of checkboxes and a 'Homeowner Company Name' field. The checkboxes are: 'Contents Only Insurance', 'Flood Insurance', 'Homeowners Insurance', 'Mobile Home Insurance', and 'I have no insurance for my home or personal property'. At the bottom are three buttons: 'Back', 'Edit Registration', and 'Next'.

Figure 41: Home Insurance Screen (Owners)

- i. Home insurance options for owners include:
  1. Condo or Townhouse Unit (with/without Earthquake Rider)
  2. Contents Only (with/without Earthquake Rider)
  3. Earthquake Contents and/or Structure
  4. Flood
  5. Homeowners (with/without Sewer Backup Rider and/or Earthquake Rider)
  6. Mobile Home
  7. No insurance



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e. Home Insurance screen (Renters)

Figure 42: Home Insurance Screen (Renters)

i. Home insurance options for renters include:

1. Contents Only (with/without Earthquake Rider)
2. Earthquake Contents
3. Flood
4. Mobile Home
5. No insurance

f. Selecting Types of Home Insurance

- i. Depending on the applicant's owner or renter status and type of home, **SELECT** the home insurance type from the following possible options, and enter the insurance company name if available.
- ii. For the other types of registrations that DO NOT involve losses incurred at the applicant's primary residence, **SELECT** the types of insurance the applicant has on their home and/or personal property.

| This Insurance             | Generally Covers                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Contents Only Insurance | a. Personal property damages (NOT structural damages) caused by flood, wind, hail, lightning, falling objects including trees, freezing of plumbing, weight of ice, snow, or sleet, fire, smoke, volcanic eruption, earthquake, power surge, explosion, riot or civil disturbance. This policy typically provides for additional living expenses if the home was damaged by one of the causes listed. |





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| This Insurance                                      | Generally Covers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Contents Only Insurance with an Earthquake Rider | a. Damages included in Contents only insurance, including damages caused by an earthquake or volcanic eruption. This policy typically provides for additional living expenses if the home was damaged by one of the causes listed.                                                                                                                                                                                                                                                                                                                                |
| 3. Flood Insurance                                  | a. Damages caused by flooding and waves directly striking property. Flood is defined as a temporary condition of partial or complete submersion of normally dry areas caused by a water source originating outside. The source of water may be from the overflow of inland/tidal waters or from the rapid accumulation of rainwater on/in the soil.                                                                                                                                                                                                               |
| 4. Homeowners Insurance                             | a. Damages caused by wind, hail; lightning, falling objects including trees, freezing of plumbing, weight of ice, snow, or sleet, fire, smoke, power surge, explosion, riot or civil disturbance. This policy typically provides for additional living expenses if the home was damaged by one of the causes listed.                                                                                                                                                                                                                                              |
| 5. Homeowners Insurance with Sewer Backup Rider     | a. Damages included in Homeowners only insurance and damages caused by Sewer Backup; sometimes including seepage caused by flooding. This policy typically provides for additional living expenses if the home was damaged by one of the causes listed.                                                                                                                                                                                                                                                                                                           |
| 6. Homeowners Insurance with Earthquake Rider       | a. Damages included in Homeowners only insurance and damages caused by an earthquake or volcanic eruption. This policy typically provides for additional living expenses if the home was damaged by one of the causes listed.                                                                                                                                                                                                                                                                                                                                     |
| 7. Mobile Home                                      | a. Damages caused by flood, wind, hail, lightning, falling objects including trees, freezing of plumbing, weight of ice, snow, or sleet, fire, smoke, volcanic eruption, earthquake, power surge, explosion, riot or civil disturbance. This policy typically provides for additional living expenses if the home was damaged by one of the causes listed.                                                                                                                                                                                                        |
| 8. Condo/Townhouse Unit Insurance                   | a. Structural elements NOT shared by other tenants or owned by the association, generally from the sheetrock in, including sheetrock, paneling, wall covering, and personal property within the unit. Policy generally covers damages caused by Wind, hail, lightning, falling objects including trees, freezing of plumbing, weight of ice, snow, or sleet, fire, smoke, volcanic eruption, power surge explosion, riot or civil disturbance. This policy typically provides for additional living expenses if the home was damaged by one of the causes listed. |



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| This Insurance                                          | Generally Covers                                                                                                                                                                                                              |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. Condo/Townhouse Unit Insurance with Earthquake Rider | a. Damages included in Condo/Townhouse insurance and damages caused by an earthquake or volcanic eruption. This policy typically provides for additional living expenses if the home was damaged by one of the causes listed. |
| 10. Earthquake Structure                                | a. Structural damages caused by the shaking of the earth's crust caused by changes far beneath the earth's surface. Aftershocks are also considered by an earthquake or volcanic eruption.                                    |
| 11. Earthquake Contents                                 | a. Personal property damages (NOT structural damages) caused by the shaking of the earth's crust caused by changes far beneath the earth's surface. Aftershocks are also considered an earthquake or volcanic eruption.       |
| 12. No Insurance for my Home or Personal Property       | a. <b>SELECT</b> this if <b>NO</b> insurance coverage is in place for the home or personal property losses.                                                                                                                   |

Table 24: Entering Insurance Coverage

5. Disaster Related Expenses:

- a. The **Disaster Related Expenses** screen appears after you complete information about the applicant's losses and insurance coverage and **CLICK** the **Next** button.

Figure 43: Disaster Related Expenses Screen

- b. Respond as appropriate to the questions on this screen to indicate whether the applicant has uninsured medical, dental, or funeral expenses that were caused by the disaster.

**NOTE:** If the applicant answers **YES** to any of these questions, **PRESS F9** and **ADD** a **Comment** with details about the applicant's situation.





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c. **USE** the following instructions to complete this screen .

| Field                                                        | Instructions                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Do you have Medical expenses as a result of the disaster? | <p>a. Includes uninsured or underinsured medical expenses incurred for treatment of injury or illness as a direct result of the disaster. Medical expenses also include medical personal property such as a wheelchair or oxygen machine damaged or destroyed by the disaster.</p> <p>b. <b>PRESS F9 and ADD a Comment</b> to record any specific applicant responses.</p> |
| 2. Do you have Dental expenses as a result of the disaster?  | <p>a. Includes uninsured or underinsured dental expenses incurred as a result of the disaster. Example: dental work resulting from a disaster-caused accident or loss of dentures due to the disaster.</p> <p>b. <b>PRESS F9 and ADD a Comment</b> to record any specific applicant responses.</p>                                                                         |
| 3. Do you have Funeral expenses as a result of the disaster? | <p>a. Includes uninsured or underinsured funeral and/or burial expenses when death was a direct result of the disaster.</p> <p>b. <b>PRESS F9 and ADD a Comment</b> to record any specific applicant responses.</p>                                                                                                                                                        |

Table 25: Entering Disaster Related Expenses

6. Other Insurance:

a. If you selected **YES** to disaster related expenses, the **Other Insurance** screen will appear next.



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Figure 44: Other Insurance Screen

**NOTE:** Life insurance is NOT a form of funeral/burial insurance.

- b. **USE** this screen to specify whether the applicant has insurance for dental, funeral, and/or medical costs. **SELECT** all of the other forms of insurance the applicant has and enter the insurance company name if available.
- i. If the applicant has a form of insurance with multiple providers, **CLICK** the checkbox in the **Provide Another Company Name** field for that insurance. Then **CLICK Next**.
  - ii. After you **CLICK Next**, another field will appear where you can enter another insurance company name.
  - iii. If the applicant DOES NOT have dental, funeral, or medical insurance, **SELECT** the **I DO NOT have any insurance listed above** option.
- c. When you're done, **CLICK Next** to continue.

## 7. Vehicle Damage:

- a. Disaster Related Vehicle Damage





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- i. If the applicant reported vehicle damage the **Disaster Related Vehicle Damage** screen appears after you provide information about the applicant's insurance coverage and press the Next button.
- ii. **NOTE:** This screen will appear ONLY if the applicant answers **YES** to the question **Were all of the vehicles in your household made undrivable due to the disaster?** on the **Disaster Related Losses** screen.

A screenshot of the "Disaster Related Vehicle Damage" web application. The header bar is blue with the title "Disaster Related Vehicle Damage" and a "Help for this page" link. On the right, it says "Application Progress" with a progress indicator. A left-hand navigation menu lists various sections: "Losses" (with sub-items like Loans, Damage Types, etc.), "Vehicle Damage", "Call Center", and "Privacy Info". The main content area has a title "Registered: MR TEST A TESTED" and "Registration ID: FJ4084728". It asks the question "View any of the vehicles covered by comprehensive insurance?" with "Yes" and "No" radio button options. At the bottom, there are three buttons: "Back", "Exit Registration", and "Next".

Figure 45: Disaster Related Vehicle Damage Screen

- iii. **USE** this screen to indicate whether any of the disaster-damaged vehicles owned by the applicant, co-applicant, or another dependent member of the applicant's household was covered by comprehensive insurance.
  - iv. **SELECT YES** if any disaster-damaged household vehicle was covered by **comprehensive vehicle insurance**. Otherwise, **SELECT NO**.
- b. Vehicles
- i. The **Vehicles** screen appears if you selected **NO** on the **Disaster Related Vehicle** screen to indicate that none of the disaster-damaged vehicles in the household were covered by comprehensive insurance.



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Figure 46: Vehicles Screen

- ii. **USE** this screen to identify all the vehicles owned by the applicant, co-applicant, and all other dependent members of their household.
- iii. **CLICK** the **Add** button to enter vehicle information.
- c. Update Vehicles
  - i. When you **SELECT** to add a vehicle, the **Update Vehicles** screen appears.

Figure 47: Update Vehicles Screen

- ii. **USE** this screen to enter information about ALL household vehicles, including those owned by the applicant/co-applicant, and/or dependents living in the household, regardless of whether the vehicles were damaged by the disaster.





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iii. Respond as appropriate to the questions on this screen to provide vehicle information. **USE** the following instructions to enter information on this screen.

| Field                                                            | Instructions                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Year                                                          | a. <b>ENTER</b> the year this vehicle was manufactured. This field accepts 4 numeric characters and will allow the next year's model to be entered for newer vehicles. Note that the cursor will auto-tab to the next field once four numbers have been entered.                                                                                                |
| 2. Make                                                          | a. <b>ENTER</b> the make of the vehicle. Examples include Ford, Chevrolet, Toyota, etc. This field accepts up to 20 alphanumeric characters.<br>b. When you enter the first letter of the make, a pop-up list appears enables you to <b>SELECT</b> the vehicle make.                                                                                            |
| 3. Model                                                         | a. <b>ENTER</b> the model of this vehicle. Examples include F-Series Pickup, Suburban, Corolla, etc. This field accepts up to 20 alphanumeric characters.<br>b. When you enter the first letter of the model, a pop-up list enables you to <b>SELECT</b> the vehicle model.                                                                                     |
| 4. Was this vehicle damaged by the disaster?                     | a. <b>SELECT YES</b> or <b>NO</b> to indicate whether the vehicle was damaged by the disaster. IF damages are unknown, <b>SELECT NO</b> .                                                                                                                                                                                                                       |
| 5. Is this vehicle currently drivable?                           | a. <b>SELECT YES</b> or <b>NO</b> to indicate whether the vehicle is currently drivable. If unknown, <b>SELECT NO</b> .                                                                                                                                                                                                                                         |
| 6. Is this vehicle currently covered by comprehensive insurance? | a. <b>SELECT YES</b> or <b>NO</b> to indicate if this vehicle is covered by Comprehensive Insurance.<br>b. If unknown, <b>SELECT NO</b> .<br>c. <b>COMPREHENSIVE</b> Insurance provides protection against the loss or damage to a covered auto and includes damages resulting from collision with another vehicle, object, or damages from a natural disaster. |
| 7. Is this vehicle covered by liability insurance?               | a. <b>SELECT YES</b> or <b>NO</b> to indicate if this vehicle is covered by Liability Insurance.<br>b. If unknown, <b>SELECT NO</b> .                                                                                                                                                                                                                           |



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| Field                                    | Instructions                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                          | c. <b>Liability Insurance</b> on the personal auto policy provides protection against legal liability arising out of the ownership or operation of an automobile. The insuring agreement agrees to pay damages for bodily injury or property damage for which the insured is legally responsible because of an automobile accident.                                      |
| 8. Is this vehicle currently registered? | a. <b>SELECT YES</b> or <b>NO</b> to indicate whether this vehicle has a current registration.<br><br>b. If unknown, <b>SELECT NO</b> .                                                                                                                                                                                                                                  |
| 9. What is the insurance company name?   | a. If you answered <b>YES</b> , that the vehicle is covered by comprehensive and/or liability insurance, enter the name, as appropriate, of the insurance company in the field next to the form of insurance.<br><br>b. <b>CLICK</b> the <b>Save</b> button to save your entry. You will be returned to the Vehicles screen, which will list the vehicle you identified. |

Table 26: Vehicle Information Options

d. Vehicles, with Additional Vehicle Shown

- i. This **Vehicles** screen will reappear, with the vehicle you added on the Update Vehicles screen, after you save the vehicle information.

The screenshot shows the 'Vehicles' screen in a web application. On the left is a sidebar with a 'Losses' menu and a 'Call Center' menu. The main area displays the 'Registration' form for a vehicle. At the top, it says 'Registrant: MR TEST A. TESTER' and 'Registration ID: 15-0436720'. Below this, it asks the user to provide a list of vehicles. A table lists the vehicle details:

| Year | Make | Model    | Damage | Insurance | Registered | Details |
|------|------|----------|--------|-----------|------------|---------|
| 2019 | Jeep | Cherokee | Yes    | ABC       | Yes        | Details |

Below the table are three buttons: 'Save', 'Edit Registration', and 'Cancel'.

Figure 48: Vehicles Screen with Added Vehicle





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ii. Continue as follows:

1. To enter information about another household vehicle, **CLICK Add**. This will return you to the **Update Vehicles** screen, where you can add vehicle details.
2. To return to the **Update Vehicles** screen and edit previously saved vehicle information, **CLICK** the **Edit** link beside the listed vehicle.
3. To delete a previously saved vehicle, **CLICK** the **Delete** link beside that vehicle.
4. After you have finished entering information about all the vehicles in the household, **CLICK** the **Next** button.

**NOTE:** If you delete the last vehicle, you will be prompted to go back to the **Disaster Related Vehicle Damage** screen and change the response to the Vehicle Damages question to **NO**.

8. Emergency Needs:

- a. The **Emergency Needs** screen appears after you indicate whether the applicant had miscellaneous disaster specific expenses and **CLICK** the **Next** button.

A screenshot of the FEMA Emergency Needs screen. The header shows "Emergency Needs" and "Help for this page". The left sidebar contains a "Logout" link and a list of application progress steps: "Losses", "Damage Estimate", "Dwelling", "Home Insurance", "Expenses", "Other Insurance", "Vehicle Damages", "Vehicles", "Emergency Needs" (highlighted), and "Special Needs General". Below this is a "Call Center" section with links for "Privacy Act (CTL-F3)", "Summary (CIR-F5)", "Referrals (F6)", "Comments (F9)", "Save Incomplete (F10)", "End Registration (A3+P11)", "Calendar (CTL-F11)", "Disaster Info (F8)", and "Call Center Help". The main content area shows the registrant's name "MR TEST A. TESTER", registration ID "15-9436720", and disaster number "N100". It asks if the user has immediate needs for evacuation expenses (clothing, medication, gas, etc.) and provides three checkboxes: "I have a disaster related emergency need for food, medication, durable medical equipment or gas.", "I have a disaster related emergency need for shelter.", and "I have a disaster related emergency need for clothing." At the bottom are three buttons: "Back", "Save Registration", and "Next".

Figure 49: Emergency Needs Screen

- b. **USE** this screen to identify immediate needs the applicant has for evacuation expenses. Emergency needs include items needed immediately, today, right now, for day-to-day existence and **DO NOT** include stored food or anticipated future needs.



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- i. If the applicant responds yes to the questions on this screen to indicate that they have any of the following disaster-caused emergency needs:
  1. **CHECK** the box next to the appropriate need. A **Comment** is NOT required when selecting one of the available options.
    - a. Food, medication, durable medical equipment or gas
    - b. Shelter
    - c. Clothing
  - ii. **PRESS F9 and ADD a Comment** if the applicant offers information about emergency need(s) NOT listed above.
  - iii. After you save the **Comment**, **CLICK Next** to continue.
- c. If the applicant DOES NOT have emergency needs, **CLICK Next** to continue.

## K. Entering Information about Occupants

After you finish entering applicant disaster related losses information, the **Occupants** tab appears. **USE** the following screens associated with this tab to enter and update information about occupants in the applicant's household.

### 1. Occupants

- a. When this screen first appears, the applicant's name, age, and the relationship **Registrant** will be auto-filled based on information entered on the **Personal Identification** screen.





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Figure 50: Occupants Screen

- b. **USE** this screen to identify all persons living in the applicant's dwelling. **ADD** all persons for whom the home was the primary residence at the time of the disaster, whether or NOT they are related.
  - i. **INCLUDE** boarders and Landlords residing in the same residence.
  - ii. **INCLUDE** full-time students staying at school at the time of the disaster, but who consider the damaged dwelling to be their primary residence.
  - iii. **DO NOT** include persons visiting at the time of the disaster who have a primary residence elsewhere.
- c. **CLICK Add** to enter an occupant or **CLICK Next** if occupants **DO NOT** need to be added.
- d. Undocumented Residents
  - i. For undocumented residents, the child whose SSN was used for the registration is identified on the first row as the applicant/occupant.
  - ii. **ADD** the parent/legal guardian completing the registration as the co-applicant, along with other occupant information.
- e. Business, Farm/Agriculture, Disaster Unemployment Assistance **ONLY** Registrations
  - i. **CLICK Next** to navigate to the **Financial** tab.

2. Update Occupant



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a. When you **SELECT** to **ADD** an occupant, the **Update Occupant** screen appears.

Figure 51: Update Occupant Screen

b. **ENTER** household occupant information below. **NOTE:** ONLY the co-applicant's SSN is required. **DO NOT** add SSN for any other occupants.

c. **USE** the following instructions to enter information on this screen.

| Field   | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Name | <p>a. Last Name</p> <p>b. First Name</p> <p>c. Middle Initial</p> <p>i. <b>ENTER</b> the last name, first name, and middle initial of the additional occupant in the applicant's household.</p> <p>ii. The last name will be auto filled with the applicant's last name. You can change it if the occupant has a different last name.</p> <p>iii. If the occupant is a JR, SR, III, etc., <b>INCLUDE</b> the suffix in the <b>What is this person's last name?</b> field. Leave a space between the two words, for example, <b>SMITH JR</b>.</p> <p>iv. If the applicant is unsure of the occupant's last name, enter the last name as <b>UNKNOWN</b>.</p> <p><b>NOTE:</b> If the applicant is the dependent child of an undocumented resident, enter the name of the parent/legal guardian who is registering on behalf of the child as the co-applicant.</p> |





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| Field           | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Relationship | <p>a. <b>SELECT</b> the appropriate relationship for the occupant from the drop-down list, i.e.</p> <ul style="list-style-type: none"> <li>i. <b>Boarder</b> is for an occupant renting a room from the applicant.</li> <li>ii. <b>Co-applicant/Co-applicant</b> includes the applicant's co-applicant or significant other. Also includes a parent/guardian registering with a dependent child's SSN.</li> <li>iii. <b>Friend/relative</b> includes friends or relatives other than immediate family for whom the applicant's home is their primary dwelling.</li> <li>iv. <b>Immediate Family</b> includes the applicant's parents, siblings, and children.</li> <li>v. <b>Landlord</b> includes a person (usually the owner) living in the same building as the applicant, and to whom the applicant pays rent.</li> <li>vi. <b>Other</b> includes foster children, roommates, or other persons living in the home who don't fit the other description.</li> </ul> |
| 3. SSN          | <p>a. <b>ENTER</b> co-applicant's SSN.</p> <p>b. If caller DOES NOT have the co-applicant's SSN, <b>INFORM</b> caller to contact the FEMA Helpline number at (800) 621-3362 once the information is obtained.</p> <p>c. Omitting the SSN will NOT prevent the application from being processed. However, the applicant should update the registration as soon as possible.</p> <p><b>NOTE: ONLY the applicant and co-applicant's SSN is required. DO NOT add SSN for any other occupants.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 4. Age          | <p>a. <b>ENTER</b> the age of the occupant. If the age is less than one year old, enter <b>1</b>.</p> <p>b. If applicant is unsure of another occupant's age, leave this field blank.</p> <p>c. <b>CLICK</b> the <b>SAVE</b> button to save your entry. You will be returned to the Occupants screen, which will list the occupant you identified.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Table 5: Field Instructions for Entering Household Occupant Information

3. Occupants Screen, with Additional Occupant Listed



- a. This screen will reappear, with the occupant you added on the **Update Occupants** screen, after you save the occupant information.

Figure 52: Occupants Screen, with Additional Occupant Listed

- i. To return to the **Update Occupants** screen and enter information about another household member, **CLICK Add**.
  - ii. To return to the **Update Occupants** screen and edit previously saved occupant information, **CLICK** the **Edit** link beside that occupant.
  - iii. To delete a previously saved occupant, **CLICK** the **Delete** link beside that occupant.
- b. After you have finished entering information about all the occupants of the household, **CLICK** the **Next** button.

## L. Entering Financial Information

After you finish entering Occupant information, the **Financial** tab appears. **USE** the screens associated with this tab to enter the following information:

### 1. Business Damages

- a. **USE** this screen to identify whether the applicant is self-employed and has a business damaged by the disaster.





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Figure 53: Business Damages Section

b. **USE** the following instructions to enter information on this screen.

| Field                                                                                       | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Is the household's primary source of income from self-employment?                        | <p>a. <b>SELECT YES</b> or <b>NO</b>, depending on the applicant's response.</p> <p>i. Selecting <b>YES</b> will automatically refer applicant to the SBA. The <b>Income</b> screen will NOT appear.</p> <p>b. <b>NOTE:</b> Migrant Workers.</p> <p>i. <b>SELECT NO</b> for self-employed, Migrant workers are NOT considered self-employed, as they are provided wages by the employer who has hired them to fill various jobs as needed.</p>                                                                                           |
| 2. Do you own or represent a business or rental property that was affected by the disaster? | <p>a. <b>SELECT YES</b> or <b>NO</b>, depending on the applicant's response. <b>SELECT YES</b> if:</p> <p>i. The applicant is registering for a <b>nonprofit</b> organization.</p> <p>ii. The applicant owns a business or rental property that was affected by the disaster. <b>SELECT YES</b> even if the applicant also lives in the property (i.e., a boarding house, duplex, or apartment).</p> <p>iii. The applicant owns a home occupied by a relative, even if no rent is charged, and the home was damaged by the disaster.</p> |

Table 6: Field Instructions for Entering Business Damages



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**NOTE:** This question DOES NOT refer to farm or ranch damages. The Small Business Administration (SBA) DOES NOT provide assistance for farm or ranch losses. If caller has farm or ranch losses, **SELECT NO**, and refer them to the Farmers Home Administration and/or their county U.S. Department of Agriculture. (See Other Types of Registrations for information about registering for farm losses only.)

### 2. Financial Information

- a. **USE** this screen to enter the applicant's income related information.

Figure 54: Financial Information Screen

- b. Providing the applicant's pre-disaster annual gross income reduces application processing time and speeds up the delivery of assistance for which the applicant may be eligible. It also helps indicate whether the applicant might qualify for additional assistance programs from the Small Business Association or other agencies.

**NOTE:** The EFT service is not available for Business Only applicants. Funds will only be transferred into the applicant's account ONLY IF the applicant is found to be eligible for FEMA assistance.

- c. **USE** the following instructions to enter information on this screen.

| Field | Instructions |
|-------|--------------|
|-------|--------------|





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|                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. How many dependents do you have including yourself?</p>                   | <p>a. <b>ENTER</b> the number of dependents including the applicant and those who are listed as dependents on their Federal Tax Return (Form 1040).</p> <p>b. Consider the following:</p> <ul style="list-style-type: none"> <li>i. <b>Married, filing separately:</b> If the applicant is married, but files federal taxes as <b>Married, Filing Separately</b>, <b>COMBINE</b> the number of dependents claimed on the two 1040 forms and <b>ENTER</b> the total.</li> <li>ii. <b>DOES NOT file taxes:</b> If the applicant <b>DOES NOT</b> file taxes, dependents are those for whom the applicant provides at least 50 percent of their living expenses, or foster children for whom income is received.</li> <li>iii. <b>Business only:</b> If applicant is a business <b>OWNER</b>, <b>ENTER</b> the number of dependents claimed on their Federal Tax Return. If the applicant is <b>REPRESENTING</b> a business, enter the number one.</li> <li>iv. <b>Funeral only:</b> <b>ENTER</b> the number of dependents for the <b>PERSON RESPONSIBLE</b> for the funeral expenses (applicant).</li> </ul> |
| <p>2. Income NOT Available</p>                                                  | <p>a. <b>CHECK</b> this field only if zero is the correct household annual gross income. If the applicant has any form of income, <b>ENTER</b> that amount as the <b>pre-disaster gross income</b>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>3. Before taxes are deducted, what is your family's pre-disaster income?</p> | <p>a. <b>ENTER</b> the combined pre-disaster gross annual income of the applicant and all dependents in the household. <b>ENTER</b> whole dollars only, no dollar sign, no commas, and no decimal point. This is the total actual or projected gross annual income for the calendar year of the disaster before deductions are subtracted. <b>INCLUDE</b> income from employment, stocks, interest, welfare, unemployment benefits, child support, Social Security, retirement funds, pensions, annuities, gifts, and/or any other sources.</p> <p>b. <b>DO NOT</b> include food stamps or HUD Section 8 assistance.</p> <p>c. Calculator:</p> <ul style="list-style-type: none"> <li>i. An income calculator function is provided to assist with the determination of the gross household income. <b>ENTER</b> the <b>Amount</b> of each income source (employment and other income sources) and <b>SELECT</b> the <b>Frequency</b> of payment.</li> </ul>                                                                                                                                               |



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|                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                        | <ul style="list-style-type: none"><li>1. Weekly;</li><li>2. Bi-weekly;</li><li>3. Semi-monthly;</li><li>4. Monthly;</li><li>5. Quarterly; OR</li><li>6. Yearly.</li></ul> <ul style="list-style-type: none"><li>ii. The <b>Annual Income</b> and <b>Total</b> will update automatically based on these entries.</li><li>iii. If the applicant or a household member became unemployed during the calendar year of the disaster, <b>CALCULATE</b> the employment income as of the unemployment date, and include projected unemployment benefits for the year. (You may need to use a tool such as the <b>Calculator</b> App located within Microsoft (MS) Windows to calculate partial-year amounts.)</li><li>iv. If the applicant is living off savings, family, or friends, <b>ENTER</b> the approximate amount that they receive yearly.</li></ul> <p>d. Business Only:</p> <ul style="list-style-type: none"><li>i. For a business <b>OWNER</b>, <b>ENTER</b> the total amount claimed on their Federal Tax Return.</li><li>ii. For a company and/or business <b>REPRESENTATIVE</b>, <b>ENTER</b> only the income that is claimed for that company and/or business.</li><li>iii. For a <b>NONPROFIT</b> business, <b>ENTER</b> the total amount of the operating expenses.</li></ul> |
| <p>4. If you are found eligible for FEMA assistance, would you like funds directly deposited? There is no charge for this service.</p> | <ul style="list-style-type: none"><li>a. <b>SELECT YES</b> if the applicant wants to receive eligible financial assistance by direct deposit to their financial institution.</li><li>b. The applicant/co-applicant must be available on the call, and their name match the name on the direct deposit account to receive FEMA funds through EFT.</li><li>c. To be valid, <b>EFT</b> information can <b>ONLY</b> be accepted directly from the applicant or co-applicant identified on the account, <b>NOT</b> from a</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |





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|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>friend, relative, or other representative on the applicant's behalf.</p> <p>d. If the applicant/co-applicant is unavailable or <b>CANNOT</b> provide all of the required direct deposit information, change the request for <b>Electronic Funds Transfer</b> to <b>NO</b> and instruct the applicant to call the Disaster Information Helpline after obtaining all of the required direct deposit information.</p> <p>e. For a Representative of the Caller</p> <p>i. <b>SELECT NO</b> if the applicant/co-applicant is unavailable to provide the EFT information directly or <b>CANNOT</b> provide all required direct deposit information.</p> <p>f. For Business-only Registrations</p> <p>i. <b>SELECT NO</b></p> |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Table 7: Field Instructions for Entering Financial Information for Households

### 3. Electronic Funds Transfer

- a. This screen will appear if you **SELECT YES** on the **Financial Information** screen to indicate that the applicant wants to receive funds via electronic funds transfer to their direct deposit account.

Figure 55: Electronic Funds Transfer Screen



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- b. Direct deposit information is required to complete an electronic funds transfer.
- c. The applicant or co-applicant must be available on the call to provide EFT information.
- d. EFT information can only be accepted from the applicant or co-applicant unless a valid written consent is on file.
- e. In the case of Power of Attorney, military deployment, or other extenuating circumstances that prevent the applicant from being present, the applicant must provide a Written Consent or Power of Attorney document authorizing the caller on their behalf.
- f. If the applicant/co-applicant CANNOT provide all of the required direct deposit information or the EFT information entered generates an error message indicating the following: **We are unable to verify your routing number at this time. Please provide another payment option.**
  - i. **CHANGE** the request for **Electronic Funds Transfer** to **NO. INFORM** the applicant at this time, if eligible for FEMA assistance, the funds would be received via a check sent to their current mailing address.
  - ii. Instruct the applicant to call the Disaster Information Helpline when they have all of the required direct deposit information.
- g. To be valid, the applicant/co-applicant name on this registration must match the name on the direct deposit account. DO NOT enter anyone else's account information.

**NOTE: The EFT service is not available for Business Only applicants.** Funds will only be transferred into the applicant's account ONLY IF the applicant is found to be eligible for FEMA assistance.

- h. **USE** the following instructions to enter information on this screen.

**NOTE:** If the applicant/co-applicant is using a pre-paid debit card, e.g. Green Dot or Rush Card; there must be a corresponding Routing Number and Account Number. The name of the financial institution may NOT always match the brand name for the pre-paid debit card, i.e. pre-paid debit cards branded as Netspend use Metabank as the financial institution.





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| Field                                                   | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. What is the name of your financial institution?      | a. <b>ENTER</b> the name of the applicant/co-applicant's financial institution. Funds will be deposited in the account <b>ONLY IF</b> the caller is found eligible for FEMA assistance. This field accepts up to 30 alphanumeric characters.                                                                                                                                                                                                                                                                                                                                 |
| 2. What type of account is this?                        | a. From the drop down list, <b>SELECT</b> the type of account for the institution ( <b>Checking</b> or <b>Savings</b> ).<br><br>i. For pre-paid debit cards, e.g. Green Dot or Rush Cards; <b>SELECT Checking</b> ; AND<br><br>ii. <b>ADVISE</b> the caller their financial institution may NOT accept a deposit greater than \$10,000. If their financial institution rejects the payment for this reason, they will need to contact the FEMA Helpline to update their direct deposit information.                                                                          |
| 3. What is the 9 digit routing number for this account? | a. <b>ENTER</b> the routing number for the financial institution.<br><br>i. The Routing Number is a nine digit number that normally appears in the lower left corner immediately before the account number on a check or deposit slip. It identifies the financial institution.                                                                                                                                                                                                                                                                                              |
| 4. What is the account number?                          | a. <b>ENTER</b> the applicant/co-applicant's account number into which FEMA would electronically transfer eligible funds.<br><br>i. The account number can be found in the lower left corner of a check or deposit slip immediately after the routing number. This field accepts up to 16 numeric characters.<br><br>ii. Funds would be transferred into this account <b>ONLY</b> if caller is found eligible for FEMA assistance.<br><br>iii. Please repeat the account number.<br><br>iv. Have the applicant repeat the account number and enter it here for verification. |

Table 8: Field Instructions for Entering Direct Deposit Information

## M. Entering Correspondence Information

After you finish entering the applicant's financial information, the **Correspondence** tab appears. **USE** the screens associated with this tab to enter the following information:

1. Correspondence Preferences



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- a. **USE** the **Correspondence Preferences** screen to establish the applicant's preference on how to receive correspondence and the language of the correspondence.

Figure 56: Correspondence Preferences Screen

**NOTE:** If the applicant's identity verification was unsuccessful, therefore, the applicant will not be eligible to receive FEMA correspondence electronically. A warning message will appear on the screen to notify you of this restriction. The **Electronic Correspondence Summary** screen will NOT appear next, and you will be unable to record the applicant's agreement to proceed with **Electronic Correspondence**.

- b. **USE** the following instructions to enter information on this screen.

| Field                                                                           | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Do you prefer to receive traditional postal mail or electronic notification? | <p>a. The applicant can <b>SELECT</b> one, but NOT both.</p> <p>b. <b>Postal Mail</b> – applicant receives correspondence through traditional postal mail only.</p> <p>c. <b>E-Mail</b> – Electronic correspondence is generated in the applicant's Disaster Assistance Center Applicant Inquiry (DAC AI) account. The applicant will receive notice via Email that new electronic correspondence is in their DAC AI account. The applicant must log in to their DAC AI account to read the electronic correspondence. With this selection, traditional postal correspondence will not be sent.</p> <p><b>NOTE:</b> The applicant will NOT receive correspondence via Email, but rather an Email notification that electronic correspondence exists in their DAC AI account for review and/or printing.</p> |





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| Field                                                                             | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Would you like to receive additional status notification via SMS text message? | <p>a. <b>SELECT YES</b> in this field to activate SMS (Short Message Service) text message notifications sent from FEMA to the applicant's mobile phone.</p> <p>b. <b>SMS</b> messaging is available if it has been activated for the selected disaster.</p> <p>c. If the applicant agrees to SMS text messaging during registration, and afterward confirms the agreement to fully opt in, FEMA will send the applicant text messages notifications when NEMIS processes eligibility determinations, generates <b>Request for Information</b> (RFI) letters, and suspends inspections due to inability to contact the applicant.</p> <p>d. If <b>YES</b> is <b>SELECTED</b>, the <b>SMS Correspondence Summary</b> screen will also appear to enable RI agents to set up the SMS service and review agreement details with the applicant.</p> |
| 3. In which language would you like to receive correspondence?                    | <p>a. <b>CHOOSE</b> either: <b>English</b> or <b>Spanish</b></p> <p>b. At any time, the applicant can change their preference either by calling Helpline or by changing their preference on their DAC IA account.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

Table 9: Field Instructions for Entering Mail Delivery Service

2. Electronic Correspondence Summary

- a. When the applicant's correspondence preference is **E-Mail**, the **Electronic Correspondence Summary** screen will appear. This screen confirms the applicant's agreement to receive FEMA correspondence electronically.



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Figure 57: Electronic Correspondence Summary Screen

- b. Review the terms of the electronic correspondence agreement to the applicant. Applicants who agree to the terms of electronic correspondence will need to set up an online account at FEMA's Disaster Assistance Center web site to access their FEMA correspondence.
- c. They will receive a confirmation email at the recorded email address with instructions on how to set up the account.
- d. Applicants with online accounts will also be able to review their assistance status and submit electronic documents to FEMA electronically through their account.
- e. **USE** the following instructions to enter information on this screen.

| Field            | Instructions                                                                                                                                                                                                                                                                                                     |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Email Address | <ol style="list-style-type: none"> <li>a. <b>ENTER</b> the applicant's email Address. (The email address may be auto filled if it was entered earlier during registration.)</li> <li>b. <b>VERIFY</b> E-Mail Address</li> <li>c. <b>VERIFY</b> the applicant's email address and enter a second time.</li> </ol> |





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| Field                                                                | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Does the applicant wish to remain with Electronic Correspondence? | <p>a. <b>RECORD</b> the applicant's response.</p> <p>i. <b>Yes, I agree to the terms.</b></p> <p>ii. <b>No, I would like to receive traditional postal mail.</b></p> <p>b. In order to receive correspondence electronically, the applicant must agree to the terms of Electronic Correspondence.</p> <p>c. At any time, the applicant can change their preference either by calling Helpline or by changing their preference on their DAC AI account.</p> |

Table 10: Field Instructions for Entering Email Information

### 3. SMS Correspondence Summary

- a. If you enter **YES** in answer to the question **Would you like to receive additional status notifications via SMS text message?** on the **Correspondence Preferences** screen, the **SMS Correspondence Summary** screen will appear.

Figure 58: SMS Correspondence Summary Screen

- b. This screen enables you to set up SMS text messaging services for FEMA status notifications to the applicant. **USE** the fields and scripts to:



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- i. Specify the mobile phone number where the applicant will receive FEMA text messages
- ii. Review the terms of the agreement with the applicant
- iii. Record the SMS text messaging agreement
- c. The text notifications are one-way communication from FEMA to the applicant.
- d. If the user agrees to the SMS correspondence terms, FEMA will notify the applicant via text message when the following case actions occur:
  - i. Eligible and ineligible determinations recorded for Housing, Personal Property, Transportation, Moving and Storage, Miscellaneous items, Medical, and Dental
  - ii. Generation of RFI letters
  - iii. No Contact status noted by inspection services due to inability to contact the applicant to schedule an inspection
- e. Following the registration, FEMA will send an initial text message instructing the applicant to confirm in order to opt in for additional SMS text messages regarding their case.
- f. **USE** the following instructions to enter information on this screen.

| Field                                               | Instructions                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Mobile Phone Number (previous)                   | a. <b>CLICK</b> the down arrow to select a mobile phone number previously recorded for the applicant. If selected, this number will auto-populate in the following <b>Mobile Phone Number</b> fields.                                                                                                                                                                                                                   |
| 2. Mobile Phone Number                              | a. <b>ENTER</b> the mobile phone number the applicant wants to use for receiving SMS text messages from FEMA. If the field was auto-populated, <b>ASK</b> the applicant to provide this number.<br><br>b. <b>VERIFY</b> Mobile Phone Number<br><br>c. <b>ASK</b> the applicant to verify the mobile phone number to use for receiving FEMA text messages. Make corrections to the Mobile Phone Number field, as needed. |
| 3. Do you agree to the terms of SMS text messaging? | a. <b>SELECT YES</b> if the applicant agrees to the terms of SMS text messaging and want to receive status notifications.<br><br>b. <b>SELECT NO</b> if the applicant DOES NOT agree to the terms of SMS text messaging and DOES NOT want to receive status notifications.                                                                                                                                              |





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|  |                                                                                     |
|--|-------------------------------------------------------------------------------------|
|  | <p><b>NOTE:</b> The wording associated with FEMA's messaging number has changed</p> |
|--|-------------------------------------------------------------------------------------|

Table 11: Field Instructions for Entering Mobile Phone Number Information

## N. Concluding the Registration

After you've entered the applicant's financial information, the registration is almost complete.

This section provides the following information about concluding the registration:

### 1. Providing Referrals

#### a. IHP Program Referrals

- i. This screen identifies the IHP and/or SBA assistance programs that the applicant is referred to, based on information entered during the registration intake process. **READ** the information on this screen to the applicant.

Figure 59: Program Referrals Screen

**NOTE:** The figure above may NOT represent the actual wording on the screen.

- ii. **READ** the description of each program to provide the applicant with a brief explanation of the program referral.

#### b. Agency Referrals

- i. After program referrals are provided, the next screen displays agency referrals for the applicant, based on information entered during the registration process. In some cases, such as applicants needing assistance



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with disaster-caused unemployment or farm/ranch/agriculture losses, you may need to add a referral. Referral information may also be located on the **Disaster Referral Information** spreadsheet found on the [Disaster Specific Information](#) pages and not on this referral list. If so, provide the referral and continue to the next step in the registration. **NOTE:** Not all **Agency Referrals** are available on the IVR. If a needed referral is not available on the IVR, staff must read that referral to the applicant.

The screenshot shows the 'Agency Referrals' screen. At the top, it displays the registrant's name 'MH TEST A, TESTER' and registration details: 'Registration ID: 15-2430725', 'Disaster Number: 9000', and 'State: DC'. Below this, there are several sections for providing information:

- Office Information:** Includes fields for 'Organization' (filled with 'Aging Services'), 'Office' (filled with 'U.S. Dept. of Health & Human Services'), 'County', and 'Phone'.
- Address:** Includes fields for 'Current Address' and 'Mailing Address'.
- Phone:** Includes fields for 'Main', 'Fax', and 'TTY'.

Below the form fields, there are several informational sections with expandable arrows:

- Aging Services:** States that services are available to meet the demands of the elderly who have been directly affected by a declared disaster (e.g., transportation needs, home care, etc.).
- American Red Cross:** States that the American Red Cross or other voluntary agencies may be able to assist you with essential needs as an emergency facility including serious needs not addressed by your insurance company or other disaster assistance programs. It also mentions a free, on-line service where you can register yourself as being "safe and well" and provides a link to [www.redcross.org/assisted](http://www.redcross.org/assisted).
- Small Business Administration (SBA):** States that if you would like more information about the Small Business Administration (SBA) Disaster Loan Program you have been referred to or require further assistance in filling out the Disaster Loan application, please call 1-800-656-2989, or e-mail [sbaassessments@disaster.gov](mailto:sbaassessments@disaster.gov). For the hearing impaired, please call 1-800-677-8238.
- Tax Assistance:** States that since you have damaged or lost property in a location declared by the President as a major disaster area, you may be able to get some money back from the IRS. For more information, order their Publication Number 2184 (for individuals) or 2184B (for businesses) 'Disaster Loss #2' by calling 1-800-829-5870. It also mentions that 'Other Tax Assistance: County tax assessors may provide information and assistance on possible property tax relief.'
- U.S. Department of Agriculture Farm Service Agency:** States that the U.S. Department of Agriculture Farm Service Agency may have disaster aid available. To determine if funding is available contact your local Farm Service Agency.

At the bottom of the screen, there are 'Back' and 'Next' buttons.

Figure 60: Agency Referrals Screen

**NOTE:** The figure above may NOT represent the actual wording on the screen.





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- c. The **Agency Referrals** can be read to the caller or you can choose to transfer the applicant to the IVR at the end of the call so the caller can listen to the referrals through the automated system.
- i. Transferring the caller to the IVR will allow for the caller to repeat the referral as many times as needed.
- ii. If a referral is not listed in the **Agency Referrals** tab, staff will need to read that referral to the caller.
- iii. If you choose to read the referrals to the caller, **READ** each referral and **ANSWER** any questions before moving to the next screen.
- iv. If you choose to transfer the caller to the IVR, **SELECT** the appropriate referrals in C3MP as shown below, and continue to the next step in the registration.
1. If the caller speaks a language other than English or Spanish, staff will need to read all referrals to the caller.

**NOTE:** You will complete the transfer after the [Conclusion](#) screen.

Figure 61: C3MP Preferred Agent Layout

Figure 62: C3MP Referrals Client



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**NOTE:** If available, **ADD** a referral for **Unemployment Assistance** to assist applicants with disaster-caused unemployment losses. If available, **ADD** a referral for **US Department of Agriculture Farm Service Agency** to assist applicants with farm/ranch/agriculture losses. These referrals are **NOT** available on the IVR and must be read to the applicant.

- d. **READ** each referral to the caller and answer any questions before moving to the next screen.
  - i. To add a referral to the list of pre-selected referrals:
    - 1. **SELECT** the radial button of the appropriate referral on the **Agency Referrals** frame.
    - 2. **CLICK** the **Submit** button under the **Agency Referrals** frame.
- e. Referrals selected by NEMIS business rules **CANNOT** be removed without changing related responses in the registration. To remove a referral that was not pre-selected (manually added):
  - i. **SELECT** the radial button of the referral you wish to remove on the **Agency Referrals** frame.
  - ii. **CLICK** the **Submit** button under the **Agency Referrals** frame.

## 2. Disaster-Specific Referrals

- a. During the course of the RI call, listen carefully as the caller discusses some of the hardships the household is experiencing due to the disaster. In most disaster areas, various local and specialized groups in addition to the agencies listed on the RI **Agency Referrals** screen join the effort to provide services to disaster survivors.
- b. FEMA provides an extensive list of disaster-specific referrals in a spreadsheet that is available via **Quick** Link on the [Disaster Specific Information](#) page for each disaster. The referral list is verified by the IHP Helpdesk and updated on a continuous basis.
- c. You may be able to assist an applicant with a need such as care for an injured pet or legal assistance by providing a referral listed on the disaster specific referrals spreadsheet.





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- d. The following is an example [Disaster Specific Information](#) page for DR-4559-LA, with the **4559-LA State and Local Referrals** link highlighted.



Figure 63: Disaster Specific Referrals Link (Example for DR-4559-LA)

- e. The following example illustrates an excerpt of the disaster specific referrals spreadsheet for DR-4559-LA (**4559-LA State and Local Referrals**).

|                                              |                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Updated: 10/20/2020                          | Louisiana: State and Local Referrals 2020                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |
|                                              | These resources are provided solely for the information of individuals using this page. When you go to another website you are subject to its privacy policies. | FEMA does not endorse any non-government websites, companies, or applications. Programs may vary.                                                                                                                                                                                                                                                                                               | Hours vary by agency.                                                |
| Category                                     | Entity                                                                                                                                                          | Type of Assistance:                                                                                                                                                                                                                                                                                                                                                                             | Telephone Number                                                     |
| Access and Functional Needs and Disabilities | <a href="#">Governor's Official Disability Affairs</a>                                                                                                          | Resolution of state disabilities issues and provide education, communication, and networking services concerning disability issues and needs for all Louisiana citizens.                                                                                                                                                                                                                        | 225-215-7550<br>844-860-1413                                         |
| Access and Functional Needs and Disabilities | <a href="#">Louisiana Department of Health: Developmental Disabilities</a>                                                                                      | Information on state and public resources for citizens with developmental disabilities. Services such as Early Steps, Flexible Family Funds, Freedom of Choice Services, Home and Community Based Services, Individual and Family Support, "My Place Louisiana" Resource Centers, Support Coordination, and Trained Worker System. Online Services Directory available to locate local offices. | 225-342-5065<br>866-753-5863                                         |
| Access and Functional Needs and Disabilities | <a href="#">Louisiana Connections for the Deaf</a>                                                                                                              | Accessibility services for persons who are deaf, deaf-blind, or have hearing loss or speech impairment to gain equal access to any public or private service. Services include: counseling, training, communications devices and interpreter services. Online directory for LCD Regional Service Centers.                                                                                       | Louisiana Relay Service:<br>TDD: 800-848-5277<br>VOICE: 800-947-5277 |

Figure 64: Disaster-Specific Referrals Spreadsheet (Example for DR-4559-LA)

- f. The **Disaster Specific Referrals** spreadsheet identifies various national, state, territorial, tribal, local, and regional services, and provides contact information, web links, hours of operation, and a description of services offered. For example, it may identify the following:
- i. Housing services;
  - ii. Food banks and food pantries;
  - iii. Animal health and assistance services;
  - iv. Family services;
  - v. Disability-Related needs;
  - vi. Legal services;
  - vii. Roadside assistance services; AND



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viii. Disaster Unemployment Assistance.

**NOTE: Disaster-Specific Referrals** are not available on the IVR and must be read to the applicant.

3. Concluding the Interview

- a. After you've reviewed program and agency referrals to the applicant, the **Close Interview** screen appears, with a script to use for concluding the interview.

**NOTE:** The figure below may NOT represent the wording on the actual screen.

A screenshot of the "Close Interview" screen on the DisasterAssistance.gov website. The page has a blue header with the site name and a "Contact Us" link. Below the header, the title "Close Interview" is displayed. The main content area contains a registration ID and name, a message about the application number and Social Security Number, a request for the applicant's name and PIN, a statement about a 15-day contact period, a question about questions at the time, a service representative note about supervisor assistance, and another service representative note about the "Save" button. At the bottom, there are "Save" and "Close" buttons.

Figure 65: Close Interview Screen

- b. At the conclusion of the registration interview, provide the applicant the following information:
- Their registration ID number
  - A FEMA packet will be sent in the mail that includes information about program and agency referrals, as well as a copy of the registration information for the applicant's records. Give the Applicant FEMA's toll-free Helpline phone number 1-800-621-FEMA.
  - Your first name
  - Your FEMA Personal Identification Number (PIN)
  - Advise the applicant we're almost done with the registration process, but we have a few more questions in order to complete the registration.





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A screenshot of the DisasterAssistance.gov website's "Security Questions" page. The page has a blue header with the site name and a "Connect Us" link. Below the header, there is a section titled "Security Questions" with a paragraph explaining the purpose of the questions. A "Service Rep" note is also present. The main content area contains four questions with corresponding input fields: "How many full bathrooms did the property at 5857 87th Vista have at the time of sale or financing in 2018?", "Which of the following brands of watercrafts have you owned?", "Which of the following corporations have you ever been associated with?", and "What color is your 1992 Oldsmobile Delta 88?". At the bottom, there are "Skip" and "Answer" buttons.

Figure 66: IDP Interview Screen

- c. **ASK** the Identity Proofing (IDP) questions if they display on the next screen. If the questions DO NOT display, DO NOT be concerned.
  - i. Encourage the applicant to answer the identity questions as failure to do so may delay or prevent them from receiving assistance.
  - ii. If the applicant DOES NOT answer the questions correctly, refuses to answer the questions, or hang up the call, the registration can still be completed.
    1. **PRESS Click here to complete the registration** to continue with the registration.
    2. A pop-up will show up with the following question: **Are you sure you want to leave this page? SELECT Leave this page** to continue with the registration.

**NOTE:** The figure below may NOT represent the wording on the actual screen.



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Figure 367: Are you sure you want to leave this page? Screen

#### 4. Conclusion

- a. After the IDP questions, the **Conclusion** screen appears, with a script to use for concluding the interview.

**NOTE:** The figure below may NOT represent the wording on the actual screen.

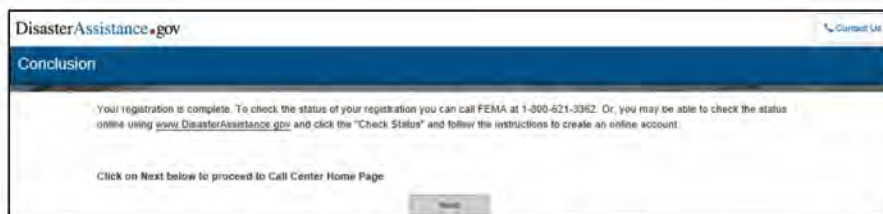


Figure 68: IDP Fail Conclusion Screen

- b. **TRANSFER** the call to the Small Business Administration if the applicant has questions about the SBA program.
- c. Before ending the call, **ENSURE** that the applicant's questions are addressed as thoroughly as possible and **SAVE** the application.
- d. **Registration Upload is now completed. CLICK** on the **Next** button to return to the Call Center **Home** Screen.
- e. In C3MP, **SELECT Transfer Now** on the **FEMA IVR Referral** tab then **PRESS "Yes"** on the **Transfer Now** popup as shown below.





Figure 69: C3MP Transfer Now Popup



### III. EXAMPLES AND FAQs

#### Call Center Help—Shortcut Keys

##### 1. Shortcut Keys Common to DAC CC RI Screens

| Call Center Help -- Webpage Dialog |          |                                                                                                                                                                                                              |
|------------------------------------|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Close Print                        |          |                                                                                                                                                                                                              |
| Main Screen                        |          |                                                                                                                                                                                                              |
| New Registration                   | Ctrl+N   | Begin a new registration.                                                                                                                                                                                    |
| Incomplete Registrations           | Ctrl+I   | Work with registrations that were started, but not completed.                                                                                                                                                |
| Language                           | Ctrl+F2  | Change the language.                                                                                                                                                                                         |
| Privacy Act                        | Ctrl+F3  | View the privacy act.                                                                                                                                                                                        |
| Cal                                | Ctrl+F11 | View the system's built-in calendar.                                                                                                                                                                         |
| Info                               | F8       | View current information about certain disasters, such as the date of the disaster, the counties eligible for government assistance, and the dates disaster victims are eligible to register for assistance. |
| Exit                               | Ctrl+F12 | Exit the RI system.                                                                                                                                                                                          |

Figure 70: Shortcut Keys Common to DAC CC RI Screens

##### 2. Shortcut Keys for Taking Registrations

| Registration Intake |          |                                                                                                                                                                                             |
|---------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Back                | Alt+B    | View the last tab you worked on. (If you are working on the Preliminary Information screen, this button is unavailable because it is the first tab on the screen.)                          |
| Next                | Alt+N    | Display the next available screen in the work area.                                                                                                                                         |
| Summary             | Ctrl+F5  | View a summary of the incomplete form.                                                                                                                                                      |
| Referral            | F6       | View the referrals recommended by the RI system. These referrals are determined based on the information you entered about a registrant.                                                    |
| Comment             | F9       | Enter a comment about the current registration.                                                                                                                                             |
| Save Incomplete     | F10      | Save Incomplete.                                                                                                                                                                            |
| End                 | Alt+F11  | Save the registration, close it, and return to the main screen.                                                                                                                             |
| Cal                 | Ctrl+F11 | View the system's built-in calendar.                                                                                                                                                        |
| Info                | F8       | View information about certain disasters, such as the date of the disaster, the counties eligible for government assistance, and the dates victims are eligible to register for assistance. |

Figure 71: Shortcut Keys for Taking Registration

##### 3. Shortcut Keys for Searching Incomplete Registrations

| Incomplete Registrations Search Screen |                        |                                   |
|----------------------------------------|------------------------|-----------------------------------|
| Edit                                   | Tab to and click Enter | Edit the selected registration.   |
| Delete                                 | Tab to and click Enter | Delete the selected registration. |
| RI Home                                | Ctrl+H                 | Return to the main screen.        |
| Close                                  |                        |                                   |

Figure 72: Shortcut Keys for Searching Incomplete Registrations





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### Adding Call Center Comments

**NOTE:** You CANNOT add comments until you access the **Contact Phone Numbers** screen.

1. To create a **Comment**, follow these steps:
  - a. **SELECT Comments (F9)** in the menu on the left or **PRESS F9** on the keyboard.
  - b. **SELECT** the **Add Comment** tab.
  - c. Enter a brief summary in the **Summary** field. **BEGIN** the summary with your correct facility number (i.e., 91, 92, 93), and type it in all capital letters. (The facility number is available from support staff or your point of contact person.)
  - d. **ENTER** the details in the **Comment Text** field in sentence case, i.e. DO NOT type in all capital letters.

A screenshot of a software window titled "Comments - Processing Summary". The window has a tab labeled "Add Comment". Below the tab, there are two text input fields. The first field is labeled "Summary" and contains the text "91 MINOR CHILD APPLICANT SBA". The second field is labeled "Comment Text" and contains the text "Parent/Guardian is registering on behalf of descendant minor child living in household who is a citizen with Social Security Number". At the bottom of the window, there are two buttons: "Save" and "Cancel".

Figure 73: Add Comment Tab, with Example Entry

- e. **SELECT** the **Save** button.

**NOTE:** Once a comment is saved, it CANNOT be deleted or edited.

### Viewing Call Center Comments

**NOTE:** You CANNOT view comments until you access the **Contact Phone Numbers** screen.



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1. To view comments already entered in the registration, follow these steps:
  - a. **SELECT Comments (F9)** in the menu on the left or **PRESS F9** on the keyboard.
  - b. **SELECT** the **View Comments** tab.
  - c. **SELECT** the radio button beside the **Comment** you want to view. The **Comment** summary and text will be displayed below the **Comments** frame.

Figure 74: View Comments Screen

## Examples of Required Call Center Comments

Following are examples of information to type into the **Summary** and **Comment Text** fields for situations you may need to document when completing a registration.

**NOTE:** These entries are examples only. Information entered in the Comment Text field must be tailored so that it will match the applicant's situation.

| Summary line:                                 | Comment Text:                                                                                                                                                                                                                          |
|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FACILITY# (NPSC#) APP REPRESENTED BY DAUGHTER | App info provided by daughter, Jane Doe (901-234-5678).<br><br>App currently hospitalized at Mary Lou Hospital. Requested Written Consent. Advised daughter it must be completed and returned to FEMA to allow her future case access. |
| FACILITY# (NPSC#) DEPENDENT CLARIFICATION     | App supports daughter, Penny Nichols, who lives with other parent.<br><br>Supports unemployed nephew, Jon Smith, who lives w/app.                                                                                                      |





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| <b>Summary line:</b>                                                            | <b>Comment Text:</b>                                                                                                                                    |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| FACILITY# (NPSC#) INCOMPLETE APPLICATION                                        | App did not have time to complete the application and will call back within 72 hours.                                                                   |
| FACILITY# (NPSC#) LANGUAGE LINE CALL                                            | Chinese Only – Completed through Language Services. LL operator Gina, PIN # 123456                                                                      |
| FACILITY# (NPSC#) MINOR CHILD APPLICANT SSN                                     | Parent Johann Schmitt is registering on behalf of dependent minor child living in household who is a US citizen with a SSN.                             |
| FACILITY# (NPSC#) PP STORED ELSEWHERE                                           | Damage is PP only. PP is stored in storage facility at 1245 Main St, Richmond, VA.<br>No damage to primary residence.                                   |
| FACILITY# (NPSC#) UNINSURED MEDICAL EXPENSES                                    | App states she broke her leg as a result of the disaster.<br>She was swept downstream during the flooding and hit a log resulting in a broken left leg. |
| FACILITY# (NPSC#) UNINSURED DENTAL EXPENSES                                     | App was struck in the mouth by flying debris as a result of the disaster. Two teeth were broken.                                                        |
| FACILITY# (NPSC#) UNINSURED FUNERAL EXPENSES                                    | Apps father, John Smith was fatally injured as a result of disaster                                                                                     |
| FACILITY# (NPSC#) UNINSURED OTHER MISCELLANEOUS EXPENSES-GENERATOR              | Electric power out. Applicant purchased Generator to power oxygen machine for son with severe asthma                                                    |
| FACILITY# (NPSC#) EMERGENCY NEEDS                                               | Applicant has additional need for baby food and asthma medication for her two month old twins                                                           |
| FACILITY# (NPSC#) ACCESS AND OTHER NEEDS = DEAF/HARD OF HEARING/SPEECH DISABLED | Applicant has need for hearing aid and glasses, which were lost in the flood                                                                            |

Table 34: Examples of Comments

## DAC Public Registration Information Reference

This section is to assist staff when an applicant calls and has questions or issues with their online registration process. Some of the screens in the DAC Public Registration platform may not be part of the **Call Center RI** platform.

### A. Public DAC Home Screen

1. From the **Public DAC Home** Screen, disaster survivors can Apply Online, Find Assistance and Check the Registration Status.



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Figure 75: Public DAC Home Screen

- a. **USE FIND ASSISTANCE** to get a personalized list of possible assistance. No login or personal information is required.
  - b. **USE Apply Online** to review the Disaster Survivor Application Checklist and complete an application to learn if you are eligible to receive disaster assistance.
  - c. **USE Check Your Status** to create an account, login to check your status, securely view messages from FEMA, update personal information, and upload important documents.
2. This screen also lists all of the current disasters declared for Individual Assistance within the last 12 months. **CLICK** on your state, territory, or tribe to see if your county has been included in the federal declaration.
  3. After clicking **Apply Online**, a **Security Protection** screen will follow.



Figure 76: Security Protection Screen

- a. For security purposes, characters appearing in the picture are typed in the field.
  - i. **CLICK "Submit"** to continue.





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- ii. **CLICK “Reset”** to start over.
- b. The user gets three attempts to enter the characters correctly. Here is an example of the type of error they may encounter:



Figure 77: Error Screen

4. This is the information page the applicant sees when starting the application process.

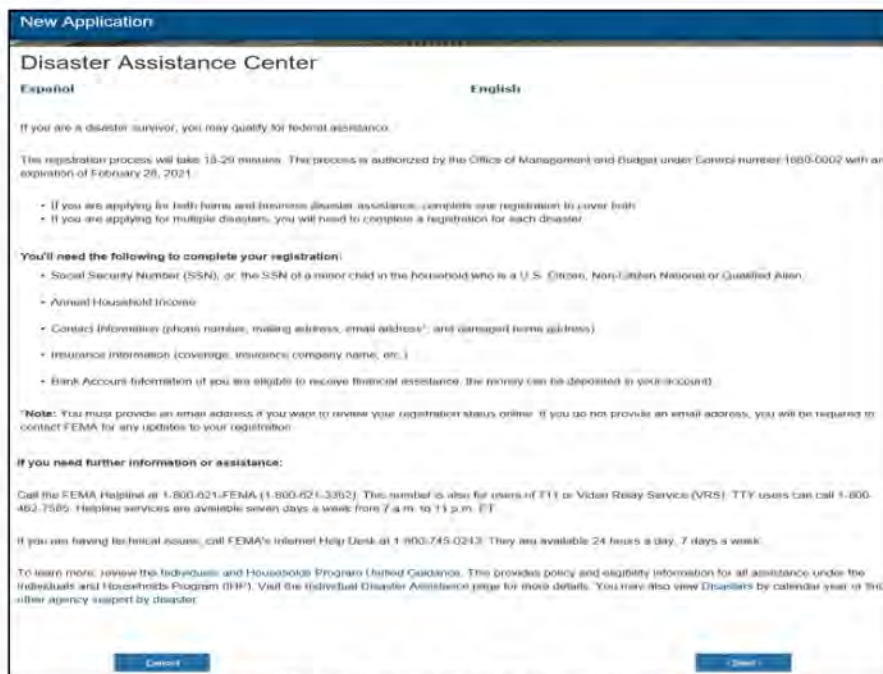


Figure 78: New Application Information Screen

## B. Public DAC Conclusion Screen

1. Applicant will review all the information to verify it is correct and agree to the conditions listed.



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**Review Registration**

Help for this page

OMB No. 1560-0002 Exp. 7-31-2017

You are about to submit your FEMA registration. Please carefully review the information below. Click Edit to make changes or Click Submit to submit your registration to FEMA. You will keep the right to amend certain changes after you submit your registration.

**By clicking Submit below I certify that:**

- Only one application has been submitted for the insurance.
- All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- I will return any disaster aid money I received from FEMA or the State if I obtain insurance or other money for the same loss or if I do not use FEMA disaster aid money for the purpose for which it was intended.
- I understand that, if I intentionally stated false information or knowingly provided information to be changed by FEMA disaster aid, it is a violation of Federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment of years (18 U.S.C. §§ 897, 1001, and 9471).
- I understand that the information provided regarding my application for FEMA disaster assistance may be subject to review within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Investigation and Customs Enforcement.
- I authorize FEMA to verify all information given by me paid by property/owner of residence, disaster employment and dependents in order to determine my eligibility for disaster assistance; and
- I authorize all customers of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA under the State upon request.

**Disaster Information**

You are registering for **HURRICANE GRETCHEN TEST 11-2-04 BB** that occurred **10/29/2005-11/15/2005**

| Personal Information                                                                                                                     | Disaster/Disaster Address                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| First Name: G<br>Last Name (without suffix): M, S, B, 2<br>Social Security Number: 000-00-0000<br>Auto Code Phone Number: (000) 000-0000 | Street Address: 000000 FIVE ST<br>City: AMERICA<br>State: SC<br>ZIP: 29001 |
| Street Address: 000000 FIVE ST<br>City: AMERICA<br>State: SC<br>ZIP: 29001                                                               | Do you own this home or do you rent it? RENT                               |

**Disaster Information**

Was your home damaged by this disaster? YES  
Was any of your personal property not including vehicles damaged by the YES  
disaster?  
Were all of the vehicles in your household made undrivable due to the YES  
disaster?  
When are you currently living or staying? HOTEL/NOTES:  
What type of home are you registering? HOUSE/RENTAL/OTHER:  
Is this your primary residence, where you live most of the time out of YES (PRIMARY)  
the year?

Figure 79: Review Registration Screen

- Applicant will see this screen which states registration has been submitted to FEMA.

**Conclusion**

Help for this page

OMB No. 1560-0002 Exp. 7-31-2017

**Your registration has been submitted to FEMA.**

Your FEMA Registration ID is **13-0685624** in disaster **1483**. Please make a note of these numbers. You can view and print a copy of the registration for your records. **Do not complete another registration!** This could delay processing!

**You can create an online account to track the status of your registration.**

With an online account, you can check the progress of your registration anytime from a desktop or mobile device. This account is different from the online registration. The system does **not** automatically create an account for you when you submit a registration.

[Continue](#)

Figure 80: Conclusion Screen

- Applicant will see this screen which confirms registration is complete.

**DisasterAssistance.gov**  
ACCESS TO DISASTER HELP AND RESOURCES

Conclusion

Help for this page

OMB No. 1560-0002 Exp. 7-31-2017

**Done! Your Registration is Complete!**

You have successfully completed the registration for FEMA assistance. Your Registration ID is **13-0685624** in disaster **1483**. Please make a note of these numbers.

**Do not complete another registration as this could delay your assistance.**

You may review and print a copy of your registration by selecting Print Summary. You will receive a packet through the mail containing the "Help After a Disaster" App and PDF to Guide to the Individuals and Households Program, a copy of your application and information regarding other disaster assistance programs. Please keep this for your records. We encourage you to read or if you have received your packet before contacting FEMA. This will give you an opportunity to review your information to make sure it is correct (if necessary).

When contacting FEMA, please provide your Registration ID number and your Social Security Number.

[Continue](#)

Figure 81: Completion Screen

## C. Create a Disaster Assistance Account

- This screen prompts everyone, regardless of their correspondence preference, to create a Disaster Assistance account.





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A screenshot of a web form titled "Disaster Assistance Account Screen". The form contains the following text: "You are encouraged to create an account, by clicking the 'Create Account' button below. Once your account is created, you can:" followed by a bulleted list: "• Check the status of your registration.", "• Add or update your contact information.", "• Update your insurance and bank information.", "• Review information about other assistance you may be eligible for.", "• View and print information from FEMA." Below this list, it says: "If you choose **Postal correspondence** - the following items will be sent in the U.S. Mail. Please review the information and keep the packet for your records." followed by a bulleted list: "• The guide *Help After a Disaster: Your Guide to the Individuals and Households Program*.", "• A copy of your application, and", "• Information about other assistance." Then it says: "If you choose **Electronic correspondence** - the items listed above will be in your online account. You need to create an account to view the correspondence." At the bottom, there are two buttons: "Create Account" (highlighted in blue) and "Skip".

Figure 82: Disaster Assistance Account Screen

2. You are encouraged to create an account, by clicking the **Create Account** button below. Once your account is created, you can:
  - a. Check the status of your Registration;
  - b. **ADD** or **UPDATE** your contact information;
  - c. Update your insurance and direct deposit information;
  - d. Review information about other assistance for which you may be eligible;  
AND
  - e. View and print information from FEMA.
3. If you choose Postal correspondence- the following items will be sent in the U.S. Mail. Please review the information and keep the packet for your records.
  - a. A copy of your application, and
  - b. Information about other assistance.
4. If you choose Electronic Correspondence- the items listed above will be in your online account. You need to create an account to view the correspondence.
5. **CLICK Create an Account** to create your Disaster Assistance account.
  - a. When this button is selected, you will continue to the screen where you will begin to create your personal **Disaster Assistance** account.
6. **CLICK Skip** if you choose to not create a **Disaster Assistance** account at this time.
  - a. When this button is selected, you will continue to the **What to Expect** screen, where your [referrals](#) will be discussed.

**D. User ID and Password**



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1. This screen is used to set up your User ID and Password for a **Disaster Assistance** account. Once completed, your **Disaster Assistance** account should be created.

A screenshot of the DisasterAssistance.gov website's registration page. The page has a blue header with the FEMA logo and the text "DisasterAssistance.gov". Below the header, there is a section titled "Create a New Account" with a sub-header "Enter the following information to create a new User ID and Password for your Disaster Assistance account". The form contains five input fields: "User ID", "Password", "Confirm Password", "Email Address", and "Confirm Email Address". Each field has a small icon to its right indicating the required character set or length. At the bottom of the form, there are two buttons: "Next" and "Cancel".

Figure 83: User ID and Password Screen

- a. **ENTER** the following information to create a User ID and Password to access your Registration.
    - i. Enter a User ID.
      1. 7-14 characters
      2. No spaces, quotes or #sign
    - ii. Enter a Password.
      1. 8-14 characters
      2. No spaces, quotes or #sign
    - iii. Confirm Password.
    - iv. Enter Email Address.
    - v. Confirm Email Address.
  - b. **CLICK Next** to continue.
2. Applicant will see the **Disaster Assistance** account set up confirmation.
    - a. This screen is used to confirm your online account set up for a **Disaster Assistance** account. Once completed, your **Disaster Assistance** account should be created.





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Figure 84: Confirmation Screen

- b. One more step is needed to complete the setup of your account.
- c. You will need the PIN that FEMA will send to your email address, as well as the User ID and Password you just created.

**NOTE:** An email address is required to be on file prior to the first login to the DAC-AI account to receive a one-time PIN allowing access to online records. Emails containing PIN information may take longer than 24 hours during periods of high disaster activity.

- d. **CLICK Next** to continue.

#### E. Invalid Session

1. When the registration session is no longer valid, the **Invalid Session** screen will appear. This screen may appear when the registration has been open for too long.



Figure 85: Invalid Session Screen

2. If this screen appears, the applicant should follow the instructions, which are provided in both English and Spanish.
3. **Your session is no longer valid.**

**You may need to start over, if you have NOT received the page with your Referrals. If you have received this page, your application will be saved to the FEMA system. There is no need to apply for assistance again.**

**You may call the FEMA Helpline at (800) 621-3362 or TTY (800) 462-7585 to check the registration status.**



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**For technical assistance applicants may call the Internet Helpdesk at (800)745-0243 Monday – Friday, 8:00am -5:00pm ET.**

4. To exit the registration, **CLICK** the **Home** button and you will return to the Public DAC **Home** screen.

#### **F. E-Correspondence**

1. Applicants may fax, mail or upload their documents to FEMA. Refer to the [Uploading Documents Guide](#) instructions for additional information.

### **Frequently Asked Questions:**

#### **A. American Red Cross**

1. **I received some help from the Red Cross; can I still get assistance from FEMA?**
  - a. FEMA and your state, territorial, or tribal Emergency Response Team (SERT) coordinate a number of programs to help disaster victims. These programs are different from the emergency food, clothing and shelter initially provided by the Red Cross and other voluntary agencies. If you still have disaster related needs you should apply with FEMA.
2. **I received help from the Red Cross; does that mean I'm registered with FEMA?**
  - a. No; registration with the Red Cross is not the same as registration with FEMA. For federal state, territorial, and tribal disaster assistance, you must first apply by calling (800) 621-3362 or TTY (800) 462-7585 or log onto FEMA.GOV and apply on line.
3. **I need a place to stay tonight, what do I do?**
  - a. As long as disaster shelters are open you may stay at a shelter. If you have an immediate need for housing when shelters are closed contact the American Red Cross at 1 (866) GET-INFO (438-4636).

#### **B. Applying for Assistance**

1. **Do I have to go to a Disaster Recovery Center (DRC) to register with FEMA?**
  - a. No. There are three ways to register.
    - i. You may register by telephone and calling FEMA at (800) 621-3362.





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- ii. You may go to a DRC to use a telephone if one is not available to you.
  - iii. FEMA has activated their online registration service. To register for disaster assistance over the internet, go to [www.fema.gov](http://www.fema.gov) and **SELECT Apply for Assistance**.
2. **Is there a legal age requirement to apply for FEMA disaster assistance?**
- a. No. There is NOT a legal age requirement to apply for disaster assistance.
3. **What happens after I apply for disaster assistance?**
- a. FEMA will mail you a copy of your application and an explanation letter that will answer many of your questions. Based on the information you provided in your application, FEMA may be able to determine your eligibility for assistance. If FEMA CANNOT determine your eligibility based on the information you provided an inspection of your home may be needed. If so, an inspector may contact you to verify your disaster-caused damage. It is very important that you, your co-applicant, or a third-party representative (18 years or older who is authorized in writing prior to the inspection) be present so the inspection can be performed. The inspector then sends a report about your disaster damages to FEMA. About 10 days after the inspection FEMA will decide if you qualify for assistance. If you qualify for a grant, FEMA will send you a check by mail or deposit it in your direct deposit account. FEMA will also send you a letter describing how you are to use the money (for example: repairs to your home or to rent another house while you make repairs).
  - b. If FEMA decides that you are not eligible for a grant, FEMA will send you a letter explaining why you were turned down and give you a chance to appeal the decision. Appeals must be in writing and mailed within 60 days of FEMA's decision.
  - c. If you receive a notification from SBA in regard to your Disaster Loan referral, you must complete and return an application in order to be considered for a loan as well as certain types of grant assistance. You can apply online, in person by visiting a Disaster Recovery Center, or by submitting the application by mail. If the SBA finds that you CANNOT afford a loan, they will automatically refer you to FEMA's Individuals and Households Program for help. SBA makes the determination if you can afford a loan.
  - d. If SBA approves you for a loan, they will contact you. If SBA finds that you CANNOT afford a loan, FEMA will contact you.
4. **I applied for disaster assistance two weeks ago and haven't heard from anyone. I keep calling the (800) 621-3362 number, but I get a busy signal. What should I do?**



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- a. You may visit a Disaster Recovery Center in your area to ask about your application or call the FEMA Helpline at (800) 621-3362. The phone lines are very busy, we are sorry if you receive a busy signal.

### **C. Phone Numbers - Current, Damaged, and Alternate**

#### **1. What is the difference between current and damaged phone numbers?**

- a. A current phone is where the applicant is staying, where they can be reached.
- b. The damaged phone is their permanent number in the damaged dwelling.
- c. Many applicants will say they DO NOT have an alternate number. Explain the importance of having phone numbers that are active, including an alternate number to call in case their current phone number is unavailable. Suggest work, relatives, neighbors or others who would notify the applicant of a FEMA call.

#### **2. Applicant DOES NOT have a damaged phone number, can it be left blank?**

- a. No, this required field CANNOT be blank.
- b. If the applicant DOES NOT have the damaged dwelling number:
  - i. **ENTER** the applicant's current cell, home, or other phone number.
  - ii. **PRESS F9** and **ADD a Comment** explaining, for example, that this is not the applicant's damaged dwelling phone number or that the cell phone is used as the home phone.
  - iii. Note if the number is for a hotel/motel, mass shelter, friend, or relative due to the possibility of duplicate registrations.
- c. If the applicant insists that he or she has no telephone number whatsoever:
  - i. **ENTER** in the **damaged phone number** fields: **111-111-1111**.
  - ii. **PRESS F9** and **ADD a Comment** explaining the use of the generic number.

### **D. Causes of Damage**

#### **1. What is the difference between Flooding, Sewer Back Up and Seepage?**





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- a. Applicants frequently experience basement flooding. Some cases are processed incorrectly whenever the Insurance Type and / or COD - Cause of Damage is entered incorrectly at DAC-CC-RI.
  - b. If the applicant states that they had **Sewer Back Up (SBU)** as the COD in the basement:
    - i. Enter Sewer Back Up as a Cause of Damage.
    - ii. In the **Insurance** field, **ASK** if they have Homeowner's Insurance that includes coverage for SBU? If they indicate they do, **ENTER HOI w/SBU**. If staff wrongly enter only **HOI** and the app is covered for SBU, they may have to return the funds if we pay them for something their insurance covers.
    - iii. **SBU** is defined as sewage coming into the dwelling through drains, pipes, plumbing etc.
  - c. **Flood, SBU or Seepage?** Quite often, if there is water standing in the basement, an applicant will say their basement is "flooded". Ask the applicant about the source of the water to determine the exact cause of damage to record. If we record Flood as the COD and it really is sewage, the case may be processed incorrectly, resulting in delays and problems for the applicant. Similarly, if we record Seepage as the COD and it really is Hail/Wind/Rain, the case may be processed incorrectly.
    - i. Flood is inundation of normally dry land areas from flow of lake, river, stream, ditch, etc. waters or the unusual and rapid accumulation or runoff of surface waters.
    - ii. Seepage is water, which entered the dwelling through the ground by way of cracks in the foundation walls, floors, window wells or other areas in the basement/foundation where water can seep in.
    - iii. Water coming in through the roof is NOT considered flood/seepage. The correct COD for this type of damage would be hail/rain/wind driven rain.
2. **If I CANNOT determine the real cause of damage, can I list "Other" as a cause of damage?**
- a. No. Remember to verify ALL Causes of Damage. Each applicable Cause of Damage must be entered for the case to be processed correctly.
  - b. What is the Correct Cause of Damage?
    - i. Water in the basement?



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1. From the drains or plumbing fixtures – SBU
2. Seeping in around/ through the walls – Seepage
3. Inundation of normally dry land, water coming through the doors – Flood
- ii. If the applicant says **Power Outage**, what caused the power outage?  
Wind, Snow / Ice?
- iii. If the applicant says "They Lost Work," what caused the disaster? Wind, Wind Driven Rain, Earthquake, etc.?
- iv. If the applicant says they had a fire, ask if their damages were caused by the disaster. For example, did wind damage cause an electrical fire or was the fire initiated by flooding? Depending on the answer, **SELECT** the cause of damage accordingly; wind, fire, flood, etc.
- v. If the applicant says, "Lightning caused my damage, or power surge." Cause of Damage is Power Surge / Lightning.
- vi. If the applicant says, "Hurricane?" Cause of Damage is Wind / Wind Driven Rain
- vii. If the applicant says, "Tornado?" Cause of Damage is Tornado / Wind
- viii. If the applicant says, "Fallen Trees?" Cause of Damage is Tornado / Wind / Wind Driven Rain
- ix. If the applicant says, "Mudslide?" Cause of Damage is Flood
- c. Bottom line; avoid "**Other**", read the **Help text** and contact a Team Lead, Program Specialist, POC, or IHP Helpdesk if in doubt about the COD. **NOTE:** If the applicant states that they had SBU as the COD in the basement:
  - i. In the Insurance Field, **ASK** "if they have Homeowner's Insurance that includes coverage for SBU?" If they indicate they do, enter HOI w/SBU.

#### **E. Post Office Boxes**

1. **The applicant has a P.O. Box for an address; can I enter that as the damaged dwelling address?**
  - a. When entering an applicant's damaged dwelling address, DO NOT use a post office box (PO) or rural route (box number) for the Damaged Dwelling address.





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- b. A physical street/road address is necessary for the inspector to find the applicant.
- c. If the applicant states they only have a PO Box number, ask additional questions to get the physical address needed. If the applicant can only provide a Highway Contract (HC) or Rural Route (RR) Box number, this information should be used as the street address in conjunction with the **Comment** for directions.

#### **F. Date of Loss and Incident Date**

##### **1. The applicant can't remember the date the incident occurred, how can I help them?**

- a. If the applicant is unsure of their date of loss, provide them with the incident period dates for the selected disaster.
  - i. Staff can view the incident period dates by returning to the **Disaster Selection** screen, which lists the incident period for each disaster declared in the applicant's state, territory, or tribe.
  - ii. You can also view the incident period by selecting the **Info (F8)** link and then selecting the applicant's disaster.
- b. Example:
  - i. If the incident period for the selected disaster in their state, territory, or tribe was September 1<sup>st</sup> through September 10<sup>th</sup>, ask "Did your damages occur within the dates of September 1<sup>st</sup> through the 10<sup>th</sup>?"
  - ii. If the applicant states their damage occurred sometime during the first week of September, suggest a date of September 1. If the applicant agrees with the suggested date, proceed with completing the registration.
  - iii. If the applicant states that the loss occurred outside the designated incident period, take the registration, and enter the given date as the date of loss.

#### **G. Dependents**

##### **1. How do I determine who a dependent is when listing the occupants?**

- a. A dependent is someone who receives 50 percent or more of their support from the applicant whether or not they live with them and is claimed on their income tax returns (Form 1040) or not.



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**2. Do I enter the same number of dependents under income to match the occupants?**

- a. No. The number of dependents on the **Income** screen is not always consistent with the number of dependents on the **Household Occupants** screen. You will need to ask the applicant how many dependents they claim regarding their taxable income.
- b. DO NOT allow the dependents field to default to **1** which will result in a possible error in SBA's income assessment.

**H. Electronic Funds Transfer (EFT)**

**1. When will the funds be in my direct deposit if I used EFT?**

- a. If you are eligible for assistance, you should receive a U.S. Treasury/State check or notification of a deposit to your account within about ten days of the inspector's visit. Other types of assistance may be provided later, based on specific eligibility.

**I. Restricted Access and Unknown Damages**

**1. How do I register someone who has been evacuated and DOES NOT know their damages?**

- a. **TAKE** the registration:
  - i. **COMPLETE** the fields as you would for a normal registration with a few exceptions.
  - ii. **DISASTER RELATED LOSSES** screen:
    - 1. **SELECT UNKNOWN** to the questions: **Was your home damaged by the disaster?** and **Was any of your personal property not including vehicles damaged by the disaster?**
      - a. Note for this personal property question that a vehicle is not considered personal property.
    - 2. **SELECT NO** to the question: **Have you been without your essential utilities for 5 consecutive days or more?**
  - iii. **DAMAGED DWELLING** screen: For the question **Are you currently able to get to your home?** **SELECT I am unable to return to my home due to a mandatory evacuation.**
  - iv. **UPDATE VEHICLE** screen:





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1. If damage to a vehicle is **unknown**, **SELECT NO** to the questions concerning damage and drivability.
- b. For those Applicants who know the extent of their damages, however access to their home is restricted, **FOLLOW** the DAC-CC-RI script.

**J. Secondary or Seasonal Homes**

**1. My secondary/vacation home was damaged. Can I get any help?**

- a. Federal disaster assistance DOES NOT cover vacation or secondary homes. However, if you own a secondary home that you rent out or is permanently occupied by family members, you may be eligible for assistance from the Small Business Administration. Any permanent occupants of your secondary home should apply for their personal property losses.

**2. Do I take a registration from someone who owns a secondary or seasonal home, even if their Primary Residence is in another state, territory, tribe, or country?**

- a. Applicants that live in another country or an undeclared state, territory, or tribe may own a home in a declared state, territory, or tribe which may or may not be their secondary/seasonal home. DO NOT determine their eligibility during the registration process or refuse to take the registration for any declared incident. Even though staff may determine from the call that their Primary Residence is in another state, territory, or tribe (or even Canada), or feel they will be ineligible, staff should take the registration anyway based on the damaged property address within the declared state, territory, or tribe.
  - i. **READ** the script and answer **YES** or **NO** to the **Primary Residence** question based on the answer the applicant gives you.
  - ii. **READ** whatever **Program Referrals** come up based on their answers. The process will determine their eligibility.
  - iii. **SELECT** whatever **Agency Referrals** are appropriate. If a needed **Agency Referral** is available in C3MP, staff may **TRANSFER** the applicant to the IVR to hear that referral. Staff must read any needed referrals that are not available in C3MP.

**NOTE:** If the applicant speaks a language other than English or Spanish, staff must read all appropriate referrals to the applicant.

**K. Self Employed**



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**1. I'm self-employed and out of work. Do I qualify for disaster unemployment assistance?**

- a. Disaster Unemployment, assistance funded by FEMA and administered by your state, territorial, or tribal Agency for Workforce Innovation and Disaster Unemployment, provides benefits for workers who would not normally qualify for unemployment compensation, including farmers, farm workers and those who are self-employed. Anyone interested in filing for disaster unemployment assistance should visit the nearest state, territorial, or tribal unemployment office.

**2. How do I determine if someone is self-employed?**

- a. Some applicants have, unfortunately, been checked as **self-employed** when they are on SSI, Disability, etc. DO NOT check the applicant as self-employed unless they say that their primary source of income is from Self-Employment. Checking Self Employed as Yes when they are not self-employed can seriously delay assistance.

**L. SSNs**

**1. Can I use an Employer ID (EIN) or Tax I.D. number to register instead of my SSN?**

- a. No. All registrations, no matter what type, require either the applicant's or co-applicant's SSN or the SSN of a minor child to continue with the application. If the applicant's or co-applicant's SSN CANNOT be provided, DO NOT create a new registration.

**M. Income**

**1. The applicant is having trouble determining what their income is. Can I only enter in \$1.00?**

- a. No. DO NOT enter \$1.00 as the income. If the applicant CANNOT give you an income amount, follow the directions in the HELP TEXT of the DAC-CC-RI script concerning Unknown Income.

**2. What is Gross Income?**

- a. Gross Income is the amount of income before any deductions. It includes money from employment, Social Security, retirement, welfare (AFDC), child support, stocks, interests, and annuities. It DOES NOT include assistance such as food stamps or HUD Section 8 assistance. If the applicant is living off savings, family or friends, enter the approximate amount that they receive weekly or monthly to calculate the annual income.





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**3. Whose income do you include in the gross amount?**

- a. Only the applicant, co-applicant and applicant's and co-applicant's dependents' income should be included in the calculation. Members of the household who are not the applicant, co-applicant or dependents would not have their income included in the income field. If the non-dependent member of the household pays rent to the applicant or co-applicant, they would include this amount as part of the applicant's/co-applicant's pre-disaster gross income.

**4. How do I determine Business Income or NonProfit Organizations Income?**

- a. Business applications would include the gross income of the business in the Gross Income field. For nonprofit organizations, enter the total amount of the organization's yearly operating expenses.

**N. Undeclared Disasters and Referrals**

**1. What do I tell a caller who has damages in a state, territory, or tribe where a declaration has not been made?**

- a. If the caller is from an area that has NOT yet been declared, and PMS has NOT authorized early registrations for the undeclared incident, refer them to:
  - i. Their local American Red Cross Chapter and **ADVISE** them to monitor their local news, state, territorial, tribal, and county emergency management websites; and FEMA.gov website for further information about state, territorial, tribal, or Federal assistance.
  - ii. Their local emergency providers if their damages are potentially hazardous, i.e. life threatening, risk of fire, chemical or fuel leaks/spills.
- b. If the caller is from an area that has received an SBA ONLY Declaration:
  - i. Refer them to the SBA contact numbers found in [SBA Referrals](#).
  - ii. DO NOT refer the caller to state, territorial, or tribal offices or numbers.

**O. Unemployment and DUA**

**1. I lost my job because of the disaster and am unable to make my mortgage/rent payments. Will FEMA make payments until I can return to work?**

- a. No. FEMA is not authorized to make such payments.



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- b. We suggest you visit the local office of your state, territorial or tribal employment security agency and apply for Unemployment Assistance. The Disaster Unemployment Assistance program covers most people affected by a disaster, including many normally ineligible for regular unemployment aid.
  - c. Also, be sure to speak to your lender or Landlord and explain your circumstances. Special arrangements can often be made.
  - d. If you have damages caused by the disaster to your primary residence, you may be eligible for rental assistance.
- 2. I have been out of work for five days. I went to the unemployment office and they said I have to be unemployed at least two weeks before I can receive benefits. What can I do now?**
- a. Unlike traditional unemployment programs, FEMA's Disaster Unemployment Assistance may pay from the date of the incident up to 26 weeks after the disaster declaration and cover self-employed workers. Contact the local office of your state, territorial or tribal employment commission for specific information on Disaster Unemployment benefits.
- 3. My employer denied my unemployment compensation claim, stating that I am still an employee even though the business has been destroyed and I am not receiving any salary. What should I do?**
- a. You may contact your local unemployment office and verify if they are accepting applications for Disaster Unemployment Assistance. This assistance provides weekly benefit payments to those out of work due to the disaster, including self-employed persons, farm and ranch owners, and others not covered under regular unemployment insurance programs.





## IV. DEFINITIONS AND ACRONYMS

### Definitions

**Assisted Living Facility:** An assisted living facility is a housing facility for people with disabilities or for adults who can NOT or who choose NOT to live independently. Assisted living facilities, which may include skilled-nursing units, offer a residential setting that provides personal care services, 24-hour supervision, health-related services, and generally have skilled medical staff on duty at all times. **NOTE:** Independent living communities are NOT classified as assisted living facilities or skilled-nursing units. Independent living communities are designed for people, 55 and older, who need little or no assistance with activities of daily living. Although these types of residences may have dedicated medical alert buttons located within the unit, they DO NOT offer 24-hour supervision or health-related services; and, DO NOT have medical staff on duty.

**Basic Documentation:** Verification requirements met by submitted documents or other approved verification method such as inspection.

**Closed disaster:** A major disaster event **OR** emergency as declared by the president, but with an expired financial assistance period.

**College Dormitory:** A housing unit provided by a higher educational facility. College dormitory is an available option for FEMA Housing Inspection Services (HIS) to record a student's residence type.

**Cosmetic Damage:** The vehicle sustained damages that DO NOT affect operation or safety in any way. Examples: minor dents, scratches, and similar low levels of damage.

**Dependent Student:** A student who is financially dependent of parent(s) **OR** guardian(s). A part time resident of the parent(s) **OR** guardian(s) household who is not present at the time of the disaster, but is expected to return during the assistance period. Students who DO NOT meet the independent student criteria, but with the residence type recorded as **college dormitory**.

**Destroyed Damage:** The vehicle has been totaled. Examples: flooded over the engine, crushed by a falling tree, completely burned.

**Disaster Financial Assistance Period:** The timeline from the date of the presidential declaration to the disaster financial closure date, usually 18 months.

**Disaster Financial Closure Date:** The last day of the 18-month disaster financial assistance period from the date of the declaration.





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**Eligible Hotel/Motel:** Any business establishment providing at minimum lodging for a fee for which a verifiable bill/receipt can be obtained, i.e. Hotels, Motels, Bed & Breakfasts, Hostels, Inns, and accommodation sharing networks such as Airbnb.

**Homeless:** Homeless is classified as those individuals who live in rent-free shelters, cars, etc. prior to the disaster are ineligible for any type of Housing Assistance, including Home Repair Assistance and all forms of Temporary Housing Assistance. They may be eligible for all eligible ONA categories if the specific criteria are met.

**Identity Verified:** Applicant will be IDV Pass if their name, DOB, and SSN match with the information recorded in the Social Security Administration.

**Independent Student:** A student who is financially independent from parent(s) **OR** guardian(s), DO NOT have a primary residence elsewhere, and are responsible for their own living expenses.

**Late Application Period:** This is the 60-day period, immediately following an Open Registration period, in which late applications are accepted.

**Military Personnel and Civilian Employee's Claim Act:** Provides assistance to active duty military personnel and military civilian employees in military housing for Personal Property including vehicles as a result of disaster-caused damage or loss.

**Minor children:** an underage household member who lives in the affected residence with the parent(s) or legal guardian who also live at the affected address but did not apply for IHP assistance.

**Net Settlement:** The amount an individual receives from the insurance company after any applicable deductions for depreciation, adjustments, and deductibles or monies required to be paid directly to a lien holder or provider.

**Non Referral:** Is a status found in NEMIS for applicants not initially referred to one of FEMA's Individuals and Household Program (IHP) categories.

**Non Registration Status:** The registrant filing date is after the standard **OR** extended registration intake filing deadline.

**Non-Traditional Housing:** Tents, teepees, lean-to structures, etc.

**Not Affected:** The vehicle was not affected at all, even cosmetically.

**Numident Report:** Is a query display of the information taken from an individual's application for an original SSN card and subsequent applications for replacement SSN cards. A full record of all changes to the information (such as change of name) is also maintained. The document will provide the information of the person attached to the specific SSN.





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**Official:** This includes city, county, state, territorial, or tribal officials.

**ONA Referred:** An applicant who has failed the SBA income test (SBA = FIT) or is referred to ONA as a result of their SBA loan eligibility determination.

**Open Registration Period:** Period in which registrations are accepted within a state, territorial, or tribal declaration consisting of the initial registration period of 60 days after the date of the Presidential Declaration and any subsequent extensions. This DOES NOT include the Late Application period.

**Operational vehicle:** A vehicle that may need cosmetic repairs or incurred minimal damage, but is in compliance with their state, territory, or tribe's registration and insurance requirements at the time of the disaster and can be legally driven

**Personal Property:** Items traditionally identified as eligible under ONA Personal Property, i.e. clothing, household items, furnishings or appliances, tools, computers, uniforms.

**Primary Residence:** Refers to the home where the applicant normally lives during the major portion of the calendar year or the home required because of proximity to employment, including agricultural activities that provide 50 percent of the household's income. The dwelling where the applicant normally lives, during the major portion of the calendar year; the dwelling that is required because of proximity to employment; or the dwelling where the applicant moved to live in on a permanent basis after a major disaster event occurs.

**Repairable Damage:** The vehicle sustained damage that affects operation. Examples: broken windshield or window glass, mirror, or headlight assembly, minor mechanical repairs to brakes.

**Roommates:** Household members with an independent financial responsibility for the housing unit that are not dependents of each other and are not married, such as renters whose names are on a lease.

**Safe Haven Allowance:** Assists military personnel and their families with disaster-caused housing costs.

**SBA Dependent Category:** SBA-dependent ONA includes Personal Property and Transportation Assistance.

**SBA Income Test:** The Small Business Administration Income Test is performed to identify Disaster Home and/or Renter Loan consideration. Households with incomes below the established income level will be referred directly to Other Needs Assistance (ONA) within the Individuals and Household Program (IHP).

**Signature:** A valid signature may be evidenced by any mark made by pen or pencil denoting the signer's name or mark; a mark or name created and adopted through a software program such as Microsoft Word; adoption of an electronic signature that includes



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typing a name or mark at the end of an email; a digital image of a handwritten signature or mark; the click of an "I accept" button on an e-commerce site as his or her legal signature; or adoption of an electronic symbol, sound, or process that is attached to, or logically associated with, the document and executed by the applicant or his or her agent, with the intent to sign the document.

**Student:** An individual who has requested assistance from FEMA's Individual and Households Program, while residing in a college dormitory, regardless of their financial status i.e., dependent **OR** independent.

**Third party:** An individual, entity, **OR** organization to which the disclosure is being consented.

---

## Acronyms

|              |                                                  |
|--------------|--------------------------------------------------|
| <b>CMA</b>   | Current Mailing Address                          |
| <b>DD</b>    | Damaged Dwelling                                 |
| <b>DDA</b>   | Damaged Dwelling Address                         |
| <b>DR</b>    | Disaster                                         |
| <b>DRC</b>   | Disaster Recovery Center                         |
| <b>DSA</b>   | Disaster Survivor Assistance                     |
| <b>HA</b>    | Housing Assistance                               |
| <b>HC</b>    | Highway Contract                                 |
| <b>IHP</b>   | Individuals and Households Program               |
| <b>IDP</b>   | Identity Proofing                                |
| <b>IVR</b>   | FEMA's Interactive Voice Response System         |
| <b>JFO</b>   | Joint Field Office                               |
| <b>NEMIS</b> | National Emergency Management Information System |
| <b>ONA</b>   | Other Needs Assistance                           |
| <b>RI</b>    | Registration Intake                              |





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|            |                              |
|------------|------------------------------|
| <b>RR</b>  | Rural Route                  |
| <b>SBU</b> | Sewer Backup                 |
| <b>SOP</b> | Standard Operating Procedure |
| <b>SSN</b> | Social Security Number       |
| <b>WP</b>  | Workpacket                   |



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## V. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures
  - [Identity Verification](#)
  - [Language Line](#)
  - [Late Application](#)
  - [SBA Referrals](#)
  - [Threatening Phone Calls](#)
  - [Written Consent and Sharing Applicants Information](#)
- Resources
  - [Disaster Specific Information](#)
  - [Preshift Notes](#)





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## DAC DELTA CALLS

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## **I. OVERVIEW**

This section describes information that every employee **must** read ***before addressing*** a Delta Call.

### **Purpose:**

- In disasters, communication systems are often affected resulting in the reduced number of functional telephone lines out of the damaged area. When a caller locates a working telephone and completes their registration, he or she may pass the telephone to family members, friends, and others so they can also register for disaster assistance. The telephone link is not disconnected between applicants. This is known as a "Delta Call."

**NOTE:** Only the first applicant on a Delta Call will hear the pre-recorded Privacy Act Notice. Staff must read the Privacy Act Notice to each subsequent caller.

### **Other Items to Note:**

- DO NOT transfer Delta callers to the Interactive Voice Response System (IVR) for automated Agency Referrals.
  - Read the Agency Referrals to each caller.





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### III. PROCESS

#### A. Delta Call Registration

Follow the standard published guidelines for completing an application for Disaster Assistance:

1. Begin each registration by greeting the caller. "Good morning/afternoon, Disaster Assistance, my name is \_\_\_\_\_. How may I help you?".
2. Explain that the application process will take about 20 minutes. This time frame may be longer if using the Language Line.
3. **ADVISE** the caller they will need the following to complete the application:
  - a. Social security number (SSN):
    - i. Required to proceed with the application.
    - ii. If the caller does not have a SSN but is the parent or guardian of a minor child with a SSN, the application may be completed using the child's number. Enter the child's information in the First Name, Middle Initial, and Last Name fields. All other information will be about the applicant.
  - b. Insurance type.
  - c. Gross household income.
  - d. Addresses:
    - i. Damaged property.
    - ii. Current mailing address.
  - e. Phone numbers.
4. **READ** the Privacy Act Notice and **Declaration of Eligibility** to every caller.
  - a. To access the Privacy Act and **Declaration of Eligibility** from any screen
    - i. **PRESS CTRL-F3**; OR
    - ii. **CLICK** on the Privacy Act link in the left hand menu.
5. Complete the application.



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## **V. DEFINITIONS AND ACRONYMS**

### **Definitions**

**Delta Call:** A type of telephone call in which a caller passes the telephone to family members, friends, and others so they can also register for disaster assistance. The telephone link is not disconnected between applicants.

---

### **Acronyms**

**IVR** Interactive Voice Response System



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## DAC RI SCRIPTS AND HELPS

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## I. IMPORTANT INFORMATION

This section describes information that every employee **must** read ***before processing.***



### Purpose:

- The Disaster Assistance Center Registration Intake (DAC RI) Scripts and Helps User's Guide is designed to help you correctly register applicants for FEMA Disaster Assistance.
- **USE** these scripts as reference when taking a registration.
- Questions to and instructions for the applicant in this document are called SCRIPT.
- In addition, this User Guide provides the HELP information which is given for further explanation.

### Fraud, Waste, and Abuse:

- If the caller and/or staff has knowledge of fraud, waste, abuse, or allegations of mismanagement involving disaster relief operations, you can report this to FEMA or DHS:
  - FEMA Fraud Branch:
    - **EMAIL:** [StopFEMAFraud@fema.dhs.gov](mailto:StopFEMAFraud@fema.dhs.gov)
    - Fax: (202) 212-4926
    - Write:  
  
FEMA Fraud and Internal Investigation Division  
400 C Street SW  
Mail Stop 3005  
Washington, DC 20472-3005
  - DHS OIG:
    - Online through their [allegation form](#) (Recommended)





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- Call: (800) 323-8603
- Fax: (202) 254-4297
- Write:

DHS Office of Inspector General / MAIL STOP 0305  
Attn: Office of Investigations – Hotline  
245 Murray Lane SW  
Washington, DC 20528-0305

- When making your report convey as much information (who, what, where, when, why, and how) as possible. You may request confidentiality or register your complaint(s) anonymously.

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## II. PROCESS

### A. Disaster Assistance Center Home Screen

#### 1. Script - **DAC Home** Screen

##### a. **DAC Home** Screen Script:

- i. If you are a disaster survivor, you may qualify for federal assistance.
- ii. The registration process will take 18 - 20 minutes. The process is authorized by the Office of Management and Budget under Control number 1660-0002 with an expiration of February 28, 2021.
- iii. If you are applying for both home and business disaster assistance, complete one registration to cover both.
- iv. If you are applying for multiple disasters, you will need to complete a registration for each disaster.
- v. Have the following available to complete the registration process:
  1. Social Security Number (SSN)
    - a. The primary applicant's SSN;
    - b. The SSN of a minor child in the household who is a U.S. Citizen, Non-Citizen National, or a Qualified Alien; OR
    - c. If registering for a business, the SSN of the person responsible for the business is required.

**NOTE:** If you, your co-applicant, or a minor child in the household are a U.S. Citizen, Non-Citizen National, or a Qualified Alien and DO NOT have a social security number, FEMA will not be able to complete the registration. The Social Security Number is required for Identity Verification purposes.

##### 2. Financial information

- a. Family's total gross household income at the time of the disaster.

##### 3. Contact information





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- a. Address and damage dwelling phone number.
- b. Current mailing address and phone numbers where you can be contacted.
4. Insurance information
  - a. Identify the types of insurance coverage you have.
5. Pen and Paper
  - a. To record Registration ID number.
6. Direct Deposit
  - a. If you are eligible for assistance, you can choose to have the funds directly deposited.
    - i. You will need to provide your direct deposit information, including routing numbers to complete the direct transfer.
    - b. Or, you can receive a check in the mail.
      - i. You will not need to include your direct deposit information.
- vi. If you need any further information or assistance:
  1. **CALL** the FEMA Helpline at 1-800-621-FEMA (1-800-621-3362). This number is also for users of 711 or Video Relay Service (VRS). TTY users can call 1-800-462-7585. Helpline services are available seven days a week from 7 a.m. to 11 p.m. ET.
  2. **CALL** FEMA's Internet Help Desk at 1-800-745-0243. They are available 24 hours a day, 7 days a week.
  3. To learn more about disaster assistance, **READ** the **Applicant Guide** (requires Adobe Reader), **VIEW Federally Declared Disasters by Calendar Year**, or **REVIEW** support from other available Agencies.

## B. Registration Instructions

### 1. Script - **Instructions** Screen

- a. The application process will take approximately 18 - 20 minutes. An asterisk (\*) identifies required fields which you must answer to complete the registration.



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- b. Paperwork Burden Disclosure Notice (FEMA Form 009-0-124)
  - i. Public reporting burden for this data collection is estimated to average 18 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain or retain benefits. You are NOT required to respond to this collection of information unless a valid OMB control number is displayed on this form. **SEND** comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0002). **NOTE:** DO NOT send your completed form to this address.
- c. You will be presented with a series of screens. Each screen has important information and/or a set of related questions. For help on any field **CLICK** the **Help for this page** button. This will provide helpful information about how to answer each question as you progress through the application.
- d. **READ** the information carefully and answer the questions on the screen. When you have read the information and answered all of the required questions, **SELECT** the **Next** button at the bottom of the page to continue the registration process.
- e. As you progress through the registration process, the tabs at the top of the screen change. You can review any of the information you previously submitted by selecting the appropriate tab.
- f. You can cancel your application at any time by selecting Exit Registration.
  - i. It is important to know that your registration becomes a legal document. FEMA may use external sources to verify the accuracy of the information you enter. If you intentionally make false statements or hide information to try to get assistance, it's a violation of federal and state laws. This can carry severe criminal and civil penalties. Penalties may include a fine of up to \$250,000, imprisonment, or both (18U.S.C § 287, 1001, and 3571).

### C. Privacy Act Statement and Declaration of Eligibility

#### 1. Script - **Privacy Act** Screen

- a. The following is the text of the Privacy Act statement and Declaration of Eligibility:





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**"FEMA is required to provide you with the following statement:**

**The Privacy Act of 1974 protects your rights as to how FEMA uses and shares your information with entities such as other Federal agencies, including Department of Homeland Security, States, tribal or local governments, voluntary organizations, and other organizations providing disaster assistance in accordance with the law. FEMA may share your information with these partners to make sure you receive all disaster assistance available to you, prevent duplicating benefits, or to prevent future disaster losses.**

**The Stafford Act, Privacy Act and other laws allow FEMA to collect information to determine eligibility and provide assistance as a result of a Presidentially declared disaster.**

**FEMA may record phone calls for internal quality assurance purposes. Providing your Social Security Number and other requested information is voluntary, however, refusing to provide this information may delay or prevent you from receiving assistance.**

**To be eligible for FEMA Assistance, you must hereby declare under penalty of perjury, that you are a citizen, non-citizen national, a qualified alien of the United States, or a parent or legal custodian of a minor child, who lives with you and who is a citizen, non-citizen national or qualified alien of the United States.**

**You must understand that if you intentionally lie or hide any information in an attempt to obtain disaster assistance, it is a violation of federal and State laws, which carry severe fines and or imprisonment.**

**You must understand that if you received FEMA Assistance and have insurance that covers the same loss or receive other assistance for the same loss, you may be required to return some or all of the FEMA Assistance provided to you.**

**You must authorize FEMA to verify all information given by you about your primary residence, income, identity, and dependents in order to determine your eligibility for disaster assistance.**

**You must authorize FEMA and/or the State to request your personal information from entities such as your insurance company, or financial institution.**

**To continue your registration, you must acknowledge you understand and that you agree with the information I have just read to you. Do you understand and agree to these statements?**

**(If the applicant disagrees, delete the registration, if they agree, continue.)**

**May I have your Social Security Number?"**



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**D. Personal Identification**

**1. Script - Personal Identification Screen**

- a. To register for disaster assistance, please provide the following information:
  - i. Prefix:
  - ii. Applicant First Name:
  - iii. Applicant MI:
  - iv. Applicant Last Name:
  - v. Applicant Social Security Number:
  - vi. Date of Birth:
  - vii. Email Address :

**2. Help - Personal Identification Screen**

**a. BUSINESS ONLY**

- i. If completing an application for business losses only, the name of the business owner or representative, NOT the business name, should be used to complete this registration.

**b. FUNERAL ONLY**

- i. If completing a registration for funeral expenses only, the name of the person responsible for the deceased person's funeral expenses should be used to complete this registration.

**c. FILING A REGISTRATION FOR SOMEONE OTHER THAN YOURSELF**

- i. In unique situations where the disaster victim is unable to register themselves, FEMA accepts registration information from the individual's representative providing the representative has all pertinent information. If you will be helping the applicant throughout the disaster recovery process, please provide FEMA with a notarized release of information document allowing your access to the file.

**d. PREFIX**





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- i. **CLICK** on the **Drop-Down List** button and **SELECT MR** or **MS**; no other choices are available. The appropriate title, MR or MS, is necessary to properly address correspondence.
- e. **APPLICANT FIRST NAME**
  - i. **ENTER** your first name in this field. DO NOT include the name of your spouse in this field. DO NOT use any type of accent marks in the name field as this will slow down the registration process. This field accepts a maximum of 50 alphabetic characters.
- f. **MIDDLE INITIAL**
  - i. **ENTER** your middle initial if you have one
- g. **APPLICANT LAST NAME**
  - i. **ENTER** your last name in this field. If appropriate, **ENTER JR, SR, III,** etc., following the last name. (Example: JONES JR) This field accepts a maximum of 50 alphabetic characters.
  - ii. If completing a registration using a dependent child's SSN, **ENTER** the dependent child's last name in this field.
- h. **APPLICANT SOCIAL SECURITY NUMBER**
  - i. A SSN is required to register, if you DO NOT have a SSN (see Applying with SSN of a Dependent Child).
  - ii. Applying with SSN of Dependent Child
    - 1. If you DO NOT have a SSN but do have a dependent child in your household with a SSN, **ENTER** that child's SSN.
  - iii. Business ONLY
    - 1. If this registration is for business losses ONLY, **ENTER** the SSN of the responsible party for the business. This information will be used as an identifier only.
  - iv. Funeral ONLY
    - 1. **ENTER** the social security number of the person responsible for the funeral expenses.
- i. **DATE OF BIRTH**



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i. **ENTER** your date of birth in the MM/DD/YYYY format. (Example:  
01/01/1960)

j. **EMAIL ADDRESS**

i. It is necessary to have an email address to receive your Pin number and Password which will allow you access to your disaster assistance application online.

1. Users who DO NOT enter an email address during RI, will need to call Helpline to add their email address prior to attempting to create an online DAC account.

**E. Identification: Language**

1. Script – **Language Needs/Preferences** Screen

a. Do you have a disability or language need that requires an accommodation to interact with FEMA staff and/or access FEMA programs?

b. What do you need? (please select all that apply):

i. Sign language interpreter

ii. CART (Communication Access Real-time Translation) (in person or remote)

iii. Text messages to communicate

iv. Assistive listening device

v. Braille

vi. Large print

vii. Face-to-face assistance (reader or writer)

viii. Wheelchair access

ix. Language other than English

1. Arabic

2. Haitian Creole

3. Mandarin





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- 4. Other
  - a. Enter Language Preference
- 5. Russian
- 6. Samoan
- 7. Spanish
- 8. Vietnamese
- x. Other

**2. Help – Language Needs/Preferences Screen**

**a. Accommodation/Access Assistance**

- i. Accommodation or assistance may include, but is not limited to, sign language interpreter, Braille, larger print, accessible electronic format, or materials in a language other than English.
- ii. FEMA programs may include, but are not limited to, your home inspection, town hall meetings, access to a Disaster Recovery Center, or accessible temporary housing (if eligible).

**F. Identification: Other Needs**

**1. Script - Other Needs Screen**

- a. Do you or anyone in your household have a disability that affects your ability to perform activities of daily living or requires an assistive device? (NOTE: An assistive device can include wheelchair, walker, cane, hearing aid, communication device, service animal, personal care attendant, oxygen, dialysis, etc.)
  - i. Please select from the following the disability that affects your ability to perform activities of daily living (select all that apply).
    - 1. Mobility
    - 2. Cognitive/Developmental Disabilities/Mental Health
    - 3. Hearing or Speech



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4. Vision
  5. Self-Care
  6. Independent Living
  7. Other
  8. Prefer Not to Answer
- b. Did you have any disability-related assistive devices or medically required equipment/supplies/support services damaged, destroyed, lost, or disrupted because of the disaster?
- i. What was damaged, destroyed, lost, or disrupted because of the disaster? (select all that apply)
    1. Power or manual wheelchair
    2. Scooter
    3. Prothesis
    4. Oxygen or respiratory equipment
    5. Medical equipment that depends on electricity
    6. Assistance technology device for hearing or vision, such as hearing aid, screen enlarging software, etc.
    7. Personal-care devices such as shower bench, bedside commode, Hoyer lift, or lift chair
    8. Environmental control or alerting devices
    9. Adaptive van or vehicle
    10. Walker, cane, or crutches
    11. Medication or medical supplies including adult diapers and catheters
    12. Service animal
    13. Personal assistive services/in-home care
    14. Dialysis
    15. Other





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2. Help - **Other Needs** Screen

a. **Mobility**

- i. **CHECK** this box if caller states a mobility disability was adversely affected by the disaster.

b. **Cognitive/Developmental Disabilities/Mental Health**

- i. **CHECK** this box if caller states a cognitive/developmental disabilities or mental health disability that has been adversely affected by the disaster.

c. **Hearing or Speech**

- i. **CHECK** this box if caller states a hearing or speech disability that has been adversely affected by the disaster.

d. **Vision**

- i. **CHECK** this box if caller states a vision disability that has been adversely affected by the disaster.

e. **Self-Care**

- i. **CHECK** this box if caller states a vision disability that has been adversely affected by the disaster.

f. **Independent Living**

- i. **CHECK** this box if caller states a vision disability that has been adversely affected by the disaster.

g. **Other**

- i. If caller states some other special needs that were affected by the disaster that are NOT mentioned above, please **TYPE** in a word or phrase to describe the special needs.

**G. Identification: Contact Phone Numbers**

1. Script - **Phone Numbers** Screen



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- a. Please provide the phone number used in the damaged dwelling whether it is working or NOT and current/alternate phone number(s) in case we need to call regarding your registration for disaster assistance
  - i. Damaged Phone:
  - ii. Current Phone:
  - iii. Cell Phone:
  - iv. Alternate Phone:

**2. Help - Phone Numbers Screen**

**a. Damaged Phone**

- i. Beginning with the area code, **ENTER** your phone number used at the damaged dwelling at the time of the disaster, even if the number is NOT currently working. If there was no phone in the home at the time of the disaster, **ENTER** a Cell phone or Current Contact Number. A phone number is required for a complete registration.

**b. Funeral, Vehicle, or Business ONLY Registrations**

- i. **ENTER** your home phone number.

**c. Current Phone Number Same as Damaged Phone**

- i. **CHECK** this box to identify damaged phone and current phone are the same number.

**d. Current Phone**

- i. If your **current phone number** is NOT the same as the **damaged address phone number**, please **PROVIDE** the number where you can be reached, beginning with the area code. **USE** the **Note** field if specific contact information is needed (i.e., work number -ask for Lisa Jones, etc.). If your current means of contact is through a cell phone, **ENTER** the cell number here. This field accepts up to 10 numeric characters (area code plus phone number). **DO NOT** enter a pay phone number. A current phone number is required for a complete registration.

**e. Cell Phone**

- i. If you can be reached by **cell phone**, please **PROVIDE** the number beginning with the area code.





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f. **Alternate Phone**

- i. Please **PROVIDE** an **alternate phone number** (beginning with the area code) where FEMA can reach you or leave a message. **USE** the **Note** field if specific contact information is needed (i.e. family member's number, or the number of a friend, neighbor, minister, etc.). This field accepts up to 10 alphanumeric characters (area code plus phone number).

## H. Identification: Damaged Dwelling Address and Mailing Address

1. Script - **Damaged Dwelling Address** Screen

- a. Please provide the full physical street address where the damage occurred, including the house or building number, the street name and any apartment or lot number. **DO NOT abbreviate street names.**
  - i. Street Address
  - ii. City
  - iii. State
  - iv. Zip Code
  - v. Zip+4
- b. Do you own this home or do you rent?

2. Script - **Mailing Address** Screen

- a. We will send all correspondence to this address
- b. My Mailing Address is the same as Damaged Address - If selected please **DO NOT** provide mailing address
  - i. In care of
  - ii. Zip
  - iii. Zip+4
  - iv. Street Address
  - v. City



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vi. State

**3. Help - Mailing Address and Damaged Dwelling Address Screen**

**a. Damaged Dwelling Address**

- i. **ENTER** a completed damaged property address for all types of applications.
- ii. **ENTER Street Address, City, State and Zip Code** where the damage occurred including the house number, building number or any apartment or lot number. DO NOT abbreviate street names (23 Bk Mtn St instead **USE** 23 Back Mountain St) or **USE** the following in the address fields:
- iii. If registering an apartment, **RECORD** it as (example 23 Back Mountain St Apt B or 23 Back Mountain St Apt 4C).
- iv. DO NOT enter a Post Office Box or General Delivery type address in this field. This is a required field. It accepts up to 60 alphanumeric characters. If this is a vehicle only application or a medical/dental/funeral only application, **ENTER** only the name of the street on which the damaged occurred.

**b. Damaged Dwelling Own or Rent**

- i. From the **Drop-Down List**, **SELECT Own** or **Rent** to indicate the residency status.
- ii. To be considered the legal OWNER of the home, the caller must:
  1. have the deed;
  2. maintain the home, pay no rent, and pay taxes (if applicable); OR
  3. have lifetime occupancy rights while NOT holding the legal title to the home;
- iii. **SELECT RENT** if the caller DOES NOT meet any of the above criteria, even if they pay no rent.

**c. Current Mailing Address Same as Damaged Dwelling Address**

- i. **CHECK** this box to identify **damaged dwelling address** and **current mailing address** are the same.

**d. Current Mailing Address**





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- i. If the Current Mailing Address is NOT the same as the damaged dwelling address **ENTER** the address where the caller is currently receiving mail; it DOES NOT have to be where they are living. You may enter a post office box number or general delivery address in this field. If possible, **ENTER** an address where they will receive mail for a minimum of 60-days. This field accepts up to 60 alphanumeric characters.

**I. Identification: Damaged Dwelling County/Parish/Municipality**

**1. Script - County/Parish/Municipio Screen**

- a. Where did the damage occur?
- b. In what county/parish/municipio did the damage occur?

**2. Help - County/Parish/Municipio Screen**

- a. Damaged Dwelling **County/Parish/Municipio**:
  - i. **VERIFY** the correct **County/Parish/Municipio** for the zip-code.
- b. Incorrect **County/Parish/Municipio**:
  - i. **SELECT** the correct **County/Parish/Municipio** by using the **Drop-Down List** (you may have to use the **Scroll Bar** to view all the available selections).

**J. Disaster Selection**

**3. Script - Disaster Selection Screen**

- a. **SELECT** the disaster in which your damage occurred, from the following list. If none of the selections describe your situation, **SELECT None of the disasters above match my situation.**

**4. Help - Disaster Selection Screen**

- a. **Disaster Selection**:
  - i. **SELECT** the disaster that caused your damage from the provided list.
- b. If you are unable to locate the disaster that caused the losses:



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- i. **SELECT Back** and **VERIFY** the county/parish where the damage occurred is correct.
- c. **County/Parrish:**
  - i. Unable to locate the disaster that caused the damage from the provided list, **SELECT None of the disasters above match my situation.**
- d. If you are applying for multiple disasters:
  - i. You will need to complete a registration for each disaster.

**K. Disaster Type**

1. Script - **Disaster Type** Screen

- a. Loss Date
- b. What type of the following damage occurred?
  - c. Earthquake
  - d. Fire/Smoke/Soot/Ash
  - e. Flood
  - f. Hurricane/Hail/Rain/Wind Driven Rain
  - g. Ice/Snow
  - h. Power Surge/Lightning
  - i. Seepage
  - j. Sewer Backup
  - k. Tornado Wind
- i. If you DO NOT see the type of damage that occurred to your home above, please **SELECT Other damage not listed here.**

2. Help - **Disaster Type** Screen

- a. **Damage Type**





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- i. **SELECT** all damage types that apply. If there are various types of damage, i.e. the home was damaged by flood and wind; **SELECT** both **flood** and **tornado/wind** as the damage types.
- b. **Earthquake**
  - i. Damages caused by the shaking of the earth's crust caused by changes far beneath the earth's surface. Aftershocks are also considered earthquake activity. Damage caused by volcanic eruption is included in the earthquake damage type.
- c. **Fire**
  - i. **SELECT Fire** if the damages were caused by fire, smoke, soot or ash.
  - ii. If there are various types of damage, i.e. an automobile was damaged by flood, but the home was damaged by wind; **SELECT** all applicable types that caused the damages.
  - iii. If flooding caused the fire, **SELECT Fire** and **Flood**. (For example, floodwater caused an electrical fire that destroyed the home).
- d. **Flood**
  - i. A temporary condition of partial or complete submersion of normally dry areas caused by a water source originating outside. The source of water may be from the overflow of inland/tidal waters or from the rapid accumulation of rainwater on/in the soil.
  - ii. **SELECT Flood** in the event of ocean waves directly striking property.
  - iii. Also **SELECT** this box if your damage resulted from **mudslide**, **mudflow**, and/or **landslide** (caused by rising water or ground saturation).
- e. **Hurricane/Hail/Rain/Wind Driven Rain**
  - i. Damage caused by rain or wind driven rain. This includes damages resulting from rain blowing in or around doors/windows and under roofing.
- f. **Ice/Snow**
  - i. Damages caused by the presence or buildup of ice or snow. This includes damages occurring when tree limbs break under the buildup of ice/snow causing damages to the home or personal property.
- g. **Other**



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- i. Damage was a result of anything other than Earthquake, Fire, Flood, Hail/Rain/Wind Driven Rain, Ice/Snow, Power Surge/Lightning, Seepage, Sewer Backup, or Tornado/Wind.
- ii. DO NOT select this field for damages resulting from mudflow, mudslide, and/or landslide. (These damages are all a result of flooding conditions. Therefore, you should **SELECT** the **Flood** type of damage.) DO NOT select this field for damage resulting from volcanic eruption. This damage is covered by Earthquake insurance policies. Therefore, you should **SELECT Earthquake** for this type of damage. DO NOT select this field for damage resulting from a Hurricane. **SELECT Tornado/Wind** for Hurricane damages.
- h. **Other text: ENTER** only those damage types NOT previously identified.
- i. **Power Surge/Lightning**
  - i. Damage resulting from a Power Surge or Lightning strike.
- j. **Seepage**
  - i. The result of water-saturated ground surrounding a structure (usually a basement). Seepage DOES NOT require water to rise from the ground up, as in flooding. Water seepage occurs when water-permeated earth is in direct contact with porous building materials, such as concrete blocks, often used in foundations and/or basements.
- k. **Sewer Backup**
  - i. An overflow of water and other debris from within a plumbing system.
- l. **Tornado/Wind**
  - i. Damage was caused by tornado, hurricane, or straight-line winds. This would include damages caused by flying debris.

**L. Disaster Related Losses**

1. Script – **Disaster Related Losses** Screen

- a. Was your home damaged by the disaster?
- b. Was any of your personal property NOT including vehicle damaged by the disaster?
- c. Have you been without your essential utilities for 5 consecutive days or more?





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- d. Were all the vehicles in your household made undrivable due to the disaster?
- e. As a result of the disaster, do you have new or additional child care costs OR has your household income been reduced, increasing your financial burden to pay for child care?

2. Help - Disaster Related Losses Screen

a. Was your home damaged by the disaster?

- i. **ENTER Yes or No** to indicate whether the home was damaged by the disaster. If the caller is uncertain of damages to the home, **SELECT Unknown**.
- ii. **Business**, Transportation or Funeral ONLY Registrations - **SELECT No**.
- iii. This is a required field.

b. Was any of your personal property damaged by the disaster?

- i. **ENTER YES or NO** to indicate whether the personal property was damaged by the disaster. If caller is uncertain of damages to the personal property, **SELECT Unknown**.
- ii. For the purposes of this question, personal property means appliances, clothing, and/or furniture (a vehicle is NOT personal property).
- iii. Business, Transportation or Funeral ONLY Registrations - **SELECT No**.
- iv. This is a required field.

c. Have you been without your essential utilities for 5 consecutive days?

- i. **ENTER YES or NO** to indicate caller has been without their essential utilities for 5 consecutive days.

d. Were all the vehicles in your household made undrivable due to the disaster?

- i. **SELECT Yes** if all vehicles owned by the applicant, co-applicant, and all members of their household were so badly damaged as a result of the disaster that none of them are drivable. Otherwise, **SELECT No**.
- ii. FEMA DOES NOT pay for cosmetic repairs.



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- e. **As a result of the disaster, do you have new or additional child care costs OR has your household income been reduced, increasing your financial burden to pay for child care?**
  - i. **SELECT Yes** if the applicant's child care costs have increased or the applicant's household income has decreased due to the disaster, resulting in an increased financial burden for child care.
  - ii. **SELECT No** if the applicant's child care costs did NOT increase or the applicant's income did NOT decrease due to the disaster.
- f. **Do you or anyone in your household use any type of mobility or assistive device such as a wheelchair, walker, cane, hearing aid, service animal, personal care attendant, or other similar medically-related devices or services that assist with disabilities or activities of daily living?**
  - i. **SELECT Yes** if the applicant or a household member has an impairment or disability and lost services or items provided to help with the disability because of the disaster. Otherwise, **SELECT No**.

**3. Script - Losses: Damaged Dwelling Screen**

- a. Please provide the following information about the damaged dwelling.
  - i. Where are you currently living or staying?
  - ii. What type of home are you registering?
  - iii. Is this your primary residence, where you live more than six months out of the year?
  - iv. Are you currently able to get to your home?
    - 1. Yes, I am able to get to my home.
    - 2. I am unable to return to my home due to a mandatory evacuation.
    - 3. I am unable to return to my home because damages to the roads or bridges in the area prevent it.

**4. Help - Losses: Damaged Dwelling Screen**

- a. **Where are you currently living or staying?**





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- i. From the **Drop-Down List**, **IDENTIFY** where you are currently living or staying. Staff: If you **DO NOT** find a selection appropriate to the situation, **ADD** a comment with explanation as needed, i.e. Shed.
- ii. For **Other Type of Registrations**, i.e. **Business Only, Transportation Only, Funeral Only** registrations; **SELECT My Home**.
- b. **Type of Home**
  - i. **CLICK** on the **Drop-Down List** button and **SELECT** the **Residence Type** for which you are applying.
  - ii. Business, Transportation, Medical, Dental or Funeral **ONLY** Registrations - **SELECT Other**.
- c. **Primary Residence**
  - i. **SELECT Yes (Primary) or No (Secondary)** from the **Drop-Down List** to indicate whether the damaged home is your primary residence.
  - ii. A home is your primary residence if you:
    - 1. Live in the home more than six months of the year
    - 2. **LIST** it as your address on your Federal Tax Return
    - 3. File a homestead exemption at this address
  - iii. **SELECT YES (PRIMARY)**, if the affected home is your primary residence, or if the access route to the primary home was affected.
  - iv. **SELECT NO (SECONDARY)**, if the affected home is your secondary residence or vacation home.
  - v. Business, Transportation, Medical, Dental, or Funeral **ONLY** Registrations - **SELECT NO**.
- d. **Access to home**
  - i. **SELECT** the box that describes the access to your primary residence.
  - ii. **SELECT "Yes, I am able to get to my home"** if the residence **DOES NOT** have restricted access.
  - iii. **SELECT "I am unable to get to my home due to mandatory evacuation"** if the residence is inaccessible due to a mandatory evacuation.



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- iv. **SELECT "I am unable to get to my home because damages to the roads and bridges in the area prevent it"** if the residence is inaccessible due to damage caused by the disaster.
- v. Business, Transportation, Medical, Dental, or Funeral **ONLY** Registrations **SELECT "Yes, I am able to get to my home"**.

**5. Script - Losses: Home Insurance Screen**

- a. Please identify the insurance policies you have for your home and/or personal property.
  - i. **CHECK** all that apply:
    - 1. Condo or Townhouse Unit Insurance with an Earthquake Rider
    - 2. Contents Only Insurance
    - 3. Only Insurance with an Earthquake Rider
    - 4. Earthquake Contents Insurance
    - 5. Earthquake Structure Insurance
    - 6. Flood Insurance
    - 7. Homeowners Insurance
    - 8. Homeowners Insurance with a Sewer Backup Rider
    - 9. Homeowners Insurance with an Earthquake Rider
    - 10. Mobile Home Insurance
    - 11. I have no insurance for my home or personal property.

**6. Help - Losses: Home Insurance Screen**

- a. **Home Insurance: SELECT** all insurance types for your primary residence and personal property.
- b. **OWNERS**
  - i. Homeowners Insurance





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1. Generally, covers damages caused by wind, hail; lightning, falling objects including trees, freezing of plumbing, weight of ice, snow, or sleet, fire, smoke, power surge, explosion, riot or civil disturbance. This policy typically provides for additional living expenses if the home was damaged by one of the causes listed.

**ii. Homeowners Insurance with Sewer Backup Rider**

1. Covers damages included in Homeowners only insurance and damages caused by Sewer Backup; sometimes including seepage caused by flooding. This policy typically provides for additional living expenses if the home was damaged by one of the causes listed.

**iii. Sewer Backup**

1. An overflow of water and other debris from within a plumbing system.

**iv. Homeowners Insurance with Earthquake Rider**

1. Covers damages included in Homeowners only insurance and damages caused by an earthquake or volcanic eruption. This policy typically provides for additional living expenses if the home was damaged by one of the causes listed.

**v. Earthquake**

1. The shaking of the earth's crust caused by changes far beneath the earth's surface. Aftershocks are also considered earthquake activity.

**vi. Flood Insurance**

1. Covers damages caused by flooding and waves directly striking property.

**vii. Flood**

1. A temporary condition of partial or complete submersion of normally dry areas caused by a water source originating outside. The source of water may be from the overflow of inland/tidal waters or from the rapid accumulation of rainwater on/in the soil.

**viii. Mobile Home**

1. Generally, covers damages caused by flood, wind, hail, lightning, falling objects including trees, freezing of plumbing, weight of ice, snow, or sleet, fire, smoke, volcanic eruption, earthquake, power surge, explosion, riot or civil disturbance. This policy typically provides for additional living expenses if the home was damaged by one of the causes listed.



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**ix. Condo/Townhouse Unit Policy**

1. Covers structural elements NOT shared by other tenants or owned by the association, generally from the sheetrock in, including sheetrock, paneling, wall covering, and personal property within the unit. Policy generally covers damages caused by Wind, hail, lightning, falling objects including trees, freezing of plumbing, weight of ice, snow, or sleet, fire, smoke, volcanic eruption, power surge explosion, riot or civil disturbance. This policy typically provides for additional living expenses if the home was damaged by one of the causes listed.

**x. Condo/Townhouse Master Policy**

1. Covers structural elements shared by other tenants or owned by the association, generally from the studs out. Policy generally covers damages caused by Wind, hail, lightning, falling objects including trees, freezing of plumbing, weight of ice, snow, or sleet, fire, smoke, volcanic eruption, power surge explosion, riot or civil disturbance.

**xi. Content Only**

1. Generally, covers personal property damages (DOES NOT cover structural damages) caused by flood, wind, hail, lightning, falling objects including trees, freezing of plumbing, weight of ice, snow, or sleet, fire, smoke, volcanic eruption, earthquake, power surge, explosion, riot or civil disturbance.

**xii. No Insurance for my Home or Personal Property**

1. **SELECT** this if you have NO insurance coverage for your home or personal property losses.

**c. RENTERS**

**i. Content Only**

1. Generally, covers personal property damages (DOES NOT cover structural damages) caused by flood, wind, hail, lightning, falling objects including trees, freezing of plumbing, weight of ice, snow, or sleet, fire, smoke, volcanic eruption, earthquake, power surge, explosion, riot or civil disturbance. This policy typically provides for additional living expenses if the home was damaged by one of the causes listed.

**ii. No Insurance for my Personal Property**

1. **SELECT** this if you have NO insurance coverage for your personal property





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7. Script - **Losses: Disaster Related Expenses** Screen

- a. Have you incurred uninsured or under-insured expenses as a direct result of the disaster?
  - i. Do you have MEDICAL expenses as a result of the disaster?
  - ii. Do you have DENTAL expenses as a result of the disaster?
  - iii. Do you have FUNERAL expenses as a result of the disaster?

8. Help - **Losses: Disaster Related Expenses** Screen

a. **Medical Expenses**

- i. Includes uninsured or underinsured medical expenses incurred for treatment of injury or illness as a direct result of the disaster.
- ii. Medical expenses also include medical personal property such as a wheelchair or oxygen machine damaged or destroyed by the disaster.

b. **Dental Expenses**

- i. Includes uninsured or underinsured dental expenses incurred as a result of the disaster. Example: dental work resulting from disaster related accident or loss of dentures due to the disaster.

c. **Funeral Expenses**

- i. Includes uninsured or underinsured funeral and/or burial expenses when death was a direct result of the disaster.

9. Script - **Losses: Other Insurance** Screen

- a. You stated that you had medical, dental, or funeral expenses. Do you have any of the following insurances?
  - i. Dental Insurance
  - ii. Funeral or Burial Insurance
  - iii. Health/Medical Insurance
  - iv. Medicaid/Title XIX Insurance



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v. I DO NOT have any insurance listed above

**10.Help - Losses: Other Insurance Screen**

**a. Insurance Company Name**

- i. Please provide the name of the insurance company for Medical, Dental, Funeral or any other insurance NOT previously provided.
- ii. Title XIX Coverage refers to medical assistance programs. If caller is covered, please note which one they are covered by.

**11.Script - Losses: Disaster Related Vehicle Damage Screen**

- a. Were all the vehicles in your household made undrivable due to the disaster?

**12.Help - Losses: Disaster Related Vehicle Damage Screen**

**a. Vehicle Damage**

- i. Includes disaster related damages to your vehicle or one owned by a dependent.
- ii. Vehicle damage also includes damages to a motorcycle or motor-home (not a bicycle) if it is your primary mode of transportation.
- iii. Please note, FEMA DOES NOT provide assistance for cosmetic damage.

**13.Script - Losses: Vehicle Damages Screen**

- a. Were any vehicles covered by comprehensive insurance? **SELECT YES or NO.** If you select **NO**, the **Vehicles** Screen will appear next. If you select **YES**, other vehicle screens will NOT appear. **CLICK** the **Add** button to enter vehicle information. Please list all vehicles owned by you, your spouse, or dependents.

**14.Help - Losses: Vehicle Damages Screen**

- a. **LIST** all vehicles that you, your spouse, and/or dependents own, regardless of whether or NOT each of the vehicles was damaged by the disaster.
- b. **CLICK** the **Add** button to enter vehicle information.





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- i. Once you have completed the entry for each vehicle **CLICK** the **Save** button to retain your entries.
- c. **CLICK** the **Add** button if you have additional vehicles to enter or the **Next** button if all vehicles have been entered.
- d. To edit vehicle information previously saved, **CLICK** on the vehicle to be edited then **CLICK** the **Edit** button.
- e. The **Update Vehicle** screen will appear allowing you to edit vehicle information previously saved.
- f. To delete vehicle information previously saved, **CLICK** on the vehicle to be deleted then **CLICK** the **Delete** button.

**15.Script - Losses: Update Vehicle Damages Screen**

- a. Year
- b. Make
- c. Model
- d. Was this vehicle damaged by the disaster?
- e. Is this vehicle currently drivable?
- f. Is this vehicle covered by comprehensive insurance?
  - i. What is the insurance company name?
- g. Is this vehicle covered by liability insurance?
  - i. What is the insurance company name?
- h. Is this vehicle currently registered?

**16.Help - Losses: Update Vehicle Damages Screen**

- a. **LIST** all vehicles that you, your spouse, and/or dependents own, regardless of whether or NOT each of the vehicles was damaged by the disaster.
- b. **Year:**
  - i. **ENTER** the year this vehicle was manufactured.



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- ii. This field accepts 4 numeric characters.
- c. **Make:**
  - i. **ENTER** the make of the vehicle. Examples include Ford, Chevrolet, Toyota, etc.
  - ii. This field accepts up to 20 alphanumeric characters.
- d. **Model:**
  - i. **ENTER** the model of this vehicle. Examples include F-Series Pickup, Suburban, Corolla, etc.
  - ii. This field accepts up to 20 alphanumeric characters.
- e. **Damaged:**
  - i. **SELECT YES** or **NO** to indicate whether the vehicle was damaged by the disaster.
  - ii. If damages are unknown, **SELECT NO**.
- f. **Drivable:**
  - i. **SELECT YES** or **NO** to indicate whether the vehicle is currently drivable.
  - ii. If unknown, **SELECT NO**.
- g. **Comprehensive Insurance:**
  - i. **SELECT YES** or **NO** to indicate if this vehicle is covered by Comprehensive Insurance.
  - ii. If unknown, **SELECT NO**.
- h. **Liability Insurance:**
  - i. **SELECT YES** or **NO** to indicate if this vehicle is covered by Liability Insurance.
  - ii. If unknown, **SELECT NO**.
- i. **Registered:**
  - i. **SELECT YES** or **NO** to indicate whether this vehicle has a current registration.





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- ii. If unknown, **SELECT NO**.
- j. **CLICK** the **Save** button to retain your entries then **ADD** if there are additional vehicles to be entered or the **Next** button if all vehicle entry is complete.
- k. **COMPREHENSIVE** Insurance provides protection against the loss or damage to a covered auto and includes damages resulting from collision with another vehicle, object, or damages from a natural disaster.
- l. **LIABILITY** Insurance on the personal auto policy provides protection against legal liability arising out of the ownership or operation of an automobile. The insuring agreement agrees to pay damages for bodily injury or property damage for which the insured is legally responsible because of an automobile accident.

**17. Script - Losses: Miscellaneous Purchases Screen**

- a. Did you incur any uninsured miscellaneous expenses, such as the purchase of a wet/dry vacuum, chainsaw, or dehumidifier for clean-up as a result of the disaster?

**18. Help - Losses: Miscellaneous Purchases Screen**

- a. **Miscellaneous Purchases**
  - i. **SELECT YES** or **NO** to indicate whether you had any uninsured miscellaneous expenses NOT previously specified.
  - ii. Miscellaneous Purchases are those items purchased for recovery efforts usually immediately following the disaster.
  - iii. Example: dehumidifier, chainsaw, wet-dry vac.

**19. Script - Losses: Emergency Needs Screen**

- a. Do you have any immediate needs for evacuation expenses such as clothing, medication, gas, etc.? If yes, please indicate which needs you have below. Please note: Reimbursement for stored food is NOT an eligible item.
  - i. I have a disaster related emergency need for food, medication, durable medical equipment or gas.
  - ii. I have a disaster related emergency need for shelter.
  - iii. I have a disaster related emergency need for clothing.



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**20. Help - Losses: Emergency Needs Screen**

- a. Emergency needs are the essential items needed for day-to-day existence, i.e. food, clothing, and shelter.
- b. Emergency needs DO NOT include stored food. **IDENTIFY** all emergency needs by selecting the box next to the appropriate need.
- c. If there are no **Emergency Needs**, **CLICK** the **Next** button.
- d. **Food:**
  - i. **CHECK** this box if there is an emergency need for food. Emergency refers to immediate, today, right now and DOES NOT include anticipated future needs.
- e. **Shelter:**
  - i. **CHECK** this box if there is an emergency need for shelter. Emergency refers to immediate, today, right now.
- f. **Clothing:**
  - i. **CHECK** this box if there is an emergency need for clothing. Emergency refers to immediate, today, right now.

**M. Occupants**

**1. Script - Occupants Screen**

- a. Please list all individuals living in your home by selecting the **Add** button below. Each person will have to be added separately.
- b. **ENTER** household occupant information below. **NOTE:** ONLY the co-applicant's Social Security Number (SSN) is required. Please DO NOT add Social Security Numbers (SSNs) for any other occupants.

**2. Help - Occupants Screen**

- a. **Occupants**
  - i. Please **LIST** all persons living in your home. **INCLUDE** the names of all persons who considered the home to be their primary residence at the time of the disaster, whether or NOT they are related to you; i.e. boarders/landlords residing in the same residence. **INCLUDE** full-time





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students staying at school at the time of the disaster, but who consider the damaged dwelling to be their primary residence. **DO NOT** include persons who were visiting at the time of the disaster and have a primary residence elsewhere.

1. **REGISTRANT** should already be auto-filled on the first row;
  2. **CLICK** the **Add** button to enter additional occupants or the **Next** button if there are no additional occupants to be entered.
    - a. Once you have completed the entry for each occupant **CLICK** the **Save** button to retain your entries;
    - b. **CLICK** the **Add** button if you have additional occupants to enter or the **Next** button if all occupants have been entered;
    - c. To edit occupant information previously saved, **CLICK** the **Edit** button. The **Update Occupant** screen will appear allowing you to edit occupant information previously saved. To delete occupant information previously saved, **CLICK** the **Delete** button.
- ii. **Last Name, First Name, and Middle Initial**
1. **ENTER** the last and first name of all individuals who consider the home to be their primary residence at the time of the disaster. If another occupant is a **JR, SR, III**, etc., **ENTER** this information in the **Last Name** field. **LEAVE** a space between the two words, i.e. SMITH JR. If you are unsure of the occupant's last name, **ENTER Unknown**. Each individual must be entered separately. Your last name will be auto filled on the **Update Occupant** page. You can change this information if the household member you are adding has a different last name.
- iii. **Relationship**
1. **CLICK** on **Drop-Down List** button. **IDENTIFY** the appropriate relationship for the occupant from the **Drop-Down List**.
- iv. **Co-registrant/Spouse**
1. Includes spouse or significant other.
- v. **Immediate Family**
1. includes your parents, siblings, and children.
- vi. **Other**
1. Includes foster children, roommates, and landlords.



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**vii. Social Security Number**

1. **DO NOT** enter your dependent's Social Security Number (SSNs). An SSN is only required for you and your co-applicant. If further information is needed, please call our FEMA Helpline number at 1-800-621-3362.

**viii. Age**

1. **ENTER** the age for each subsequent occupant. If an occupant is less than one year old, **ENTER** 1. If you are unsure of another occupant's age, **LEAVE** this field blank.

**ix. CLICK the Save button to retain your entries**

1. Then **CLICK** the **Add** button if there are additional occupants to be entered or the **Next** button if all occupant entry is complete.

**b. Business ONLY Registrations**

- i. **CLICK** the **Next** button.

**N. Financial – Business Damages**

**1. Script - Business Damages Screen**

- a. Is your household's primary source of income from self-employment?
- b. Do you own or represent a business or rental property that was affected by the disaster?

**2. Help - Business Damages Screen**

**a. Self-employed**

- i. **SELECT YES** or **NO** to indicate whether or NOT your household's primary source of income is from self-employment.
  1. Selecting **YES** will automatically refer applicant to the Small Business Administration (SBA). The **Income** screen will NOT appear.

**b. Business Losses**

- i. **SELECT YES** or **NO** to indicate whether or NOT you own or represent a business or rental property that was affected by the disaster.





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- ii. This question DOES NOT refer to damages to a farm or ranch; the SBA DOES NOT provide assistance for either of these types of losses. If you have farm or ranch losses, please **CONTACT** the Farmers Home Administration and/or your county U.S. Department of Agriculture.
- iii. **SELECT YES** if you own a business or rental property that was affected by the disaster, even if you also live in it (i.e., a boarding house, duplex, or apartment).
- iv. **SELECT YES** if you own a home that is occupied by a relative, even if no rent is charged, and the home was damaged by the disaster.
- v. If you file a Schedule C on your Federal Tax Return for this business, it is considered a business.
- vi. Non-profit: **SELECT YES** if you are registering a non-profit organization.

## O. Financial Information

### 1. Script - Financial Information Screen

- a. Please provide your household annual gross income and your choice for electronic funds transfer. Providing us with your pre-disaster annual gross income, reduces the processing time and directs your application to the programs best suited to meet your needs.
  - i. How many dependents do you have including yourself?
  - ii. Income NOT Available
  - iii. Before taxes are deducted, what is your family's pre-disaster income?
    - 1. Please **ENTER** whole dollars only, no dollar sign, no commas, and no decimal point.
  - iv. If you are found eligible for FEMA assistance, would you like funds directly deposited? There is no charge for this service.

### 2. Help - Financial Information Screen

- a. **Financial Information**



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- i. Pre-disaster household annual gross income is the amount before any deductions are subtracted and should include income from wages, welfare, child support, stocks, interest, annuities, etc.
- ii. Providing a pre-disaster annual gross income, reduces the processing time and directs the application to the programs best suited.

**b. Dependents**

- i. **ENTER** the number of dependents, including caller and those who are listed as dependents on their Federal Tax Return (Form 1040).
- ii. **MARRIED, FILING SEPARATE:** If caller is married, but files Federal Taxes "Married, Filing Separate," **COMBINE** the number of dependents claimed on the two forms and **ENTER** the total here.
- iii. **DO NOT FILE TAXES:** If caller DOES NOT file taxes, dependents are those for whom they provide at least 50% of their living expenses, or foster children for whom income is received.
- iv. **BUSINESS ONLY:** If caller is a business **OWNER**, **ENTER** the number of dependents claimed on their Federal Tax Return. If caller is **REPRESENTING** a business, **ENTER** the number one (1).
- v. **FUNERAL ONLY:** **ENTER** the number of dependents for the **PERSON RESPONSIBLE** for the funeral expenses (registrant).

**c. Income not Available**

- i. If zero is the correct household annual gross income **CLICK** the box. If this is NOT correct, **ENTER** the income in the income field.

**d. Household Income**

- i. Pre-Disaster Gross Annual Income is the total household income before any deductions are subtracted. **INCLUDE** income from welfare, child support, stocks, interest, and/or annuities. **DO NOT** include food stamps or HUD Section 8 assistance. If caller is "living off savings, family, or friends," **ENTER** the approximate amount that they receive yearly.

**e. Business Only**

- i. If caller is the **OWNER**, **ENTER** the total amount claimed on your Federal Tax Return. If caller is a **REPRESENTATIVE** of the company and/or business, **ENTER** only the income that is claimed for that company and/or business. For **NON-PROFIT** businesses, **ENTER** the total amount of the operating expenses.





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**f. Electronic Funds Transfer**

- i. The name on this registration must be the same as on the direct deposit account identified. **DO NOT** enter anyone else's account information. This service is **NOT** available for Business Only applicants.
- ii. **DO NOT** enter anyone else's account information. This service is **NOT** available for Business Only applicants

**3. Script - Financial Information Electronic Funds Transfer Screen**

- a. You have chosen to participate in direct deposit.
  - i. The name on the identified accounts must match the applicant or co-applicant.
  - ii. You must have a valid routing number and account number.
- b. What is the name of your financial institution?
- c. What type of account is this?
- d. What is the 9 digit routing number for this account?
- e. What is the account number?
- f. Please repeat the account number.

**4. Help - Financial Information Electronic Funds Transfer Screen**

**a. Electronic Funds Transfer**

- i. Funds would only be transferred into the account IF the caller were found to be eligible for FEMA assistance. The name on this registration must be the same as on the direct deposit account caller identifies. **DO NOT** enter anyone else's account information. This service is **NOT** available for Business Only applicants.
- ii. **The direct deposit information** is required to complete an electronic fund transfer. If caller **DOES NOT** know all the required direct deposit information, **CHANGE** the request for "Electronic Funds Transfer" to **NO** and **INFORM** the caller to contact the Disaster Information Helpline in a couple of days, when all information is available to update application by requesting Electronic Funds Transfer for eligible assistance.

**b. Name of financial institution**



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- i. **ENTER** the name of the financial institution. Funds would only be deposited into the account IF the caller is found eligible for FEMA assistance. This field accepts up to 25 alphanumeric characters.
- c. **Account Type**
  - i. From the drop down list **SELECT** the type of account for the institution and the account number entered.
- d. **Routing Number**
  - i. **ENTER** the routing number for the financial institution. The Routing Number is a 9-digit number that normally appears in the lower left corner of a check or deposit slip. The routing number normally appears immediately before the account number on a check or deposit slip and is an identifier exclusive to the financial institution.
- e. **Account Number**
  - i. **ENTER** the account number for the account into which FEMA would electronically transfer eligible funds.
  - ii. The account number can be found in the lower left corner of a check or deposit slip immediately after the routing number. This field accepts up to 16 numeric characters.
  - iii. Funds would only be transferred into this account IF caller is found eligible for FEMA assistance.

5. Script - **Income Verification** Screen

- a. You previously told us your household income was XXXXX dollars. You are required to include social security, unemployment, pensions, disability, welfare, child support, stocks, interest, and/or annuities when determining your annual income. Failure to disclose your total income could result in fines and/or imprisonment. To adjust your income at this time to meet the guidelines you are required to return to the **Income** page by selecting the **Back** button or **SELECT** the **Financial Information** link located on the left-hand side menu.
- b. To adjust your income, return to the **Income** page by selecting the **Back** button or **SELECT** the **Financial Information** link located on the left-hand side menu.
- c. I certify this is my total annual income

6. Help - **Income Verification** Screen





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- a. If this is your correct annual household income, **CLICK** the box to certify. If this is NOT correct, you can update this field. Once the correct annual household income has been entered, please **CLICK** the box to **CERTIFY** and the **Next** button to continue.
- b. Pre-disaster household annual gross income is the amount before any deductions are subtracted and should include income from wages, welfare, child support, stocks, interest, annuities, etc. If your annual gross income amount is incorrect, please call the FEMA Helpline at 1-800-621-3362 or 1-800-462-7585 (TTY) to register for disaster assistance.

**P. Conclusion – Program Referrals**

**1. Script – Conclusion Program Referrals Screen**

- a. IHP Program
  - i. You are being referred to FEMA's Individuals and Households Program (IHP) for possible assistance.
  - ii. Based on the information you provided in your application, FEMA may be able to determine your eligibility for assistance. If FEMA cannot determine your eligibility based on the information you provided an inspection of your home may be needed. If so, an inspector will contact you to verify your disaster caused damage. It is very important that the applicant, the co-applicant, or a third party representative (18 years or older who is authorized in writing) be present so the inspection can be performed.
  - iii. You may need the following information for the inspector:
    1. Proof that you were occupying the home at the time of the disaster (such as a utility bill)
    2. Your home ownership papers or lease agreement if you are a renter and your insurance policies
  - iv. Service Representative: If applicant applies using the SSN of a dependent child read the following: You must provide copies of the document(s) that state the child is a United States citizen, non-citizen national, or qualified alien.
  - v. Within 10-days following your FEMA inspection you will be notified by mail of your eligibility. If you are found eligible a check or electronic funds transfer will arrive separately.



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**b. IHP Insured**

- i. You indicated in your registration you have insurance for all or part of the damages identified.
- ii. In order to determine the type and amount of assistance you may be eligible to receive, FEMA must first know the type and amount of insurance assistance received by your household. Please provide FEMA with a copy of this information as soon as it is available.
- iii. If you have NOT done so already, we recommend you contact your insurance provider to determine your coverage. If any of your damages were caused by Flooding, a FEMA inspector will contact you to verify your disaster related losses.

**c. IHP (medical/dental/funeral)**

- i. You are being referred to FEMA's Individual and Households Program. They may help you with your medical, dental, funeral, or other miscellaneous expenses.

**d. SBA Business Loan**

- i. Because FEMA assistance is limited to housing assistance for Primary Residences, we are unable to assist with Business or Rental Property. We will send a copy of your application to the low interest loan program administered by the [Small Business Administration \(SBA\)](#).
- ii. The SBA will contact you regarding additional assistance for which you may be eligible. They may ask you to complete a Business Disaster Loan Application. Please complete it and return it to them as soon as possible so they can start working on your case.

**e. SBA Home/PP Loan**

- i. Because FEMA assistance is limited to emergency home repairs and rent, we are unable to assist with all home repairs, personal property damages, vehicle damage, or moving and storage expenses. We will send a copy of your application to the disaster low interest loan program administered by the [Small Business Administration \(SBA\)](#).
- ii. The SBA will contact you regarding additional assistance for which you may be eligible. They may ask you to complete a Home-Personal Property Disaster Loan Application. Please complete it and return it to them as soon as possible so they can determine if you qualify for a low interest loan to cover your losses. If the SBA DOES NOT offer you a loan, your application will be referred back to FEMA's Individuals and Households Program (IHP) for possible grant assistance.





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## Q. Electronic Correspondence Preferences

### 1. Script - **Electronic Correspondence Preferences** Screen

- a. How would you like to receive your correspondence from FEMA?
- b. In which language would you like to receive correspondence?
- c. Do you prefer to receive traditional postal mail or electronic notification?
- d. You have elected to receive electronic correspondence from FEMA. You will NOT receive any FEMA correspondence by traditional postal mail.
- e. To protect your privacy FEMA will post correspondence to your account within the [Disaster Assistance Center](#).
- f. When new correspondence is created, you will be alerted by email that the correspondence is ready for you to view from your account. Your account also provides you the ability to track the progress of your assistance.
- g. You will need to create a Disaster Assistance account to access your information. FEMA will send you an email containing the link to create your secure account.
- h. Please provide your email address:
  - i. Email Address: **ENTER** Email address in the field.
  - ii. **VERIFY** email: **RE-ENTER** Email address in the field.
- i. If you DO NOT receive an email from FEMA within the next 7 days or to change your correspondence preference, please call the FEMA Helpline at 800-621-3362.
- j. One choice is required. **SELECT** the **Radio** button for:
  - i. Yes. Proceed with Electronic correspondence.
  - ii. No. Change preference to Postal Mail.

## R. SMS Correspondence Summary

### 1. Script – SMS Correspondence Summary



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- a. Would you like to receive additional updates using SMS text message?
- b. One choice is required. **SELECT** the **Radio** button for:
  - i. Yes
  - ii. No
- c. You choose to receive text messages from FEMA. Please **SELECT** or **ENTER** and **VERIFY** your mobile phone number. You will get a text message from 4FEMA (43362) to confirm your request.
- d. Please provide your email address:
  - i. Mobile Phone Number (previous): **SELECT/ENTER** Mobile phone number in the field.
  - ii. **VERIFY** Mobile Home Phone Number: **VERIFY** mobile phone number in the field.
- e. FEMA text messages DO NOT replace mail or email
- f. FEMA will only use your phone number to notify you of changes in your application status.
- g. FEMA will NOT ask for personal information, donations or money.
- h. DO NOT text FEMA in the event of an emergency, **CALL** 9-1-1.
- i. FEMA's text messaging number is 4FEMA (43362). If you receive a text message from another number, stating they are FEMA disregard and report it to the authorities if you feel it is warranted.
- j. Standard text message rates apply.
- k. Do you agree to the terms of SMS text messaging?
  - i. Yes. I agree to the terms of SMS text messaging and want to receive status notifications.
  - ii. No. I DO NOT agree to the terms of SMS text messaging. I understand I will NOT receive status notifications.

**S. Review Registration**

1. Script - **Review Registration** Screen





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- a. You are about to submit your FEMA registration. Please carefully review the information below. **CLICK** the **Edit** button to make changes or **CLICK** the **Submit** button to submit your registration to FEMA. You will only be able to make limited changes after you submit your registration.
- b. By clicking **Submit** below I certify that:
  - i. Only one application has been submitted for my household.
  - ii. All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
  - iii. I will return any disaster aid money I received from FEMA of the State if I receive insurance or other money for the same loss, or if I DO NOT use FEMA disaster aid money for the purpose for which it was intended.
  - iv. I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both.
  - v. I understand that the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but NOT limited to, the Bureau of Immigration and Customs Enforcement.
  - vi. I authorize FEMA to verify all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; AND
  - vii. I authorized all custodians of records of my insurance, employer, any public or private entity, financial or credit data service to release information to FEMA and/or the State upon request.

## T. Conclusion – Agency Referrals

|                                         |
|-----------------------------------------|
| 1. Script - Conclusion Agency Referrals |
|-----------------------------------------|

- a. Aging Services
  - i. Your local agency on aging may help you with special needs such as transportation, meals, or home care.
- b. American Red Cross



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- i. The American Red Cross (ARC) may provide emergency assistance to individuals and families having emergency food, clothing, shelter and medical needs as a result of a disaster.
- c. American Red Cross
  - i. The American Red Cross or other voluntary agencies may assist you with food, clothing, shelter, transportation, and medical care on an emergency basis. The American Red Cross may also help you with serious needs NOT addressed by your insurance company or other disaster assistance programs.
  - ii. To reduce disaster related emotional stress on family and friends, the American Red Cross offers an on-line service where you can register your name as being "safe and well". Concerned family and friends can search the list of those who have listed themselves as "safe and well" at [Safe and Well](#).
- d. Animal Health & Assistance
  - i. Services are available to meet the needs of animals affected by a declared disaster.
- e. Crisis Counseling
  - i. Referral services and short-term intervention counseling is available for mental health problems caused or aggravated by the disaster.
- f. Consumer Services
  - i. Counseling is available on consumer problems such as non-availability of products and services needed for reconstruction, price gouging, disreputable business concerns and practices, etc.
- g. Disaster Recovery Center (DRC)
  - i. If you would like more information about the programs you have been referred to or require further assistance, a Disaster Recovery Center (DRC) may be open in your area. Recovery specialists are available to answer questions and offer information on specific federal and state recovery programs.
- h. Emergency Services
  - i. The American Red Cross (ARC), the Salvation Army, church groups and other voluntary organizations can provide assistance.
- i. Essential Needs
  - i. Available programs or agencies that may provide assistance with Food, Clothing, and Shelter.





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j. Food Stamp Program

- i. The Food Stamp Program provides benefits to low-income individuals to buy food to improve their diets. Food stamp recipients spend their benefits (in the form of paper coupons or electronic benefits on debit cards) to buy eligible food in authorized retail food stores.

k. Fraud Detection

- i. To report possible fraud regarding Federal Disaster Assistance please call FEMA's Fraud Detection toll free number.

l. Veterans Affairs

- i. The Veterans Administration (VA) can expedite delivery of information about benefits, pensions, insurance settlements, and VA mortgage loans.

m. Unemployment Assistance

- i. If you or a member of your household lost work or became unemployed due to the disaster, your local unemployment office may provide benefits and services, even if you are self-employed, through their regular unemployment and/or Disaster Unemployment Assistance Program. This program may also assist you if you have become the head of household because the working breadwinner was fatally injured as a result of the disaster.

n. Tax Assistance

- i. Since you have damaged or lost property in a location declared by the President as a major disaster area, you may be able to get some money back from the IRS. For more information, order their Publication Number 2194 (for Individuals or 2194B for Businesses) 'Disaster Loss Kit' by calling 1-800-829-3676. Property tax relief may also be available in your area.

o. Other Tax Assistance

- i. County tax assessors may provide information and assistance on possible property tax relief.

p. Social Security Administration

- i. Help is available from the Social Security Administration (SSA) in expediting delivery of checks delayed by the disaster and in applying for Social security disability or survivor benefits.

q. National Flood Insurance Program (Flood Insurance)



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- i. Federal flood insurance is available in more than 19,000 communities across the United States and its territories. Flood insurance is available to any property owner located in a community participating in the NFIP. For more information please call 1-888-379-9531.
- r. Savings Bond Redemption and Replacement
  - i. Savings Bond Redemption assistance allows bond owners in areas affected by a Presidentially-declared disaster to redeem bonds prior to the expiration of the initial 12-month holding period. Approximately 40,000 financial institutions across the country redeem savings bonds. Savings Bond Replacement assistance allows bond holders to request expedited service for the replacement of missing bonds, particularly those destroyed during a disaster.
- s. Substance Abuse & Mental Health Services
  - i. The Substance Abuse and Mental Health Services Administration (SAMHSA) focuses on providing programs and funding to improve the lives of people with, or at risk for, mental and substance abuse disorders. For more information please call 1-877-SAMHSA-7 (1-877-726-4727).
- t. Vital Statistics
  - i. Retaining documents for those that have lost all forms of ID and other important documents in a disaster.
- u. Legal Services
  - i. Free or reduced legal services, including legal advice, counseling, and representation may be provided to low-income disaster victims.
- v. Insurance Info
  - i. Help and/or counseling is available on insurance problems and questions, which may include obtaining copies of lost policies, claims filing, expediting settlements, etc. If you have NOT been able to resolve your problem with your insurance company you may contact your State Insurance Commissioner. For flood insurance inquiries, **CONTACT** the National Flood Insurance Program (NFIP).
- w. Small Business Administration (Business Loan Program)
  - i. Disaster loans through the Small Business Administration (SBA) are available to businesses to repair or replace destroyed or damaged business facilities, inventory, machinery, or equipment. The maximum loan amount is \$200,000. If you have been referred to this program you will be receiving an application package in the mail. For more information refer to your SBA application





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package or the SBA website at [disasterloan.sba.gov](https://disasterloan.sba.gov). If you have questions or need help in completing this form, **EMAIL** us at [disastercustomerservice@sba.gov](mailto:disastercustomerservice@sba.gov).

- x. Small Business Administration (Home and Personal Property Loan Program)
  - i. The Small Business Administration (SBA) provides low-interest loans for disaster damage to property owned by homeowners, renters, businesses and private non-profit organizations that are NOT fully covered by insurance.
- y. US Department of Agriculture Farm Service Agency
  - i. The US Department of Agriculture Farm Service Agency may have disaster aid available, to determine if funding is available, **CONTACT** your local Farm Service Agency.

## **U. Conclusion**

### **1. Script - Conclusion Screen**

- a. Your registration has been submitted to FEMA.
  - i. Your FEMA Registration ID and disaster number are provided. Please make a note of these numbers.
  - ii. You can view and print a copy of the registration for your records (see blue link above).
  - iii. DO NOT complete another registration! This could delay processing!
  - iv. You can create an online account to track the status of your registration.
  - v. With an online account, you can check the progress of your registration anytime from a desktop or mobile device. This account is different from the online registration. The system DOES NOT automatically create an account for you when you submit a registration.

### **2. Help – Conclusion Screen**

- a. **Conclusion**
  - i. You have completed all the necessary information. Please **READ** this page very carefully and **MAKE** note of your registration number. If you can print this page, it is recommended.



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**V. Miscellaneous**

1. Script - **Miscellaneous** Screen

a. Invalid Registration

- i. The information you have provided DOES NOT match the disaster declaration. However, the declaration may be modified at a later date. You should complete your registration in case this occurs. Your registration will be processed immediately if the disaster declaration is amended such that your registration circumstances match the disaster declaration.

b. **Undesignated County** Screen

- i. The county you identified is NOT included in the disaster declaration. We suggest that you contact your County Emergency Management Agency to report your damages to them. If you have emergency needs, you may also contact your local American Red Cross.

c. Invalid Incident Type: **Damage Cause** Screen

- i. The disaster declaration DOES NOT include your particular type of damage. We suggest that you contact your County Emergency Management Agency to report your damages to them. If you have emergency needs, you may also contact your local American Red Cross

d. After Filing Deadline: **Late Processing** Screen

- i. It is past the filing deadline for this disaster. If you wish to continue, a letter will be sent stating you are NOT eligible for consideration for disaster assistance under the Individuals and Households program.

e. Outside **Incident Period** Screen

- i. The date that you provided for when your damage occurred falls outside the disaster incident period. Due to this, your application cannot be processed at this time. After this call, I suggest you call your County Emergency Management Agency to report your damages to them. If you have emergency needs, you may also contact your local American Red Cross Chapter.

f. Results of **Duplicate Registration Check** Screen

- i. Your request for disaster assistance has been duplicated with another registration. FEMA has combined these registrations under a single





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registration number. Please refer to your letter for the registration ID number to use in all contact with FEMA regarding this disaster.

g. Early registration

- i. We could NOT find a federally declared disaster in your area. If this incident occurred recently, it is possible that it may be declared in the near future.
- ii. **SELECT Delete This Registration** to end the registration process.
- iii. **SELECT Back** to return to the previous screens to verify the data you entered.

h. Identity Verification Error

- i. Please **SELECT** the **Back** button and **VERIFY** the spelling of your Name and Social Security Number. The Name and Social Security Number must be entered as they appear on your Social Security card.
- ii. If your Name and Social Security Number continue to fail identity verification:
  1. Please **SELECT** the **Back** button and **VERIFY** the Name entered. If you have had a recent name change due to marriage or divorce or used a nickname please **RE-ENTER** your name correctly.
- iii. Is there a co-applicant whose name and Social Security number could be used to complete the registration and possibly eliminate the identity verification failure? Please **SELECT** the **Back** button and **ENTER** the co-applicant Name and Social Security Number.
- iv. If co-applicant Name and Social Security Number fail identity verification:
  1. Please call FEMA at 1-800-621-3362 or 1-800-462-7585 (TTY).

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### III. DEFINITIONS AND ACRONYMS

#### Definitions

**Basic Documentation:** Verification requirements met by submitted documents or other approved verification method such as inspection.

**Closed disaster:** A major disaster event **OR** emergency as declared by the president, but with an expired financial assistance period.

**College Dormitory:** A housing unit provided by a higher educational facility. College dormitory is an available option for FEMA Housing Inspection Services (HIS) to record a student's residence type.

**Cosmetic Damage:** The vehicle sustained damages that DO NOT affect operation or safety in any way. Examples: minor dents, scratches, and similar low levels of damage.

**Dependent Student:** A student who is financially dependent of parent(s) **OR** guardian(s). A part time resident of the parent(s) **OR** guardian(s) household who is NOT present at the time of the disaster but is expected to return during the assistance period. Students who DO NOT meet the independent student criteria, but with the residence type recorded as **college dormitory**.

**Destroyed Damage:** The vehicle has been totaled. Examples: flooded over the engine, crushed by a falling tree, completely burned.

**Disaster Financial Assistance Period:** The timeline from the date of the presidential declaration to the disaster financial closure date, usually 18 months.

**Disaster Financial Closure Date:** The last day of the 18-month disaster financial assistance period from the date of the declaration.

**Eligible Hotel/Motel:** Any business establishment providing at minimum lodging for a fee for which a verifiable bill/receipt can be obtained, i.e. Hotels, Motels, Bed & Breakfasts, Hostels, Inns, and accommodation sharing networks such as Airbnb.

**Homeless:** Homeless is classified as those individuals who live in rent-free shelters, cars, etc. prior to the disaster are ineligible for any type of Housing Assistance, including Home Repair and all forms of Temporary Housing Assistance. They may be eligible for all eligible ONA categories if the specific criteria are met.

**Identity Verified:** Applicant will be IDV Pass if their name, DOB, and SSN match with the information recorded in the Social Security Administration.





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**Independent Student:** A student who is financially independent from parent(s) **OR** guardian(s), DO NOT have a primary residence elsewhere, and are responsible for their own living expenses.

**Military Personnel and Civilian Employee's Claim Act:** Provides assistance to active duty military personnel and military civilian employees in military housing for Personal Property including vehicles as a result of disaster-caused damage or loss.

**Minor children:** an underage household member who lives in the affected residence with the parent(s) or legal guardian who also live at the affected address but did NOT apply for IHP assistance.

**Net Settlement:** The amount an individual receives from the insurance company after any applicable deductions for depreciation, adjustments, and deductibles or monies required to be paid directly to a lien holder or provider.

**Non Referral:** Is a status found in NEMIS for applicants NOT initially referred to one of FEMA's Individuals and Household Program (IHP) categories.

**Non Referral:** Is a status found in NEMIS for applicants NOT initially referred to one of FEMA's Individuals and Household Program (IHP) categories.

**Non Registration Status:** The registrant filing date is after the standard **OR** extended registration intake filing deadline.

**Non Registration Status:** The registrant filing date is after the standard **OR** extended registration intake filing deadline.

**Non-Traditional Housing:** Tents, teepees, lean-to structures, etc.

**Not Affected:** The vehicle was NOT affected at all, even cosmetically.

**Numident Report:** Is a query display of the information taken from an individual's application for an original SSN card and subsequent applications for replacement SSN cards. A full record of all changes to the information (such as change of name) is also maintained. The document will provide the information of the person attached to the specific SSN.

**Official:** This includes city, county, state, or tribal officials.

**ONA Referred:** An applicant who has failed the SBA income test (SBA = FIT) or is referred to ONA as a result of their SBA loan eligibility determination.

**Operational vehicle:** A vehicle that may need cosmetic repairs or incurred minimal damage, but is in compliance with their state's registration and insurance requirements at the time of the disaster and can be legally driven





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**Personal Property:** Items traditionally identified as eligible under ONA Personal Property, i.e. clothing, household items, furnishings or appliances, tools, computers, uniforms.

**Primary Residence:** Refers to the home where the applicant normally lives during the major portion of the calendar year or the home required because of proximity to employment, including agricultural activities that provide 50% of the household's income. The dwelling where the applicant normally lives, during the major portion of the calendar year; the dwelling that is required because of proximity to employment; or the dwelling where the applicant moved to live in on a permanent basis after a major disaster event occurs.

**Repairable Damage:** The vehicle sustained damage that affects operation. Examples: broken windshield or window glass, mirror, or headlight assembly, minor mechanical repairs to brakes.

**Roommates:** Household members with an independent financial responsibility for the housing unit that are NOT dependents of each other and are NOT married, such as renters whose names are on a lease.

**Safe Haven Allowance:** Assists military personnel and their families with disaster-caused housing costs.

**SBA Dependent Category:** SBA-dependent ONA includes Personal Property and Transportation Assistance.

**SBA Income Test:** The Small Business Administration Income Test is performed to identify Disaster Home and/or Renter Loan consideration. Households with incomes below the established income level will be referred directly to Other Needs Assistance (ONA) within the Individuals and Household Program (IHP).

**Student:** An individual who has requested assistance from FEMA's Individual and Households Program, while residing in a college dormitory, regardless of their financial status i.e., dependent **OR** independent.

**Third party:** An individual, entity, **OR** organization to which the disclosure is being consented.

---

### Acronyms

|            |                                 |
|------------|---------------------------------|
| <b>ADA</b> | Americans with Disabilities Act |
| <b>ARC</b> | American Red Cross              |
| <b>CMA</b> | Current Mailing Address         |
| <b>DD</b>  | Damaged Dwelling                |





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|               |                                                           |
|---------------|-----------------------------------------------------------|
| <b>DDA</b>    | Damaged Dwelling Address                                  |
| <b>DR</b>     | Disaster                                                  |
| <b>DAC</b>    | Disaster Assistance Center                                |
| <b>DRC</b>    | Disaster Recovery Center                                  |
| <b>DSA</b>    | Disaster Survivor Assistance                              |
| <b>EFT</b>    | Electronic Funds Transfer                                 |
| <b>HA</b>     | Housing Assistance                                        |
| <b>HC</b>     | Highway Contract                                          |
| <b>IHP</b>    | Individuals and Households Program                        |
| <b>IDP</b>    | Identity Proofing                                         |
| <b>IVR</b>    | FEMA's Integrated Voice Response System                   |
| <b>JFO</b>    | Joint Field Office                                        |
| <b>NEMIS</b>  | National Emergency Management Information System          |
| <b>ONA</b>    | Other Needs Assistance                                    |
| <b>RI</b>     | Registration Intake                                       |
| <b>RR</b>     | Rural Route                                               |
| <b>SAMHSA</b> | Substance Abuse and Mental Health Services Administration |
| <b>SBA</b>    | Small Business Administration                             |
| <b>SBU</b>    | Sewer Backup                                              |
| <b>SOP</b>    | Standard Operating Procedure                              |
| <b>SSN</b>    | Social Security Number                                    |
| <b>VA</b>     | Veterans Administration                                   |
| <b>WP</b>     | Workpacket                                                |

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## IV. RELATED GUIDANCE

Please refer to the following:

■ Resources

- [ARC Safe and Well](#)
- [Disaster Assistance Center](#)
- [Online Allegation Form](#)





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Disability and Communication Needs  
Effective Date: September 15, 2021

## DISABILITY AND COMMUNICATION NEEDS SOP

|                              |                                                                                                                                                                                                                                                                                              |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I. Overview                  | <ul style="list-style-type: none"> <li>■ Purpose 2</li> <li>■ Determining the Applicant's Preferred Method of Communication 2</li> <li>■ Methods of Communication 2</li> </ul> <p style="text-align: center;"><b>***This can be referenced by all staff (JFO, DRC, DSA, Helpline)***</b></p> |
| II. Important Information    | <p style="text-align: center;"><b>***ALL processing employees must read this section***</b></p> <ul style="list-style-type: none"> <li>■ Priority for Processing 4</li> </ul>                                                                                                                |
| III. Process                 | <ul style="list-style-type: none"> <li>A. Answering Calls 5</li> <li>B. Communication Letters 8</li> <li>C. Editing Preferences 9</li> <li>D. Exceptions 11</li> </ul>                                                                                                                       |
| IV. Definitions and Acronyms | <ul style="list-style-type: none"> <li>■ Definitions 12</li> <li>■ Acronyms 12</li> </ul>                                                                                                                                                                                                    |
| V. Related Guidance          | <ul style="list-style-type: none"> <li>■ Links to Related Guidance 13</li> </ul>                                                                                                                                                                                                             |



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Disability and Communication Needs  
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## I. OVERVIEW

This section describes information that every employee **must** read **before addressing** applicants who are Deaf, Hard of Hearing, or have a speech or communication disability.

### Purpose:

- This Standard Operating Procedure (SOP) provides guidance and procedures to accommodate communication needs and access and functional needs.

### Determining the Applicant's Preferred Method of Communication:

- When an applicant indicates at Registration Intake, they have a preferred language other than English, the file will have a Registration Status stamp of COMM\_ACC and in the Registrant Info Screen there is a Disability and Communication Needs frame that will indicate the applicant's preferred communication.
  - If the preferred communication needs to be updated, please refer to [III.C](#).
- When an applicant indicates at Registration Intake, they have an Access and Functional Need (AFN), the file will have a Registration Status stamp of AFN\_ACC and in the Registrant Info screen there is the Disability and Communication Needs frame that indicates the applicant's AFN accommodation.
  - If the preferred AFN needs to be updated, please refer to [III.C](#).

### Methods of Communicating:

- FEMA's Text Telephone (TTY) is a device that allows individuals to use the telephone to communicate by typing messages back and forth to one another instead of talking or listening.
  - If the applicant chooses to use TTY to communicate with FEMA staff:
    - The applicant is required to have a TTY device.
    - FEMA's TTY number is (800) 462-7585.
    - Trained FEMA staff answers TTY calls
      - ONLY trained staff should reach out to applicants with TTY preference.
- Relay Services are ways for individuals to place calls by using:





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- Video Relay Service via a Sign Language interpreter;
- Internet; OR
- TTY to a Relay Operator.
  - If the applicant chooses to use Relay Services or a sign language interpreter:
    - FEMA does NOT require written consent from the applicant to speak with a third party, as long as the applicant is on the call.
    - By law, FEMA cannot deny applicants with disabilities access to eligible services due to their choice of relay services.
- **Language Line Services (LLS)** can be accessed by dialing (888) 898-1493.
- If the applicant chooses to have a friend or relative conduct their business communications and the applicant is not present:
  - FEMA will require a Written Consent letter, a completed [Authorization for the Release of Information Under the Privacy Act](#) form, or a Power of Attorney, Guardianship, or Conservatorship document from the applicant to speak with a third party and release information.
    - If applicant is present, verifications can be completed prior to verbal consent to speaking with a third party.
  - Refer to the [Written Consent and Sharing Applicants Information](#) SOP for additional information.



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## II. IMPORTANT INFORMATION

This section describes information that every employee **must** read **before processing** applicants who are Deaf, Hard of Hearing or have a speech or communication disability.



### Prior to Processing:

- Prior to reviewing or discussing ONA referrals for the applicant, verify the ONA Option selection.
  - Joint Option:
    - In Joint Option disasters, only the state, territorial, or tribal government is authorized to process and discuss ONA eligibility; refer to [Disaster Specific Information](#).
    - **Helpline Staff:** Refer to the [Helpline NPSC Caller Services Reference Guide](#) for additional information.
    - For ONA questions in Joint Option disasters, **PROVIDE** the state, territorial, or tribal government ONA Helpline number which is listed on the NEMIS **Disaster Information (DR Info)** button or the Web NEMIS **Disaster** link.





### III. PROCESS

#### A. Answering Calls

##### 1. TTY Calls and Contact Log:

- a. Trained FEMA staff answers TTY calls.
- b. **ADD** a **Contact** in NEMIS following the standard operating procedures.
- c. **RECORD** TTY contacts by using the online [TTY Contact Log](#);
  - i. **Open the TTY Contact Log:**
    1. **CLICK** on the **TTY Contact Log** located in the [Applicant Processing Page](#); OR
    2. Use this link: [TTY Contact Log](#).



Figure 1: Location of the TTY Contact Log on the Applicant Processing Page

- ii. **COMPLETE** the required fields:



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Figure 2: TTY Contact Log indicating required fields

1. National Processing Service Center (**NPSC/HUB**)

a. From the drop-down list, **SELECT** from:

- i. **MDNPSC**
- ii. **TXNPSC**
- iii. **VAHUB**
- iv. **PRHUB**

2. **Call Type:**

a. From the drop-down list, **SELECT** from:

- i. **Hang Up** - If the call dropped and you did not communicate with a caller over TTY.
- ii. **Test Call** - If you communicated with a NPSC caller, to verify TTY lines are functional, e.g. Telecom, E-ACT).
- iii. **Garbled Text** – Connection established, but unable to communicate with caller, e.g. receive garbled or unreadable text on the line.
- iv. **Valid Call** - If you communicated with the applicant. **RECORD** DR and Reg ID in the appropriate fields below.

3. **DR Number:** For valid calls only

a. **SELECT** the appropriate disaster from the drop-down list.

4. **Reg ID:** For valid calls only





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- a. **ENTER** the Registration ID in the text field

**5. Comments:**

- a. **ENTER** information from call.
  - i. When the TTY Contact Log is complete, **CLICK** the **Submit** button. A blank form is now available for the next contact.
  - ii. To cancel information on the TTY Contact Log without saving, **CLICK** the **Cancel** button.
  - iii. To exit the TTY Contact Log, **CLICK** the **X** in the top right-hand corner.
  - iv. If you have problems or questions relating to the form, **EMAIL** the [FEMA-NPSC-CCTS-Reports](#) Team.

**2. If the applicant prefers Relay Services to communicate:**

- a. Once connected, the applicant communicates their messages to the Relay operator. The Relay operator will communicate the applicant's message to the FEMA staff. The FEMA staff then replies verbally to the Relay operator, who then communicates via TTY, the internet, or video using a sign language interpreter, the exact reply to the Relay user.
  - i. Always speak as if talking directly to the applicant, as the operator is duty bound to type or sign each word stated; AND
  - ii. **END** each section with the statement "**Go ahead.**" This signals the operator and applicant that you are finished and ready for their response.
- b. For Outbound Calls:
  - i. Federal Relay Services (FRS) number is (877) 709-5801. If the FRS agent requests an agency code, please provide FEMA as the originating agency. This should meet the requirements to continue with the call.
  - ii. Provides telecommunication services between federal agencies and people who are deaf and hard of hearing.
  - iii. **USE** (800) 855-2881 for other Relay Services since the 7-1-1 service is NOT accessible from most business phones.
- c. For Inbound Calls:



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- i. The TTY/Relay caller does NOT have to use FEMA's TTY toll-free number.
  - ii. The TTY/Relay toll-free telephone number varies by state and is usually found in the front of most local telephone directories.
  - iii. Voice or TTY/Relay users may dial 7-1-1 from any phone within the United States to access the Relay Service.
  - iv. TTY/Relay users may dial (800) 855-2880 for a free service available 24 hours a day, 7 days a week.
- d. **ADD a Contact** in NEMIS following the standard procedures.

3. If applicants preferred language is not English:

- a. For Inbound and Outbound Calls, when staff are NOT fluent in the language of the applicant/caller:
  - i. **CALL** Language Line Services (LLS) by dialing (888) 898-1493
    1. Refer to [Language Line](#) SOP for additional information.

### B. Communicating Letters

1. Courtesy calls when an applicant indicates a communication preference of Arabic, Creole Mandarin, Russian, Samoan, Vietnamese, and or Braille or Large Print and an RFI, ADOC, RRDOC or ineligible letter is generated:

- a. **VERIFY** applicants preferred communication on the Disability and Communication Needs frame under the **Registrant Info** screen.
- b. Follow all Outbound Call requirements outline in the [Outbound Calls and Third Party Verification](#) SOP.
  - i. **CALL** the applicant using their preferred communication
    1. Utilize the Language Line Services (LLS) by dialing (888) 898-1493;
      - a. Refer to the [Language Line](#) SOP for additional guidance.
    2. One call attempt is required;





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- ii. **READ** the generated letter to the applicant in order to clarify the eligibility determination, detail the requested information, and/or explain how to appeal, if applicable.
- iii. **ADD** a Contact containing the reasons/results for courtesy call, the preferred communication accommodation used and LLS information, if applicable.
- iv. If the call attempt is unsuccessful:
  - 1. **ADD** a detailed Contact explaining reason for call.

2. Courtesy calls when an applicant indicates a specific AFN and an RFI, ADOC, RRDOC or ineligible letter is generated:

- a. **VERIFY** applicants preferred accommodation on the Disability and Communication Needs frame under the **Registrant Info** screen.
- b. These specific AFN accommodations require a courtesy call:
  - i. Cognitive/Developmental Disabilities/Mental Health, Vision, Self-Care, Independent Living, Power wheelchair, Scooter, Oxygen or respiratory equipment, Personal – care devices such as shower bench, bedside commode, Hoyer lift, or lift chair, Environmental control or alerting devices, Adaptive van or vehicle, Walker, cane, crutches, Medication or medical supplies including adult diapers or catheters, Service animal, Personal assistance services in home-care, Dialysis.
- c. Follow all Outbound Call requirements outline in the [Outbound Calls and Third Party Verification](#) SOP.
  - i. **CALL** the applicant;
    - 1. One call attempt is required
- d. **READ** the generated letter to the applicant in order to clarify the eligibility determination, detail the requested information, and explain how to appeal, if applicable.
- e. **ADD** a Contact containing the reasons/results for courtesy call and the AFN accommodation utilized.
- f. If the call attempt is unsuccessful.
  - i. **ADD** a detailed Contact explaining the reason for the call.



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### C. Editing Preferences

1. If applicant requests to have preferred communication and/or AFN accommodation added, updated or removed:

- a. **UPDATE** the Disability and Communication Needs frame on the **Registrant Info** screen.
- b. For Communication Needs;
  - i. On the Disability and Communication Needs frame;
  - ii. **SELECT** the "**Communication Needs**" link
  - iii. **SELECT** the appropriate preferred communication from the drop down:
    1. "Other" is to **ONLY** be used when a Communication Need is not captured in the provided options.
  - iv. **SAVE** the selections.
  - v. **ADD a Comment:**
    1. **Summary: FACILITY # LEP** = (Preferred communication/language type)
- c. For Disability Needs (AFN);
  - i. On the Disability and Communication Needs frame;
  - ii. **SELECT** the "**Disability**" link;
  - iii. **SELECT** the appropriate preferred accommodation from the drop down:
    1. Other should **ONLY** be used when an accommodation is not captured in the provided options (e.g. Dementia should be documented as Cognitive/Development Disabilities/Mental Health, rather than under Other).
  - iv. **SAVE** the selections.
  - v. **ADD a Comment:**
    1. **Summary: FACILITY # AFN** = (List the preferred accommodation(s) (e.g. Wheelchair, Mobility, Self-Care)
- d. For Disability Items:





## Disability and Communication Needs

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- i. On the **Disability and Communication Needs** frame;
- ii. **SELECT** the "**Disability Items**" link;
- iii. **SELECT** the appropriate preferred accommodation from the drop down:
  1. Other should **ONLY** be used when an accommodation is not captured in the provided options (e.g. Home health nurse would be listed under Personal assistance services/in-home care, rather than under Other).
- iv. **SAVE** the selections.
- v. **ADD** a **Comment**:
  1. **Summary: FACILITY # AFN** = (List the preferred accommodation(s))(e.g. Scooter, Walker, Dialysis)
- e. After the applicant updates their preferred method of communication:
  - i. If an inspection is pending or has not been completed, **EMAIL** the applicant's preferred method of communication/language to [FEMA-VA-NPSC-Task-Monitors](#).
    1. **INCLUDE** any individualized contact information that may assist with setting up the appointment (e.g. calling a neighbor, texting the applicant, etc.).

### D. Exceptions

There may be unique scenarios not specifically identified within this SOP that may require additional assistance.

1. If unable to determine the correct action using available SOPs, Disaster Specific Operating Procedures (DSOPs), Preshift or other posted information:

- f. **CALL** the IHP Helpdesk at (866) 562-2379 or the applicable extension number; or **EMAIL** the appropriate Supervisor or Point of Contact (POC).
  - i. If after review by the IHP Helpdesk Specialist or Supervisor/POC it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:
    1. **EMAIL** a request for clarification to the appropriate team via the IHP Helpdesk ([FEMA-IHPHelpdesk@fema.dhs.gov](mailto:FEMA-IHPHelpdesk@fema.dhs.gov))



## **IV. DEFINITIONS AND ACRONYMS**

### **Definitions**

**TTY:** Device that allows individuals to use the telephone to communicate by allowing them to type messages back and forth to one another instead of talking or listening.

---

### **Acronyms**

|               |                                                  |
|---------------|--------------------------------------------------|
| <b>AFN</b>    | Access and Functional Needs                      |
| <b>DRC</b>    | Disaster Recovery Center                         |
| <b>DSA</b>    | Disaster Survivor Assistance                     |
| <b>HUB</b>    | Contact Center Hubs                              |
| <b>IHP</b>    | Individuals and Households Program               |
| <b>JFO</b>    | Join Field Office                                |
| <b>LEP</b>    | Limited English Proficiency                      |
| <b>NEMIS</b>  | National Emergency Management Information System |
| <b>NONREF</b> | Non-Referral                                     |
| <b>ONA</b>    | Other Needs Assistance                           |
| <b>POC</b>    | Point of Contact                                 |
| <b>SOP</b>    | Standard Operating Procedure                     |
| <b>TTY</b>    | Text Telephone                                   |





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### V. RELATED GUIDANCE

Please refer to the following:

- [Written Consent and Sharing Applicants Information](#)
- [Language Line](#)
- [Outbound Calls and Third party](#)
- [Helpline NPSC Caller Services Reference Guide](#)
- Resources
  - [Disaster Specific Information](#)
  - [TTY Contact Log](#)



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FEMA-IHP-Helpdesk  
Effective Date: June 19, 2020

## FEMA-IHP-HELPDESK

|                              |                                                                                                                                                                                                                      |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I. Overview                  | <ul style="list-style-type: none"> <li>■ Purpose 2</li> <li>■ Other Items to Note 2</li> </ul> <p><b>***This can be referenced by all staff (JFO, DRC, DSA, Helpline)***</b></p>                                     |
| II. Important Information    | <p><b>***ALL processing employees must read this section***</b></p> <ul style="list-style-type: none"> <li>■ Prior to Processing 4</li> </ul>                                                                        |
| III. Process                 | <ul style="list-style-type: none"> <li>A. Emails to the IHP Helpdesk 7</li> <li>B. Access and Functional Needs 7</li> <li>C. Sign Language Interpreter and Other Language Needs 8</li> <li>D. Documents 9</li> </ul> |
| IV. Definitions and Acronyms | <ul style="list-style-type: none"> <li>■ Definitions 10</li> <li>■ Acronyms 10</li> </ul>                                                                                                                            |
| V. Related Guidance          | <ul style="list-style-type: none"> <li>■ Links to related guidance 1</li> </ul>                                                                                                                                      |





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FEMA-IHP-Helpdesk  
Effective Date: June 19, 2020

## I. OVERVIEW

This section describes information that every employee **must** read ***before addressing*** inquiries to the IHP Helpdesk.

### Purpose:

- This document assists staff with the necessary procedures to contact the Individuals and Households Program (IHP) Service Delivery Branch Program Management Section via the IHP Helpdesk for IHP inquiries.

#### IHP Helpdesk:

- Phone number: (b) (6)
- Email address: [FEMA-IHPHelpdesk@fema.dhs.gov](mailto:FEMA-IHPHelpdesk@fema.dhs.gov)

### Other Items to Note:

#### ■ IHP Helpdesk Phone:

- The IHP Helpdesk phone number is staffed by the IHP Emergency Management Specialists located in Maryland, Texas, and Virginia. The IHP Helpdesk offers resolution and answers to Registration Intake, Helpline, and processing questions from National Processing Service Centers (NPSC), Regional, Joint Field Office (JFO), Disaster Recovery Center (DRC), Disaster Survivor Assistance (DSA), and other Individual Assistance (IA) staff. Phone calls to the IHP Helpdesk are logged in a tracking database.
- The Helpdesk phone number is an internal number, DO NOT share the number with disaster survivors.
- The standard hours of operation for the IHP Helpdesk are:
  - Monday - Friday: 7:00 am to 9:00 pm (ET).
  - Saturday - Sunday: 9:30 am to 6:00 pm (ET).

**NOTE:** These hours may vary depending on disaster activity and need for support.

- If the IHP Helpdesk determines that additional clarification is required, the IHP Helpdesk specialist may ask staff to submit an email to the IHP Mailbox account for assistance.



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## FEMA-IHP-Helpdesk SOP Effective Date: June 19, 2020

### ■ IHP Helpdesk Email:

- The FEMA IHP Helpdesk email account is monitored by the Program Management Section (PMS) Mailbox Management Team (MMT). The MMT acts as the IHP Helpdesk Inbox Administrator, monitors the email account, and distributes the incoming emails to the teams within [PMS](#).
- PMS supports the IHP and responds to inquiries about FEMA policies, procedures, NEMIS, and escalated case reviews.
- The IHP Helpdesk inbox provides a written method of communication among supervisors, processors, and other departments. These email records are traceable and archived into a system of records.





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FEMA-IHP-Helpdesk  
Effective Date: June 19, 2020

## II. IMPORTANT INFORMATION

This section describes information that every employee **must** read ***before sending*** inquiries to the IHP Helpdesk.



### Prior to Processing:

- For cases locked or under Program Management Section (PMS) or NCT review:
  - DO NOT process the WP if the file contains indications of being Under Review and/or locked from further processing.
  - **SEND** an email for review to the [IHP Helpdesk](#).
    - **INCLUDE** the following on the email:
      - **Subject Line:** DR #, Reg #, and a subject that includes 'Under Review'.
      - **Body:** A description of the request and list of processing actions pending.
- Individuals and Households Program (IHP) Maximum (system limit only):
  - In an effort to minimize errors, the system will generate a popup if the total combined payment exceeds \$100,000.
    - Total combined payments include (in any combination)
      - HA
      - ONA
      - American Disabilities Act (ADA) related line items
  - Temporary housing and ADA related line items are not counted toward the financial HA and ONA maximums, so in rare instances an applicant's total award may exceed \$100,000.
    - If this happens, **PLACE** the case on "**Hold – Program Review**".
      - **EMAIL** the IHP Helpdesk for assistance: [FEMA-IHPHelpdesk@fema.dhs.gov](mailto:FEMA-IHPHelpdesk@fema.dhs.gov)



## FEMA-IHP-Helpdesk SOP Effective Date: June 19, 2020

- **INCLUDE** the following on the email:
  - **Subject Line:** DR #, Reg #, and a subject that includes 'System Limit Exceeded'.
  - **Body:** A description of the request and list of processing actions pending.
    - The Program Management Section will have to authorize this payment.
- Staff must perform a case review prior to calling the IHP Helpdesk:
  - **REVIEW** the **Events** history.
  - **ENSURE** cases have met basic eligibility criteria to receive IHP assistance.
  - **IDENTIFY** if a decision has been made and when.
  - **IDENTIFY** if there is a workpacket in queue.
  - **INFORM** the applicant of what FEMA needs.
  - **PROVIDE** approved disaster referrals to meet non-IHP needs.
  - **UPDATE** critical information as needed, e.g. current location, contact information, etc.
  - **VERIFY** the [Processing Procedures Manual \(PPM\)](#), [Preshift](#), and Disaster Specific SOPs if available.
- If after review by the IHP Helpdesk Specialist it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:
  - **EMAIL** a request for clarification to the appropriate team via the Helpdesk ([FEMA-IHPHelpdesk@fema.dhs.gov](mailto:FEMA-IHPHelpdesk@fema.dhs.gov)).

**NOTE:** All email requests for case reviews to the IHP Helpdesk must be vetted through your supervisor or Point of Contact (POC) unless the PPM directs a specific email as part of the processing instructions.

- General processing and updates to applications are handled by Caller Services and Casework (CSAC) and/or the Specialized Processing Unit (SPU), not the IHP Helpdesk. If there is a workpacket in queue, it will be addressed by assigned CSAC/SPU staff.





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- DO NOT contact the IHP Helpdesk if an applicant is requesting a status check. Staff should provide them with the information in the file or transfer the applicant to a specific workgroup if applicable.
- DO NOT transfer callers to the IHP Helpdesk (in C3MP it is IHP Assistance Group). IHP Helpdesk is NOT staffed to take Helpline calls.
- Forwarding an email to the IHP Helpdesk will NOT expedite the case, unless there is a critical need associated with it.
  - A critical need can be defined as a condition caused by the disaster creating a need for services or items hindering the applicant's ability to recover e.g., medical equipment, blind, deaf, bed or chair bound, evicted within 24-48 hours, homeless due to the disaster or is in danger of being homeless, etc.
  - If an applicant has an emergency need such as medical attention, police, or fire department assistance, **ADVISE** the applicant to call 9-1-1.
- If you are encountering a threatening phone call, **NOTIFY** your Supervisor/ POC immediately via email, Lync, or by signaling for assistance. Refer to the [Threatening Phone Calls SOP](#) for additional information.
- Personally Identifiable Information (PII)
  - General PII includes names, email addresses, home addresses (both Current Mailing Address (CMA) and Damaged Dwelling Address (DDA)), phone numbers, and EFT routing numbers.
    - General PII may be disclosed to applicants/co-applicants only after they have met the requirements to gain access to the file; and, when requested by the applicant/co-applicant; i.e. the applicant asks staff to confirm the CMA on file.
  - Sensitive PII includes Social Security numbers (full or last 4), Driver License or State ID numbers, Passport ID numbers, Date of Birth, and EFT account numbers.
    - Sensitive PII may never be disclosed to applicants/co-applicants, regardless if they met the requirements to gain access to the file. Staff may only update sensitive PII after the applicant/co-applicant has met the requirements to gain access to the file; and, the information is provided to staff by the applicant/co-applicant. Staff should never provide the outdated information to the applicant/co-applicant.



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Effective Date: June 19, 2020

## III. PROCESS

### A. Emails to the IHP Helpdesk

The IHP Inbox administrator sorts incoming emails and distributes them by categories to PMS staff. The email subject lines assist the IHP Helpdesk to direct the emails, as well as provide timely responses to email inquiries.

#### 1. Standard format of emails for case review

- a. Subject Line: **INCLUDE** the disaster (DR) number and the registration number on the subject line and a general description of the situation. **DO NOT** use dashes in the registration number.
  - i. Example: DR-1234-XX 123456789 TOPIC
- b. Body of the email:
  - i. **ENSURE** the email has all information you need to communicate (Who, What, When, Where, and How) so the recipient can easily identify and review the concern;
  - ii. **DO NOT** include sensitive Personally Identifiable Information (PII) information which includes the applicant's/co-applicant's Social Security numbers (full or last 4), Driver License or State ID numbers, Passport ID numbers, Date of Birth, and EFT account numbers;
  - iii. **DO NOT** include colorful backgrounds, templates, catch phrases, or quotes;
  - iv. **INCLUDE** your email signature with the name of your section and location.

**NOTE:** Some emails must include specific information, which is noted either in the PPM or in Preshift notifications.

### B. Access and Functional Needs

1. Access and Functional Needs (AFN) can be defined as an applicant with physical, mental, medical, or emotional limitations that affect their ability to maintain independence in daily activities such as communication, transportation/evacuation, disaster recovery, supervision and/or medical care.





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- a. If an applicant expresses a need for immediate assistance, **PROVIDE** [Disaster Specific Information](#) referrals to the caller.
  - i. If an applicant has an emergency need such as medical attention, police, or fire department assistance, **ADVISE** the applicant to call 9-1-1.
- b. Before determining if an email is necessary, make sure you clearly state the individual need(s) in terms of access or accommodation, rather than on identifying a particular disability.
  - i. Some applicants will have disabilities or AFNs that affect their ability to request or receive recovery assistance and will need additional resources.
- c. If an AFN for assistance is identified, **SEND** an email through your POC to the IHP Helpdesk and **INCLUDE** the following:
  - i. DR #;
  - ii. Registration Number;
  - iii. Applicant's Name;
  - iv. Current/Best contact phone number;
  - v. Specify what the applicant's need is, and how it is related to the applicant's AFN, in terms of access or accommodation.
  - vi. Description of the AFN;
  - vii. A list of the referrals you provided to the applicant; AND
  - viii. Why did the referrals not meet the need?
- d. **USE** the term **Access and Functional Needs** when referring to the capabilities of individuals and not the condition or medical diagnosis.

### C. Sign Language Interpreter and Other Language Needs

1. If an applicant has a need for a sign/other language interpreter at the Disaster Recovery Center (DRC):

- a. **ADD** a **Comment** in NEMIS.
  - i. **SPECIFY** the type of sign language (Tactile, Signed English, American Sign Language (ASL), etc.)



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- ii. **ASK** the applicant for a preferred time and date but provide at least a minimum of 24 hours for a contact to be made.
- b. **EMAIL** this request through your POC to the [IHP Helpdesk](#) with the specific information.

## D. Documents

1. If a document needs to be scanned for an applicant:

- a. **SEND** it to the FEMA mailroom by fax at 800-827-8112; OR
- b. **EMAIL** the documents to [FEMA-IHP-MAILROOM](#) if staff in the field DO NOT have access to fax equipment.
  - i. Sending documents for scanning to the IHP Helpdesk without a critical need will delay the document indexing and subsequent processing.

**NOTE:** DO NOT send work related emails directly to individual members of PMS. If a member of PMS responds to a work related email, they will respond from the IHP Helpdesk email account, or copy the IHP Helpdesk.





## V. DEFINITIONS AND ACRONYMS

### Definitions

**Access and Functional Needs** can be defined as physical, mental, medical, or emotional limitations that affect an applicant's ability to maintain independence in daily activities such as communication, transportation/evacuation, disaster recovery, supervision and/or medical care.

### Acronyms

|              |                                                  |
|--------------|--------------------------------------------------|
| <b>AFN</b>   | Access and Functional Needs                      |
| <b>ASL</b>   | American Sign Language                           |
| <b>CSAC</b>  | Caller Services and Casework                     |
| <b>CC</b>    | Courtesy Copy                                    |
| <b>DR</b>    | Disaster                                         |
| <b>DRC</b>   | Disaster Recovery Center                         |
| <b>DSA</b>   | Disaster Survivor Assistance                     |
| <b>ET</b>    | Eastern Time                                     |
| <b>FEMA</b>  | Federal Emergency Management Agency              |
| <b>IA</b>    | Individual Assistance                            |
| <b>IHP</b>   | Individuals and Households Program               |
| <b>JFO</b>   | Joint Field Office                               |
| <b>MMT</b>   | Mailbox Management Team                          |
| <b>NEMIS</b> | National Emergency Management Information System |
| <b>NPSC</b>  | National Processing Service Center               |
| <b>ONA</b>   | Other Needs Assistance                           |
| <b>PII</b>   | Personally Identifiable Information              |
| <b>POC</b>   | Point of Contact                                 |
| <b>PPM</b>   | Processing Procedures Manual                     |
| <b>PMS</b>   | Program Management Section                       |
| <b>SPU</b>   | Specialized Processing Unit                      |



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## VI. RELATED GUIDANCE

Please refer to the following documents:

- Standard Operating Procedures
  - [Financial HA and ONA Maximum and Minimum Awards](#)
  - [Return - Reissue of IHP Financial Assistance](#)
- Resources
  - [DHS Handbook for Safeguarding Sensitive Personally Identifiable Information](#)
  - [Guidelines for Safeguarding Sensitive PII](#)
  - [Helpline NPSC Caller Services Reference Guide](#)





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## Helpline NPSC Caller Services Reference Guide Effective Date: November 17, 2021

# HELPLINE REFERENCE GUIDE

## PURPOSE

The Helpline NPSC Caller Services Reference Guide identifies the tasks staff will perform when taking an incoming call and explains how to supply an applicant with the correct information and procedures regarding their registration.

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## I. HELPLINE NPSC CALLER SERVICES REFERENCE GUIDE

### A. Helpline Basics

- [Answering a Call from Another Language](#)
- [Opening Remarks](#)
- [Accessing the File and Releasing Information Procedures](#)
- [Recording Information from Non-Applicants \(Contractors, Insurance Agents, Mechanics, etc.\)](#)
- [Providing Applicant with Eligibility Status](#)
- [Providing Name and PIN to Caller](#)
- [Placing the Caller on Mute and Hold](#)
- [Privacy Act](#)
- [Answering a Referral Return Transfer Call](#)
- [Standard Case File Review Process](#)
- [Data Changes](#)
- [Closing Remarks](#)
- [Warm Transfer Instructions](#)
- [Comments and Contacts](#)
- [Creating Contacts and Completing Casework while on Caller Services](#)
- [Creating Comments and Sending Emails](#)
- [Using Contact Examples](#)

Other than accessing the file or releasing information procedures, the term "applicant" is used in reference to the applicant, co-applicant, and/or any other party authorized by the applicant to access their file.





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### 1. E-Correspondence Basic Helpline

- a. On June 28, 2021, IA E-Correspondence began answering basic Helpline questions and placing a **Contact** in the NEMIS file when they receive an inquiry through AskIA@fema.dhs.gov and/or FEMA.gov. Staff may see the following **Contact** in the file:

- i. **Summary:** Facility # E-CORR
- ii. **Details:** Summary of the received email, E-Correspondence's response, and any updates made to the file.

**NOTE:** DO NOT refer applicants with questions about their registration status to E-Correspondence. Helpline staff should continue to address all of the applicants concerns.

Applicants CANNOT email documents to IA E-Correspondence.

### 2. Answering a Call in Another Language

- a. In addition to English and Spanish, callers have the option to choose from the following languages:

- i. Arabic
- ii. Haitian Creole
- iii. Russian
- iv. Vietnamese
- v. Samoan
- vi. Mandarin

- b. The caller's preferred language will show in C3MP.

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- i. If the caller selected Spanish, **FOLLOW** the process to connect to the Language Line provided in the [Language Line](#) SOP.
- ii. If the caller selected any of the six languages listed in i-vi:
  - 1. **ANSWER** the call but DO NOT attempt to speak to the caller;
  - 2. **CONNECT** the call via Language Line following directions in the [Language Line](#) SOP; AND
  - 3. **ADDRESS** the caller's concern as usual.
- c. If the Applicant/caller requests to change preferred language, **GO** to [1.11b](#).

### 3. Opening Remarks

- a. Inbound Calls (speaking to only one person):
  - i. Staff: When staff answer an inbound call, they will **SAY**, "Good morning/afternoon/evening, Disaster Assistance, my name is \_\_\_\_\_. How may I help you?"
  - ii. Caller: "I need to know..."
  - iii. Staff: "I can help you with that information. May I have your registration number, please? For your protection, I must verify some information with you. May I have your first and last name, please?" To access the file and release information, **SEE** [Section 4](#).
- b. Inbound Calls (speaking to more than one person)
  - i. If caller requests that another person take over the conversation, the staff member will **SAY** to each person the caller requests them to speak with: "Good morning/afternoon/evening, my name is \_\_\_\_\_. This call may be monitored and recorded for quality assurance purposes."
  - ii. **FOLLOW** guidance in [Section 3](#) to access the file and release information to others when the applicant is present.





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- iii. **CONTINUE** the call.
- c. Outbound Calls (when returning a call is required per a standard operating procedure (SOP), if the call is disconnected, or is a [C3MP call back](#)):
  - i. Staff/C3MP staff: "Hello, I am calling from the Federal Emergency Management Agency (FEMA). This call may be monitored and recorded for quality assurance purposes. May I please speak with [name of applicant, co-applicant, or the party who asked for a call back]?" Use this disclaimer when:
    - 1. When the outbound call is initially answered; AND
    - 2. With each person that you speak to.
  - ii. If the applicant/co-applicant refuses to accept the call due to the Call Monitoring/Recording: "Unfortunately we will NOT be able to continue the call without being able to monitor and record the conversation. If you change your mind, you may call the FEMA Helpline at (800) 621-3362 or you may visit a Disaster Recovery Center (DRC). Thank you for your time, again my name is \_\_\_\_\_ and my personal ID # is \_\_\_\_\_."
  - iii. Once you are speaking with the applicant, co-applicant, or the third party who asked for a call back continue with:
    - 1. Staff: "My name is \_\_\_\_\_ and my personal ID # is \_\_\_\_\_. Thank you for taking my call. I am reviewing your file and have some information for you regarding your application for disaster assistance."
    - 2. C3MP staff: "My name is \_\_\_\_\_ and my personal ID # is \_\_\_\_\_. Thank you for taking my call. How may I assist you?"
  - iv. **CONTINUE** to [Section 4](#).
  - v. **SEE** the [Outbound Calls and Third Party Verifications](#) for more information.
- d. Disconnected Inbound and Outbound Calls:
  - i. If an inbound Helpline or outbound call is disconnected, and the caller's phone number is available, a call back MUST be made, regardless of the amount of information verified prior to the disconnection. In this instance, the



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standard hours for outbound calls (8am to 9pm in the individual's time zone) DO NOT apply because the call was first initiated by the caller.

- ii. **USE** the initial greeting in [1.c.ii.](#)
- iii. Once the applicant is reached, **CONTINUE** with "For your protection, I must re-verify some information with you."
- iv. To access the file and release information, **SEE** [Section 4.](#)
- v. Once verifications are complete, **CONTINUE** the call.
- vi. Refer to the [Outbound Calls and Third Party Verifications](#) SOP for additional information.

### 4. Accessing the File and Releasing Information Procedures

- a. For all callers, staff MUST always:
  - i. **OPEN** the file and **COMPLETE** the verification process of the Personally Identifiable Information (PII) before giving access to the file and releasing information to the caller.
    - 1. General PII includes names, email addresses, home addresses (both Current Mailing Address (CMA) and Damaged Dwelling Address (DDA)), phone numbers, and EFT routing numbers. General PII may be disclosed to applicants only after they have met the requirements to gain access to the file and when requested by the applicant/co-applicant; i.e., the applicant asks staff to confirm the CMA on file.
    - 2. Sensitive PII includes Social Security numbers (full or last 4), Driver License or State ID numbers, Passport ID numbers, Date of Birth, and EFT account numbers. Sensitive PII may never be disclosed to applicants, regardless if they met the requirements to gain access to the file. Staff may only update sensitive PII after the applicant/co-applicant has met the requirements to gain access to the file and the information is provided to staff by the applicant/co-applicant. Staff should never provide the outdated information to the applicant/co-applicant.
    - 3. For applicants who CANNOT remember their registration identification (Rgsn ID) number, **UTILIZE** the **All Disaster Search** button if the disaster (DR) number is NOT known and **OFFER** the following choices: Search





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by first and last name, address, telephone number or SSN. In addition, a search by a co-applicant's SSN can be used.

4. If the case is locked 'Under Review per PMS', 'Under NCT Review', or 'Under Review' or is locked by a Program Management (PM) member:
  - a. **REVIEW** the file and assist the applicant with any questions they may have regarding the status of eligibility determinations in the file or appeal processes (such as documentation to submit for occupancy, identity, etc.).
  - b. Using your best customer service, **RESPOND to the inquiries but DO NOT discuss that the file is locked**.
  - c. In a situation of potential fraud or identity theft, the exact reason for locking the record will NOT be provided in the **Comments**.
    - i. If the applicant's fraud concern is in response to them having received the Potential Suspect Bank Routing (**PSBR**) letter, please see instructions located in the [Fraud Review SOP](#) on how to review the Registration Status Codes, respond to the applicant's concern, and document the file.
  - d. Upon completion of the call, please **ENTER** a summary of the information discussed in your Contact using **Applicant Inquiry**.
5. If the file has any WPs or a processing action is needed due to unaddressed documents:
  - a. **RECORD** all information pertaining to the call and **SEND** an email through your Point of Contact to [FEMA-IHPHelpdesk@fema.dhs.gov](mailto:FEMA-IHPHelpdesk@fema.dhs.gov).
  - b. **ENSURE** the email subject line includes: DR #, Reg #, and a subject that includes "Under Review"; and that the body of your email includes a description of the request, and list of processing actions pending.
6. For a caller attempting to access a registration for a minor child applicant without a co-applicant listed in the file, **ADVISE** the caller if they believe they filed using their child's name to send the following information to gain access to the file: a letter explaining they are the parent/legal guardian of the minor applicant and a copy of the child's birth certificate and social security card.



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- ii. **VERIFY** the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance (HA) e.g., Home Repair Assistance, Rental Assistance, Lodging Expense Reimbursement Assistance (LER), Transitional Sheltering Assistance (TSA), or Direct Housing Assistance.
- iii. **VERIFY** the applicant's current preferred language and if applicant requests an update, **GO** to [1.11b](#).
- iv. **DETERMINE** the reason for the call.
- v. **REVIEW** the file information quickly before responding to an applicant's question unless applicant refuses the verification process and is asking for only generic information.
- vi. If casework is necessary, staff **MUST** perform necessary actions according to current posted procedures. See [Preshift](#) and/or [Processing Procedures Manual \(PPM\)](#).
  - 1. This includes creating a Workpacket (WP) if there are unaddressed documents or if the applicant provides the required verbal information for continued processing and a WP is NOT present.
- vii. Suicide Calls:
  - 1. If staff suspect that a caller is thinking about suicide, refer to the [Threatening Phone Calls](#) SOP for additional information.

### 1. For Applicants

If the applicant requests access to the file and information regarding the status of the case, the applicant **MUST** verify:

|                          |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. For <b>IDV_PASS</b> : | <ul style="list-style-type: none"> <li>i. Name: State first and last name;</li> <li>ii. Social Security Number (<b>SSN</b>): Last four digits;</li> <li>iii. Damaged Dwelling Address (<b>DDA</b>);</li> <li>iv. Current Mailing Address (<b>CMA*</b> - only verified if different from <b>DDA</b>; <b>NOTE</b>: ask if it's the same); AND</li> </ul> | <ul style="list-style-type: none"> <li>1. If verification process is successful:               <ul style="list-style-type: none"> <li>a. <b>VERIFY</b> the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance;                   <ul style="list-style-type: none"> <li>i. If the disaster is closed, <b>DO NOT</b> address current location with the applicant.</li> </ul> </li> <li>b. <b>GRANT</b> access to file;</li> <li>c. <b>RELEASE</b> information; AND</li> </ul> </li> </ul> |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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### 1. For Applicants

If the applicant requests access to the file and information regarding the status of the case, the applicant MUST verify:

|                       |                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       | v. Current Phone Number (CPN*);                                                                                                                                                                                                                                                       | d. <b>ADD</b> a <a href="#">Contact</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                       |                                                                                                                                                                                                                                                                                       | 2. If verification process is unsuccessful (** See section below)<br>a. <b>DENY</b> file access; AND<br>b. <b>ADD</b> a <a href="#">Contact</a> .                                                                                                                                                                                                                                                                                                                                                                             |
| b. For<br>IDV_FAILED; | i. Name; State and spell first and last name;<br>ii. <b>SSN</b> : Full number - all 9 digits;<br>iii. <b>DDA</b> ;<br>iv. <b>CMA</b> * only verified if different from <b>DDA</b> ; <b>NOTE</b> : ask if it's the same);<br>v. <b>CPN</b> *; AND<br>vi. Date of Birth ( <b>DOB</b> ). | 1. If verification process is successful:<br>a. <b>VERIFY</b> the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance;<br>i. If the disaster is closed, DO NOT address current location with the applicant.<br>b. <b>GRANT</b> access to file;<br>c. <b>RELEASE</b> information; AND<br>d. <b>ADD</b> a <a href="#">Contact</a> . |
|                       |                                                                                                                                                                                                                                                                                       | 2. If verification process is unsuccessful:<br>a. <b>Deny</b> access to file; AND<br>b. <b>ADD</b> a <a href="#">Contact</a> .                                                                                                                                                                                                                                                                                                                                                                                                |

\*The applicant's **DOB** can be used as an alternate verification for both the **CMA** and **CPN** if the applicant is unable to verify these items because of disaster-caused displacement. Otherwise, the applicant/caller must provide the required information without assistance hints from the FEMA staff.

\*If the **DDA** is the same as the **CMA**, the **DOB** CANNOT be used for an alternative verification and the **DDA** MUST be verified. If the applicant is unable to verify their **DDA**, **DENY** access to the file. **ADVISE** the applicant to request a copy of their file for this information. See section [B. Correspondence Issues, 3.2. Request a copy of file or inspection report](#).

\*When the **DOB** is used as an alternate verification, the **CMA** and/or **CPN** must be updated prior to ending the call.

If the verification process is unsuccessful because the applicant is unable to verify the **DDA** information, **DENY** access and **ENTER** a **Contact**.

If verification process is unsuccessful because the applicant is unable to verify the last 4 digits of the **SSN**, before denying access, **ASK** the applicant if they have a copy of the registration sent to them by FEMA to verify the **SSN** given at the time of registration.

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### 1. For Applicants

If the applicant requests access to the file and information regarding the status of the case, the applicant **MUST** verify:

- If **Yes**, **VERIFY** the **SSN** and **PROVIDE** access to the file.
  - If the applicant has NOT previously received an **IIDV – Identity Verification Failed** decision, **MAKE** corrections to the **SSN** up to 3 digits, if needed.
- If **No**, or the applicant has previously received an **IIDV – Identity Verification Failed** decision, **ADVISE** the applicant to submit one of the documents used for [Identity Verification \(IDV\)](#) with an appeal letter requesting to update to the **SSN** on file.

**NOTE:** For guidance on changing more than 3 digits of the **SSN**, refer to Sections [1.4b Changing the SSN](#) and/or [3.2 Request a copy of file or inspection report](#).

The applicant can also request a copy of the registration intake information and call the Helpline to request an update once verification is made.

Table 1: Accessing the File and Releasing Information to Applicants

### 2. For Applicants who are Under NCT Review, Under Review per PMS, or Locked by PM member

An applicant identified as **Under NCT Review** who requests access to the file and information regarding the status of the case, the verification requirements are slightly different. Because the **CMA** is NOT easily found, the applicant **MUST** verify their:

All fields are required without substitution:

| All fields are required without substitution:                                                                                       |  | Then:                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Name; State first and last name;<br>b. <b>SSN</b> : Last four digits;<br>c. <b>DDA</b> ;<br>d. <b>CPN</b> ; AND<br>e. <b>DOB</b> |  | 1. If verification process is successful:                                                                                                                     |
|                                                                                                                                     |  | a. <b>GRANT</b> access to file;<br>b. <b>RELEASE</b> information but DO NOT discuss that the file is locked; AND<br>c. <b>ADD</b> a <a href="#">Contact</a> . |
|                                                                                                                                     |  | 2. If verification process is unsuccessful (** <a href="#">See section above</a> ):                                                                           |
|                                                                                                                                     |  | a. <b>DENY</b> file access<br>b. <b>ADD</b> a <a href="#">Contact</a> .                                                                                       |

Table 2: Accessing the File and Releasing Information to Applicants Under NCT Review, Under Review per PMS, or Locked by PM member.

### 3. For Co-Applicants

If the co-applicant requests access to the file and information regarding the status of the case:

|                                                  |                                                                                                                                                         |                                                                                                                                                                                                                                                                       |
|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. The co-applicant's <b>SSN</b> listed in file; | i. <b>VERIFY</b> the information as in section <a href="#">1.a.1</a> above, using the co-applicant's <b>SSN</b> in lieu of the applicant's <b>SSN</b> . | 1. If verification process is successful:                                                                                                                                                                                                                             |
|                                                  |                                                                                                                                                         | a. <b>VERIFY</b> the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance; |





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### 3. For Co-Applicants

If the co-applicant requests access to the file and information regarding the status of the case:

|                                                     |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                     |                                                                                         | <ul style="list-style-type: none"> <li>i. If the disaster is closed, DO NOT address current location with the applicant.</li> <li>b. <b>GRANT</b> access to the file;</li> <li>c. <b>RELEASE</b> information; AND</li> <li>d. <b>ADD a <a href="#">Contact</a>.</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| b. The co-applicant's <b>SSN</b> NOT listed in file | i. <b>DETERMINE</b> if the applicant is available to complete the verification process. | 2. If verification process is unsuccessful: <ul style="list-style-type: none"> <li>a. <b>DENY</b> access to the file; AND</li> <li>b. <b>ADD a <a href="#">Contact</a>.</b></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                     |                                                                                         | 1. If the applicant IS available and the verification process is successful: <ul style="list-style-type: none"> <li>a. <b>VERIFY</b> the required information following section <a href="#">1.a.</a>, above;</li> <li>b. When verifications are complete, <b>UPDATE</b> the file with the co-applicant's <b>SSN</b>; <b>NOTE</b>: If the co-applicant's date of birth is missing, update the file as instructed in section <a href="#">1.6b.</a></li> <li>c. <b>VERIFY</b> applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance;</li> <li>i. If the disaster is closed, DO NOT address current location with the applicant.</li> <li>d. <b>RELEASE</b> information; AND</li> <li>e. <b>ADD a <a href="#">Contact</a>.</b></li> </ul> |
|                                                     |                                                                                         | 2. If applicant IS available and verification process is unsuccessful: <ul style="list-style-type: none"> <li>a. <b>DENY</b> access to the file; AND</li> <li>b. <b>ADD a <a href="#">Contact</a>.</b></li> </ul> 3. If the applicant is NOT available <ul style="list-style-type: none"> <li>a. <b>DENY</b> access to the file for the co-applicant;</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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### 3. For Co-Applicants

If the co-applicant requests access to the file and information regarding the status of the case:

|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>b. <b>ASK</b> the caller to have the applicant call and update the file with the co-applicant's <b>SSN</b> or submit a request to update the co-applicant's <b>SSN</b> by mail, fax or uploading the document to their Disaster Assistance Center (DAC) account online.; AND</p> <p>c. <b>ADD</b> a <a href="#">Contact</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| c. The registration was completed on behalf of a minor child for an undocumented parent/guardian (co-applicant): | <p>i. <b>IDENTIFY</b> if the caller is the co-applicant. Have the co-applicant complete the following verifications:</p> <p>a. If <b>IDV_PASS</b>, <b>STATE</b> co-applicant's first and last name or if <b>IDV_FAILED</b>, <b>SPELL</b> co-applicant's first and last name;</p> <p>b. If <b>IDV_PASS</b>, <b>STATE</b> applicant's (minor child) first and last name or if <b>IDV_FAILED</b>, <b>SPELL</b> applicant's (minor child) first and last name;</p> <p>c. If <b>IDV_PASS</b>, last four digits of applicant's (minor child) <b>SSN</b> or if <b>IDV_FAILED</b>, applicant's (minor child) full <b>SSN</b>;</p> <p>d. <b>DDA</b>;</p> <p>e. <b>CMA*</b> - only verified if different from <b>DDA</b>; <b>NOTE</b>: ask if it's the same);</p> <p>f. <b>CPN*</b>; AND</p> <p>g. <b>STATE</b> applicant's (minor child) <b>DOB</b></p> | <p>1. If the co-applicant IS NOT available</p> <p>a. <b>DENY</b> access to the file;</p> <p>b. <b>ASK</b> the caller to have the co-applicant (parent/guardian) call; AND</p> <p>c. <b>ADD</b> a <a href="#">Contact</a>.</p> <p>2. If the co-applicant IS able complete the verification process:</p> <p>a. <b>VERIFY</b> the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance;</p> <p>i. If the disaster is closed, DO NOT address current location with the applicant.</p> <p>b. <b>RELEASE</b> information to the co-applicant; AND</p> <p>c. <b>ADD</b> a <a href="#">Contact</a>.</p> |
|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p>3. If the co-applicant IS NOT able complete the verification process:</p> <p>a. <b>DENY</b> file access to the co-applicant.; AND</p> <p>b. <b>ADD</b> a <a href="#">Contact</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                  | <p>d. The registration was completed on behalf of a minor child for an undocumented parent/ guardian, but the co-</p> <p>i. The <b>IDV</b> status= <b>IDV_PASS</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>1. <b>DENY</b> access to the file</p> <p>2. <b>ADVISE</b> the caller: "If you believe you filed using your child's name, send the following information to gain access to the file: a letter stating you are the parent/legal guardian of the minor applicant requesting to be added to the file as co-applicant, and a copy of the child's birth certificate.";</p>                                                                                                                                                                                                                                                                                                                                                                                                                    |





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### 3. For Co-Applicants

If the co-applicant requests access to the file and information regarding the status of the case:

|                                        |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>applicant's name is NOT listed:</p> |                                              | <p>3. <b>SAY</b>, "Please include the disaster number, registration number, last four digits of your child's social security number, and your child's name on all pages of any correspondence you send." <b>PROVIDE</b> the <u>mailing address and fax number</u> and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</p> <p>4. <b>ADD</b> a <u>Contact</u>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                        | <p>ii. The IDV status= <b>IDV_FAILED</b></p> | <p>1. <b>DENY</b> access to the file;</p> <p>2. <b>ADVISE</b> the caller; "If you believe you filed using your child's name, send the following information to gain access to the file: a letter stating you are the parent/legal guardian of the minor applicant requesting to be added to the file as co-applicant and a copy of the child's birth certificate and social security card.";</p> <p>3. <b>SAY</b>, "Please include the disaster number, registration number, last four digits of your child's social security number, and your child's name on all pages of any correspondence you send." <b>PROVIDE</b> the <u>mailing address and fax number</u>; AND</p> <p>4. <b>ADD</b> a <u>Contact</u>.</p> <p><b>** NOTE:</b> Applicants that are <b>IDV_FAILED</b> will NOT have the option to upload their document(s) because a DAC account CANNOT be created.</p> |

Table 3: Accessing the File and Releasing Information to Co-Applicants

### 4. For a Third Party

If a third party requests access to the file and/or make changes to the registration:

| If:                                                                                                          | And:                                                                                                                                                                                                                                                                                                                                     | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a. If a third party requests access to the file; AND</p> <p>b. The applicant/co-applicant is present.</p> | <p>i. The applicant/co-applicant MUST verify the following information:</p> <p>a. If <b>IDV_PASS</b>, applicant/co-applicant states first and last name or if <b>IDV_FAILED</b>, applicant/co-applicant states and spells first and last name</p> <p>b. If <b>IDV_PASS</b>, last four digits of applicant/co-applicant's <b>SSN</b>;</p> | <p>1. If the applicant/co-applicant accurately verifies the data:</p> <p>a. <b>VERIFY</b> the applicant/co-applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance; AND</p> <p>b. If the disaster is closed, DO NOT address current location with the applicant.</p> <p>i. <b>REQUEST</b> verbal permission to speak to third party;</p> |

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### 4. For a Third Party

If a third party requests access to the file and/or make changes to the registration:

| If:                                                                                                                                                                                              | And:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>c. If <b>IDV_FAILED</b>, applicant/co-applicant's full nine-digit <b>SSN</b>;</li> <li>d. <b>DDA</b>;</li> <li>e. <b>CMA*</b> - only verified if different from <b>DDA</b>; <b>NOTE</b>: ask if it's the same, AND</li> <li>f. <b>CPN*</b></li> </ul>                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>ii. <b>ADVISE</b> the applicant/co-applicant of the <a href="#">Written Consent Guidelines</a> for third party representation;</li> <li>iii. <b>RELEASE</b> the information to the third party; AND</li> <li>iv. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul> <p><b>NOTE</b>: The applicant/co-applicant <b>MUST</b> remain on the line for the entire call. If the applicant/co-applicant <b>DOES NOT</b> remain on the line, information <b>CANNOT</b> be released to the third party.</p> <ul style="list-style-type: none"> <li>2. If the applicant/co-applicant fails to accurately verify the data: <ul style="list-style-type: none"> <li>a. Deny access; AND</li> <li>b. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul> </li> <li>3. If the applicant/co-applicant is <b>NOT</b> available: <ul style="list-style-type: none"> <li>a. <b>DENY</b> access; AND</li> <li>b. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul> </li> </ul> |
| <ul style="list-style-type: none"> <li>c. If a third party requests access to the file; AND</li> </ul> <p>The applicant/co-applicant has submitted a <a href="#">Written Consent letter</a>.</p> | <ul style="list-style-type: none"> <li>i. If a Written Consent letter has been received, it <b>MUST</b> meet the following requirements: <ul style="list-style-type: none"> <li>a. Be in writing (handwritten or typed);</li> <li>b. Include the applicant or co-applicant's full name, CMA, date and place of birth;</li> <li>c. Be dated and <a href="#">signed</a> by the applicant or co-applicant;</li> <li>d. Be notarized or include the statement, "I hereby declare under penalty of perjury that the foregoing is true and correct."</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>1. If the authorized third party accurately verifies the data according to <a href="#">2.1.a</a> or <a href="#">2.1.b</a> above: <ul style="list-style-type: none"> <li>a. <b>VERIFY</b> the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance, e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance. <ul style="list-style-type: none"> <li>i. If the disaster is closed, <b>DO NOT</b> address current location with the applicant.</li> </ul> </li> <li>b. <b>RELEASE ONLY</b> the information authorized in the Written Consent letter to the third party; AND</li> <li>c. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul> </li> <li>2. If the authorized third party fails to accurately verify the data:</li> </ul>                                                                                  |

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### 4. For a Third Party

If a third party requests access to the file and/or make changes to the registration:

| If:                                                                                                                                                                                            | And:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>e. Include an individual identifier, e.g. the FEMA application number, CMA, CPN, etc.;</li> <li>f. Specify what information can be released to the third party, e.g. the entire case file, the current contact information, the amount of disaster assistance received, etc.; AND</li> <li>g. The applicant/co-applicant must designate the individuals, entities, or organizations to which the disclosure is being consented.</li> </ul> <p>ii. Once approved, the authorized third party caller <b>MUST</b> verify their name and all of the standard verification items for the applicant/co-applicant.</p> <p><b>NOTE:</b> A valid Written Consent letter DOES NOT expire unless the applicant submits a subsequent written request.</p> | <ul style="list-style-type: none"> <li>a. <b>DENY</b> access to the file;</li> <li>b. <b>SAY:</b> "Mr. /Ms. ____, I am NOT authorized to provide case access to you at this time."; AND</li> <li>c. <b>ADD</b> a <b>Contact</b>.</li> </ul> <p><b>NOTE:</b> A Written Consent letter DOES NOT authorize a third party to make any changes to the registration, e.g. updating the CMA, DDA, EFT, etc. These authorizations can <b>ONLY</b> be made with a Power of Attorney (POA), Guardianship, or Conservatorship document.</p>                                                                                                                                                                                                                                                                      |
| <p>d. If a third party requests access to the file; AND</p> <p>The applicant/co-applicant has submitted an <b>Authorization for the Release of Information Under the Privacy Act</b> form.</p> | <p>i. If an <b>Authorization for the Release of Information Under the Privacy Act</b> form has been received, it <b>MUST</b> include the following information:</p> <ul style="list-style-type: none"> <li>a. Applicant's or co-applicant's full name, place of birth, and date of birth;</li> <li>b. At least one selection for each item under <b>Section B</b>; AND</li> <li>c. The applicant or co-applicant's <u>signature</u>, CMA, printed name, and the date signed.</li> </ul> <p><b>NOTE:</b> The <b>Authorization for the Release of Information Under the Privacy Act</b> form expires one year from</p>                                                                                                                                                                 | <p>1. If the authorized third party accurately verifies the data according to <u>2.1.a</u> or <u>2.1.b</u> above:</p> <ul style="list-style-type: none"> <li>a. <b>VERIFY</b> the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance, e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance; <ul style="list-style-type: none"> <li>i. If the disaster is closed, DO NOT address current location with the applicant.</li> </ul> </li> <li>b. <b>RELEASE ONLY</b> the information authorized in the <b>Authorization for the Release of Information Under the Privacy Act</b> form to the third party; AND</li> <li>c. <b>ADD</b> a <b>Contact</b>.</li> </ul> |

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### 4. For a Third Party

If a third party requests access to the file and/or make changes to the registration:

| If:                                                                                                                                                                                                      | And:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                          | <p>the date the applicant signs the form. If it has been more than one year since the form was signed, the applicant will need to submit an updated form or a Written Consent letter.</p> <p>1. The registration ID number, <b>Section A</b>, and <b>Section C</b> are optional for the form to be accepted. However, failure to provide the information requested on the form may make it more difficult for FEMA to share the information with other disaster relief entities to assist the applicant.</p> <p>d. Once approved, the authorized third party caller <b>MUST</b> verify their name and all of the standard verification items for the applicant/co-applicant.</p> | <p>2. If the authorized third party fails to accurately verify the data:</p> <p>a. <b>DENY</b> access to the file;</p> <p>b. <b>SAY</b>: "Mr. /Ms. ____, I am NOT authorized to provide case access to you at this time."; AND</p> <p>c. <b>ADD</b> a <a href="#">Contact</a>.</p> <p><b>NOTE</b>: An <b>Authorization for the Release of Information Under the Privacy Act</b> form DOES NOT authorize a third party to make any changes to the registration, e.g. updating the CMA, DDA, EFT, etc. These authorizations can <b>ONLY</b> be made with a Power of Attorney (POA), Guardianship, or Conservatorship document.</p>                                                                                                                                                                                                                                                                              |
| <p>e. If a third party requests access to the file and/or to make changes to the registration; AND</p> <p>The applicant/co-applicant has submitted a POA, Guardianship, or Conservatorship document.</p> | <p>i. <b>VERIFY</b> the documentation has been validated by the Program Management Section (PMS) and the Office of the Chief Counsel (OCC).</p> <p>a. If validated, the <b>Release of Information Form</b> will be set as <b>Verified</b> in the <b>Info Control</b> screen; AND</p> <p>b. A <b>Comment</b> in the <b>Event History</b> will detail what authorizations are granted and to whom.</p>                                                                                                                                                                                                                                                                             | <p>1. If the POA, Guardianship, or Conservatorship documentation has been verified, and the authorized third party accurately verifies the data according to <a href="#">2.1.a</a> or <a href="#">2.1.b</a> above:</p> <p>a. <b>VERIFY</b> the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance, e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance;</p> <p>i. If the disaster is closed, DO NOT address current location with the applicant.</p> <p>b. <b>RELEASE ONLY</b> the information and/or make the changes authorized in the <b>Comment</b> from PMS or the IHP Helpdesk; AND</p> <p>c. <b>ADD</b> a <a href="#">Contact</a>.</p> <p>2. If the authorized third party fails to accurately verify the data:</p> <p>a. <b>DENY</b> access to the file;</p> |





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### 4. For a Third Party

If a third party requests access to the file and/or make changes to the registration:

| If:                                                                                                                                                                                                                                                                                                                  | And:                                                                                                                                                                                               | Then:                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                    | <p>b. <b>SAY:</b> "Mr. /Ms. ___, I am NOT authorized to provide case access to you at this time."; AND</p> <p>c. <b>ADD</b> a <a href="#">Contact</a>.</p> <p><b>NOTE:</b> POA, Guardianship, or Conservatorship documents are the only documents that can be used to authorize a third party to make changes to an applicant's file.</p> |
| <p>f. If a third party requests access to the file and/or to make changes to the registration; AND</p> <p>The applicant/co-applicant has NOT submitted a Written Consent letter, <b>Authorization for the Release of Information Under the Privacy Act</b> form, POA, Guardianship, or Conservatorship document.</p> | <p>ii. If a Written Consent letter, <b>Authorization for the Release of Information Under the Privacy Act</b> form, POA, Guardianship, or Conservatorship documentation has NOT been received;</p> | <p>1. <b>DENY</b> access to the file;</p> <p>2. <b>SAY:</b> "Mr. /Ms. ___, I am NOT authorized to provide case access to you at this time.";</p> <p>3. <b>ADVISE</b> the third party of the <a href="#">Written Consent Guidelines</a>; AND</p> <p>4. <b>ADD</b> a <a href="#">Contact</a>.</p>                                           |

If the applicant is a minor child with a **SSN** and the co-applicant is undocumented, complete the verification process described on [Section 3 For Co-Applicants](#).

Table 4: Accessing the File and Releasing Information to a Third Party



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5. Contact Examples for Access Granted and Access Denied

|                                      |                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. Access Granted for Non-applicant: | i. <b>Summary Line:</b> NPSC# ACCESS TO (NAME OF CALLER), (TOPIC OF CALL)<br>ii. <b>Contact:</b> <b>SELECT</b> contact initiation type<br>iii. <b>Spoke To:</b> <b>INSERT</b> caller's name<br>iv. <b>Call Type:</b> Leave blank<br>v. <b>Call Sub-Type:</b> Leave blank<br>vi. <b>Details:</b> Indicate details of call       |
| b. Access Denied:                    | i. <b>Summary Line:</b> NPSC# (NAME OF CALLER) DENIED CASE ACCESS<br>ii. <b>Contact:</b> <b>SELECT</b> contact initiation type<br>iii. <b>Spoke To:</b> <b>INSERT</b> caller's name<br>iv. <b>Call Type:</b> Leave blank<br>v. <b>Call Sub-Type:</b> Leave blank<br>vi. <b>Details:</b> Indicate reason case access was denied |

Table 5: Contact Examples when Access to the File and Release of Information is Granted and Denied

5. Recording Information from Non-Applicants (Contractors, Insurance Agents, Mechanics, etc.)

- a. If someone returns a call to Helpline and identifies them as a contractor, insurance agent, or mechanic that knows the name of the person who has registered, staff will open the file (searching by name or address) and do the following:
  - i. **CHECK** the **Events log** for a recent contact to that person;
  - ii. **VERIFY** the contractor name, business and phone number;
  - iii. **ADD** a new **Contact**;
  - iv. **ANSWER** the questions left by the caseworker; AND





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- v. If additional information is supplied that would be helpful to process the case, please **ADD** that to the **Contact** as well.
- b. If there are NO questions in the file and there is NOT enough information in the file to logically enter a contact with helpful information, please **RECORD** the following information in a **Contact**:
  - i. Contractor's name;
  - ii. Cell phone (or best contact number); AND
  - iii. The best time to reach contractor.
- c. Once the **Contact** is completed, **VERIFY** that a WP exists in **FEMA Appeal** or **FEMA Supervisor Appeal**. If there is no WP, please **CREATE** a WP in **FEMA Appeal**. (See [Creating a New WP](#))
- d. Because of the privacy act, DO NOT release any information about the applicant to anyone who has NOT completed the PII verification process. This section is strictly for recording requested information in an applicant's file.

6. Providing Applicant with Eligibility Status

- a. Once an eligible decision for HA or Other Needs Assistance (ONA) is scheduled, the decision (including the dollar amount) can be provided to the applicant during a call. This information can be found in the applicant's file on the **Assistance Summary** frame of the **Helpline** screen.
  - i. Open the **Finance** link and look for **Schedule Date and Number**. An **Approved Date** DOES NOT necessarily mean processed for payment. Until the payment has a **Schedule Date** and **Schedule Number**, the check or EFT has NOT been processed. If there is no **Schedule Date**, advise the applicant to call back in one or two business days (Mon-Fri).
- b. **Schedule Number**
  - i. If the **Schedule Number** begins with **NC**, the award was sent as a check. It may take up to 14 business days to receive the check.



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- ii. If the Schedule number begins with **NE**, the award was sent by EFT/Direct Deposit to the applicant's direct deposit account. It may take up to 48 hours for the funds to appear in the applicant's direct deposit account.
- c. For DR-4609-TN and forward, if the applicant calls and they are **SBA = FIT**, and states they received an SBA loan application:
  - i. **SAY:** You have the option to apply for the SBA loan. This will not affect your FEMA application for disaster assistance. For questions related to the SBA disaster loan application, please contact the SBA general helpline at (800) 659-2955.
- d. If the disaster is Joint Option, DO NOT provide information about ONA. Instead, refer the applicant to the ONA Helpline and/or the Small Business Administration (SBA) as applicable. If the caller has questions related to housing and the SBA, staff will answer the housing questions and refer the SBA questions to the SBA. Staff will also provide the ONA Helpline number if applicable.
  - i. **SAY:** "FEMA is only able to provide information regarding housing assistance. For questions related to the status of your SBA disaster loan application, please contact the SBA general helpline at (800) 659-2955. If you have been declined by the SBA and need additional information regarding Other Needs Assistance, please contact the ONA Helpline for additional information."
- e. When a **Mailed Date** is recorded for a letter, the letter contents may be shared with the applicant. If the disaster is Joint Option, DO NOT provide information about the ONA decision. Instead, refer the applicant to the ONA Helpline.
- f. If the HA or ONA decision is ineligible (not related to insurance), **DISCUSS** all ineligible reasons that apply such as Home is Safe to Occupy (IID), Ownership NOT Verified (IOWNV), etc. and **SAY**, "FEMA was unable to verify your [real property/personal property] damages. At this time, you are ineligible for \_\_\_\_ assistance. If you would like to appeal this decision, you have 60 days from the date of the decision letter to fax, mail or upload a written, signed request letter appealing this decision, including a list of damages and any unmet needs that you believe were NOT covered by a previous decision. Include any documents supporting the request, such as estimates or receipts. Explain in writing why you think the decision about the amount or type of assistance you received is NOT correct. You or your co-applicant must sign the appeal letter. If someone other than you or the co-applicant is writing the letter, they must sign the appeal letter and you must also provide FEMA with a signed statement authorizing that individual to appeal on your behalf. Please include disaster number, registration number, last four digits of social security number, and your name on all pages of any correspondence you send. Once that documentation is received it will be reviewed and a determination will be provided. Here is the mailing address and/or fax number to which you can





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submit your request, or you can submit your request by uploading the document(s) to your Disaster Assistance Center account online.” **PROVIDE** the mailing address and/or fax number.

- g. Prior to DR 4563-AL, if the RP or ONA decision is ineligible due to insurance coverage, **SAY**, “When you registered for assistance, your insurance coverage was recorded. Before FEMA can review your file further, you should file an insurance claim. If your insurance DOES NOT meet your essential needs or your settlement is delayed, and you need assistance, send the insurance documentation to FEMA within 12 months of the date you registered. When submitting documentation to FEMA, please include the disaster number, registration number, last four digits of your social security number, and your name on all pages.” **PROVIDE** the mailing address and fax number and **ADVISE** the applicant they have the option to upload the document(s) to their DAC account online.
- i. For DR-4563-AL and forward, if the RP or ONA decision is ineligible due to insurance coverage, **SAY**, “When you registered for assistance, your insurance coverage was recorded. Before FEMA can review your file further, you should file an insurance claim. You should have received a letter explaining the need to send an insurance settlement approval or denial letter to FEMA. If your insurance DOES NOT meet your essential needs or your settlement is delayed, and you need assistance, send the insurance documentation to FEMA within 60 days of the date on the letter. If we DO NOT receive any insurance settlement documentation from you within 60 days of the date of the letter, FEMA will provide you a decision regarding your eligibility for assistance in writing. If you disagree with FEMA’s decision, you have the right to appeal. When submitting documentation to FEMA, please include the disaster number, registration number, last four digits of your social security number, and your name on all pages.” **PROVIDE** the mailing address and fax number and **ADVISE** the applicant they have the option to upload the document(s) to their DAC account online.
- h. Prior to DR 4563, AL, if the Temporary Housing decision is ineligible due to insurance coverage, **SAY**, “When you registered for assistance, your insurance coverage was recorded. Before FEMA can review your file further, you should file an insurance claim. If you need assistance and your insurance DOES NOT meet your essential needs for Temporary Housing or your settlement is delayed, send the insurance documentation to FEMA for review. All documentation must be received prior to the financial closure date for the disaster. When submitting documentation to FEMA, please include the disaster number, registration number, last four digits of your social security number, and your name on all pages.” **PROVIDE** the mailing address and fax number and **ADVISE** the applicant they have the option to upload the document(s) to their DAC account online.
- i. For DR-4563-AL and forward, if the Temporary Housing decision is ineligible due to insurance coverage, **SAY**, “When you registered for assistance, your insurance coverage was recorded. Before FEMA can review your file further, you should file an insurance claim. You should have received a letter explaining the need to send an



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insurance settlement or denial letter to FEMA. If you need assistance and your insurance **DOES NOT** meet your essential needs for Temporary Housing or your settlement is delayed, send the insurance documentation to FEMA for review. At this time, you **DO NOT** need to file an appeal. If we **DO NOT** receive any insurance settlement documentation from you within 60 days of the date of this letter, FEMA will provide you a decision regarding your eligibility for assistance in writing. If you disagree with FEMA's decision, you will then have the right to appeal. All documentation must be received prior to the financial closure date for the disaster. When submitting documentation to FEMA, please include the disaster number, registration number, last four digits of your social security number, and your name on all pages." **PROVIDE** the [mailing address and fax number](#) and **ADVISE** the applicant they have the option to upload the document(s) to their DAC account online.

### 7. Providing Name and PIN to Caller

- a. For all calls other than RI, staff are required to provide their first name and personal identification number (PIN) to the applicant and can do this anytime during the call. Staff are also required to provide this information to other representatives if the call is transferred to a third party, for example an SBA representative. The only exception to this guidance is when the call is unexpectedly disconnected, and staff have NOT yet provided this information.

### 8. Placing the Caller on Mute and on Hold

- a. For situations when staff need to be away from the caller for a period of time, staff **MUST** place the phone on mute so they can hear if the caller has any questions. Staff **MUST** tell the caller that it may take some time to get back with them and confirm the caller has the time to wait.
  - i. **SAY**, "[May I place you on a brief hold?](#)"
    1. **GIVE** a realistic estimate to the length of the hold
    2. **PROVIDE** a reason why you must place the applicant on hold
    3. **WAIT** for a response
      - a. If the applicant **CANNOT** hold, have the caller stay on the line with you or offer to call them back.
    4. **DO NOT** leave the applicant on mute for longer than 2 minutes without checking back.





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- a. **PROVIDE** the applicant with an update
- b. If the applicant must continue to wait, **PROVIDE** the applicant with a new timeframe

5. **SAY**, "Thank you so much for holding. I apologize for the inconvenience and appreciate your patience".

- b. The only time staff MUST place a caller on hold is when they are making an outbound call, for example when calling the IHP-Helpdesk. Prior to this contact, **INFORM** callers that you are placing them on hold and it may be for an extended period. DO NOT "conference" callers into the discussion.

9. Privacy Act

- a. When staff receive a call and it is apparent that the applicant has never registered, staff will follow current guidelines and either **TRANSFER** the call to the **DAC-CC** or **COMPLETE** the registration from the **Web RI** module. Staff responsible for taking the registration MUST read the Privacy Act statement to the applicant.
- b. The Privacy Act DOES NOT limit general agency, program, and referral information. **PROVIDE** publicly available information on FEMA's Individuals and Households Program (IHP) if a caller requests only general information and will NOT verify registration information. PII or details directly related to the registration should NOT be disclosed.

10. Answering a Referral Return Transfer Call

- a. When staff receive a Referral Return Transfer call from registration intake:
  - i. **ANSWER** any general questions
    - 1. **USE** the Disaster Referral Information on the [Disaster Specific Information](#) page to provide more information about referrals.
  - ii. If the caller asks specific questions about their case, **SAY** "Please allow 24 hours for the registration to replicate in our system. After 24 hours, you may review your status online at [www.disasterassistance.gov](http://www.disasterassistance.gov) or call FEMA Disaster Assistance to review your file".



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### 11. Standard Case File Review Process

- a. Staff must NOT provide PII to a caller and ask if it is correct. This is NOT an acceptable verification method and it compromises the security of the applicant's information.
- b. Always **OPEN** and **REVIEW** files for outstanding issues including, but NOT limited to the following:
  - i. **Current Queues** frame on the **Overview** screen for current activity on the case;
  - ii. **CONFIRM** that all types of insurance coverage the applicant and household dependents have are included on the **Insurance Type** frame of the **Helpline** screen;
  - iii. **Comments** and **Contacts** in the **Events History** for recent activity in the file;
  - iv. **Inspector Comments** on the **Inspection Status** screen for problems with the inspection or verifications;
  - v. Dates on which documents were received from the applicant and/or mailed to the applicant. This may identify documents that have crossed in the mail;
  - vi. **Finance** link located on the **Housing Assistance** or **PP/Other Assurances** frame on the **Assistance** screen to verify if payment issues – how and when awards were disbursed and any returned funds; AND
  - vii. **REVIEW** the **Registration Status** screen for **OCCV\_PASS**, **IDV\_PASS**, and **OWNV\_PASS** (if applicable). If any of the verifications have failed, **REVIEW** submitted correspondence for acceptable documents.
    1. If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, identity, and/or ownership (if applicable), **ADVISE** the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.
    2. **ACCESS** the [Occupancy Verification](#) SOP, [Identity Verification](#) SOP, and/or [Ownership Verification SOP](#) on the [PPM](#) to provide further guidance to the applicant regarding acceptable documents.

### 12. Data Changes

- a. Data changes may NOT be completed under the following circumstances:

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- i. Duplicate Investigation: If the duplicate status is **unresolved** the case will be locked by **DupCheck** and data changes **CANNOT** be completed. If you see that the duplicate issue relates to phone or address information, **ASK** if other people who may have applied are sharing the same phone or address and **RECORD** this clarifying information in your **Contact**.
- ii. Cases locked by another user: If the case is locked by another user, **RECORD** the information in a **Comment** so that data changes can be made later by a caseworker.
- b. In instances where the applicant requests a data change after the disaster has closed, the **CMA** and **CPN** (current, cell and/or alternate) **MUST** be updated. If the applicant requests to have previously mailed correspondence reissued please see:
  - i. Section [3.1a](#) for General correspondence, AND
  - ii. Section [20.1a](#) for IHP Recoupment Issues.
- c. Any other data change for case in a closed disaster, **MUST** be evaluated by IHP-Helpdesk. **PROVIDE** the associated information to the appropriate Supervisor, POC, or IHP-Helpdesk Program Specialist for assistance.
- d. Please **ADVISE** the applicant the disaster is closed. See the [Closed Disaster Processing](#) SOP for more information.

| If call concerns:     | And:                                                                                                                                     | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1a Changing the DDA | Applicant has received an <b>INONV – Occupancy NOT Verified</b> decision; AND<br><br>Appeal letter and supporting documents NOT on file, | <ol style="list-style-type: none"> <li><b>SAY</b>, "Please send a written appeal letter to FEMA with documentation that proves you occupied the home at the corrected/new address, such as a copy of a utility bill, rental agreement, your driver's license, etc. FEMA must have this information in order to make changes to the damaged dwelling address. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li><b>ADD a Contact</b>:               <ol style="list-style-type: none"> <li><b>Summary</b>: FACILITY# (NPSC#) REQUEST TO CHANGE DDA;</li> <li><b>Type</b>: Critical Data Change;</li> </ol> </li> </ol> |

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| If call concerns:                                                        | And:                                                                                                                                            | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                                                 | <p>c. <b>Sub-Type:</b> DDA; AND</p> <p>d. <b>Details:</b> Applicant requested <b>DDA</b> change. Could NOT make change because applicant previously received INONV decision. Advised applicant to mail or fax written appeal letter and proof of occupancy. Provided mailing address and fax number. (And any other changes made to file).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 1.1b Changing the DDA                                                    | <p>Applicant has received an <b>INONV – Occupancy NOT Verified</b> decision; AND</p> <p>Appeal letter and supporting documents are on file.</p> | <p>1. <b>REVIEW</b> the <b>Overview</b> screen to determine if a WP exists in the <b>FEMA Appeal</b> queue.</p> <p>a. If a WP DOES NOT exist, <b>CREATE a WP</b> to <b>FEMA Appeal</b>.</p> <p>2. <b>SAY</b>, "FEMA has received your documents. They will be reviewed as soon as possible and you will be notified of the decision"; AND</p> <p>3. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) <b>REQUEST TO CHANGE DDA</b>;</p> <p>b. <b>Call Type:</b> Critical Data Change;</p> <p>c. <b>Sub-type:</b> DDA; AND</p> <p>d. <b>Details:</b> Applicant requested <b>DDA</b> change. Could NOT make change because applicant's request is being reviewed in FEMA Appeal. Advised applicant they will be notified when a decision is made. (And any other changes made to file).</p>                                                                                    |
| 1.1c Changing the DDA (For all disasters up to and including DR-4606-LA) | <p>Applicant has NOT received an <b>INONV – Occupancy NOT Verified</b> decision; AND</p> <p>NO inspection has been requested.</p>               | <p>1. <b>SAY</b>, "I will correct your address in the file now." <b>REQUEST</b> the address, including the spelling of the street name. Phonetically <b>VERIFY</b> the street name with the applicant, and repeat the house number, zip code, city, and state to confirm accuracy of the entry;</p> <p>2. <b>UPDATE</b> the address on the <b>Registrant Info</b> screen;</p> <p>a. If an <b>UPDATE DAMAGED ADDRESS – FLOOD ZONE</b> popup appears stating the following:</p> <p>), Changing the damaged address may have caused a change of Flood Zone. The Latitude and or Longitude of the address has changed. If you want to delete the current flood zone mapping, select Yes and a Workpacket will be created in Automated Flood Plain Mapping to have the Flood Zone Re-Mapped. Select No to leave the current Flood Zone unchanged.</p> <p>b. <b>SELECT</b> Yes and <b>CLICK</b> Save.</p> |





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| If call concerns:                                         | And:                                                                                                                              | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                           |                                                                                                                                   | <p>3. <b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b> and <b>IDV_PASS</b>. If either, verification has failed, <b>REVIEW</b> submitted correspondence for acceptable documents.</p> <p>a. If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy and/or identity, <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to prove occupancy and/or identity.</p> <p>b. <b>ACCESS</b> the <a href="#">Occupancy Verification</a> SOP and/or <a href="#">Identity Verification</a> SOP on the PPM to provide further guidance to the applicant regarding acceptable documents.</p> <p>4. If the address change resulted in an <b>OCCV_FAILED</b> and/or <b>IDV_FAILED</b> on the <b>Registration Status</b> screen, <b>CREATE a WP</b>, <b>ADD a Comment</b>, and <b>ROUTE to FEMA Manual Determination</b>, if a WP DOES NOT already exist;</p> <p>5. <b>ADD a Contact</b>:</p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE DDA</p> <p>b. <b>Type:</b> Critical Data Change</p> <p>c. <b>Sub-Type:</b> DDA</p> <p>d. <b>Details:</b> Updated <b>DDA</b> per applicant's request. (And any other changes made to file). [If change resulted in <b>OCCV_FAILED</b> and/or <b>IDV_FAILED</b>, <b>ADD</b> Advised applicant to mail, fax, or upload a written appeal letter with proof of occupancy and/or identity. Provided mailing address and fax number. Created WP for occupancy review and routed to <b>FEMA Manual Determination</b>.]</p> <p>i. If casework trained, <b>ACCESS</b> case in <b>FEMA Manual Determination</b> and complete casework to provide an <b>INONV – Occupancy NOT Verified</b> and/or <b>IDV – Failed Identity Verification</b> decision.</p> |
| 1.1d Changing the <b>DDA</b> (For DR-4607-MI and forward) | <p>Applicant has NOT received an <b>INONV – Occupancy NOT Verified</b> decision; AND</p> <p>NO inspection has been requested.</p> | <p>1. <b>SAY</b>, "I will correct your address in the file now." <b>REQUEST</b> the address, including the spelling of the street name, Phonetically <b>VERIFY</b> the street name with the applicant, and repeat the house number, zip code, city, and state to confirm accuracy of the entry;</p> <p>2. <b>UPDATE</b> the address on the <b>Registrant Info</b> screen;</p> <p>a. If an <b>UPDATE DAMAGED ADDRESS – FLOOD ZONE</b> popup appears stating the following:</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |



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| If call concerns:     | And:                                                                                                                                                                               | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       |                                                                                                                                                                                    | <p>i. Changing the damaged address may have caused a change of Flood Zone. The Latitude and or Longitude of the address has changed. If you want to delete the current flood zone mapping, select Yes and a Workpacket will be created in Automated Flood Plain Mapping to have the Flood Zone Re-Mapped. Select No to leave the current Flood Zone unchanged.</p> <p>b. <b>SELECT</b> Yes and <b>CLICK</b> Save.</p> <p>3. <b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b>. If the verification has failed, <b>REVIEW</b> submitted correspondence for acceptable documents.</p> <p>a. If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, <b>ADVISE</b> the applicant to submit acceptable documents for proof of occupancy. Refer to the <a href="#">Occupancy Verification</a> SOP for additional information.</p> <p>4. <b>CREATE a WP</b> to <b>FEMA Manual Determination</b>, if a WP DOES NOT already exist;</p> <p>5. <b>ADD a Contact</b>:</p> <p>a. <b>Summary</b>: <b>FACILITY#</b> (NPSC#) REQUEST TO CHANGE DDA</p> <p>b. <b>Type</b>: Critical Data Change</p> <p>c. <b>Sub-Type</b>: DDA</p> <p>d. <b>Details</b>: Updated <b>DDA</b> per applicant's request. (And any other changes made to file). [If acceptable proof of occupancy documents are NOT on file, <b>ADD</b> Advised applicant to mail, fax, or upload acceptable proof of occupancy documents. Provided mailing address and fax number. Created WP for occupancy review and routed to <b>FEMA Manual Determination</b>.]</p> <p>6. If casework trained, <b>ACCESS</b> case in <b>FEMA Manual Determination</b> and <b>REQUEST</b> an initial inspection.</p> |
| 1.1e Changing the DDA | <p>Applicant has NOT received an <b>INONV – Occupancy NOT Verified</b> decision; AND</p> <p>Date in <b>Inspection Date</b>, <b>From Field</b> and/or <b>Completed Date</b>; OR</p> | <p>1. <b>SAY</b>, "Please send a written statement to FEMA with documentation that proves you occupied the home at the corrected/new address, such as a copy of a utility bill, rental agreement, your driver's license, etc. FEMA must have this information in order to make changes to the damaged dwelling address. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send. Once that documentation is received, an inspection may be performed at the updated address."</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |





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| If call concerns:             | And:                                                                                                                                                                                                                                                                                                                                                              | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                               | Case has a complete inspection with a status that is NOT <b>WVO</b> , <b>IMI</b> , or <b>INCI</b>                                                                                                                                                                                                                                                                 | <ol style="list-style-type: none"> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUEST TO CHANGE <b>DDA</b></li> <li><b>Type:</b> Critical Data Change</li> <li><b>Sub-Type:</b> DDA</li> <li><b>Details:</b> Applicant requested <b>DDA</b> change. Could NOT make change – inspection already completed. Advised applicant to mail or fax written statement and proof of occupancy. Provided mailing address and fax number. Advised applicant the inspection may be performed at new address. (And any other changes made to file).</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1. If Changing the <b>DDA</b> | <p>Applicant has NOT received an <b>INONV – Occupancy NOT Verified</b> decision; AND</p> <p>Date in <b>Inspection Date</b>, <b>From Field</b> and/or <b>Completed Date</b>; OR</p> <p>Case has a complete inspection with a <b>WVO</b>, <b>IMI</b>, or <b>INCI</b> status; AND</p> <p>The inspector entered a <b>"Possible NPR"</b> or similar <b>Comment</b></p> | <ol style="list-style-type: none"> <li><b>SAY:</b> "Please send a written statement to FEMA with documentation that proves you occupied the home at the corrected/new address, such as a copy of a utility bill, rental agreement, your driver's license, etc. FEMA must have this information in order to make changes to the damaged dwelling address. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send. Once that documentation is received, an inspection may be performed at the updated address."</li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUEST TO CHANGE <b>DDA</b></li> <li><b>Type:</b> Critical Data Change</li> <li><b>Sub-Type:</b> DDA</li> </ol> </li> <li><b>Details:</b> Applicant requested <b>DDA</b> change. Could NOT make change – inspection already completed. Advised applicant to mail or fax written statement and proof of occupancy. Provided mailing address and fax number. Advised applicant the inspection may be performed at new address. (And any other changes made to file).</li> </ol> |



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| If call concerns:     | And:                                                                                                                                                                                                                                                                                                                                         | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1g Changing the DDA | <p>Applicant has NOT received an <b>INONV – Occupancy NOT Verified</b> decision; AND,</p> <p>Date in <b>Inspection Date, From Field and/or Completed Date</b>; OR</p> <p>Case has a complete inspection with a <b>WVO, IMI, or INCI</b> status; AND</p> <p>The inspector DID NOT enter a <b>"Possible NPR"</b> or similar <b>Comment</b></p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "I will correct your address in the file now." <b>REQUEST</b> the address, including the spelling of the street name. Phonetically <b>VERIFY</b> the street name with the applicant, and repeat the house number, zip code, city, and state to confirm accuracy of the entry;</li> <li><b>UPDATE</b> the address on the <b>Registrant Info</b> screen; <ol style="list-style-type: none"> <li>If an <b>UPDATE DAMAGED ADDRESS – FLOOD ZONE</b> popup appears stating the following: <ol style="list-style-type: none"> <li>Changing the damaged address may have caused a change of Flood Zone. The Latitude and or Longitude of the address has changed. If you want to delete the current flood zone mapping, select Yes and a Workpacket will be created in Automated Flood Plain Mapping to have the Flood Zone Re-Mapped. Select No to leave the current Flood Zone unchanged.</li> </ol> </li> <li><b>SELECT</b> Yes and <b>CLICK</b> Save.</li> </ol> </li> <li><b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b>. If the verification has failed, <b>REVIEW</b> submitted correspondence for acceptable documents. <ol style="list-style-type: none"> <li>If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, <b>ADVISE</b> the applicant to submit acceptable documents for proof of occupancy. Refer to the <a href="#">Occupancy Verification SOP</a> for additional information.</li> </ol> </li> <li><b>CREATE</b> a <b>WP</b> to <b>FEMA Manual Determination</b>, if a WP DOES NOT already exist;</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) <b>REQUEST TO CHANGE DDA</b></li> <li><b>Type</b>: Critical Data Change</li> <li><b>Sub-Type</b>: DDA</li> <li><b>Details</b>: Updated <b>DDA</b> per applicant's request. (And any other changes made to file). [If acceptable proof of occupancy documents are NOT on file, <b>ADD</b> Advised applicant to mail, fax, or upload acceptable proof of occupancy documents. Provided mailing address and fax number. Created WP for occupancy review and routed to <b>FEMA Manual Determination</b>.]</li> </ol> </li> <li>If casework trained, <b>ACCESS</b> case in <b>FEMA Manual Determination</b> and <b>REQUEST</b> a Withdrawn inspection.</li> </ol> |





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| If call concerns:   | And:                                                                                                                                                                                                                                                                                                                                                         | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Changing the DDA | <p>Applicant has NOT received an <b>INONV – Occupancy NOT Verified</b> decision; AND</p> <p>Date in <b>Inspection Date, From Field</b> and/or <b>Completed Date</b>; OR</p> <p>Case has a complete inspection with a status that is NOT <b>WVO</b>, <b>IMI</b>, or <b>INCI</b>; AND</p> <p>DDA is incorrect due to address correction during inspection.</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "I will correct your address in the file now."</li> <li><b>ACCESS</b> the <b>Inspection Status</b> screen and <b>SELECT</b> the <b>Data Changes</b> link. <ol style="list-style-type: none"> <li><b>VERIFY</b> the DDA using the address from the <b>Before Value</b> column.</li> <li><b>UPDATE</b> the DDA using the address from the <b>After Value</b> column if the applicant confirms the residence location and their dwelling was inspected. <ol style="list-style-type: none"> <li>If an <b>UPDATE DAMAGED ADDRESS – FLOOD ZONE</b> popup appears stating the following: <ol style="list-style-type: none"> <li>Changing the damaged address may have caused a change of Flood Zone. The Latitude and or Longitude of the address has changed. If you want to delete the current flood zone mapping, select Yes and a Workpacket will be created in Automated Flood Plain Mapping to have the Flood Zone Re-Mapped. Select No to leave the current Flood Zone unchanged.</li> </ol> </li> <li><b>SELECT</b> Yes and <b>CLICK Save</b>.</li> </ol> </li> </ol> </li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY# (NPSC#) CORRECTED DDA</b></li> <li><b>Type</b>: Critical Data Change</li> <li><b>Sub-Type</b>: DDA</li> <li><b>Details</b>: Applicant requested DDA change. Corrected DDA per applicant's request. (And any other changes made to file).</li> </ol> </li> <li>If the applicant or staff identifies the wrong DD was inspected, <ol style="list-style-type: none"> <li><b>ASK</b> if there are any other household members that may have been present for the previous inspection and to describe their home e.g., dwelling type, levels, interior/exterior colors.</li> <li>If the applicant confirms no one could have given access to their dwelling, <b>SAY</b>, "I will request a review of your file and return a call to you."</li> <li><b>CALL</b> the IHP-Helpdesk and provide the following information. They will forward the summary and details to the <a href="#">FEMA-VA-NPSC-Task-Monitors</a>:</li> </ol> </li> </ol> |



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| If call concerns:    | And: | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                      |      | <ul style="list-style-type: none"> <li>i. Applicant's name;</li> <li>ii. Disaster number;</li> <li>iii. Registration number; AND</li> <li>iv. A description of the applicant's home e.g., dwelling type, levels, interior/exterior colors.</li> </ul> <p>d. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>i. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REPORTS WRONG DD INSPECTED</li> <li>ii. <b>Call Type:</b> HA Program Requests</li> <li>iii. <b>Sub-Type:</b> Applicant Request for Inspection</li> <li>iv. <b>Details:</b> Applicant is registered in DR# _____. The wrong DD was inspected. Requested inspection. Verified all required information and made updates as required. (And any other changes made to file).</li> </ul> <p>e. Once Inspection Services confirm if the DD was inspected or not, <b>FOLLOW</b> their instruction(s) in order to:</p> <ul style="list-style-type: none"> <li>i. <b>CALL</b> the applicant and explain the correct DD was inspected and CLARIFY any outstanding issues that could potentially be addressed on appeal; OR</li> <li>ii. <b>REQUEST</b> a "Re-Inspection" <ul style="list-style-type: none"> <li>1. <b>UPDATE</b> the DDA according to the information verified by the applicant at the time of RI.</li> <li>2. <b>CREATE a WP</b>, <b>ADD a Comment</b>, and <b>ROUTE</b> to <b>FEMA Manual Determination</b>, if a WP DOES NOT already exist.</li> </ul> </li> </ul> <p>5. <b>REQUEST</b> an inspection. See <a href="#">Inspection Requests and Comparisons</a> in the <a href="#">PPM</a> for additional information.</p> |
| 1.2 Changing the CMA | N/A  | <p>1. <b>SAY</b>, "I will update your correct mailing address in the file now." Request the address, including the spelling of the street name. Phonetically <b>VERIFY</b> the street name with the applicant, and repeat the house number, zip code, city, and state to confirm accuracy of the entry;</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |





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| If call concerns:        | And:                                                                           | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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|                          |                                                                                | <ol style="list-style-type: none"> <li><b>UPDATE</b> the address on the <b>Registrant Info</b> screen;</li> <li>If any checks have been scheduled/mailed; <b>ADVISE</b> the applicant that they were sent to the previous address. If this is the situation, <b>SAY</b>, "Check with your local Post Office for mail that may have already been sent."; AND</li> <li><b>ADD a Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) CHANGED <b>CMA</b></li> <li><b>Type</b>: Critical Data Change</li> <li><b>Sub-Type</b>: <b>CMA</b></li> <li><b>Details</b>: Updated <b>CMA</b> per applicant's request. (And any other changes made to file).</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 1.3a Changing the Income | <p>Income amount will increase;<br/>AND</p> <p>Registration Period is open</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "I will change the information in your file now per your request."</li> <li><b>CHANGE</b> the income amount on the <b>Registrant Info</b> screen;</li> <li>If the applicant's SBA status is <b>FIT</b>, <b>ACCESS</b> the <a href="#">SBA Referrals</a> SOP and <b>REVIEW</b> the Income Test Tables; <ol style="list-style-type: none"> <li><b>LOCATE</b> the appropriate <b>Annual</b> income amount for the number of dependents in the household; <ol style="list-style-type: none"> <li>If the applicant's income is less than the <b>Annual</b> income amount for the number of dependents, <b>DO NOT</b> change the <b>FIT</b> status.</li> <li>If the applicant's income is greater than the <b>Annual</b> income amount for the number of dependents, <b>UPDATE</b> the SBA status from <b>FIT</b> to <b>HAPP</b> and <b>SAY</b> "The SBA will contact you via an auto-dialer system to inform you about how to apply for a disaster loan. You now have three convenient ways to apply: Online at <a href="https://disasterloan.sba.gov">Disasterloan.sba.gov</a>, in-person by visiting a Disaster Recovery Center (DRC), or by submitting a loan application by mail. To see a list of the DRC's, please visit the website online at <a href="https://disasterloan.sba.gov/ela/Declarations/Index">https://disasterloan.sba.gov/ela/Declarations/Index</a>. If the auto-dialer is unable to contact you, you will be sent a letter explaining how to obtain an application."</li> </ol> </li> </ol> </li> <li><b>CLICK</b> the <b>Assistance</b> screen;</li> <li><b>CLICK</b> <b>Add</b> on the <b>SBA</b> frame;</li> </ol> |



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| If call concerns:        | And:                                                                           | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|                          |                                                                                | <p>3. <b>SELECT Referral Type:</b> HOME; AND</p> <p>4. <b>CLICK Save.</b></p> <p>4. If the applicant has questions/concerns about the SBA referral or loan process, <b>SAY</b>, "I can transfer you to an SBA representative for them to address your issues. Please hold while I transfer you. It may take a few minutes to make the transfer. In case this call is disconnected, the SBA phone number is (800) 659-2955."</p> <p>5. <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call; AND</p> <p>6. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) INCREASED INCOME</p> <p>b. <b>Type:</b> Critical Data Change</p> <p>c. <b>Sub-Type:</b> Income</p> <p>d. <b>Details:</b> Increased income per applicant's request. Note if status changed from ONA FIT to SBA HAPP. Advise applicant all options for applying for an SBA disaster loan. (And any other changes made to file).</p>                                                                                                               |
| 1.3b Changing the Income | <p>Income amount will decrease;<br/>AND</p> <p>Registration Period is open</p> | <p>1. DO NOT change the income in the file, <b>SAY</b>, "I am unable to decrease your reported household income."</p> <p>2. If the SBA status is <b>FIT</b>, <b>SAY</b>, "Although you were not referred to the SBA for a possible loan, you may contact them to request an application. The SBA Customer Service phone number is (800) 659-2955."</p> <p>3. If the SBA status is <b>HAPP</b>, <b>SAY</b>, "Document your income information on the SBA loan application and return it to the SBA. The SBA will then review your case and decide what type of assistance is most appropriate in your case."</p> <p>4. If the applicant has questions/concerns about the SBA referral or loan process, <b>SAY</b>, "I can transfer you to an SBA representative for them to address your issues. Please hold while I transfer you. It may take a few minutes to make the transfer. In case this call is disconnected, the SBA phone number is (800) 659-2955." <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call; AND</p> |

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| If call concerns:        | And:                                                                                                                                 | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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|                          |                                                                                                                                      | <p>5. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO DECREASE INCOME</p> <p>b. <b>Type:</b> Critical Data Change</p> <p>c. <b>Sub-Type:</b> Income</p> <p>d. <b>Details:</b> Applicant requested to decrease income amount from \$_____ to \$_____. Advised applicant that change could NOT be made over the phone. If applicable, note - Status is SBA HAPP. Advised applicant to document correct income amount on SBA loan application and return it. Note if a transfer to SBA was completed and/or if you provided the SBA number. (And any other changes made to file).</p>                                                                                                                                                                                                                                                                                                                                                                                                              |
| 1.3c Changing the Income | <p>Income amount will increase or decrease; AND</p> <p>Registration Period is closed</p>                                             | <p>1. DO NOT change the income in the file. <b>SAY</b>, "I am unable to (increase/ decrease) your reported household income because the Registration Period for this disaster has closed. You may contact the SBA at (800) 659-2955 to inform them of this change."; AND</p> <p>2. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO (INCREASE/DECREASE) INCOME INCIDENT PERIOD CLOSED</p> <p>b. <b>Type:</b> Critical Data Change</p> <p>c. <b>Sub-Type:</b> Income</p> <p>d. <b>Details:</b> Applicant requested to (increase/ decrease) income amount after registration period is closed. Advised applicant that change could NOT be made over the phone. Provided SBA phone number and advised applicant to contact the SBA and notify them of the change. If applicable, note - Status is SBA HAPP. Advised applicant to document correct income amount on SBA loan application and return it. <b>NOTATE</b> if a transfer to SBA was completed and any other changes made to the file.</p> |
| 1.4a Changing the SSN    | <p>Requests to change 1 to 3 digits only; AND</p> <p>Applicant has NOT received an IIDV – Identity Verification Failed decision.</p> | <p>1. <b>VERIFY</b> the SSN with the applicant;</p> <p>2. <b>SAY</b>, "I will make that change for you now,"</p> <p>3. <b>CHANGE</b> up to three numbers and <b>VERIFY</b> the change before saving your work; AND</p> <p>4. <b>ADD a Contact:</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |



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| If call concerns:     | And:                                                                                                                                          | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                       |                                                                                                                                               | <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) CORRECTED SSN</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> SSN</li> <li>d. <b>Details:</b> Document how many numbers changed per applicant's request. (And any other changes made to file).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1.4b Changing the SSN | <p>Requests to change more than 3 digits; AND</p> <p>Applicant has NOT received an IIDV – Identity Verification Failed decision.</p>          | <ul style="list-style-type: none"> <li>1. <b>SAY,</b> "For your protection, FEMA guidelines DO NOT permit changes to your social security number with a phone call. Please mail or fax written documentation to FEMA that confirms your correct social security number, such as correspondence from the Social Security administration with your name and number on it – NOT just a copy of your card. The following documents are also acceptable if they include your name and correct social security number: marriage license or US Military ID. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.";</li> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li>3. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE SSN</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> SSN</li> <li>d. <b>Details:</b> Applicant requested to change more than 3 digits of SSN. Advised applicant to submit written documentation with name and correct SSN. Provided mailing address and fax number. (And any other changes made to file).</li> </ul> </li> </ul> |
| 1.4c Changing the SSN | <p>Applicant has received an IIDV – Identity Verification Failed decision; AND</p> <p>Appeal letter and supporting documents NOT on file.</p> | <ul style="list-style-type: none"> <li>1. <b>SAY,</b> "Please send a written appeal letter to FEMA with documentation that confirms your correct social security number, such as correspondence from the Social Security administration with your name and number on it – NOT just a copy of your card. The following documents are also acceptable if they include your name and correct social security number: marriage license or US Military ID. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.";</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |





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| If call concerns:     | And:                                                                                                                                          | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       |                                                                                                                                               | <p>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</p> <p>3. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE SSN;</p> <p>b. <b>Type:</b> Critical Data Change</p> <p>c. <b>Sub-Type:</b> SSN; AND</p> <p>4. <b>Details:</b> Applicant requested to change their SSN. Applicant previously received an IIDV decision. Advised applicant to submit a written appeal letter with documentation that includes their name and correct SSN. Provided mailing address and fax number (<b>INCLUDE</b> any other changes made to file).</p>                                                                                                      |
| 1.4d Changing the SSN | <p>Applicant has received an IIDV – Identity Verification Failed decision; AND</p> <p>Appeal letter and supporting documents are on file.</p> | <p>1. <b>REVIEW</b> the <b>Overview</b> screen to determine if a WP exists in the <b>FEMA Appeal</b> queue.</p> <p>a. If a WP DOES NOT exist, <a href="#">CREATE a WP and ROUTE</a> to FEMA Appeal.</p> <p>2. <b>SAY:</b> "FEMA has received your documents. They will be reviewed as soon as possible and you will be notified of the decision"; AND</p> <p>3. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE SSN;</p> <p>b. <b>Call Type:</b> Critical Data Change;</p> <p>c. <b>Sub-type:</b> SSN; AND</p> <p>4. <b>Details:</b> Applicant requested to change their SSN. Could NOT make change because applicant's request is being reviewed in FEMA Appeal. Advised applicant they will be notified when a decision is made (<b>INCLUDE</b> any other changes made to file).</p> |



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| If call concerns:                                        | And:                                                                                                                                                                                                                                 | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| 1.5a Changing or removing Applicant or Co-Applicant Name | <p>Spelling of name needs to be corrected (not a name change or removal); AND</p> <p>Applicant has NOT received an <b>INONV – Occupancy NOT Verified</b> and/or <b>IDV – Identity Verification Failed</b> decision.</p>              | <ol style="list-style-type: none"> <li><b>VERIFY</b> the name in question to confirm that the update requires only a spelling correction e.g., change GRENE to GREEN, NOT change GREEN to BROWN;</li> <li><b>SAY</b>, “I will make that change for you now.”</li> <li><b>CORRECT</b> the spelling of the name and <b>VERIFY</b> the change by spelling it back phonetically before saving your work; AND</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) CORRECTED SPELLING OF NAME</li> <li><b>Type:</b> Critical Data Change</li> <li><b>Sub-Type:</b> Co-Registrant</li> <li><b>Details:</b> Corrected spelling of applicant or co-applicant’s name per request from applicant (<b>INCLUDE</b> any other changes made to file).</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 1.5b Changing or removing applicant or co-applicant name | <p>Requests to change name to another name e.g., Green to Brown or remove one of the names; OR</p> <p>Applicant has received an <b>INONV – Occupancy NOT Verified</b> and/or <b>IDV – Identity Verification Failed</b> decision.</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, “For your protection, FEMA guidelines DO NOT permit us to [change or remove] this name in your file with a phone call. If an applicant or co-applicant name needs to be changed, please mail or fax a written request. Please include documentation, such as a driver’s license, passport, or birth certificate to support the need for a name change request. This request must be supported by a written statement <u>signed</u> by both parties. When submitting your letter, please include your full name, address, date and place of birth. Additionally, your written request must be either notarized, include a copy of a state-issued identification card, or include the following statement “I hereby declare under penalty of perjury that the foregoing is true and correct,” along with your <u>signature</u>. For requests to change an applicant or co-applicant to a different person, documentation should be for both people <u>signing</u> the request.</li> </ol> <p><b>NOTE:</b> Removing an applicant or co-applicant name DOES NOT mean it will be removed from the file. The name will only be removed from the <b>Banner</b>, and the household status for the individual will be changed to occupant, boarder, etc.</p> <ol style="list-style-type: none"> <li><b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b>, <b>IDV_PASS</b>, and <b>OWNV_PASS</b> (if applicable). If any of the verifications have failed, <b>REVIEW</b> submitted correspondence for acceptable documents.</li> </ol> |





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| If call concerns:                                        | And:                                                                                       | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                          |                                                                                            | <ol style="list-style-type: none"> <li>If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, identity, and/or ownership (if applicable), <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.</li> <li><b>ACCESS</b> the <a href="#">Occupancy Verification SOP</a>, <a href="#">Identity Verification SOP</a>, and/or <a href="#">Ownership Verification SOP</a> on the PPM to provide further guidance to the applicant regarding acceptable documents.</li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE OR REMOVE NAME</li> <li><b>Type:</b> Critical Data Change</li> <li><b>Sub-Type:</b> Co-Registrant</li> <li><b>Details:</b> Applicant requested to change or remove the ____ name. Advise applicant they need to submit written documentation to support the request to change or remove a name. Provided applicant with the mailing address and fax number (<b>INCLUDE</b> any other changes made to file).</li> </ol> </li> </ol>                                                                                                                                                                                             |
| 1.5c Changing or removing applicant or co-applicant name | Requests to remove a deceased applicant's name and replace with another household occupant | <ol style="list-style-type: none"> <li>When an applicant passes after a registration is completed, the co-applicant can request to be made applicant. If there is NO co-applicant, a pre-disaster household occupant can be made applicant. <b>SAY,</b> "For your protection, FEMA guidelines DO NOT permit us to [change or remove] this name in the file with a phone call. If a deceased applicant's name needs to be changed, please mail or fax a written request <u>signed</u> by the requestor which includes the requestor's full name, address, date and place of birth. It must be notarized, include a copy of a state-issued identification card, or include the following statement "I hereby declare under penalty of perjury that the foregoing is true and correct." Please include a copy of the deceased applicant's death certificate (suffices in lieu of the applicant's <u>signature</u>), documentation to prove the requester occupied the damaged residence at the time of the disaster, such as, driver's license; and documentation for identity verification. Only the co-applicant or another household member can be made the applicant/co-applicant."</li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE OR REMOVE NAME</li> </ol> </li> </ol> |



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| If call concerns:              | And: | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                |      | <ul style="list-style-type: none"> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Co-Registrant</li> <li>d. <b>Details:</b> Co-applicant/occupant requested to change or remove the deceased applicant's name. Advised caller they need to submit written documentation to support the request to change or remove the name, including proof of occupancy and identity. Provided caller with the mailing address and fax number. (And any other changes made to file).</li> </ul> <p>4. <b>ACCESS</b> the <a href="#">Occupancy Verification</a> SOP and/or <a href="#">Identity Verification</a> SOP on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1.6a Adding an Occupant        | N/A  | <ul style="list-style-type: none"> <li>1. If the household member was living in the home at the time of the disaster or considers the damaged dwelling to be their primary residence e.g., college students, <b>SAY</b>, "I can add that person now."</li> <li>2. <b>UPDATE</b> the Occupants frame on the <b>Registrant Info</b> screen. <b>NOTE:</b> Only request the co-applicant's <b>SSN</b>. DO NOT request the <b>SSN</b> of any other occupant of the household; AND <ul style="list-style-type: none"> <li>a. If adding a co-applicant, the date of birth is also required.</li> </ul> </li> <li>3. <b>ADD</b> a <b>Contact</b>: <ul style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) <b>ADDED OCCUPANT</b></li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Occupant</li> <li>d. <b>Details:</b> Added occupant per request from applicant. (And any other changes made to file).</li> </ul> </li> <li>4. If adding an occupant to prove occupancy, GO to <a href="#">Ownership/Occupancy Proof</a>.</li> </ul> <p>Refer to the <a href="#">Occupancy Verification</a> SOP for additional information.</p> |
| 1.6b Modifying Occupant Fields | N/A  | <ul style="list-style-type: none"> <li>1. The occupant is currently listed in the file, <b>SAY</b>, "I can update that information now."</li> <li>2. <b>UPDATE</b> the Occupants frame on the <b>Registrant Info</b> screen. <b>NOTE:</b> Only request the co-applicant's <b>SSN</b>. DO NOT request the <b>SSN</b> of any other occupant of the household; AND</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |





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|                                                                                      |      | <p>a. If modifying the co-applicant, <b>ADD</b> the date of birth if it is NOT listed.</p> <p>3. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) MODIFIED OCCUPANT INFORMATION</p> <p>b. <b>Type:</b> Critical Data Change</p> <p>c. <b>Sub-Type:</b> Occupant</p> <p>d. <b>Details:</b> Modified occupant information (modification made) per request from applicant. (And any other changes made to file).</p> <p>4. If adding an occupant to prove occupancy, GO to <a href="#">Ownership/Occupancy Proof</a>.</p> <p>Refer to the <a href="#">Occupancy Verification</a> SOP for additional information.</p>                                                                                                                                                                                                                                                                                |
| 1.7 Changing the Damaged Dwelling Phone Number (DPN), CPN, or Alternate Phone Number | N/A  | <p>1. <b>CONFIRM</b> the phone number and say, "I <a href="#">can change that phone number in your file right now</a>."</p> <p>2. <b>CORRECT</b> the phone number on the <b>Registrant Info</b> screen;</p> <p>3. After you type the number in the file, <b>REPEAT</b> it back to the applicant to verify you have typed it correctly; AND</p> <p>4. <b>ADD a Contact:</b> Be sure to include the new number in the Contact Details.</p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) CHANGED. (IDENTIFY) PHONE NUMBER</p> <p>b. <b>Type:</b> Critical Data Change</p> <p>c. <b>Sub-Type:</b> Blank/CPN/Alternate Phone **</p> <p>d. <b>Details:</b> Added or changed the (identify) phone number per request from applicant. (And any other changes made to file).</p> <p><b>**NOTE:</b> Currently a Sub-Type selection for DPN (DPN#1 and DPN#2) is NOT available. Leave this field blank when changing any DPN.</p> |



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| 1.8 Changing the SMS text messages option | Applicant wants to update to use the SMS text Messages from FEMA, after registration | <p>This procedure applies if the applicant requests to change their SMS Text Preference after registration.</p> <ol style="list-style-type: none"> <li><b>SAY:</b> <ol style="list-style-type: none"> <li>"FEMA text messages DO NOT replace mail or email."</li> <li>"FEMA will NOT use your phone number to track, reverse look up for any type of commercial marketing."</li> <li>"FEMA will NOT ask for personal information, donations, or money."</li> <li>"DO NOT text FEMA in the event of an emergency, call 9-1-1."</li> <li>"FEMA's text number is 43362 or the Inspector will utilize SMS."</li> <li>"Standard text messaging rates apply."; AND</li> <li>"Do you agree to the SMS terms? <b>SELECT: YES/NO.</b>"</li> </ol> </li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) CHANGED SMS PREFERENCE</li> <li><b>Call Type:</b> Critical Data Change</li> <li><b>Sub-Type:</b> Blank **</li> <li><b>Details:</b> Applicant requested to change to SMS text messaging correspondence. (And any other changes made to file).</li> </ol> <p><b>** NOTE:</b> Currently a Sub-Type selection for SMS Preference is NOT available. Leave this field blank when changing SMS text Option Yes/NO.</p> </li> </ol> |
| 1.9a Changing the number of dependents    | Request will decrease the number of dependents; AND<br>Registration period is open   | <ol style="list-style-type: none"> <li><b>SAY</b>, "I will change the information in your file now per your request."</li> <li><b>CHANGE</b> the number of dependents on the <b>Registrant Info</b> screen;</li> <li>If the applicant's SBA status is <b>FIT</b>, <b>ACCESS</b> the <a href="#">SBA Referrals</a> SOP and <b>REVIEW</b> the Income Test Tables;</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |





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|                   |      | <ol style="list-style-type: none"> <li>a. <b>LOCATE</b> the appropriate <b>Annual</b> income amount for the number of dependents in the household; <ol style="list-style-type: none"> <li>i. If the applicant's income is less than the <b>Annual</b> income amount for the number of dependents, <b>DO NOT</b> change the <b>FIT</b> status.</li> <li>ii. If the applicant's income is greater than the <b>Annual</b> income amount for the number of dependents, <b>UPDATE</b> the SBA status from <b>FIT</b> to <b>HAPP</b> and <b>SAY</b> "The SBA will contact you via an auto-dialer system to inform you about how to apply for a disaster loan. You now have three convenient ways to apply: Online at <a href="https://disasterloan.sba.gov">Disasterloan.sba.gov</a>, in-person by visiting a Disaster Recovery Center (DRC), or by submitting a loan application by mail. To see a list of the DRC's, please visit the website online at <a href="https://disasterloan.sba.gov/eta/Declarations/Index">https://disasterloan.sba.gov/eta/Declarations/Index</a>. If the auto-dialer is unable to contact you, you will be sent a letter explaining how to obtain an application." <ol style="list-style-type: none"> <li>1. <b>CLICK</b> the <b>Assistance</b> screen;</li> <li>2. <b>CLICK</b> <b>Add</b> on the <b>SBA</b> frame;</li> <li>3. <b>SELECT</b> <b>Referral Type</b>: HOME; AND</li> <li>4. <b>CLICK</b> <b>Save</b>.</li> </ol> </li> </ol> </li> <li>4. If the applicant has questions/concerns about the SBA referral or loan process, <b>SAY</b>, "I can transfer you to an SBA representative for them to address your issues. Please hold while I transfer you. It may take a few minutes to make the transfer. In case this call is disconnected, the SBA phone number is (800) 659-2955."</li> <li>5. <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call; AND</li> <li>6. <b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li>a. <b>Summary</b>: <b>FACILITY#</b> (NPSC#) <b>REDUCED NUMBER OF DEPENDENTS</b></li> <li>b. <b>Type</b>: Critical Data Change</li> <li>c. <b>Sub-Type</b>: Number of Dependents</li> <li>d. <b>Details</b>: Decreased number of dependents per applicant request. Note if status changed from <b>FIT</b> to <b>HAPP</b> and any other changes made to file.</li> </ol> </li> </ol> |



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| 1.9b Changing the number of dependents | Request will increase the number of dependents; AND<br><br>Registration period is open               | <ol style="list-style-type: none"> <li>DO NOT change the number of dependents. <b>SAY</b>, "I am unable to increase the number of dependents."</li> <li>If the SBA status is <b>FIT</b>, <b>SAY</b>, "Although you were not referred to the SBA for a possible loan, you may contact them to request an application. The SBA Customer Service phone number is (800) 659-2955."</li> <li>If the SBA status is <b>HAPP</b>, <b>SAY</b>, "Please document your dependent information on the SBA loan application and return it to the SBA. They will then review your case and decide what type of assistance is most appropriate in your case."</li> <li>If the applicant has questions/concerns about the SBA referral or loan process, <b>SAY</b>, "I can transfer you to an SBA representative to address your issues. Please hold while I transfer you. It may take a few minutes to make the transfer. In case this call is disconnected, the SBA phone number is (800) 659-2955." Transfer the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call.; AND</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) REQUEST TO INCREASE NUMBER OF DEPENDENTS</li> <li><b>Type:</b> Critical Data Change</li> <li><b>Sub-Type:</b> Number of Dependents</li> <li><b>Details:</b> Applicant requested to add number of dependents. Advised applicant that change could NOT be made over the phone. If applicable, note SBA status is HAPP. Advised applicant to document correct dependent information on SBA loan applicant and return it. Note if a transfer to SBA was completed and/or if you provided the SBA number. (And any other changes made to file).</li> </ol> </li> </ol> |
| 1.9c Changing the number of dependents | Request will increase or decrease the number of dependents; AND<br><br>Registration Period is closed | <ol style="list-style-type: none"> <li>DO NOT change the number of dependents. <b>SAY</b>, "I am unable to (increase/ decrease) the number of dependents on you file because the Registration Period for this disaster has closed. You may contact the SBA at (800) 659-2955 to inform them of this change."; AND</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) REQUEST TO (INCREASE/DECREASE) NUMBER OF DEPENDENTS</li> <li><b>Type:</b> Critical Data Change</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |





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|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>c. <b>Sub-Type:</b> Number of Dependents</p> <p>d. <b>Details:</b> Applicant requested to (increase/decrease) number of dependents. Advised applicant that change could NOT be made over the phone. If applicable, note SBA status is HAPP. Advised applicant to document correct dependent information on SBA loan applicant and return it. Note if a transfer to SBA was completed and/or if you provided the SBA number. (And any other changes made to file).</p>                                                                                                                                                                                                        |
| 1.10a Changing, or adding EFT information | <p>The <b>Registration Status</b> screen contains <b>ANY</b> high or low risk stamps; AND</p> <p>The file DOES NOT contain a <b>BFS_AVS_PASS</b>, <b>BFS_AVS_NULL</b>, or <b>MDD_TMR_BYP</b> stamp, or the "PMS REVIEW = OK TO PROCESS" Comment.</p> <p>(Stamps include:</p> <p><b>BANK_VRFN</b>;</p> <p><b>LTT_NDNCA</b>;</p> <p><b>EMU_TMR</b>;</p> <p><b>BANK_VRFN_CD</b>;</p> <p><b>EMU_TMR_CD</b>;</p> <p><b>BANK_VRFN_CD_HR</b>;</p> <p><b>EMU_TMR_CD_HR</b>;</p> <p><b>MDD_TMR</b>; AND</p> <p><b>HRP_IDD</b>).</p> | <p>1. <b>SAY</b>, "We are not able to change or add EFT information to your application. If you are approved for any assistance, it will be issued in the form of a check."</p> <p>2. <b>REMOVE</b> any EFT information in the file.</p> <p>3. <b>RE-CONFIRM</b> the CMA and update if necessary.</p> <p>4. <b>ADD</b> a <b>Contact</b>:</p> <p>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUEST TO CHANGE OR ADD EFT</p> <p>b. <b>Type:</b> Critical Data Change</p> <p>c. <b>Sub-Type:</b> EFT</p> <p>d. <b>Details:</b> Applicant requested to add/change EFT information. Unable to add/change EFT due to risk stamps in file. (And any other changes made to file).</p> |



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| 1.10b Changing or adding EFT information | <p>There are NO high or low risk stamps in the <b>Registration Status</b> screen; OR</p> <p>The file DOES contain a <b>BFS_AVS_PASS</b>, <b>BFS_AVS_NULL</b>, or <b>MDD_TMR_BYP</b> stamp, or the "PMS REVIEW = OK TO PROCESS" Comment.</p> <p>(Stamps include:</p> <p><b>BANK_VRFN</b>;</p> <p><b>LTT_NDNCA</b>;</p> <p><b>EMU_TMR</b>;</p> <p><b>BANK_VRFN_CD</b>;</p> <p><b>EMU_TMR_CD</b>;</p> <p><b>BANK_VRFN_CD_HR</b>;</p> <p><b>EMU_TMR_CD_HR</b>;</p> <p><b>MDD_TMR</b>; AND</p> <p><b>HRP_IDD</b>).</p> | <ol style="list-style-type: none"> <li><b>VERIFY</b> the <b>EFT</b> information with the applicant or co-applicant (DO NOT provide the account number as it is considered <a href="#">Sensitive PII</a>); <ol style="list-style-type: none"> <li><b>ENTER</b> the name of the financial institution;</li> <li><b>ENTER</b> the type of account for the institution; <ol style="list-style-type: none"> <li>For pre-paid debit cards, e.g. Green Dot or Rush Cards; <b>SELECT Checking</b>.</li> </ol> </li> <li><b>ENTER</b> the Checking or Savings account number when confirming the EFT account information. The account must be in the name of the applicant or co-applicant to be acceptable; AND</li> <li><b>ENTER</b> the routing number when confirming the EFT account information.</li> <li>If no acceptable accounts are available, <b>INFORM</b> the applicant/co-applicant that any potential assistance from the IHP will be received in the form of a U.S. Treasury Check and select <b>NO</b> for <b>EFT</b>.</li> </ol> </li> <li><b>SAY</b>, "I can enter that information in your file right now. If you are using a pre-paid debit card, your financial institution may NOT accept a deposit greater than \$10,000. If your financial institution rejects your payment for this reason, you will need to contact the FEMA Helpline to update your direct deposit information."</li> <li>After you type the information in the file, <b>REPEAT</b> it back to the applicant/co-applicant to verify you have typed it correctly;</li> <li>If a payment has already been made by check, <b>SAY</b>, "You will receive a check for \$__ for (type of assistance). It has already been mailed to you. However, future payments will be issued to your direct deposit account."; AND</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) CHANGED OR ADDED EFT</li> <li><b>Type</b>: Critical Data Change</li> <li><b>Sub-Type</b>: EFT</li> <li><b>Details</b>: Added EFT information per request from the applicant/co-applicant. (And any other changes made to file).</li> </ol> </li> </ol> |





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| If call concerns:                                                  | And:                                                                     | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.11a Adding the applicant's preferred communication               | Preferred communication was NOT added at registration intake.            | <ol style="list-style-type: none"> <li><b>SAY</b>, "<a href="#">I can add your preferred communication now</a>".</li> <li><b>UPDATE</b> the <b>Disability and Communication Needs</b> frame on the <b>Registrant Info</b> screen; AND</li> <li><b>ADD a Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) ADDED PREFERRED COMMUNICATION</li> <li><b>Type</b>: Critical Data Change</li> <li><b>Sub-Type</b>: Language Change</li> <li><b>Details</b>: Added applicant's preferred language (provide the language) per request from the applicant/co-applicant. (And any other changes made to file).</li> </ol> </li> <li>Refer to the <a href="#">Disability and Communication Needs</a> SOP for additional information.</li> </ol>                                                                       |
| 1.11b Changing or removing applicant's preferred communication     | Applicant requests the update or remove preferred communication language | <ol style="list-style-type: none"> <li><b>SAY</b>, "<a href="#">I will correct your preferred communication in the file now</a>".</li> <li><b>UPDATE</b> or <b>REMOVE</b> the applicant's preferred communication in the <b>Disability and Communication Needs</b> frame on the <b>Registrant Info</b> screen.</li> <li><b>ADD a Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) UPDATED/REMOVED PREFERRED COMMUNICATION</li> <li><b>Type</b>: Critical Data Change</li> <li><b>Sub-Type</b>: Language Change</li> <li><b>Details</b>: Updated/Removed applicant's preferred language per request from the applicant/co-applicant. (And any other changes made to file).</li> </ol> </li> <li>Refer to the <a href="#">Disability and Communication Needs</a> SOP for additional information.</li> </ol> |
| 1.12a Adding the applicant's preferred Access and Functional Needs | Preferred AFN accommodation was not added at registration intake         | <ol style="list-style-type: none"> <li><b>SAY</b>, "<a href="#">I can add your preferred accommodation now</a>".</li> <li><b>UPDATE</b> the <b>Disability and Communication Needs</b> frame on the <b>Registrant Info</b> screen and enter the following <b>Comment</b>:</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

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| If call concerns:                                                                                | And:                                                                                                                                 | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (AFN) accommodation                                                                              |                                                                                                                                      | <p>3. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) AFN = (List the preferred accommodation(s)) (e.g. Wheelchair, Mobility, Self Care)</li> <li>b. <b>Type:</b> AFN accommodation</li> <li>c. <b>Sub-Type:</b> Access and Functional Need</li> <li>d. <b>Topic:</b> Select the accommodation from the list (only required to select one accommodation, list all others in the details)</li> <li>e. <b>Details:</b> List the preferred AFN accommodation for the applicant/household member and any other details the caller has provided.</li> </ul> <p>4. Refer to the <a href="#">Disability and Communication Needs</a> SOP for additional information.</p>                                                                                               |
| 1.12b Changing or removing applicant's preferred Access and Functional Needs (AFN) accommodation | Applicant wants to update or remove preferred AFN accommodation                                                                      | <p>1. <b>SAY</b>, "I will correct your preferred accommodation in the file now."</p> <p>2. <b>UPDATE</b> or <b>REMOVE</b> the applicant's preferred accommodation in the <b>Disability and Communication Needs</b> frame on the <b>Registrant Info</b> screen.</p> <p>3. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) UPDATED/REMOVED PREFERRED ACCOMMODATION</li> <li>b. <b>Type:</b> AFN accommodation</li> <li>c. <b>Sub-Type:</b> Access and Functional Need</li> <li>d. <b>Details:</b> Updated/Removed applicant's preferred AFN accommodation for the applicant/household member and any other details the caller has provided.</li> </ul> <p>4. Refer to the <a href="#">Disability and Communication Needs</a> SOP for additional information.</p> |
| 1.13a Changing application to another open disaster declaration in same state                    | <p>Date of loss is outside incident period; AND</p> <p>State has another open declaration that includes applicant's date of loss</p> | <p>1. <b>SAY</b>, "Your damages occurred outside the disaster period for which you registered. Your situation is included in another open disaster declaration for the same state. I can initiate the process to correct this now. I will note your file with the correct disaster information. Please hold while I make the necessary changes, after which I will give you a new disaster number and registration number."</p> <p>2. <b>CONFIRM</b> the date of loss on the <b>App Info</b> screen and make any necessary changes;</p>                                                                                                                                                                                                                                                                                     |

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| If call concerns: | And: | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |      | <ol style="list-style-type: none"> <li>3. <b>REVIEW</b> any other disasters with <a href="#">open</a> registration periods to verify that another registration has NOT been made in another disaster;</li> <li>4. <b>ACCESS</b> the current file in the <b>App Update</b> and review the existing registration information from the RI History;</li> <li>5. <b>ADD</b> the following <b>Comment</b> while in <b>App Update</b>: <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) XFER APPLICANT FROM DR XXXX TO DR XXXX</li> <li>b. <b>Details:</b> This applicant has transferred from DR XXXX. The applicant was NOT registered in the correct disaster due to (Incident County, Invalid Incident, Outside the filing deadline, etc... choose correct reason)</li> </ol> </li> <li>6. <b>MODIFY</b> the applicant's name in the original file to reflect the Disaster to which the application is being moved by doing the following: <ol style="list-style-type: none"> <li>a. <b>ACCESS</b> the <b>Registrant Info</b> screen;</li> <li>b. Double <b>CLICK</b> in the <b>Registrant</b> frame;</li> <li>c. In the first name field, <b>ENTER:</b> applicant first name;</li> <li>d. In the last name field, <b>ENTER:</b> @ DR XXXX applicant last name;</li> <li>e. Example:</li> <li>f. First name field: Jeremy</li> <li>g. Last name field: @DR 1234 Johnson</li> </ol> </li> <li>7. Through the <b>Web RI</b> module, <b>CREATE</b> a new registration in the correct disaster using the RI History information retrieved from the previous registration. As you work, you may ask questions of the applicant to clarify and to ensure accuracy;</li> <li>8. <b>ADD</b> the following <b>Comment</b> while still in the <b>Web RI</b> module: <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) TRANSFERRED APPLICANT</li> </ol> </li> </ol> |



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| If call concerns:                                                        | And:                                                                                                    | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                         | <p>b. <b>Details:</b> This applicant has been transferred from DR.XXXX. The applicant was NOT registered in the correct disaster due to the (Incident County, Invalid Incident, Outside the filing deadline, etc... choose correct reason)</p> <p>9. <b>PROVIDE</b> the applicant with the new registration and disaster numbers, <b>SEE</b> <a href="#">Transferring Registrations</a> SOP; AND</p> <p>10. <b>ADD</b> a <b>Contact</b> in BOTH registrations</p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) REGISTERED IN WRONG DR</p> <p>b. <b>Type:</b> Leave blank</p> <p>c. <b>Sub-Type:</b> Leave blank.</p> <p>d. <b>Details:</b> Application moved to correct DR per applicant request. Changed date of loss in file. (And any other changes made to file).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 1.13b Changing application to another disaster declaration in same state | <p>Date of loss is outside incident period; AND</p> <p>State DOES NOT have another open declaration</p> | <p>1. <b>CORRECT</b> the date of loss on the <b>Registrant Info</b> screen;</p> <p>2. <b>SAY</b>, "Your damages occurred outside the incident period for the disaster declared in your state and cannot be processed at this time. I have updated your file and, in the event that another declaration is added for your state, the system will ensure that your application is moved to it to be processed. In the meantime, you can monitor your local media for any announcements regarding a new Federal disaster declaration. If your application is processed in the future, you will receive a letter from FEMA."; AND</p> <p>3. <b>ADD</b> a <b>Contact</b>:</p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE DR</p> <p>b. <b>Type:</b> Leave blank</p> <p>c. <b>Sub-Type:</b> Leave blank.</p> <p>d. <b>Details:</b> Applicant requested to change application to another disaster, so it could be processed. Advised applicant that the state did NOT have another open declaration. Updated date of loss and advised applicant to monitor media, and that a letter would be sent from FEMA if further action was taken on the file. (And any other changes made to file).</p> |





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| If call concerns:                                                        | And:                                                                                                                                                                             | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                          |                                                                                                                                                                                  | Source: PPM: <a href="#">Transferring Registrations</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1.13c Changing application to another disaster declaration in same state | Date of loss is outside incident period; AND<br>State had another <a href="#">open</a> declaration that includes applicant's date of loss; AND<br>Registration period has closed | <ol style="list-style-type: none"> <li><b>CORRECT</b> the <b>date of loss</b> on the <b>Registrant Info</b> screen;</li> <li><b>SAY</b>, "Your damages occurred outside the incident period for the disaster declared in your state and cannot be processed at this time because that registration period is closed. Please submit a written justification as to why the registration request was NOT completed prior to the registration end date, which was _____. (Similar to the Late Registration process). Once FEMA has received your letter, it can be forwarded for possible consideration."</li> <li><b>ADD</b> a <b>Contact</b>; AND <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUEST TO CHANGE DR (CLOSED REG PERIOD)</li> <li><b>Type:</b> Leave blank</li> <li><b>Sub-Type:</b> Leave blank.</li> <li><b>Details:</b> Applicant requested to change application to another disaster, so it could be processed. Advised to submit a letter stating to why the registration request was NOT completed prior to the registration end date. When the letter is received, send to the FEMA IHP. Specialized Processing Unit for review per PPM: <a href="#">Transferring Registrations</a> (And any other changes made to file).</li> </ol> </li> <li><b>E-MAIL</b> the case specifics to <a href="#">FEMA-IHP-Specialized-Processing-Unit</a> for processing.</li> </ol> Source: PPM: <a href="#">Transferring Registrations</a> |
| 1.14 Changing date of loss                                               | Currently outside incident period due to incorrect date                                                                                                                          | <ol style="list-style-type: none"> <li><b>SAY</b>, "I will correct the date of your damages now."</li> <li><b>CORRECT</b> the <b>date of loss</b> on the <b>App Info</b> screen;</li> <li>If the correct date is within the incident period, <b>SAY</b>, "The new date is within the incident period for the disaster declaration. Your file will be initiated for processing. If you DO NOT receive anything and you are NOT contacted within 5-7 business days, you may call back to check on the status of your application."; AND</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) CHANGED DATE OF LOSS</li> <li><b>Type:</b> Critical Data Change</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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| If call concerns:                  | And:                          | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |                               |                        |                            |                     |                         |                 |                   |             |                            |                        |                |                     |                |            |  |
|------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------|------------------------|----------------------------|---------------------|-------------------------|-----------------|-------------------|-------------|----------------------------|------------------------|----------------|---------------------|----------------|------------|--|
|                                    |                               | <p>c. <b>Sub-Type:</b> Date of Loss</p> <p>d. <b>Details:</b> Changed date of loss per applicant's request. Advised applicant that application would be processed and to call back if NOT contacted in 5-7 business days. (And any other changes made to file).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |                               |                        |                            |                     |                         |                 |                   |             |                            |                        |                |                     |                |            |  |
| 1.15 Changing the Current Location | N/A                           | <p>1. <b>VERIFY</b> the new current location and <b>SAY</b>, "I will update your current location now."</p> <p>2. <b>UPDATE</b> the <b>Current Location</b> on the <b>Registrant Info</b> screen; AND</p> <p>a. From the drop-down list, <b>SELECT</b> the type of housing where the applicant is currently living. Choices include;</p> <table><tr><td>i. My Home</td><td>ix. New Temporary Rental Unit</td></tr><tr><td>ii. FEMA Provided Unit</td><td>x. Church/House of Worship</td></tr><tr><td>iii. Family/Friends</td><td>xi. Place of Employment</td></tr><tr><td>iv. Hotel/Motel</td><td>xii. Mass Shelter</td></tr><tr><td>v. Homeless</td><td>xiii. New Permanent Rental</td></tr><tr><td>vi. Purchased New Home</td><td>xiv. RV/Camper</td></tr><tr><td>vii. Secondary Home</td><td>xv. My Vehicle</td></tr><tr><td>viii. Tent</td><td></td></tr></table> <p>b. If no other option is available, <b>SELECT My Home</b> and enter an explanation, such as shed, boat... etc.</p> <p>3. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) CURRENT LOCATION UPDATED</p> <p>b. <b>Call Type:</b> Critical Data Change</p> <p>c. <b>Sub-Type:</b> Blank **</p> | i. My Home | ix. New Temporary Rental Unit | ii. FEMA Provided Unit | x. Church/House of Worship | iii. Family/Friends | xi. Place of Employment | iv. Hotel/Motel | xii. Mass Shelter | v. Homeless | xiii. New Permanent Rental | vi. Purchased New Home | xiv. RV/Camper | vii. Secondary Home | xv. My Vehicle | viii. Tent |  |
| i. My Home                         | ix. New Temporary Rental Unit |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                               |                        |                            |                     |                         |                 |                   |             |                            |                        |                |                     |                |            |  |
| ii. FEMA Provided Unit             | x. Church/House of Worship    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                               |                        |                            |                     |                         |                 |                   |             |                            |                        |                |                     |                |            |  |
| iii. Family/Friends                | xi. Place of Employment       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                               |                        |                            |                     |                         |                 |                   |             |                            |                        |                |                     |                |            |  |
| iv. Hotel/Motel                    | xii. Mass Shelter             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                               |                        |                            |                     |                         |                 |                   |             |                            |                        |                |                     |                |            |  |
| v. Homeless                        | xiii. New Permanent Rental    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                               |                        |                            |                     |                         |                 |                   |             |                            |                        |                |                     |                |            |  |
| vi. Purchased New Home             | xiv. RV/Camper                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                               |                        |                            |                     |                         |                 |                   |             |                            |                        |                |                     |                |            |  |
| vii. Secondary Home                | xv. My Vehicle                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                               |                        |                            |                     |                         |                 |                   |             |                            |                        |                |                     |                |            |  |
| viii. Tent                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |                               |                        |                            |                     |                         |                 |                   |             |                            |                        |                |                     |                |            |  |





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| If call concerns:                                        | And:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>d. <b>Details:</b> Update applicant's current location to (change made). (And any other changes made to file).</p> <p><b>**NOTE:</b> Currently a <b>Sub-Type</b> selection for Current Location is NOT available. Leave this field blank when changing current location information.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1.16a Changing Owner/ Renter or Primary Residence status | <p>Not currently issued for inspection; AND</p> <p><b>OCCV_PASS</b> and <b>IDV_PASS</b></p> <p><b>NOTE:</b> For all disasters prior to and including DR-4606-LA, individuals with an <b>IDV_FAILED</b> and/or <b>OCCV_FAILED</b> status will NOT automatically receive an Initial inspection. These individuals must submit documentation to verify their identity and/or occupancy prior to receiving an Initial inspection.</p> <p><b>NOTE:</b> For DR-4607-MI and forward, applicants that failed identity and occupancy verification post-registration will NOT be required to submit identity or occupancy documents prior to receiving an initial inspection.</p> | <ol style="list-style-type: none"> <li>1. <b>SAY</b>, "I will enter the correction now."</li> <li>2. <b>MAKE</b> the requested corrections on the <b>Registrant Info</b> screen;</li> <li>3. Refer to <a href="#">Section E.1</a> if an HA/ONA referral needs to be added;</li> <li>4. <b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b>, <b>IDV_PASS</b>, and <b>OWNV_PASS</b> (if applicable). If either verification is failed, <b>REVIEW</b> submitted correspondence for acceptable documents. <ol style="list-style-type: none"> <li>a. If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, identity, and/or ownership (if applicable), <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.</li> <li>b. <b>ACCESS</b> the <a href="#">Occupancy Verification SOP</a>, <a href="#">Identity Verification SOP</a>, and/or <a href="#">Ownership Verification SOP</a> on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents.</li> </ol> </li> <li>5. <b>ADD</b> a <b>Contact</b>; AND <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) CHANGED OWNER/RENTER OR PRIMARY RESIDENCE STATUS</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Owner/Renter or Leave blank</li> <li>e. <b>Details:</b> Corrected ___ per applicant's request. (And any other changes made to file).</li> </ol> </li> <li>6. <b>CREATE</b> a <b>WP</b>, <b>ADD</b> a <b>Comment</b>, and <b>ROUTE</b> to <b>FEMA Manual Determination</b>, if a WP DOES NOT already exist.</li> <li>7. If trained, <b>FOLLOW</b> the <a href="#">Inspection Requests and Comparisons</a> SOP to request an <b>Initial</b> inspection.</li> </ol> |



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| If call concerns:                                        | And:                                           | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.16b Changing Owner/ Renter or Primary Residence status | Currently issued for inspection (not returned) | <ol style="list-style-type: none"> <li><b>SAY</b>, "I will make a note of your request in your file; however, I cannot make the change at this time because your file has been issued for inspection. When the inspector contacts you to make an appointment, please provide this correction to them and show proof of occupancy and ownership (if applicable).";</li> <li><b>PROVIDE</b> examples of documents that the applicant can use to prove occupancy and ownership (if applicable) by accessing the <a href="#">Occupancy Verification SOP</a> and/or <a href="#">Ownership Verification SOP</a> on the <a href="#">PPM</a>; AND</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE OWNER/RENTER OR PRIMARY RESIDENCE STATUS</li> <li><b>Type:</b> Critical Data Change</li> <li><b>Sub-Type:</b> Owner/Renter or Leave blank</li> <li><b>Details:</b> Applicant requested ___ change. Unable to make change – currently issued for inspection. Advised applicant to give correct information to inspector and to show proof of occupancy/ownership at that time. (And any other changes made to file).</li> </ol> </li> </ol>                                                                     |
| 1.16c Changing Owner/ Renter or Primary Residence status | Inspection completed and returned              | <ol style="list-style-type: none"> <li><b>SAY</b>, "For your protection, FEMA guidelines DO NOT permit us to make this change in your file with a phone call. Please mail, fax or upload a written statement to FEMA with documentation that proves you occupied the damaged home at the specified physical address as your primary residence and/or owned this home. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send. Once that documentation is received, an inspection may be performed at the updated address."</li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li><b>PROVIDE</b> examples of documents that the applicant can use to prove occupancy and ownership (if applicable) by accessing the <a href="#">Occupancy Verification SOP</a> and/or <a href="#">Ownership Verification SOP</a> on the <a href="#">PPM</a>; AND</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE _____</li> </ol> </li> </ol> |





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| If call concerns: | And: | Then:                                                                                                                                                                                                                                                                                                                                             |
|-------------------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |      | <p>b. <b>Type:</b> Critical Data Change</p> <p>c. <b>Sub-Type:</b> Owner/Renter, or Leave blank</p> <p>d. <b>Details:</b> Applicant requested ___ change. Unable to make change – inspection already completed. Advised applicant to mail or fax written statement and proof of occupancy/ownership. Provided mailing address and fax number.</p> |

Table 6: Data Changes

13. Damages in a Second Undeclared Incident



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| If call concerns:                                                                                                               | And:                                                                                                | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1 Applicant is registered in a declared disaster and is reporting damages from a second undeclared incident in the same state | The date of loss of the additional damage is outside the incident period for the declared disaster. | <ol style="list-style-type: none"> <li><b>SAY</b>, "Your additional damages are outside the incident period for the disaster in which you are registered. The new damages will NOT be covered under that disaster. Please monitor your news, state, territorial, tribal, or County Emergency Management websites and FEMA.gov website to see if this new incident that caused your damages is declared or the incident period for your current disaster is extended."</li> <li><b>ADD a Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) APPLICANT REPORTS DAMAGE FROM UNDECLARED INCIDENT</li> <li><b>Call Type</b>: HA Program Request</li> <li><b>Sub-Type</b>: Applicant Request for Inspection</li> <li><b>Details</b>: Applicant is registered in DR#_____. Home received additional damage from a second undeclared incident outside the incident period of DR#_____. Confirmed/updated numbers and addresses. (Document any changes made.) Advised applicant to monitor news outlets to see if a second incident is declared or if the incident period for the current disaster is extended. Verified all other required information. (And any other changes made to file).</li> </ol> </li> </ol> |





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|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1.2 Applicant is registered in a declared disaster and is reporting damages from a second undeclared incident in the same state</p> | <p>The COD is NOT listed as an approved COD for the declared disaster.</p>                                                                                                                             | <ol style="list-style-type: none"> <li><b>SAY:</b> "The cause of damage of your additional damages are NOT an approved cause of damage for the declared disaster. The new damages will NOT be covered under that disaster. Please monitor your news, state, territorial, tribal, or County Emergency Management websites and FEMA.gov website to see if this new incident that caused your damages is declared or the cause of damage for your current disaster is added."</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) APPLICANT REPORTS DAMAGE FROM UNDECLARED INCIDENT</li> <li><b>Call Type:</b> HA Program Request</li> <li><b>Sub-Type:</b> Applicant Request for Inspection</li> <li><b>Details:</b> Applicant is registered in DR#_____. Home received additional damage from a second undeclared incident with a cause of damage NOT approved for DR#_____. Confirmed/updated numbers and addresses. (Document any changes made.) Advised applicant to monitor news outlets to see if a second incident is declared or if the cause of damages is added for the current disaster. Verified all other required information. (And any other changes, made to file).</li> </ol> </li> </ol> |
| <p>1.3 Applicant is registered in a declared disaster and is reporting damages from a second undeclared incident in the same state</p> | <p>An inspection has been issued for the declared disaster; AND<br/><br/>The date of loss of the additional damage is within the incident period for the declared disaster and is an approved COD.</p> | <ol style="list-style-type: none"> <li><b>SAY:</b> "An inspection for the original damages to your home has already been issued. An inspector should contact you within the next few days to set up an appointment to examine all the damages to your home. If you don't hear from the inspector within the next 7 days, please call back to check on the status of your file."</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) APPLICANT REPORTS DAMAGE FROM UNDECLARED INCIDENT</li> <li><b>Call Type:</b> HA Program Requests</li> <li><b>Sub-Type:</b> Applicant Request for Inspection</li> <li><b>Details:</b> Applicant is registered in DR#_____. Home received additional damage from a second undeclared incident within the incident period of DR#_____. Inspection issued on _____. Confirmed/updated phone numbers and addresses. (Document any changes made.) Verified all other required information.</li> </ol> </li> </ol>                                                                                                                                                                                                                                                          |

Table 7: Damages in a Second Undeclared Incident



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### 14. Late Application issues

| If call concerns:                      | And:                                                                  | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1 Status of late application request | <p>Late application request letter in file</p> <p>No action taken</p> | <ol style="list-style-type: none"> <li>If the file is in the <b>Info Control – Supervisor</b> subqueue and the late application request letter states why the applicant could NOT apply within the registration period, <b>SAY</b>, “Your late application request has been received. A review of your request will be completed by a specialized group and, if approved, your registration will be adjusted so that it may process through the system. If you have NOT heard from us within 14 days, please call again to check the status of your case.”</li> <li>If the file is in the <b>Info Control – Supervisor</b> sub queue and the late application request letter DOES NOT state why the applicant could NOT apply within the registration period, <b>SAY</b>, “For your late application request to be considered, you must explain in writing what circumstances prevented you from applying within the normal registration period, which closed on (give date), this information is missing from the letter you supplied.” See the <a href="#">Disaster Specific Page</a> for the RI filing deadline. “Your request must be received 60 days from the date of the letter you received, it also includes some examples of circumstances that caused your delay.”</li> <li>If the request for late application approval was inadvertently routed to the <b>FEMA Manual</b> queue: <ol style="list-style-type: none"> <li><b>SAY</b>, “Your documentation is in your file; however, your request has NOT yet been reviewed. I am sending an email to the specialized group in charge of these requests. If approved, your application will be adjusted so that it may process through the system. If you have NOT heard from us within 14 days, please call again to check the status of your case.”</li> <li><b>PLACE</b> the case on <b>Hold Any User</b>.</li> <li><b>E-MAIL</b> the case details to <a href="#">FEMA IHP Specialized Processing Unit</a> following standard procedures. See <a href="#">Late Application</a> SOP to determine if the Region or NPSC is the late application review authority.</li> </ol> </li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) HA/ONA LATE APP STATUS CHECK</li> <li><b>Call Type:</b> HA/OTH Program Requests</li> <li><b>Sub-Type:</b> Processing Delay Action Request</li> <li><b>Details:</b> Applicant requested status of late application request. Give results per applicable bullets 1, 2, or 3 above).</li> </ol> </li> </ol> |





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|                                        |                                                                                                      |                                                                                                                                                              |
|----------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.2 Status of late application request | Applicant states they sent the late application request letter; AND<br><br>Letter is NOT in the file | 1. If the letter is NOT in the applicant's file, see Section C, Correspondence Issues, parts <a href="#">3.5a</a> and <a href="#">3.5b</a> of this document. |
|----------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|

Table 8: Late Application Issues

### 15. Closing Remarks

| If call concerns:                     | Then                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.1 Prior to closing an incoming call | <ol style="list-style-type: none"> <li><b>SAY:</b> "Mr./Ms. ____, do you have any additional questions? Please contact us again if you need further assistance with your recovery process. For your records, my name is ____ and my personal identification number is ____."; AND</li> <li><b>END</b> on a personal note, such as: [wish applicant good luck with their recovery process; you hope things start looking up for them; or refer to something they said during the conversation].</li> </ol> |

Table 9: Closing Remarks

### 16. Warm Transfer Instructions

#### a. Warm Call Transfer Procedure

- i. A warm transfer is completed by:
  1. Introducing the call to the receiving staff member;
  2. Confirming to the receiving staff member that the caller has verified all information;
  3. Providing the **Rgsn ID** number;
  4. Outlining the topic of the call;
  5. Closing the conversation with the caller; AND
  6. Exiting the call.

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17. **Comments and Contacts**

- a. **Comments and Contacts** allow end-users to record information that is either required as documentation of processing decisions or is helpful in the tracking of casework. Managers, other NPSC caseworkers, various auditing sources, and staff from other FEMA offices view these entries, and therefore, they must be as concise as possible while also including the important information discussed on the call.
  - i. A **Contact** tracks every interaction or attempt to get in touch with someone by telephone or in person. This includes incoming or outgoing conversations with applicants or other people such as insurance agents, motel managers, landlords, etc.
  - ii. A **Comment** tracks every action taken by a caseworker in the file.
  - iii. A separate **Comment** is NOT required during Helpline when all of the necessary elements are included in a required **Contact**.
  - iv. If staff are unable to add a **Comment/Contact** because the system is down: **TAKE** note of the information and **ENTER** a **Comment/Contact** once able to do so. If necessary, coordinate time to complete this function with the appropriate Supervisor/POC.

**REMINDER:** DO NOT enter any FEMA employee information, such as name, PIN, or other identifier, in a **Contact** or **Comment**.

- [Creating Contacts and Completing Casework while on Caller Services](#)
- [Creating Comments and Sending Emails](#)
- [Using Contact Examples](#)

18. **Creating Contacts and Completing Casework while on Caller Services**

- a. **Creating Contacts**





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- i. It is essential that a history of the call is recorded in the **Events Log** whether the call is applicant-initiated or FEMA-initiated. Users **MUST GENERATE** a **Contact** every time the applicant calls. These **Contacts** (no matter how brief) assist future caseworkers, reviewers, and auditors to determine exactly what interaction occurred between the applicant and FEMA.

### b. Contact Format

|                |                                                                                                                                                                                |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Summary:       | All Summaries begin with the FACILITY# (NPSC#) e.g. 91, 92, or 93, followed by a short summary of what the call concerned. USE ALL CAPITAL LETTERS TO ENTER SUMMARY LINE TEXT. |
| Contact:       | <b>SELECT</b> the general reason for the call from the Contact list.                                                                                                           |
| Spoke To:      | <b>ENTER</b> the name of the person with whom staff spoke to e.g., applicant in this field.                                                                                    |
| Call Type:     | <b>SELECT</b> the category that best describes the call from the drop-down list. For the scenarios described in this document, recommendations are provided.                   |
| Call Sub-Type: | This list will change based on the <b>Call Type</b> chosen. For the scenarios described in this document, recommendations are provided.                                        |
| Email:         | This field is NOT generally required.                                                                                                                                          |
| Phone Number:  | This field will include the phone number called when an outbound call is made. Leave blank when recording inbound calls.                                                       |
| Details:       | <b>ENTER</b> details of the call. <b>AVOID</b> non-standard abbreviations. Text will be written using sentence structure in upper or lower case.                               |

Table 10: Creating Contacts and Completing Casework while on Caller Services

### c. Contact Example

If a call refers to an HA issue, **SELECT HA** items from the drop-down list. If a call refers to an ONA issue, **SELECT OTH** items from the drop-down list.

| Applicant calls to report home is now accessible for inspection                                                                                              |                                   | Applicant calls to add damages- previously unknown                                                                                                     |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Summary:                                                                                                                                                     | FACILITY# (NPSC#) HOME ACCESSIBLE | Summary:                                                                                                                                               | FACILITY# (NPSC#) HOME DAMAGE = YES |
| Contact:                                                                                                                                                     | Incoming Call                     | Contact:                                                                                                                                               | Incoming Call                       |
| Spoke to:                                                                                                                                                    | Applicant                         | Spoke to:                                                                                                                                              | Applicant                           |
| Call Type:                                                                                                                                                   | HA/OTH Program Request            | Call Type:                                                                                                                                             | HA/OTH Program Request              |
| Call Sub-type:                                                                                                                                               | HA/OTH Status Check               | Call Sub-type:                                                                                                                                         | HA/OTH Status Change Request        |
| Details: Advised applicant that file will be sent for inspection. Inspector should contact applicant within 14 days. If no contact after 14 days, call back. |                                   | Details: Advised applicant that file will be sent for inspection. Inspector should contact app within 14 days. If no contact after 14 days, call back. |                                     |

| Applicant calls for a status check for Housing assistance | Applicant calls for a status check for Personal Property assistance |
|-----------------------------------------------------------|---------------------------------------------------------------------|
|-----------------------------------------------------------|---------------------------------------------------------------------|



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**Summary:** FACILITY# (NPSC#) HA INSURANCE INQUIRY  
**Contact:** Incoming Call  
**Spoke to:** Applicant  
**Call Type:** HA Program Request  
**Call Sub-type:** HA Status Check  
**Details:** Advised applicant that an insurance settlement is needed before processing can take place. Gave FEMA address and FAX number to app.

**Summary:** FACILITY# (NPSC#) ONA STATUS CHECK  
**Contact:** Incoming Call  
**Spoke to:** Applicant  
**Call Type:** OTH Program Request  
**Call Sub-type:** OTH Status Check  
**Details:** Advised applicant that application is being processed.

Table 11: Contact Example

### d. Completing Casework

- i. Staff trained in a specific queue e.g., **FEMA Manual Determination**, MUST complete any casework that is required to resolve the applicant's issue at the time of the call. When staff are NOT trained in the specific queue/process, **ADD** a **Comment** to explain the actions taken, **CREATE** a WP (if appropriate per **FEMA Manual Guidelines**), and **ROUTE** to the correct queue for processing. See [Appeal Issues](#) for Appeal issues & [Recoupment Issues](#) for Recoup issues. (**NOTE:** There are occasions when disaster-specific work requirements dictate that Caller Services staff DOES NOT complete some/all casework at the time of the call.)
- ii. **COMPLETE** case review, documentation, and assessments during the call while the caller is online. However, staff will enter one of the following codes into the phone if the caller is disconnected or more time is needed to complete work after the call.
- iii. For C3MP, follow the [C3MP Agent User Guide](#) for Aux Code identification.

## 19. Creating **Comments** and Sending Emails

### a. Creating **Comments**

- i. **Comments** are essential for tracking what has happened to a case and why decisions were made. Once saved, **Comments** (and **Contacts**) are permanent entries in the file and CANNOT be deleted or modified without supervisor intervention. **Comments** detail the reasoning behind any actions taken, including eligibility decisions, manual routing events, and any data changes. As with **Contacts**, anyone reviewing the case in the future will see the **Comments**, including applicants that may request their file; therefore, they must NOT include cryptic abbreviations, acronyms or opinion statements.

### b. **Comment** Format:

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|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Summary:</b>           | The Summary begins with the <b>FACILITY#</b> (NPSC#) e.g. 91, 92, or 93 and then a short description of what the call concerned. This indicates any actions taken (data changes, new inspections, etc.) <b>USE ALL CAPITAL LETTERS TO ENTER SUMMARY LINE TEXT.</b>                                                                                                                                                                                                                                                                         |
| <b>Send to Inspector:</b> | Default is NO. Current procedures are to leave this field as No. The Inspection Services Task Monitor will make the determination whether or NOT to send the <b>Comment</b> to the Inspector.                                                                                                                                                                                                                                                                                                                                              |
| <b>Comment Text:</b>      | Use this field to explain an action taken in the file. The <b>Comment</b> will be concise, but the details <b>MUST</b> include the issue that prompted the action (identify), case specifics that support the action (verify), the action taken or recommended (specify), and details that support the decision (justify). Avoid non-standard abbreviations and always include the justification for the action. Text may be written using sentence structure in upper or lower case. See <a href="#">18.c</a> for additional information. |

Table 12: Comment Format

c. **Comment** text should include:

- i. **IDENTIFY:** Briefly **EXPLAIN** how the WP came into queue.
- ii. **VERIFY: RECORD** any information gathered from the case review which helped in reaching the determination.
- iii. **SPECIFY:** Briefly **EXPLAIN** any action taken as a result of the case review and the final decision. If ineligible,
- iv. **EXPLAIN** the ineligibility reason. If eligible, **EXPLAIN** the award and what it is for.
- v. **JUSTIFY:** Briefly **EXPLAIN** how the determination was made. What guidance was used for the determination?
- vi. **ROUTE to: EXPLAIN** to which queue the WP will be routed.

d. Sending an Email

- i. The main purpose of the email function is to provide a written mode of communication among supervisors, processors, and other departments about applicants and their files that need special attention.

### 20. Using Contact Examples

- a. Because HA and ONA issues are combined in one **Contact**, these procedures reference HA and ONA interchangeably in the Contact examples.



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## B. Correspondence Issues

- [Correspondence Issues](#)
- [Request for File Information](#)
- [Information Request to the FEMA Mailroom](#)
- [Written Consent Guidelines](#)

### 1. Correspondence Issues

| If call concerns:                                                                                                      | And:                                                                                                                       | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.1a Copy of letter previously sent to applicant in same Language<br><br>Correspondence preference – US Postal Service | Original mailed more than 14 days ago<br><br>The letter has NOT been returned to FEMA<br><br>Copy NOT previously requested | <ol style="list-style-type: none"> <li>1. <b>SAY</b>, "I can regenerate this letter for you. It should be delivered by the US Postal Service within 10 to 14 days. Please note that the letter will include the same date as the prior letter and your appeal period is NOT extended in any way with this letter regeneration."</li> <li>2. On the <b>Registrant Info</b> screen; <ol style="list-style-type: none"> <li>a. <b>VERIFY</b> the <b>CMA</b> and update as needed.</li> </ol> <p><b>NOTE:</b> You may see instances when an updated <b>CMA</b> is different from the address on the original letter. A cover page is included with every letter printed from NEMIS, both new and copies. The cover page will show the <b>CMA</b> in the applicant's NEMIS file at the time the cover page was printed to ensure that the letters are mailed to the correct updated address.</p> </li> <li>3. On the <b>Communication</b> screen, from the <b>Outgoing Correspondence</b> frame; AND <ol style="list-style-type: none"> <li>a. <b>SELECT</b> the appropriate letter; AND</li> <li>b. <b>CLICK</b> on the <b>Regenerate</b> link.</li> </ol> </li> <li>4. <b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUEST REMAIL OF [LETTER CODE] LETTER</li> <li>b. <b>Call Type:</b> Applicant Document Request</li> </ol> </li> </ol> |





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| If call concerns:                                                                                                            | And:                                                                                                   | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                              |                                                                                                        | <p>c. <b>Sub-Type:</b> Letters Associated with Applicant File</p> <p>d. <b>Details:</b> Applicant requested copy of letter _____. Verified <b>CMA</b> and all required information. Letter was sent to applicant originally on [date]. Regenerated requested letter. (And any other changes made to file).</p> <p><b>NOTE:</b> DO NOT regenerate any letter related to an applicant's recoupment. See <a href="#">Recoupment Issues</a>, of this Helpline Reference Guide.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <p>3.1b Copy of letter previously sent to applicant in same Language</p> <p>Correspondence preference – E-Correspondence</p> | <p>Original available in DAC-AI account more than 14 days ago</p> <p>Copy NOT previously requested</p> | <ol style="list-style-type: none"> <li><b>SAY,</b> "We can resend a notification for you. Please access your personal account in Disaster Assistance.gov to view the letter. The date on the letter will be the same as when you were first notified. Let me verify your e-mail address."</li> <li>On the <b>Registrant Info</b> screen; <ol style="list-style-type: none"> <li><b>VERIFY</b> the applicant's e-mail address and <b>EDIT</b> as necessary.</li> </ol> </li> <li>On the <b>Communication</b> screen; <ol style="list-style-type: none"> <li>From the <b>Outgoing Correspondence</b> frame, <b>HIGHLIGHT</b> letter for which the e-mail notification is to be sent again.</li> </ol> </li> <li><b>CLICK</b> the <b>Resend</b> link; NEMIS tracks the number of attempts to resend the notification. If after three times, the email notification is NOT able to be sent, a WP is created and sent to the <b>Return Work</b> mail queue for verification of the email address.</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) APPLICANT REQUESTING RESEND LETTER</li> <li><b>Call Type:</b> HA/OTH Program Request</li> <li><b>Sub-Type:</b> HA/OTH Status Check</li> <li><b>Details:</b> Applicant requested that a letter be resent. Correspondence preference – E-Correspondence. Explained that the date on the letter will be the same and that another notification would be sent to their e-mail address. Verified e-mail address and all required information. (And any other changes made to file).</li> </ol> </li> </ol> |



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| If call concerns:                                                                                                                                                              | And:                                                                                                    | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>3.1c For English or Spanish languages ONLY</p> <p>Copy of letter previously sent to applicant in different Language</p> <p>Correspondence preference –US Postal Service</p> | <p>Original mailed more than 14 days ago</p> <p>Copy in different language NOT previously requested</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "I am requesting that a copy of the letter in (choose either English or Spanish) be mailed to you. It should be delivered by the US Postal Service within 10 to 14 days."</li> <li>On the <b>Registrant Info</b> screen; <ol style="list-style-type: none"> <li><b>VERIFY</b> the <b>CMA</b> and update as needed; AND</li> <li><b>UPDATE</b> the Language preference to either <b>English</b> or <b>Spanish</b></li> </ol> </li> <li>On the <b>Communication</b> screen in the <b>Outgoing Correspondence</b> frame; <ol style="list-style-type: none"> <li><b>SELECT</b> the appropriate letter to be regenerated</li> </ol> </li> <li><b>CHOOSE Regenerate</b>;</li> <li>When the pop-up appears "<b>Are you sure you want to regenerate the selected letters in English/Spanish,</b>" <b>CLICK Yes</b>; AND <p><b>NOTE:</b> You may see instances when an updated <b>CMA</b> is different from the address on the <b>regenerated</b> letter. A cover page is included with every letter, both new and copies, printed from NEMIS. The cover page will show the <b>CMA</b> in the applicant's NEMIS file at the time the cover page was printed to ensure that the letters are mailed to the correct updated address.</p> </li> <li><b>ADD a Contact</b>: <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUEST REGENERATED LETTER IN (ENGLISH/SPANISH)</li> <li><b>Call Type:</b> Applicant Document Request</li> <li><b>Sub-Type:</b> Letters Associated with Applicant File</li> <li><b>Details:</b> Applicant requested ___ letter be regenerated in (English/Spanish). Verified <b>CMA</b> and all required information. Letter was sent to applicant originally on [date]. Regenerated requested letter(s) due to change of language from ___ to ___. (And any other changes made to file).</li> </ol> </li> </ol> |
| <p>3.1d For English or Spanish languages ONLY</p>                                                                                                                              | <p>Original available in DAC-AI account more than 14 days ago</p>                                       | <p><b>NOTE:</b> This procedure applies if the applicant wants to modify their letters to a different language from DR 1969 NC forward. The original created date will be visible on the new correspondence</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |





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| If call concerns:                                                                                                      | And:                                                                            | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Copy of letter previously sent to applicant in different Language<br><br>Correspondence preference – E- Correspondence | Copy in different language NOT previously requested                             | <ol style="list-style-type: none"> <li><b>SAY</b>, "I am requesting that a copy of the letter in (choose either English or Spanish) be placed in your Disaster Assistance Center account. You will receive notice through your email when the letter is available."</li> <li>On the <b>Registrant Info</b> screen; <ol style="list-style-type: none"> <li><b>VERIFY</b> the e-mail address and <b>EDIT</b> as needed; AND</li> <li>In the <b>Registrant</b> frame, <b>UPDATE</b> the Language preference to either <b>English</b> or <b>Spanish</b></li> </ol> </li> <li>On the <b>Communication</b> screen in the <b>Outgoing Correspondence</b> frame; <ol style="list-style-type: none"> <li><b>SELECT</b> the appropriate letter to be resent</li> </ol> </li> <li><b>CLICK Regenerate</b>;</li> <li>When the pop-up appears "Are you sure you want to regenerate the selected letters in English/Spanish," <b>CHOOSE Yes</b>; AND<br/><br/> <b>NOTE:</b> You may see instances when an updated <b>CMA</b> is different from the address on the <b>regenerated</b> letter. A cover page is included with every letter, both new and copies, printed from NEMIS. The cover page will show the <b>CMA</b> in the applicant's NEMIS file at the time the cover page was printed to ensure that the letters are mailed to the correct updated address.</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUEST REGENERATED LETTER IN (ENGLISH/SPANISH)</li> <li><b>Call Type:</b> Applicant Document Request</li> <li><b>Sub-Type:</b> Letters Associated with Applicant File</li> <li><b>Details:</b> Applicant requested ____ letter be regenerated in (English/Spanish). Verified e-mail address and all required information. Letter was sent to applicant originally on [date]. Regenerated requested letter(s) due to change of language from ____ to _____. (And any other changes made to file).</li> </ol> </li> </ol> |
| 3.1e For a copy of a letter in languages other than English or Spanish                                                 | Letter is 90-69 COVER LETTER, 90-69 REF, AACK, ARC, DUP, NCOMP, NII, NNPR, NOP, | <ol style="list-style-type: none"> <li>This procedure applies if the applicant requests (verbally/in writing) a copy of their letters in a language other than Spanish/English. The original created date will be visible on the new correspondence and the translation will NOT extend any associated <b>Timers</b>.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Correspondence preference: US Postal Service or E-correspondence | NLATE, RCRTDCN, or NUC. (This is NOT a comprehensive list.)<br><br>Copy in different language NOT previously requested | <ol style="list-style-type: none"> <li>Staff <b>MUST</b> use the language line if they <b>DO NOT</b> speak the same language as the caller;</li> <li>If someone other than the applicant calls, <b>VERIFY</b> there is Written Consent in the file to release information to the caller;</li> <li>If Written Consent is NOT in the file, <b>EXPLAIN</b> to the caller/applicant the <a href="#">Written Consent Guidelines</a>. See <a href="#">Written Consent and Sharing Applicants Information</a> for additional information. <ol style="list-style-type: none"> <li>Say, "I am requesting a copy of the letter(s) in (specify language) be sent to you. Your translated letter(s) will be delivered by the US Postal Service to the mailing address on file. If you require any additional letters in this language, please call or write to FEMA and request a translation."</li> </ol> </li> <li>On the <b>Registrant Info</b> screen; <ol style="list-style-type: none"> <li><b>VERIFY</b> the <b>CMA</b> and update as needed; AND</li> <li><b>VERIFY</b> the Language preference = English.</li> </ol> </li> <li><b>E-MAIL</b> the <a href="#">FEMA-JHP-MAILROOM</a> to request the letter in the specific language; <ol style="list-style-type: none"> <li><b>Subject line:</b> Request for copy of letter; AND</li> <li><b>Body:</b> Include the disaster number, registration number, applicant's first and last name, letter code, letter generated date, and specify the language.</li> </ol> </li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUEST TRANSLATION OF (LETTER CODE) LETTER</li> <li><b>Call Type:</b> Applicant Document Request</li> <li><b>Sub-Type:</b> Letters Associated with Applicant File.</li> <li><b>Details:</b> Applicant requested a copy of ___ letter(s) in ___ (specify language). Verified <b>CMA</b> and all required information. First Letter was generated on [date]. Emailed translation request to mailroom. Explained the letter will arrive via the USPS and a translation request must be made for each new letter. (If applicable, explained Written Consent guidelines). (And any other changes made to file).</li> </ol> </li> </ol> |





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|-------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3.2 Request a copy of file or inspection report |      | <ol style="list-style-type: none"> <li><b>SAY</b>, "Please submit a written request for a copy of your file". "To help protect your privacy you must submit": <ol style="list-style-type: none"> <li>A written request with your full name (first and last),</li> <li>Your date and place of birth,</li> <li>Your current address (mailing or damaged dwelling), AND</li> <li>Your request must be <u>signed</u> and must: <ol style="list-style-type: none"> <li>Be notarized, OR</li> <li>Include the following statement: "I hereby declare under penalty of perjury that the foregoing is true and correct."</li> </ol> </li> </ol> </li> <li><b>PROVIDE</b> the <u>mailing address and fax number</u> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUESTED ____</li> <li><b>Call Type:</b> Applicant Document Request</li> <li><b>Sub-Type:</b> Letters Associated with Applicant File</li> <li><b>Details:</b> Applicant requested _____. Advised applicant to send a written request. Provided mailing address and fax number. (And any other changes made to file).</li> </ol> </li> </ol> |
| 3.3 Questions about HA/ONA letter               |      | <ol style="list-style-type: none"> <li><b>ACCESS</b> the letter in the applicant's file;</li> <li><b>REVIEW</b> the letter with the applicant; AND</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) HA/ONA REQUEST</li> <li><b>Call Type:</b> HA Program Request</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |



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|                                         |                                                                             | <p>c. <b>Sub-type:</b> HA Letter Information</p> <p>d. <b>Details:</b> Applicant had questions about letter previously sent. Accessed letter and reviewed with applicant. (And any other changes made to file).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3.4a Questions about SBA decline letter | <p><b>Banner:</b> SBA = HAPP</p> <p>WP NOT in FEMA Manual Determination</p> | <p>1. <b>SAY</b>, "I would recommend that you call the SBA regarding your application using the phone number in the materials you received with your loan packet from SBA." (If the applicant DOES NOT have an SBA phone number or CANNOT locate it, advise them to call the SBA at (800) 659-2955.); AND</p> <p>2. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) SBAR/SBANR LETTER INFORMATION</p> <p>b. <b>Call Type:</b> HA Program Request</p> <p>c. <b>Sub-type:</b> HA Letter Information</p> <p>d. <b>Details:</b> Applicant had questions about SBA decline letter. SBA status is HAPP. Advised applicant to call SBA. (And any other changes made to file).</p> <p>3. DO NOT create a WP. When the SBA decline letter is sent, the file is automatically sent to the <b>NPSC Program Review</b> queue for a decision to process or NOT process additional ONA.</p> |
| 3.4b Questions about SBA decline letter | <p><b>Banner:</b> SBA = REVIEW</p> <p>WP in FEMA Manual Determination</p>   | <p>1. <b>VERIFY</b> the contact information;</p> <p>2. <b>SAY</b>, "Your file has returned from the SBA and is pending review (or inspection, if applicable) If you DO NOT hear or receive anything within 7 days, please call back after that to check on the status of your case."; AND</p> <p>3. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) SBAR/SBANR LETTER INFORMATION</p> <p>b. <b>Call Type:</b> HA Program Request</p> <p>c. <b>Sub-type:</b> HA Letter Information</p> <p>d. <b>Details:</b> Document information given to the caller. (And any other changes made to file).</p> <p>4. If the applicant has questions concerning the SBA denial and/or wants to appeal the denial decision with the SBA, <b>PROVIDE</b> them with the SBA Regional Office phone number (800) 659-2955.</p>                                                                     |

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| 3.5a Confirmation of receipt of <b>letter or fax sent to FEMA</b> for applicant's file | <p>Sent less than:</p> <ul style="list-style-type: none"> <li>FAX – 5 days ago</li> <li>Mail – 14 days ago</li> </ul> <p>Not received</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "It can take (fax – 5 days, mail – 14 days) to be added to a file. At this time, the letter/fax you referred to has NOT been added." - <b>CONFIRM</b> the <u>address or fax number</u> the documents were sent to;</li> <li><b>SAY</b>: "Please wait until [specify day] to call back to confirm it has been received."; AND</li> <li><b>ADD a Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) APPLICANT REQUESTING CONFIRMATION OF RECEIPT OF LETTER/FAX SENT</li> <li><b>Call Type</b>: HA/OTH Program Request</li> <li><b>Sub-Type</b>: HA/OTH Status Check</li> <li><b>Details</b>: Applicant requested confirmation that letter/fax sent to FEMA on ____ was received. Document NOT received. Advised applicant to call back on ____ to check status. (And any other changes made to file).</li> </ol> </li> </ol>                                                                                                                                                                      |
| 3.5b Confirmation of receipt of <b>letter or fax sent to FEMA</b> for applicant's file | <p>Sent more than:</p> <ul style="list-style-type: none"> <li>FAX – 5 days ago</li> <li>Mail – 14 days ago</li> </ul> <p>Not received</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "We have NOT received your letter/fax. I recommend that you resubmit your documentation. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.";</li> <li><b>PROVIDE</b> the <u>mailing address and fax number</u> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li><b>ADD a Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) REQUESTING CONFIRMATION OF RECEIPT OF LETTER/FAX SENT</li> <li><b>Call Type</b>: HA/OTH Program Request</li> <li><b>Sub-Type</b>: HA/OTH Status Check</li> <li><b>Details</b>: Applicant requested confirmation that letter/fax sent to FEMA on ____ was received. Document NOT received. Advised applicant to resend letter/fax and enter name, SSN, Rgsn ID number, and DR number on all pages. (And any other changes made to file).</li> </ol> </li> </ol> |
| 3.6 Documents indexed into wrong file (determined while                                |                                                                                                                                           | <ol style="list-style-type: none"> <li><b>COMPLETE</b> the call regarding the reason that this applicant called.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |



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| reviewing applicant's file)                                                        |                                                                                                              | <ol style="list-style-type: none"> <li><b>E-MAIL</b> the FEMA Mailroom at <a href="#">FEMA-JHP-MAILROOM</a> with the Subject Line, (NPSC#) DOC INDEXED INTO WRONG FILE, to request that the document be transferred to the correct file and include the following details in the message: <ol style="list-style-type: none"> <li>Disaster number</li> <li>Registration number</li> <li>Applicant's name</li> <li>Indexed date</li> <li>Doc# _____ needs to be transferred to: <ol style="list-style-type: none"> <li>Disaster number for correct file</li> <li>Registration number for correct file</li> <li>Applicant's name for correct file</li> </ol> </li> </ol> </li> <li><b>ADD a Contact</b> to note that you e-mailed the request to the Mailroom. (And any other changes made to file).</li> <li><b>ADD a Comment</b> in the wrong file: <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) DOC INDEXED INTO WRONG FILE</li> <li><b>Details:</b> Emailed mailroom to request transfer of document to correct file.</li> </ol> </li> </ol> |
| 3.7a Correspondence Preference change to E-Correspondence with E-mail notification | Applicant has personal account in <a href="http://www.disasterassistance.gov">www.disasterassistance.gov</a> | <ol style="list-style-type: none"> <li><b>SAY</b>, "Your preference can be changed to E-Correspondence so that you can view your letters electronically. Do you have a personal account set up in the Disaster Assistance Center at <a href="http://www.disasterassistance.gov">www.disasterassistance.gov</a>?" <ol style="list-style-type: none"> <li>If <b>No</b>, go to <a href="#">3.7c</a>; OR</li> <li>If <b>Yes</b>, <b>CONTINUE</b> to step 2.</li> </ol> </li> <li><b>SAY</b>, "I am required to Read the Terms of Electronic Correspondence to you. "You have selected to receive notification of new correspondence from FEMA via E-mail. All FEMA communications will be posted to your Disaster Assistance Center (DAC) account. You will NOT receive any communication by</li> </ol>                                                                                                                                                                                                                                                                       |





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|------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                          |                  | <p>standard postal mail. If you DO NOT receive an e-mail from FEMA within the next 7-10 days, please call the FEMA Helpline at (800) 621-3362 to have your e-mail address confirmed. Please be sure to check your spam mailbox and add FEMA to your safe list to ensure that you receive all correspondence. Applicants are responsible for viewing all correspondence from FEMA. You may change your correspondence preference at any time by calling the FEMA Helpline or logging into your Disaster Assistance Center account and selecting 'preferences' from the Correspondence page."</p> <p>3. <b>SAY</b>, "Do you agree to the terms of Electronic Correspondence?" Applicant's response <b>Yes</b> or <b>No</b>.</p> <p>a. If <b>No</b>, they DO NOT agree to the terms of Electronic Correspondence, <b>SAY</b>, "Your correspondence from FEMA will continue to be delivered by the US Postal Service. You can check the status of your application from your Disaster Assistance Center account. If you change your mind, please call our Helpline."</p> <p>b. If <b>Yes</b>, they do agree, <b>SAY</b>, "When a letter is generated by FEMA an E-mail will be sent notifying you to check your Disaster Assistance Center account, so that you can view the correspondence. Letters can only be viewed from your personal account set up in the Disaster Assistance Center system, NOT from your e-mail account. In addition, if you choose the e-mail preference, you will no longer receive letters from FEMA delivered by the US Postal Service only e-mails for you to view these letters from your Disaster Assistance Center account. Remember, you can change this setting any time by calling our Helpline if you want to receive your letters by USPS.";</p> <p>4. Make changes in on the <b>Registrant Info</b> screen; AND</p> <p>a. <b>CHANGE E-Correspondence</b> from "<b>No</b>" to "<b>Yes</b>";</p> <p>b. <b>SAY</b>, "Let me verify your e-mail address."; AND</p> <p>c. <b>ADD</b> or <b>EDIT</b> e-mail address. <b>VERIFY</b> e-mail address by reading it back to applicant.</p> <p>5. <b>ADD a Contact</b>:</p> <p>a. <b>Summary</b>: <b>FACILITY#</b>. (NPSC#) REQUESTING E-CORRESPONDENCE</p> <p>b. <b>Details</b>: Updated E-correspondence with e-mail notification per applicant's request. (And any other changes made to file).</p> |
| 3.7b Correspondence Preference change to | IDV_FAILED at RI | <p>1. If the applicant's identity fails at RI (<b>IDV_FAILED</b> in the <b>Registration Status</b> screen and the <b>Banner</b>), changing the correspondence preference to <b>E-Correspondence</b> is NOT allowed;</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |



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|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E-Correspondence</b><br>with E-mail notification                                       |                                                                                                                 | <ol style="list-style-type: none"> <li>If after corrections to name, <b>SSN</b>, and/or <b>DOB</b>, the identity is cleared by NEMIS public records verification and the <b>Registration Status</b> screen shows <b>IDV_PASS</b>, a change from <b>US Postal Mail</b> to <b>E-Correspondence</b> with E-mail notification is allowed; AND <ol style="list-style-type: none"> <li>The applicant will be able to only view letters from the date of change forward in their DAC-AI account; AND</li> <li>Copies of letters dated prior to the change will have to be requested following posted guidance (see <a href="#">3.1a</a> in this document).</li> </ol> </li> <li>If after corrections to name, <b>SSN</b>, and/or <b>DOB</b>, the identity is NOT cleared by NEMIS public records verification but rather is manually set to <b>Verified</b> on the <b>Info Control</b> screen, and the <b>Registration Status</b> screen still shows <b>IDV_FAILED</b>, a change from <b>US Postal Mail</b> to <b>E-Correspondence</b> with E-mail notification is NOT allowed. <ol style="list-style-type: none"> <li>A DAC-AI account CANNOT be created for this applicant.</li> <li>The applicant will continue to receive their correspondence via the <b>US Postal Service</b>.</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                            |
| 3.7c. Correspondence Preference change to <b>E-Correspondence</b> with Email notification | Applicant has no personal account in <a href="http://www.disasterassistance.gov">www.disasterassistance.gov</a> | <ol style="list-style-type: none"> <li><b>SAY</b>, "Your preference can be changed to E-Correspondence so that you can view your letters electronically. Let me verify your e-mail address."<br/><br/><b>NOTE:</b> An e-mail address is required to be on file prior to the first login to the DAC-AI account to receive a one-time PIN allowing access to their records online.</li> <li><b>SAY</b>, "I am required to Read the Terms of Electronic Correspondence to you. You have selected to receive notification of new correspondence from FEMA via E-mail. All FEMA communications will be posted to a Disaster Assistance Center (DAC) account for you. You will have to create your Disaster Assistance Center account in order to view or print the correspondence via the Disaster Assistance Center Correspondence page. You will NOT receive any communication by standard postal mail. If you DO NOT receive an e-mail from FEMA within the next 7-10 days, please call the FEMA Helpline at (800) 621-3362 to have your e-mail address confirmed. Please be sure to check your spam mailbox and add FEMA to your safe list to ensure that you receive all correspondence. Applicants are responsible for viewing all correspondence from FEMA. You may change your correspondence preference at any time by calling the FEMA Helpline or logging into your Disaster Assistance Center account and selecting 'preferences' from the Correspondence page."</li> <li><b>SAY</b>, "Do you agree to the terms of Electronic Correspondence?" Applicant's response <b>Yes</b> or <b>No</b>;</li> </ol> |





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|-------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |      | <p>a. If <b>No</b>, they DO NOT agree to the terms of Electronic Correspondence, SAY, "Your correspondence from FEMA will continue to be delivered by the US Postal Service. You can check the status of your application from your Disaster Assistance Center account. If you change your mind, please call our Helpline."; OR</p> <p>b. If <b>Yes</b>, SAY, "You can set up your personal Disaster Assistance Center account at <a href="http://www.disasterassistance.gov">www.disasterassistance.gov</a>. When you access this site, you will click on Check your Application and Login. Then, click on Create My Account to set up an account. When a letter is generated by FEMA an e-mail will be sent notifying you to check your Disaster Assistance Center account, so that you can view the correspondence. Letters can only be viewed from your personal account set up in the Disaster Assistance Center system, NOT from your e-mail account. In addition, if you choose the e-mail preference, you will no longer receive letters from FEMA delivered by the US Postal Service only e-mails for you to view these letters from your Disaster Assistance Center account. Remember, you can change this setting any time by calling our helpline if you want to receive your letters by the United States Postal Service."</p> <p><b>NOTE:</b> Refer to the <a href="#">Guide for Creating an Account &amp; Uploading Documents</a> for further information.</p> <p>4. Make the change on the <b>Registrant Info</b> screen; AND</p> <p>a. <b>CHANGE</b> E-Correspondence from <b>No</b> to <b>Yes</b>;</p> <p>b. <b>SAY</b>, "Let me verify your e-mail address."; AND</p> <p>c. <b>ADD</b> or <b>EDIT</b> the e-mail address. <b>VERIFY</b> e-mail address by reading it back to applicant.</p> <p>5. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) REQUESTING E-CORRESPONDENCE</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p> <p>c. <b>Sub-Type:</b> HA/OTH Status Check</p> <p>d. <b>Details:</b> Applicant requested that letters be sent via E-Correspondence. Read terms of Electronic Correspondence to Applicant and Applicant agreed to terms. Explained how to set up a personal account on DAC. Explained that viewing of letters can only be done by accessing their account on <a href="http://www.disasterassistance.gov">www.disasterassistance.gov</a> and that an e-mail would be sent to their e-mail address notifying them when a letter was generated. Verified e-mail address and all required information. (And any other changes made to file).</p> |



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| If call concerns:                                       | And:                                                                                                       | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 3.7d E-<br>Correspondence<br>Creating DAC-AI<br>Account | Applicant asks how to set<br>up DAC-AI Account<br>OR<br>Reports Problems with<br>Setting up DAC-AI Account | <ol style="list-style-type: none"> <li>1. <b>SAY:</b> "Please visit <a href="http://www.disasterassistance.gov">www.disasterassistance.gov</a>. In the middle of the screen, click "Check Status" Choose "Create My Account" and follow the prompts to set up your online account." For questions about setting up your account, I can transfer the call to the Internet Helpdesk. The Internet Helpdesk is available 24 hours a day, seven days a week." <ol style="list-style-type: none"> <li>a. Refer to section <a href="#">31.1b</a>; AND</li> <li>b. <b>CONTINUE</b> to step 4.</li> </ol> </li> <li>2. If the applicant states they are having difficulty setting up their DAC-AI account, <b>SAY:</b> "Has it been more than 24 hours since you received your e-mail notification?" <ol style="list-style-type: none"> <li>a. If <b>No</b>, refer to section <a href="#">31.1a</a></li> <li>b. If <b>Yes</b>, <b>SAY:</b> "I will transfer the call to FEMA's Internet Helpdesk, and you can request a new PIN and password. The Internet Helpdesk is available 24 hours a day, seven days a week. If we get disconnected, the number for the Internet Helpdesk is (800) 745-0243. Refer to section <a href="#">31.1b</a></li> <li>c. <b>CONTINUE</b> to step 4.</li> </ol> </li> <li>3. <b>SAY:</b> "Have you contacted the Internet Helpdesk using the telephone number provided to you in your e-mail notification?; AND <ol style="list-style-type: none"> <li>a. If <b>No</b>, <b>SAY:</b> "I will transfer the call to FEMA's Internet Helpdesk and you can request a new PIN and password. The Internet Helpdesk is available 24 hours a day, seven days a week. If we get disconnected, the number for the Internet Helpdesk is (800) 745-0243. Refer to section <a href="#">31.1b</a>; AND <ol style="list-style-type: none"> <li>i. <b>CONTINUE</b> to step 4.</li> </ol> </li> <li>b. If <b>Yes</b>, and the Internet Helpdesk was unable to assist the applicant in setting up the account, <b>SAY:</b> "You will have to receive your correspondence from FEMA via the US Postal Service". <ol style="list-style-type: none"> <li>i. Make change on the <b>Registrant Info</b> screen; AND <ol style="list-style-type: none"> <li>1. <b>CHANGE E-Correspondence</b> from <b>YES</b> to <b>NO</b>;</li> <li>2. <b>VERIFY</b> the applicant's <b>CMA</b>; AND</li> <li>3. <b>ADD</b> or <b>EDIT</b> the applicant's <b>CMA</b>.</li> </ol> </li> </ol> </li> </ol> </li> </ol> |





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| If call concerns:                   | And:                                                                      | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     |                                                                           | <p>ii. <b>CONTINUE</b> to step 4</p> <p>4. <b>ADD</b> a Contact:</p> <p>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUESTING HELP CREATING DAC-AI ACCT</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p> <p>c. <b>Sub-Type:</b> HA/OTH Status Check</p> <p>d. <b>Details:</b> Applicant requested help creating their personal DAC-AI account. Gave applicant information on where to create account and steps up to 'Create My Account'. Also gave Tech Helpdesk telephone numbers and hours of operations. Verified all required information; <b>OR</b></p> <p>e. <b>Details:</b> Applicant requested help creating a personal DAC-AI account. Internet Helpdesk was unable to assist applicant in setting up account. Changed applicant Correspondence preference from E-Correspondence to US Postal Mail. Verified CMA and all required information.</p>                                                    |
| 3.7e Correspondence Language change | Applicant requests to receive FEMA correspondence in a different language | <p>1. <b>SAY</b>, "The language preference can be changed on your Correspondence sent to you by FEMA."</p> <p>a. "Let me verify your e-mail address (if applicant has E-mail correspondence preference)." Or</p> <p>b. "Let me verify your current mailing address (if applicant has US Postal Mail correspondence preference)."</p> <p>2. <b>VERIFY</b> the applicant's e-mail and <b>EDIT</b> if necessary, or <b>VERIFY</b> the applicant's <b>CMA</b> and <b>EDIT</b> if necessary;</p> <p>3. <b>ACCESS</b> the <b>Registrant Info</b> screen; AND</p> <p>a. <b>CLICK</b> on <b>Registrant</b>;</p> <p>b. <b>CHANGE</b> language preference; AND</p> <p>c. This change will show on the <b>Communication</b> screen in the <b>Outgoing Correspondence</b> frame under <b>Language</b>.</p> <p>4. <b>ADD</b> a Contact:</p> <p>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) APPLICANT REQUESTING LANGUAGE CHANGE</p> |



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|---------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                         |                                                                  | <ul style="list-style-type: none"> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> HA/OTH Status Check</li> <li>d. <b>Details:</b> Applicant requested language change on correspondence letters. Changed language from _____ to _____. Verified e-mail address/<b>CMA</b> and all required information. (And any other changes made to file).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3.7f Correspondence Preference change to US Postal Mail | Applicant requests to receive FEMA letters via US Postal service | <ul style="list-style-type: none"> <li>1. <b>SAY,</b> "Your Correspondence preference can be changed so that letters sent to you by FEMA will be sent by US Postal Mail. Let me verify your Current Mailing Address.";</li> <li>2. <b>VERIFY</b> the applicant's <b>CMA</b>;</li> <li>3. <b>MAKE</b> change on the <b>Registrant Info</b> screen; <ul style="list-style-type: none"> <li>a. <b>CHANGE E-Correspondence</b> from <b>YES</b> to <b>No</b></li> <li>b. <b>ADD</b> or <b>EDIT</b> the applicant's <b>CMA</b>.</li> </ul> </li> <li>4. <b>E-MAIL</b> <a href="#">FEMA-IHP-MAILROOM</a>. To ensure copies of the correct letters are mailed to the applicant's accurate <b>CMA</b>, include in the e-mail; AND <ul style="list-style-type: none"> <li>a. Applicant's name;</li> <li>b. Disaster number and applicant's registration number;</li> <li>c. Letter name and/or code; AND</li> <li>d. Letter generation date</li> </ul> </li> <li>5. <b>ADD</b> a <b>Contact</b>: <ul style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUESTING E-CORRESPONDENCE CHANGE</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> HA/OTH Status Check</li> </ul> </li> </ul> |





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| If call concerns:                                      | And:                  | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------|-----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                        |                       | d. <b>Details:</b> Applicant requested that letters be sent via US Postal Mail. Applicant had chosen E-Mail preference at RI and wants to change to all letters be delivered by US Postal Mail. Verified <b>CMA</b> and all required information. (And any other changes made to file).                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 3.8 Documents submitted in language other than English | Translation is needed | <ol style="list-style-type: none"> <li><b>COMPLETE</b> the call regarding the reason the applicant called.</li> <li><b>E-MAIL</b> the <a href="#">FEMA-JHP-MAILROOM</a> with a request to translate the documents. The email must include: <ol style="list-style-type: none"> <li><b>Subject Line:</b> (NPSC#) DOCUMENTS NEED TRANSLATION; AND</li> <li><b>Body:</b> <ol style="list-style-type: none"> <li>Disaster number;</li> <li>Registration number;</li> <li>Applicant's name;</li> <li>Indexed date; AND</li> <li>Doc# _____ needs to be translated into English.</li> </ol> </li> </ol> </li> <li><b>ADD</b> a <b>Contact</b> to note that you emailed the request to the Mailroom. (And any other changes made to file).</li> </ol> |

Table 13: Correspondence Issues

### 2. Request for File Information

| If call concerns:                        | And:                           | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4.1a Applicant request for copy of file. | Request NOT already submitted. | <ol style="list-style-type: none"> <li><b>SAY:</b> "I will send you an <b>Authorization for the Release of Information Under the Privacy Act</b> form. Please complete it and return it to FEMA so we can process your request for a copy of your file. If you do not wish to wait for this form, you can obtain one online at <a href="http://www.fema.gov/assistance/individual/program">www.fema.gov/assistance/individual/program</a>; or you may submit a written request for a copy of your file. To help protect your privacy, the request must include: <ol style="list-style-type: none"> <li>Your full name (first and last),</li> <li>Your date and place of birth,</li> <li>Your current address (mailing or damaged dwelling), AND</li> </ol> </li> </ol> |

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| If call concerns:                        | And:                                                                          | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                          |                                                                               | <p>d. Your <u>signature</u> which must:</p> <ul style="list-style-type: none"> <li>i. <u>Be notarized</u>, OR</li> <li>ii. <u>Include the following statement: "I hereby declare under penalty of perjury that the foregoing is true and correct."</u></li> </ul> <p>2. <b>PROVIDE</b> the <u>mailing address and fax number</u> and advise the applicant they have the option to <u>upload documents</u> to their DAC account online; AND</p> <p>3. <b>GENERATE</b> the <b>Request for Written Consent Letter (RWCL)</b> and <b>CLICK Send letter to mail queue</b>; AND</p> <p>4. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUESTS COPY OF FILE</li> <li>b. <b>Call Type:</b> Applicant Document Request</li> <li>c. <b>Sub-Type:</b> Letters Associated with Applicant File</li> <li>d. <b>Details:</b> Applicant requested copy of file. Generated the Request for Written Consent Letter and advised applicant to complete and return it, or to send a written request. Provided mailing address, and fax number. (And any other changes made to file).</li> </ul> <p><b>NOTE:</b> If the file copy is to be provided to a third party, the full name and address of the third party must be included in the request. Please refer to the <u>Written Consent Guidelines</u> for more information.</p> |
| 4.1b Applicant request for copy of file. | <p>Request is in the file;<br/>AND</p> <p>Request has NOT been processed.</p> | <p>1. If there is a WP for the file copy request in <b>FEMA Info Control – File Request</b>, <b>SAY:</b> <u>"We have received your request and it is being processed. Please call back in two to three days to check the status of your request."</u></p> <p>2. If there is NOT a WP for the file copy request, <b>CREATE a WP</b> to <b>FEMA Info Control – File Request</b>. <b>SAY:</b> <u>"I have forwarded your request to be reviewed. Please allow five to seven days for processing."</u></p> <p>3. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUESTS COPY OF FILE</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |





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| If call concerns:                                                                                                     | And: | Then:                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                       |      | b. <b>Call Type:</b> Applicant Document Request<br>c. <b>Sub-Type:</b> Letters, Associated with Applicant File<br>d. <b>Details:</b> Applicant's file copy request is on file per DOC# _____. Advised applicant their request is being processed. (And any other changes made to file).                                                                                                                                 |
| 4.2 Law enforcement request for copy of file or applicant information or FEMA's Disaster Assistance System of Record. | N/A  | 1. DO NOT access the applicant's file;<br>2. <b>SAY:</b> "I wish I could help you. Because of the Privacy Act, I cannot provide this information by telephone. Please send a written request via email to the IHP-Helpdesk. That email address is <a href="mailto:FEMA-IHPHelpdesk@fema.dhs.gov">FEMA-IHPHelpdesk@fema.dhs.gov</a> . Is there anything else I can do for you?"; AND<br>3. DO NOT add a <b>Contact</b> . |

Table 14: Request for File Information

### 3. Information Request to the FEMA Mailroom

- a. When sending an email to the [FEMA-IHP-MAILROOM](mailto:FEMA-IHP-MAILROOM) to request information to be sent or re-sent to the applicant, **USE** the following format:
  - i. Subject line – NPSC # - Subject
  - ii. Include the following information in the body of your email message:
    1. Disaster number;
    2. Registration number;
    3. Applicant's first and last name;
    4. Document ID number (if applicable); AND
    5. The request.

**NOTE:** DO NOT email file copy requests to the FEMA-IHP-MAILROOM. Instead, **FOLLOW** the steps in [4.1b](#) above.

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#### 4. Written Consent Guidelines

Any applicant/co-applicant who wishes to have their information shared with a third party **MUST** provide a valid Written Consent or an **Authorization for the Release of Information Under the Privacy Act** form.

**NOTE:** These types of documents CANNOT be used to authorize a third party to make changes to the registration.

##### Written Consent Letters:

- a. A Written Consent letter **MUST** include the following information:
  - i. Be in writing (handwritten or typed);
  - ii. Include the applicant or co-applicant's full name, current address, date and place of birth;
  - iii. Be dated and signed by the applicant or co-applicant;
  - iv. Be notarized, or include the statement, **"I hereby declare under penalty of perjury that the foregoing is true and correct"**;
  - v. Include an individual identifier, e.g. the FEMA application number, **CMA**, **CPN**, etc.;
  - vi. **SPECIFY** what information can be released to the third party, e.g. the entire case file, the current contact information, the amount of disaster assistance received, request for third party to be an authorized representative at inspection, etc.; AND
  - vii. The individual **MUST** designate the individuals, entities, or organizations to which the disclosure is being consented.
- b. An **Authorization for the Release of Information Under the Privacy Act** form may be submitted in lieu of a Written Consent letter. This form **MUST** include the following information:





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- i. Applicant's or co-applicant's full name, place of birth, and date of birth;
  - ii. At least one selection for each item under **Section B**; AND
  - iii. The applicant or co-applicant's [signature](#), CMA, printed name, and the date signed.
  - iv. The registration ID number, **Section A**, and **Section C** are NOT required for the form to be accepted.
- c. When the authorized third party contacts the Helpline for assistance, they **MUST** verify their name and all of the standard verification items for the applicant/co-applicant as outlined in the [Third Party Request](#) section.

**NOTE:** An **Authorization for the Release of Information Under the Privacy Act** form expires one year from the date of the applicant or co-applicant's signature. A valid Written Consent letter DOES NOT expire unless the applicant submits a subsequent written request.

- d. If the Written Consent letter or **Authorization for the Release of Information Under the Privacy Act** form is missing any of the required components, a **Request for Written Consent – RWCL MUST** be sent requesting the missing information.
- e. Refer to the [Written Consent and Sharing Applicants Information](#) SOP for additional information.

**Exceptions:**

- a. Applicants who have a Release of Information (ROI) form dated prior to 06/21/2008 in their files are NOT required to submit a new Written Consent letter or **Authorization for the Release of Information Under the Privacy Act** form;
- b. A Written Consent letter or **Authorization for the Release of Information Under the Privacy Act** form is NOT required to take a registration, to use the TTY services for **deaf, hard of hearing, or speech disabled callers**, or conference a Language Services operator following the [Language Line](#) SOP; AND



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- c. A Written Consent letter or **Authorization for the Release of Information Under the Privacy Act** form is NOT required to complete a Helpline function when the caller is providing registration information on behalf of the applicant, e.g. collecting requested information from a contractor.

**POA, Guardianship, and Conservatorship Documents:**

- a. FEMA may accept a POA, Guardianship, or Conservatorship document from an applicant's assigned third party if it meets the state, local, territorial, or tribal (SLTT) law requirements where the applicant resides. Since these instruments have different restrictions, authorizations, or purposes than the Privacy Act, the submitted information **MUST** be coordinated for further review and validation prior to sharing information or access to the applicant's file with the third party;
- i. PMS will coordinate with OCC for review and validation.

**NOTE:** POA, Guardianship, and Conservatorship are the ONLY documents that can be used to authorize a third party to make changes to an applicant's file.

- b. Refer to the [Written Consent and Sharing Applicants Information](#) SOP for additional information.

**C. Verifications**

- [Identity and Citizenship](#)
- [Ownership/Occupancy Proof](#)

1. Identity and Citizenship





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| If call concerns:                                                                                                                                                                                                                                 | And:                                                                                                                                                                                                                                                                                                                                                   | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>5.1a IDV Proofing Failed (IDProof_Fail_LN);</p> <p>IDV Proofing Error (IDProof_Error_LN or IDProof_Pend);</p> <p>IDV Proofing Skip (IDProof_Skip); OR</p> <p>Applicant determined as IIDV.</p> <p>IDV_PASS with FEMA Inspection Completed.</p> | <p>CANNOT create a DAC account.</p> <p>The applicant failed two additional ID Proofing attempts when attempting to create an online account.</p>                                                                                                                                                                                                       | <ol style="list-style-type: none"> <li><b>SAY:</b> "FEMA was NOT able to verify the responses to the identity proofing questions asked during the registration process. Unfortunately, FEMA cannot allow the creation of a remote access account because we want to protect your personally identifiable information."</li> <li>The applicant will NOT be able to create an online account even if acceptable IDV documents are submitted. <ol style="list-style-type: none"> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary Line:</b> FACILITY# (NPSC#) ONLINE ACCOUNT FAILURE</li> <li><b>Call Type:</b> HA Program Request</li> <li><b>Sub-Type:</b> HA Status Change Request</li> <li><b>Details:</b> Explained to the applicant an online account CANNOT be created if they failed the ID proofing questions.</li> </ol> </li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>5.1b IDV Proofing Failed (IDProof_Fail_LN);</p> <p>IDV Proofing Error (IDProof_Error_LN or IDProof_Pend);</p> <p>IDV Proofing Skip (IDProof_Skip);</p> <p>AND/OR</p> <p>Applicant determined as IIDV</p>                                       | <p>IDV documents have NOT been submitted;</p> <p>An onsite inspection will NOT occur or is NOT required; AND</p> <p>The applicant is requesting assistance for the following categories:</p> <ul style="list-style-type: none"> <li>Medical</li> <li>Dental</li> <li>Transportation</li> <li>Generator</li> <li>Misc/Other</li> <li>Funeral</li> </ul> | <ol style="list-style-type: none"> <li><b>SAY:</b> "FEMA was NOT able to verify the responses to the questions asked during the registration process. Unfortunately, FEMA cannot allow the creation of a remote access account because we want to protect your personally identifiable information."</li> <li>The applicant needs to submit documents to satisfy the identity proofing requirement;</li> <li><b>SAY:</b> "Please submit written documents to FEMA to confirm your identity so that we may correct the information recorded in your file." Acceptable documentation includes any of the following: <ol style="list-style-type: none"> <li>Documents from the Social Security Administration, Medicare, or other Federal agency or department containing the full or the last four digits of the social security number or including an 'A' at the end;</li> <li>Social security card if accompanied by a state or Federal issued ID with or without any portion of the social security number. (Beginning with disaster 4101-MS.);</li> <li>Current payroll check stub issued by employer containing the full or last four digits of the social security number. (Beginning with disaster 4101-MS.);</li> <li>Military issued ID with or without any portion of the social security number;</li> </ol> </li> </ol> |



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| If call concerns: | And:                                                         | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | <ul style="list-style-type: none"> <li>Child Care</li> </ul> | <p>e. Marriage license/certificate to show proof of maiden name with or without any portion of the social security number;</p> <p>f. United States Passport (booklet or card form) with or without any portion of the social security number;</p> <p>g. State-issued driver's license or identity card containing the full or the last four digits of the social security number;</p> <p>h. In Puerto Rico, the photo Voter's Registration card if failed for NAME ONLY.; AND</p> <p>i. Additional documents acceptable for proof of name change include:</p> <ul style="list-style-type: none"> <li>i. Name change court order;</li> <li>ii. Marriage, civil union, or domestic partnership certificate;</li> <li>iii. Divorce or annulment decree;</li> <li>iv. Certificate of citizenship or naturalization;</li> <li>v. United States Tribal government document;</li> <li>vi. U.S. amended/corrected birth certificate; AND</li> <li>vii. If the applicant still fails identity verification using their previous name, the applicant will be required to submit one of the other forms of acceptable identity verification/document(s).</li> </ul> <p><b>NOTE:</b> Copies of social security cards without the required supporting documentation, or other notarized statements, are NOT acceptable.<br/>Source: <a href="#">Identity Verification SOP</a>.</p> <p>4. <b>Say,</b> "Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."; AND</p> <ul style="list-style-type: none"> <li>a. <b>Provide</b> the <a href="#">mailing address and fax number</a> to the applicant.</li> </ul> <p>5. <b>ADD a Contact;</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary Line:</b> FACILITY# (NPSC#) IDV FAILED</li> </ul> |





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| If call concerns: | And:                                                                                                                                  | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |                                                                                                                                       | <p>b. <b>Call Type:</b> HA Program Request</p> <p>c. <b>Sub-Type:</b> HA Status Change Request</p> <p>d. <b>Details:</b> Include any identity information the applicant states and actions taken.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 5.1c IDV_FAILED   | <p><b>IDV – Identity Verification Failed</b> decision previously made; AND</p> <p>NO appeal letter or identity documents on file.</p> | <p>1. <b>SAY</b>, "Our program requires a written, signed appeal letter and documentation to confirm your name, Social Security number, and date of birth." Acceptable documentation includes;</p> <p>a. Documents from the Social Security Administration, Medicare, or other Federal agency or department containing the full or the last four digits of the social security number or including an 'A' at the end;</p> <p>b. Social security card if accompanied by a state or Federal issued ID with or without any portion of the social security number. (Beginning with disaster 4101-MS.);</p> <p>c. Current payroll check stub issued by employer containing the full or last four digits of the social security number. (Beginning with disaster 4101-MS.);</p> <p>d. Military issued ID with or without any portion of the social security number;</p> <p>e. Marriage license/certificate to show proof of maiden name with or without any portion of the social security number;</p> <p>f. United States Passport (booklet or card form) with or without any portion of the social security number;</p> <p>g. State-issued driver's license or identity card containing the full or the last four digits of the social security number; OR</p> <p>h. In Puerto Rico, the photo Voter's Registration card if failed for NAME ONLY."</p> <p>2. <b>SAY</b>, "Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</p> <p>3. <b>PROVIDE</b> the <u>mailing address and fax number</u> to the applicant; AND</p> <p>4. <b>ADD</b> a <b>Contact</b>:</p> |



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| If call concerns: | And:                                                                                                                                 | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |                                                                                                                                      | <p>a. <b>Summary Line:</b> FACILITY# (NPSC#) IDV_FAILED;</p> <p>b. <b>Call Type:</b> HA Program Request;</p> <p>c. <b>Sub-Type:</b> HA Status Change Request; AND</p> <p>d. <b>Details:</b> Applicant is IDV_FAILED. Advised applicant to submit an appeal letter with supporting documents to prove their identity (<b>INCLUDE</b> any other changes made to file).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 5.1d IDV_FAILED   | <p><b>IIDV – Identity Verification Failed</b> decision previously made; AND</p> <p>Appeal letter and identity documents on file.</p> | <p>1. <b>REVIEW</b> the <b>Overview</b> screen to determine if a WP exists in the <b>FEMA Appeal</b> queue;</p> <p>a. If a WP DOES NOT exist, <b>CREATE a WP</b> to <b>FEMA Appeal</b>.</p> <p>2. <b>SAY</b>, "FEMA has received your documents. They will be reviewed as soon as possible and you will be notified of the decision"; AND</p> <p>3. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) IDV_FAILED;</p> <p>b. <b>Call Type:</b> HA Program Request;</p> <p>c. <b>Sub-type:</b> HA Status Change Request; AND</p> <p>d. <b>Details:</b> Applicant is IDV_FAILED and has submitted an appeal letter with supporting documents to prove identity. Advised applicant their case to submit an appeal letter with supporting documents to prove their identity (<b>INCLUDE</b> any other changes made to file).</p> |

Table 15: Identity and Citizenship

### 2. Ownership/Occupancy Proof

| If call concerns:                                            | And: | Then:                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6.1a How to prove ownership and/or occupancy of damaged home | N/A  | <p>1. <b>SAY</b>, "Before FEMA can assist you with damages to the home; we require documentation to prove you owned and/or occupied it at the time of the disaster."</p> <p>2. <b>ACCESS</b> the <a href="#">Ownership Verification</a> SOP and/or <a href="#">Occupancy Verification</a> SOP on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents;</p> |





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|                                                                                                       |                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                       |                                                                                                                                                                                                                                        | <ol style="list-style-type: none"> <li>If the applicant is appealing a decision regarding ownership and/or occupancy, <b>ADVISE</b> the applicant to submit an appeal letter with their proof of ownership/occupancy documents within 60 days of the date of the decision letter;</li> <li><b>SAY</b>, "Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online; AND</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC #) PROOF OF OWNERSHIP/OCCUPANCY</li> <li><b>Call Type:</b> HA Program Request</li> <li><b>Sub-Type:</b> Appeal Request</li> <li><b>Details:</b> Applicant requested guidance on how to prove ownership and/or occupancy of DD. Advised applicant of acceptable documentation.</li> </ol> </li> </ol> <p>Refer to the <a href="#">Ownership Verification</a> SOP and/or <a href="#">Occupancy Verification</a> SOP for additional information.</p> |
| <p>6.1b How to prove ownership and/or occupancy of damaged home</p> <p>For DR-4609-TN and forward</p> | <p>DD = Mobile Home or Travel Trailer;</p> <p>DD = insular areas, islands or tribal lands; OR</p> <p>Residences passed down via heirship; AND</p> <p>The applicant has already received a denial letter for ownership or occupancy</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "If you have no other documents to prove [ownership and/or occupancy], you can submit a Self-Declarative Statement."             <ol style="list-style-type: none"> <li>If the applicant states they do not have any documents to prove ownership and/or occupancy, <b>PROVIDE</b> the details for submitting a Self-Declarative Statement.</li> </ol> </li> <li><b>GENERATE</b> the RFI for Ownership/Occupancy Verification Requirement.</li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online; AND</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC #) PROOF OF OWNERSHIP/OCCUPANCY</li> <li><b>Call Type:</b> HA Program Request</li> <li><b>Sub-Type:</b> Appeal Request</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                     |



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d. **Details:** Applicant requested guidance on how to prove ownership and/or occupancy of DD. Advised applicant of the Self-Declarative Statement.

Refer to the [Ownership Verification](#) SOP and/or [Occupancy Verification](#) SOP for additional information. Please ensure you send the appropriate RFI based on the applicant's circumstances.

Table 16: Ownership and Occupancy Proof

### D. Inspections

- [Inspection Issues](#)
- [Roads and Bridges](#)
- [Withdrawal Requests](#)

1. Inspection Issues





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| If call concerns:               | And:                                                                                                                                                                                                                                       | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7.1a No contact from Inspector. | <p>Inspection issued less than 7 days ago</p> <p><b>NOTE:</b> Inspections issued to FEMA as the inspection contractor can take up to 14 days. <b>REVIEW</b> the <b>Inspection Status</b> screen to identify the inspection contractor.</p> | <ol style="list-style-type: none"> <li><b>CONFIRM</b> the contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen;</li> <li><b>SAY</b>, "Your case was issued for inspection on [date]. It could take up to 7 days (14 days for in-house inspectors) for the inspector to contact you. If you have NOT been contacted by (DETERMINE the date when the inspector should contact the applicant), please call back to check the status of your case. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf."; AND <ol style="list-style-type: none"> <li>If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <u>Written Consent Guidelines</u> and <b>PROVIDE</b> the details for submitting a Written Consent.</li> </ol> </li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) NO INSPECTOR CONTACT</li> <li><b>Call Type:</b> HA</li> <li><b>Sub-Type:</b> Inspection Inquiry</li> <li><b>Details:</b> Applicant reported no contact from inspector. Advised applicant that inspection was issued [date issued] and to allow up to 7 days for contact before calling back to check on status. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. (And any other changes made to file).</li> </ol> </li> </ol> |
| 7.1b No contact from Inspector  | <p>Inspection issued more than 7 days ago</p> <p><b>NOTE:</b> Inspections issued to FEMA as the inspection contractor can take up to 14 days. <b>REVIEW</b> the <b>Inspection Status</b> screen to identify the inspection contractor.</p> | <ol style="list-style-type: none"> <li><b>CONFIRM</b> the applicant's <b>contact</b> information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen;</li> <li><b>SAY</b>, "Your case was issued for inspection on [date]. Generally, applicants are contacted within 7 days (14 days for in-house inspectors). Since it has been longer than that, I will notify Inspection Services of the delay and request that someone contact you (only if DR specifics DO NOT say that inspections are delayed). If you are NOT contacted within 7 days, please call back to check the status of your file. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf."; <ol style="list-style-type: none"> <li>If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <u>Written Consent Guidelines</u> and <b>PROVIDE</b> the details for submitting a Written Consent.</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |



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| If call concerns:                              | And:                                                                                                                                                                   | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                |                                                                                                                                                                        | <p>3. <b>CALL</b> the IHP-Helpdesk to request the inspection status from the Project Monitor and include; AND</p> <ul style="list-style-type: none"> <li>a. Applicant's name;</li> <li>b. Disaster number;</li> <li>c. Registration number;</li> <li>d. Inspection issue date; AND</li> <li>e. Brief description of the situation</li> </ul> <p>4. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) NO INSPECTOR CONTACT</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> <li>d. <b>Details:</b> Applicant reported no contact from inspector. Advised applicant that inspection was issued [date issued] and I would request notification of Inspection Services of delay since it has been more than 7 days. Also advised applicant to call back if NOT contacted within 7 days. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed.</li> </ul> |
| 7.2a<br>Request for reinstatement / inspection | <p>Missed inspection appointment</p> <p>Requests to be reinstated / inspected</p> <p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>HA/ONA = IMI, INCI, WVO, or WVOA</b></p> | <p>1. <b>REVIEW</b> the <b>Inspection Summary</b> screen to determine how many times the inspection was returned with an <b>IMI, INCI, WVO, or WVOA</b> status;</p> <p>2. <b>SAY</b>, "Because you have missed two previous inspections or voluntarily withdrew your request for assistance more than once, you must submit your request for reinstatement in writing. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.";</p> <p>3. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online; AND</p> <p>4. <b>ADD a Contact:</b></p>                                                                                                                                                                                                                            |





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| If call concerns:                              | And:                                                                                                                                                                                                                                        | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                | <p>Returned from inspection two or more times as <b>IMI, INCI, WVO, or WVOA</b></p> <p>Inspection NOT currently issued</p>                                                                                                                  | <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) (IMI, INCI, WVO, or WVOA) - ADVISED TO SEND DOCUMENTATION</li> <li><b>Call Type:</b> HA</li> <li><b>Sub-Type:</b> Inspection Inquiry</li> <li><b>Details:</b> Applicant requested reinstatement due to [IMI, INCI, WVO, or WVOA] status. Advised applicant that since [IMI, INCI, WVO, or WVOA] status had occurred more than once, a written request must be submitted. Provided mailing address and fax number.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 7.2b<br>Request for reinstatement / inspection | <p>Missed inspection appointment</p> <p>Requests to be reinstated / inspected</p> <p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>HA/ONA = IMI, INCI, WVO, or WVOA</b></p> <p>Inspection returned once</p> <p>Reissue NOT already requested</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "I will request another inspection for you. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf. It is also very important that we have a current phone number, where you may be contacted";             <ol style="list-style-type: none"> <li>If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <u>Written Consent Guidelines</u> and <b>PROVIDE</b> the details for submitting a Written Consent.</li> </ol> </li> <li><b>CONFIRM</b> the contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen;</li> <li><b>SAY</b>, "If you are <b>NOT</b> contacted by the inspector within 7 days, please call back to check the status of your file,";</li> <li><b>CREATE</b> a <b>WP</b>, <b>ADD</b> a <b>Comment</b>, and <b>ROUTE</b> to <b>FEMA Manual Determination</b>, if a WP DOES NOT already exist.</li> <li><b>ADD</b> a <b>Contact</b>; AND             <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) [IMI, INCI, WVO, or WVOA] - REINSTATEMENT REQUEST</li> <li><b>Call Type:</b> HA</li> <li><b>Sub-Type:</b> Inspection Inquiry</li> <li><b>Details:</b> Applicant missed inspection appointment and requested to be reinstated/inspected. Confirmed/updated phone numbers and addresses. (Document any changes made.) Reissued for inspection. Advised applicant to check status in 7 days if NOT contacted by inspector. Provided information</li> </ol> </li> </ol> |

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|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                |                                                                                                                                                                                                                                                                                                                                                                 | <p>that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. Created WP for inspection request and routed to <b>FEMA Manual Determination</b>. (And any other changes made to file).</p> <p>6. If casework trained, <b>ACCESS</b> case in <b>FEMA Manual Determination</b> and complete casework to reissue inspection.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 7.2c<br>Request for reinstatement / inspection | <p>Missed inspection appointment</p> <p>Requests to be reinstated / inspected</p> <p><b>Banner = HA/ONA: OPEN</b></p> <p><b>HA/ONA = Pending</b><br/>(inspection-required type of assistance)</p> <p><b>Current Queue = No Contact Node OR Inspection Status = No Contact Pending</b></p> <p><b>Inspection Contractor = Vanguard or Parsons Brinkerhoff</b></p> | <p>1. <b>CONFIRM</b> the contact information, including phone numbers and addresses; and <b>CORRECT</b> these entries as needed on the <b>Registrant Info</b> screen;</p> <p>2. <b>SAY</b>, "Please monitor your phone for unfamiliar numbers. Inspectors may reach out by sending a text message requesting to schedule an inspection. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf.";</p> <p>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <u>Written Consent Guidelines</u> and <b>PROVIDE</b> the details for submitting a Written Consent.</p> <p>b. These cases will stay in the No Contact Node for 14 days before receiving an <b>IMI</b> or <b>INCI</b> letter.</p> <p>3. <b>DO NOT</b> create a new WP; AND</p> <p>4. <b>ADD</b> a <b>Contact</b>:</p> <p>a. <b>Summary</b>: <b>FACILITY#</b> (NPSC#) <b>MISSED INSPECTION – NO CONTACT NODE</b></p> <p>b. <b>Call Type</b>: <b>HA</b></p> <p>c. <b>Sub-Type</b>: <b>Inspection Inquiry</b></p> <p>d. <b>Details</b>: Applicant missed inspection appointment and requested to be reinstated/inspected. Confirmed/updated phone numbers and addresses. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. (Document any changes made).</p> |
| 7.2d<br>Request for reinstatement / inspection | <p>Missed inspection appointment</p> <p>Requests to be reinstated / inspected</p>                                                                                                                                                                                                                                                                               | <p>1. <b>CONFIRM</b> the contact information, including phone numbers and addresses; and <b>CORRECT</b> these entries as needed on the <b>Registrant Info</b> screen;</p> <p>2. <b>SAY</b>, "The inspector will be in contact with you to reschedule your inspection. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                      | <p><b>Banner = HA/ONA: OPEN</b></p> <p><b>HA/ONA = Pending</b><br/>(inspection-required type of assistance)</p> <p><b>Current Queue = No Contact Node OR Inspection Status = No Contact Pending</b></p> <p><b>Inspection Contractor = FEMA</b></p> | <p>inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf.";</p> <ol style="list-style-type: none"> <li>If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <u>Written Consent Guidelines</u> and <b>PROVIDE</b> the details for submitting a Written Consent.</li> <li>These cases will stay in the No Contact Node for 14 days before receiving an <b>IMI</b> or <b>INCI</b> letter.</li> </ol> <ol style="list-style-type: none"> <li>DO NOT create a new WP; AND</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) MISSED INSPECTION – NO CONTACT NODE</li> <li><b>Call Type:</b> HA</li> <li><b>Sub-Type:</b> Inspection Inquiry</li> <li><b>Details:</b> Applicant missed inspection appointment and requested to be reinstated/inspected. Confirmed/updated phone numbers and addresses. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. (Document any changes made.)</li> </ol> </li> </ol> |
| 7.3<br>Changes to contact information for inspection | <p>Inspection issued, NOT returned</p> <p>Change to CPN or DDA</p>                                                                                                                                                                                 | <ol style="list-style-type: none"> <li><b>CONFIRM</b> the contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen;</li> <li><b>SAY</b>, "I have made these corrections. If you have NOT been contacted within 7 days, please call back to check the status of your file. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf."; AND <ol style="list-style-type: none"> <li>If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <u>Written Consent Guidelines</u> and <b>PROVIDE</b> the details for submitting a Written Consent.</li> </ol> </li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) UPDATE [PHONE/ADDRESS] FOR INSPECTION</li> </ol> </li> </ol>                                                                                              |

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|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p>b. <b>Call Type:</b> HA</p> <p>c. <b>Sub-type:</b> Inspection Inquiry</p> <p>d. <b>Details:</b> Applicant requested changes to contact information for inspection. Recorded requested changes. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed.</p> <p><b>NOTE:</b> Inspection Services can now identify open inspections where the applicant has updated critical contact information, such as their <b>CPN</b> or <b>DDA</b>. This report is now shared with the contractors and updated every day. Given this feature, Inspection Services no longer has a need to receive applicant updates unless there is an urgent need to provide this information to the inspector.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 7.4a<br>Inspection request at home that was previously inaccessible | <p><b>Banner = HA/ONA: CLOSED</b></p> <p>Home Inaccessible = YES on <b>Inspection Status</b> screen</p> <p><b>OCCV_PASS</b> and <b>IDV_PASS</b></p> <p>WP NOT previously created for this issue</p> <p><b>NOTE:</b> For all disasters prior to and including DR-4606-LA, individuals with an <b>IDV_FAILED</b> and/or <b>OCCV_FAILED</b> status will NOT automatically receive an Initial inspection. These individuals must submit documentation to verify their identity and/or occupancy</p> | <ol style="list-style-type: none"> <li><b>CONFIRM</b> the contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen. (<b>NOTE:</b> It is NOT necessary for the applicant to write an appeal when the damaged dwelling was previously returned from the Initial inspection as "Inaccessible".);</li> <li><b>SAY</b>, "I will issue your file for an inspection of your home. If you are NOT contacted by the inspector within 7 days, please call back to check on the status of your file. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf." <ol style="list-style-type: none"> <li>If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <u>Written Consent Guidelines</u> and <b>PROVIDE</b> the details for submitting a Written Consent.</li> </ol> </li> <li><b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b>, <b>IDV_PASS</b>, and <b>OWNV_PASS</b> (if applicable). If either verification is failed, <b>REVIEW</b> submitted correspondence for acceptable documents.</li> <li>If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, identity, and/or ownership (if applicable), <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision. <ol style="list-style-type: none"> <li><b>ACCESS</b> the <u>Occupancy Verification SOP</u>, <u>Identity Verification SOP</u>, and/or <u>Ownership Verification SOP</u> on the <u>PPM</u> to provide further guidance to the applicant regarding acceptable documents.</li> </ol> </li> <li><b>CREATE</b> a <b>WP</b>, <b>ADD</b> a <b>Comment</b>, and <b>ROUTE</b> to <b>FEMA Manual Determination</b>, if a WP DOES NOT already exist.</li> </ol> |





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| If call concerns:                                                   | And:                                                                                                                                                                                                                                                                                                                                                                                                                | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                     | <p>prior to receiving an Initial inspection.</p> <p><b>NOTE:</b> For DR-4607-MI and forward, applicants that failed identity and occupancy verification post-registration will NOT be required to submit identity or occupancy documents prior to receiving an initial inspection.</p>                                                                                                                              | <p>6. <b>ADD a Contact;</b> AND</p> <p>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) HOME ACCESSIBLE = ISSUE FOR INSPECTION</p> <p>b. <b>Call Type:</b> HA</p> <p>c. <b>Sub-Type:</b> Inspection Inquiry</p> <p>d. <b>Details:</b> Applicant stated home is now accessible and requests inspection. Confirmed/updated phone numbers and addresses. (<b>DOCUMENT</b> any changes made). Advised applicant that an inspection would be issued and instructed them to call back in 7 days if NOT contacted by an inspector. Created WP for inspection request. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. Created WP for inspection request. (And any other changes made to file or any advisements made to the applicant on addressing identity, occupancy, or ownership failures).</p> <p>7. <b>ACCESS</b> the file in <b>FEMA Manual Determination</b> and complete casework to issue for inspection. If the applicant was initially Inaccessible, inspection reason MUST be Inaccessible.</p>                                                                                                                 |
| 7.4b<br>Inspection request at home that was previously inaccessible | <p><b>Banner:</b> = HA/ONA: <b>CLOSED</b></p> <p>Home Inaccessible = YES on <b>Inspection Status</b> screen</p> <p>WP previously created for this issue</p> <p>Inspection NOT issued</p> <p><b>OCCV_PASS</b> and <b>IDV_PASS</b></p> <p><b>NOTE:</b> For all disasters prior to and including DR-4606-LA, individuals with an <b>IDV_FAILED</b> and/or <b>OCCV_FAILED</b> status will NOT automatically receive</p> | <p>1. <b>SAY</b>, "I see in your file that you previously provided this information. I will issue your file for inspection today. If you are NOT contacted by an inspector within 7 days, please call back to check on the status of your file. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf.";</p> <p>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <u>Written Consent Guidelines</u> and <b>PROVIDE</b> the details for submitting a Written Consent.</p> <p>2. <b>CONFIRM</b> the applicants contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen;</p> <p>3. <b>ADD a Contact;</b> AND</p> <p>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) HOME ACCESSIBLE = ISSUE FOR INSPECTION</p> <p>b. <b>Call Type:</b> HA</p> <p>c. <b>Sub-Type:</b> Inspection Inquiry</p> |



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| If call concerns:                                                            | And:                                                                                                                                                                                                                                                                                                                                                                                                | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                              | <p>an Initial inspection. These individuals must submit documentation to verify their identity and/or occupancy prior to receiving an Initial inspection.</p> <p><b>NOTE:</b> For DR-4607-MI and forward, applicants that failed identity and occupancy verification post-registration will NOT be required to submit identity or occupancy documents prior to receiving an initial inspection.</p> | <p>d. <b>Details:</b> Applicant stated home is accessible and requests inspection. Applicant previously reported this change on [date]. Confirmed/updated phone numbers and addresses. (<b>DOCUMENT</b> any changes made). Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. Advised applicant that an inspection would be issued and instructed them to call back in 7 days if NOT contacted by an inspector.</p> <p>4. <b>ACCESS</b> the file in <b>FEMA Manual Determination</b> (or other queue) and complete casework to issue for inspection. If the applicant was initially Inaccessible, inspection reason <b>MUST</b> be Inaccessible.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 7.4c<br>Inspection request at home that was previously incomplete inspection | <p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>Home Inaccessible = No on Inspection Status</b> screen</p> <p>WP NOT previously created for this issue</p>                                                                                                                                                                                                                                              | <p>1. <b>CONFIRM</b> the applicant's contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen. Please note that although the <b>Job Completion Status</b> in the <b>Inspection Summary</b> screen is <b>Complete</b>, the inspector will have entered a <b>Comment(s)</b> indicating that the inspection was <b>Incomplete</b>. It is NOT necessary for the applicant to write an appeal when the Initial inspection returned as <b>Incomplete</b>;</p> <p>2. <b>SAY</b>, "I will issue your file for a re-inspection of your home. If you are NOT contacted by the inspector within 7 days, please call back to check on the status of your file. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf."</p> <p>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <u><a href="#">Written Consent Guidelines</a></u> and <b>PROVIDE</b> the details for submitting a Written Consent.</p> <p>3. <b>CREATE</b> a <b>WP</b>, <b>ADD</b> a <b>Comment</b>, and <b>ROUTE</b> to <b>FEMA Manual Determination</b>, if a WP DOES NOT already exist.</p> <p>4. <b>ADD</b> a <b>Contact</b>; AND</p> <p>a. <b>Summary:</b> <b>FACILITY# (NPSC#) HOME ACCESSIBLE = ISSUE FOR REINSPECTION</b></p> |





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| If call concerns:                                                    | And:                                                                                                                                                                                                                                                                                                                                                                                  | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                       | <p>b. <b>Call Type:</b> HA</p> <p>c. <b>Sub-Type:</b> Inspection Inquiry</p> <p>d. <b>Details:</b> Applicant stated home is now accessible and requests inspection. Confirmed/updated phone numbers and addresses. (Document any changes made.) Advised applicant that I would issue for inspection and instructed them to call back in 7 days if NOT contacted. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. Created WP for inspection request. (And any other changes made to file).</p> <p>5. <b>ACCESS</b> the file in <b>FEMA Manual Determination</b> and complete casework to issue for inspection. If the previous inspection was Incomplete, the inspection reason will be Re-inspection.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 7.4d<br>Inspection request at home that was previously exterior only | <p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>Home Inaccessible = NO on Inspection Status screen</b></p> <p><b>Home Unsafe Box=Yes</b></p> <p>Inspector <b>Comments=</b> Confirm reason for "exterior only" is resolved. (Ex. Inspector noted Basement w/ 8' water = confirm water has dispersed so Inspector can access basement.)</p> <p>WP NOT previously created for this issue</p> | <p>1. <b>CONFIRM</b> the applicant's contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen. <b>NOTE:</b> It is NOT necessary for the applicant to write an appeal when the damaged dwelling was previously returned from the Initial inspection as "Inaccessible".;</p> <p>2. <b>SAY</b>, "I will issue your file for a re-inspection of your home. If you are NOT contacted by the inspector within 7 days, please call back to check on the status of your file. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf.";</p> <p>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <u>Written Consent Guidelines</u> and <b>PROVIDE</b> the details for submitting a Written Consent.</p> <p>3. <b>CREATE a WP</b>, <b>ADD a Comment</b>, and <b>ROUTE</b> to <b>FEMA Manual Determination</b>, if a WP DOES NOT already exist.</p> <p>4. <b>ADD a Contact</b>; AND</p> <p>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) HOME ACCESSIBLE = ISSUE FOR REINSPECTION</p> <p>b. <b>Call Type:</b> HA</p> <p>c. <b>Sub-Type:</b> Inspection Inquiry</p> <p>d. <b>Details:</b> Applicant stated home is now accessible and requests inspection. Confirmed/updated phone numbers and addresses. (Document any changes made.) Advised applicant that I would issue for inspection</p> |



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| If call concerns:             | And: | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|                               |      | <p>and instructed them to call back in 7 days if NOT contacted. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. Created WP for inspection request. (And any other changes made to file).</p> <p>5. <b>ACCESS</b> the file in <b>FEMA Manual Determination</b> and <b>COMPLETE</b> casework to issue for inspection. If the applicant was initially <b>Exterior Only</b>, inspection reason MUST be <b>Re-inspection</b>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 7.5<br>Inspector<br>complaint | N/A  | <p>1. <b>TAKE</b> the complaint seriously;</p> <p>2. <b>SAY</b>, "FEMA strives to ensure that all applicants are treated with respect. Thank you for bringing this incident to our attention. I will document and forward this information to Inspection Services for further review."</p> <p>3. Your role is to <b>PROVIDE</b> information to Inspection Services that will assist them in handling this specific case;</p> <p>4. <b>ESCALATE</b> the concern: <b>SEND</b> an e-mail to the Supervisor or POC and request that they forward complaint to the <a href="#">FEMA IHP Helpdesk</a>; AND</p> <p>a. Subject Line = Disaster number, registration number, INSPECTOR COMPLAINT</p> <p>b. Body of E-mail:</p> <p>i. Applicant's name;</p> <p>ii. Disaster number and registration number;</p> <p>iii. Contact number for applicant;</p> <p>iv. If available on the <b>Inspection Status</b> screen; AND</p> <p>1. Contractor name (Company);</p> <p>2. Inspector ID;</p> <p>3. Inspector name; AND</p> <p>4. Date and time of incident.</p> <p>v. Detailed description of incident e.g., made derogatory statements about applicant's home, used inappropriate or offensive language, continuously discussed IA programs.</p> |





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| If call concerns:                 | And: | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|                                   |      | <p>5. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INSPECTOR COMPLAINT</li> <li>b. <b>Contact:</b> Incoming Call</li> <li>c. <b>Call Type:</b> HA</li> <li>d. <b>Sub-Type:</b> Inspection Inquiry</li> <li>e. <b>Details:</b> Sent email to Supervisor/POC with request they forward it to the IHP-Helpdesk. (And any other changes made to file).</li> </ul>                                                                                                                                                                                                                                                                                                                                                     |
| 7.6 Applicant Threatens Inspector | N/A  | <ul style="list-style-type: none"> <li>1. <b>TREAT</b> all threats seriously;</li> <li>2. Be calm and courteous;</li> <li>3. <b>LISTEN</b> to the caller and DO NOT interrupt them;</li> <li>4. <b>NOTIFY</b> your supervisor immediately of situation;</li> <li>5. <b>CALL</b> the IHP-Helpdesk give the following information. They will forward the information to the <a href="#">FEMA-VA-NPSC-Task-Monitors</a>; AND <ul style="list-style-type: none"> <li>a. Applicant's name;</li> <li>b. Disaster number;</li> <li>c. Registration number;</li> <li>d. Contractor name, if known;</li> <li>e. Inspector number, if known; AND</li> <li>f. Summary of threat.</li> </ul> </li> <li>6. If the caller is confirmed as an applicant, <b>ADD a Contact:</b></li> </ul> |



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| If call concerns:                      | And:                                                                                                                 | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                        |                                                                                                                      | <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC #) THREATENED INSPECTOR</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> <li>d. <b>Details:</b> Document the details of the threat without any personal <b>Comments</b>, or bias. (And any other changes made to file).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 7.7<br>Quality Control inspection      | N/A                                                                                                                  | <ul style="list-style-type: none"> <li>1. <b>REVIEW</b> the <b>Events Log</b> to identify the entry, <b>QC Inspection</b>;</li> <li>2. <b>SAY</b>, "Quality Control inspections are conducted in every disaster. Representatives from the QC staff will NOT always have the ability to schedule an appointment prior to visiting your home. The QC inspector has a badge that identifies them as a FEMA employee. FEMA does QC inspections to ensure that the contract inspectors are correctly assessing the damage to applicant's homes."; AND</li> <li>3. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) QUALITY CONTROL INSPECTION QUESTION</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> <li>d. <b>Details:</b> Applicant had questions about QC inspections. Advised applicant of general information about them. (And any other changes made to file).</li> </ul> </li> </ul>                                                                                                        |
| 7.8a<br>Request for Initial inspection | Uninsured<br><br>Occupancy and/or identity, NOT verified.<br><br>For all disasters prior to and including DR-4606-LA | <ul style="list-style-type: none"> <li>1. <b>SAY</b>, "FEMA has been unable to verify your [identity / occupancy] and cannot issue an inspection until it has been verified. Please provide a written, signed appeal letter along with your verifiable documentation to FEMA for review." Refer to the <a href="#">Occupancy Verification</a> and/or <a href="#">Identity Verification</a> SOPs for a list of acceptable documents and ensure you cover the full list of potential documents to assist the applicant with their occupancy and/or identity issue.               <ul style="list-style-type: none"> <li>a. <b>PROVIDE</b> the <a href="#">mailing address and fax number to the applicant</a> and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> </ul> </li> <li>2. <b>CONFIRM</b> the applicant's contact information, including phone numbers and addresses, and <b>CORRECT</b> these entries as needed on the <b>Registrant Info</b> screen; AND</li> <li>3. <b>ADD a Contact:</b></li> </ul> |





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| If call concerns:                      | And:                                                                                                                                                                                                                                                                                                                                                | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                        |                                                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INSPECTION REQUEST – OCC/IDV NOT VERIFIED</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> <li>d. <b>Details:</b> Applicant requested an initial inspection. Informed applicant that an inspection CANNOT be issued until applicant proves occupancy and/or identity. Advised applicant to submit an appeal letter and verifiable proof of occupancy and/or identity. Provided mailing address and fax number. (And any other changes made to file).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 7.8b<br>Request for Initial inspection | <p>Uninsured</p> <p>Occupancy, identity, and/or ownership NOT verified.</p> <p>For DR-4607-MI and forward</p> <p><b>NOTE:</b> For DR-4607-MI and forward, applicants that failed identity and occupancy verification post-registration will NOT be required to submit identity or occupancy documents prior to receiving an initial inspection.</p> | <ul style="list-style-type: none"> <li>1. <b>SAY</b>, "FEMA has been unable to verify your [identity / occupancy / ownership], but you may still be issued an inspection. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf. Please provide a written, signed appeal letter along with your verifiable documentation to FEMA for review." Refer to the <u>Occupancy Verification</u>, <u>Ownership Verification</u>, and/or <u>Identity Verification</u> SOPs for a list of acceptable documents and ensure you cover the full list of potential documents to assist the applicant with their occupancy, identity, or ownership issue. <ul style="list-style-type: none"> <li>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <u>Written Consent Guidelines</u> and <b>PROVIDE</b> the details for submitting a Written Consent.</li> <li>b. <b>PROVIDE</b> the <u>mailing address and fax number to the applicant</u> and <b>ADVISE</b> the applicant they have the option to <u>upload documents</u> to their DAC account online.</li> </ul> </li> <li>2. <b>CONFIRM</b> the applicant's contact information, including phone numbers and addresses, and <b>CORRECT</b> these entries as needed on the <b>Registrant Info</b> screen; AND</li> <li>3. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INSPECTION REQUESTED</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> </ul> </li> </ul> |



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| If call concerns:                     | And:                                                                                                                                                                                                                  | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       |                                                                                                                                                                                                                       | <p>d. <b>Details:</b> Applicant requested an initial inspection. Informed applicant that an inspection may still be issued even if applicant has not yet proven occupancy, identity, and/or ownership. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. Advised applicant to submit verifiable proof of occupancy, identity, and/or ownership. Provided mailing address and fax number. (And any other changes made to file).</p> <p>4. <b>CREATE a WP</b>, <b>ADD a Comment</b>, and <b>ROUTE to FEMA Manual Determination</b>, if a WP DOES NOT already exist.</p> <p>5. If trained, <b>PROCESS</b> according to <b>FEMA Manual Determination</b> guidelines.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 7.8c<br>Request for second inspection | <p>Additional damages occurred after initial inspection</p> <p>Covered peril insured</p> <p>Date(s) occurred within the designated incident period; which includes closed or ongoing/continuing incident periods.</p> | <p>1. <b>SAY</b>, "Please describe your new damages. On what date did they occur? I will update your file with this information."</p> <p>a. If an insured peril** caused the additional damages, SAY, "If you have NOT already done so, please file a claim with your insurance company. If your insurance DOES NOT cover all your losses or is delayed for 30 days or more, you may submit your insurance documentation to FEMA for possible assistance. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send." Provide the mailing address and fax number to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</p> <p>2. <b>CONFIRM</b> the applicant's contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen; AND</p> <p>3. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) ADDITIONAL DAMAGES – INSURED.</p> <p>b. <b>Call Type:</b> HA</p> <p>c. <b>Sub-Type:</b> Inspection Inquiry</p> <p>d. <b>Details:</b> Applicant reported additional damages after inspection. (List the additional damages.) Advised applicant to submit insurance settlement/denial or delay of 30 days or more (if applicable). Provided mailing address and fax number. (And any other changes made to file).</p> <p><b>**NOTE:</b> Homeowners insurance DOES NOT cover Flood damages. Applicants who have flood and <b>only</b> HOI are NOT insured for that peril (flood).</p> |





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| If call concerns:                     | And:                                                                                                                                                                                               | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| 7.8d<br>Request for second inspection | Additional damages occurred after initial inspection<br><br>Uninsured<br><br>Date(s) occurred within the designated incident period; which includes closed or ongoing/continuing incident periods. | <ol style="list-style-type: none"> <li>1. <b>SAY</b>, "Please describe your new damages. On what date did they occur? I will request another inspection of your home. If you are NOT contacted within 7 days, please call back to check on the status of your file."</li> <li>2. <b>CONFIRM</b> the applicant's contact information, including phone numbers and addresses, insurance information and correct these entries as needed on the <b>Registrant Info</b> screen;</li> <li>3. <b>CREATE a WP</b>, <b>ADD a Comment</b>, and <b>ROUTE to FEMA Manual Determination</b>, if a WP DOES NOT already exist.</li> <li>4. <b>ADD a Contact</b>; AND <ol style="list-style-type: none"> <li>a. <b>Summary</b>: FACILITY# (NPSC#) ADDITIONAL DAMAGES – INSPECTION REQUEST</li> <li>b. <b>Call Type</b>: HA</li> <li>c. <b>Sub-Type</b>: Inspection Inquiry</li> <li>d. <b>Details</b>: Applicant reported additional damages after inspection and requested another inspection. (List the additional damages.) Advised applicant (note information provided to the applicant). Created WP for inspection request. (And any other changes made to file).</li> </ol> </li> <li>5. <b>ACCESS</b> case in <b>FEMA Manual Determination</b> (or other queue) and <b>COMPLETE</b> casework to issue for second inspection.</li> </ol> <p><b>**NOTE</b>: Homeowners insurance DOES NOT cover flood damages. Applicants who have flood and only HOI are NOT insured for that peril (flood).</p> |
| 7.8e<br>Request for second inspection | No additional damages<br><br>Less than 60 days since date of IHP decision                                                                                                                          | <ol style="list-style-type: none"> <li>1. <b>SAY</b>, "Please submit a written appeal letter listing the reasons you want another inspection and include any supporting documentation. This letter must be submitted to FEMA by (date: 60 days from date on the decision letter). Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.";</li> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online; AND</li> <li>3. <b>ADD a Contact</b>: <ol style="list-style-type: none"> <li>a. <b>Summary</b>: FACILITY# (NPSC#) INSPECTION REQUEST - APPEAL</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |



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| If call concerns:                     | And:                                                                                                                                                                                                     | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       |                                                                                                                                                                                                          | <p>b. <b>Call Type:</b> HA Program Request</p> <p>c. <b>Sub-Type:</b> Appeal Request</p> <p>d. <b>Details:</b> Applicant requested second inspection. No additional damages. Advised applicant about the appeals process and that they will need to submit an appeal letter by (date). (And any other changes made to file).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 7.8f<br>Request for second inspection | <p>Additional damages occurred after initial inspection</p> <p>Cause of damage or date(s) of incident NOT included in disaster.</p> <p>No additional declarations for state that include damage type</p> | <p>1. <b>SAY</b>, "The additional damages you have to your home are NOT included in the declared incident at this time. Please monitor your local news, State and County emergency management websites and FEMA.gov website for further information." (DO NOT refer the applicant to the State Emergency Management office.);</p> <p>2. DO NOT advise the applicant to write an appeal letter for additional damages NOT caused by the disaster after an inspection;</p> <p>3. DO NOT create a WP; AND</p> <p>4. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) ADDITIONAL DAMAGES – UNDECLARED INCIDENT</p> <p>b. <b>Call Type:</b> HA Program Request</p> <p>c. <b>Sub-Type:</b> Appeal Request</p> <p>d. <b>Details:</b> Applicant requested second inspection. Additional damages occurred outside of incident period. No updates made. Advised applicant that damages CANNOT be included in the current disaster and a declaration for other incidents is NOT available. (And any other changes made to file).</p> |

Table 87: Inspection Issues

2. Roads and Bridges





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| If call concerns:                                                          | And                                                                                                                                                                                     | Then                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8.1a Applicants identified with <b>Multi-Family Road and Bridge Repair</b> | It has been <b>less than</b> 14 days since the first home inspection on the road.<br><br>WP has been created                                                                            | <ol style="list-style-type: none"> <li><b>SAY</b>, "A staff member processing Road &amp; Bridge cases will contact you personally. The goal is to contact everyone affected by the roads or bridge damage within fourteen days from the time of the first inspection. I am confident you will hear from someone soon. I can leave a comment for the Roads and Bridges staff. What is the best time for you to take a call?"</li> <li><b>ANSWER</b> any general questions from the applicant; AND</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) MULTI-FAMILY ROAD &amp; BRIDGE REVIEW</li> <li><b>Call Type</b>: HA Program Request</li> <li><b>Sub-Type</b>: Program Information</li> <li><b>Details</b>: Applicant called to ask about their multi-family road. Advised applicant a special group will contact the families personally and their goal is to reach everyone within fourteen days from the time of the first inspection. The best times for the Road and Bridge staff to call are _____. (And any other changes made to file).</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 8.1b Applicants identified with <b>Multi-Family Road and Bridge Repair</b> | It has been <b>more than</b> 14 days since the first home inspection on the road.<br><br>There are comments about others on the same road and/or bridge.<br><br>No WP has been created. | <ol style="list-style-type: none"> <li><b>SAY</b>, "Please give me a moment to review your file." Review the case thoroughly before making a response. If you identify some members of the group who delayed completing an application, the 14-day time frame could be tight. If you review the <b>Comments</b> and see that inspection requests have been made for additional members of the group OR if our processors have requested an FCOR due to inconsistencies with the inspection, the creation of a WP would be unnecessary. Those cases would be returning from inspection services with, perhaps, vital information regarding award amounts. It would be better in these cases, to perform a thorough review of the applicant's file, including caseworker <b>Comments</b>, and a review of inspection/FCOR requests and advise the caller that the case will be processed as soon as the results are in.</li> <li>If there is no existing WP for a returned inspection listing MF line items <b>SAY</b>, "One of our staff members processing Road &amp; Bridge cases will contact you personally. Their goal is to contact everyone affected by the roads or bridge damage within fourteen days from the time of the first inspection, so I am confident you will hear from someone soon. I can leave a comment for the Roads and Bridges staff. What is the best time for you to take a call?"</li> <li><b>ANSWER</b> any general questions from the applicant;</li> <li><b>CREATE</b> a <b>WP</b>, <b>ADD</b> a <b>Comment</b>, and <b>ROUTE</b> to <b>FEMA Supervisor Review – Road and Bridge</b>, if a WP DOES NOT already exist;</li> </ol> |



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| If call concerns:                                                                     | And                                            | Then                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                       |                                                | <ol style="list-style-type: none"> <li>5. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) MULTI-FAMILY ROAD &amp; BRIDGE REVIEW</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> Processing Delay Action Request</li> <li>d. <b>Details:</b> Applicant called to ask about their multi-family road. Advised applicant that a special group will contact the families personally and that the goal is to reach everyone within fourteen days after the first inspection. Since it has been more than two weeks and no active WP for Roads and Bridges, created one and sent to <b>FEMA Supervisor Review</b> queue; sub queue Road and Bridge. Best time to call the applicant is _____. Created a WP for Inspection Request. (And any other changes made to file).</li> </ol> </li> <li>6. <b>ACCESS</b> the WP and process according to posted guidelines; AND</li> <li>7. <b>ADD a Comment:</b> Created WP and routed to <b>FEMA Supervisor Review</b> queue; sub queue Road and Bridge.</li> </ol> |
| 8.1c Applicant reports <b>Single-Family Road, Bridge, or Private Driveway</b> damages | Currently issued for inspection (NOT returned) | <ol style="list-style-type: none"> <li>1. <b>SAY,</b> "I will make a note of your request in your file. Your file has been issued for inspection. The inspector will view and report your disaster-caused damages to FEMA."</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO ADD SF ROAD/BRIDGE DAMAGES</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Call Sub-Type:</b> Status Change Request</li> </ol> </li> <li>3. <b>Details:</b> Applicant reported damages to a private road, bridge, or driveway. Advised applicant the damages will be recorded during inspection and reported to FEMA. (And any other changes made to file).</li> </ol>                                                                                                                                                                                                                                                                                                                                      |





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| If call concerns:                                                                     | And                                          | Then                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8.1d Applicant reports <b>Single-Family Road, Bridge, or Private Driveway</b> damages | Home Repair Assistance decision already made | <ol style="list-style-type: none"> <li>1. <b>SAY</b>, "Please send a written appeal letter to FEMA with supporting documents, such as contractor estimates; for review, Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</li> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li>3. <b>ADD a Contact</b>: <ol style="list-style-type: none"> <li>a. <b>Summary</b>: FACILITY# (NPSC#) REQUEST TO ADD SF ROAD/BRIDGE DAMAGES</li> <li>b. <b>Call Type</b>: HA/OTH Program Request</li> <li>c. <b>Call Sub-Type</b>: Status Change Request</li> </ol> </li> <li>4. <b>Details</b>: Applicant reported damages to a private road, bridge, or driveway. Advised applicant to submit a signed appeal letter with contractor estimates. (And any other changes made to file).</li> </ol> |

Table 98: Roads and Bridges

### 3. Withdrawal Requests



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| If call concerns:                         | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9.1 Requests to withdraw from the program | <ol style="list-style-type: none"> <li>1. If the file is currently issued for inspection, <b>SAY</b>, "Your file is currently issued for an inspection to verify your damages. When the inspector contacts you, please advise them of your request to withdraw from the program."</li> <li>2. If NOT issued for inspection or if the inspection has been completed <b>SAY</b>, "I will update your file per your request."</li> <li>3. <b>CREATE</b> a WP, and <b>ROUTE</b> to <b>FEMA Manual Determination</b>.</li> <li>4. <b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li>a. <b>Summary</b>: <b>FACILITY#</b> (NPSC#) <b>WVO</b> = <b>APPLICANT REQUEST</b></li> <li>b. <b>Call Type</b>: <b>HA Program Request</b></li> <li>c. <b>Sub-Type</b>: <b>Ha Status Change request</b></li> <li>d. <b>Details</b>: Applicant requested to withdraw from program. (Summarize specific information given to applicant based.) Created WP for withdraw request. (And any other changes made to file).</li> </ol> </li> <li>5. If trained, <b>ACCESS</b> case in <b>FEMA Manual Determination</b> and complete casework.</li> <li>6. Before routing, <b>ADD/UPDATE</b> all <b>HA PND</b> lines to <b>WVO</b> and all <b>ONA PND</b> lines to <b>WVOA</b>;</li> <li>7. <b>ADD</b> a <b>Comment</b> to record the actions taken; AND</li> <li>8. <b>ROUTE</b> to <b>FEMA Ineligible</b>.</li> </ol> |

Table 109: Withdrawal Requests

### E. Information Request / Adding Referrals

- [Adding Individuals and Households Program \(IHP\) or Small Business Administration Referrals](#)
- [Helpline Workpacket Guidelines](#)
- [Generating an RFI – Misc Other Items Letter for Miscellaneous/Other](#)

1. Adding Individuals and Households Program (IHP) or Small Business Administration Referrals





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| If call concerns:                                                                                                   | And:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>10.1a Adding Home/PP damages to NONREF application.</p> <p>(Example: DUA only or damages previously UNKNOWN)</p> | <p><b>Banner = HA/OTHER: NONREF</b></p> <p>Not insured for the incident type</p> <p>WP NOT previously created</p> <p><b>OCCV_PASS and IDV_PASS</b></p> <p><b>NOTE:</b> For all disasters prior to and including DR-4606-LA, individuals with an <b>IDV_FAILED</b> and/or <b>OCCV_FAILED</b> status will NOT automatically receive an Initial inspection. These individuals must submit documentation to verify their identity and/or occupancy prior to receiving an Initial inspection.</p> <p><b>NOTE:</b> For DR-4607-MI and forward,</p> | <ol style="list-style-type: none"> <li><b>REVIEW</b> the <b>Registrant Info</b> screen for Primary residence. If <b>Yes</b>, <b>GO</b> to step 2. If <b>No</b>, <b>QUESTION</b> whether the secondary residence is rental property. <b>SAY</b>, "I am entering your request into the computer to be processed. FEMA will contact you by mail to inform you about your disaster assistance eligibility status. If you are NOT contacted within 14 days, please call back to check on the status of your case."</li> <li><b>COMPLETE</b> any blank fields on the <b>Registrant Info</b> screen;</li> <li><b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b>, <b>IDV_PASS</b>, and <b>OWNV_PASS</b> (if applicable). If either verification is failed, <b>REVIEW</b> submitted correspondence for acceptable documents.</li> <li>If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, identity, and/or ownership (if applicable), <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision. <ol style="list-style-type: none"> <li><b>ACCESS</b> the <a href="#">Occupancy Verification SOP</a>, <a href="#">Identity Verification SOP</a>, and/or <a href="#">Ownership Verification SOP</a> on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents.</li> </ol> </li> <li><b>UPDATE</b> the <b>Insurance Substantiation/Settlement</b> frame on the <b>Assistance</b> screen, if necessary;</li> <li>On the <b>Registrant Info</b> screen, <b>CLICK</b> the <b>Home Dmg</b> and <b>PP Dmg</b> links on the <b>Losses, Damages and Needs</b> frame and <b>CHANGE</b> from <b>Unknown or No</b> to <b>Yes</b>, if applicable.</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) <b>ADDED HA/ONA PEND REFERRAL</b></li> <li><b>Call Type:</b> HA/OTH Program Request</li> <li><b>Call Sub-Type:</b> Status Change Request</li> <li><b>Details:</b> Document additional/changes and description of damages for home and personal property. Determine accessibility. Update SBA status to HAPP, if prompted, or if SBA Home status is blank. Document that a WP was created. (And any other changes made to file)</li> </ol> </li> <li><b>CREATE</b> a <b>WP</b>, <b>ADD</b> a <b>Comment</b>, and <b>ROUTE</b> to <b>FEMA Manual Determination</b>, if a WP DOES NOT already exist,</li> <li>If trained, <b>FOLLOW</b> the <a href="#">Inspection Requests and Comparisons</a> SOP to request an initial inspection.</li> </ol> |



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| If call concerns:                                                                                            | And:                                                                                                                                                                                  | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                              | applicants that failed identity and occupancy verification post-registration will NOT be required to submit identity or occupancy documents prior to receiving an initial inspection. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 10.1b Adding Home/PP damages to NONREF application.                                                          | <p><b>Banner = HA/OTHER: NONREF</b></p> <p>Not insured for the incident type</p> <p>WP previously created</p> <p>Inspection issued</p>                                                | <ol style="list-style-type: none"> <li><b>SAY</b>, "Your case is being processed. You should be hearing from an inspector by ___ e.g., 14 days from issuance of the inspection."</li> <li>On the <b>Registrant Info</b> screen, <b>CLICK</b> the <b>Home Dmg</b> and <b>PP Dmg</b> links on the <b>Losses, Damages and Needs</b> frame and <b>CHANGE</b> from <b>Unknown</b> or <b>No</b> to <b>Yes</b>, if applicable.</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) <b>HA/ONA STATUS CHECK</b></li> <li><b>Call Type</b>: <b>HA/OTH Program Request</b></li> <li><b>Call Sub-Type</b>: <b>Status Change Request</b></li> <li><b>Details</b>: Document the information that was discussed with the caller, (And any other changes made to file)</li> </ol> </li> </ol>                                                                                                                                                                                                   |
| 10.1c Adding Home/PP damages to NONREF application.<br><br>(Example: DUA only or damages previously UNKNOWN) | <p><b>Banner = HA/OTHER: NONREF</b></p> <p>Insured for the incident type</p> <p>WP NOT previously created</p>                                                                         | <ol style="list-style-type: none"> <li><b>SAY</b>, "Before FEMA can offer assistance, all other forms of aid such as insurance must have been exhausted. Please file a claim with your insurance company. If you have already filed a claim and it was insufficient to cover all your essential needs and/or it will be delayed, you may mail or fax a copy of your insurance determination to FEMA within 12 months of the date you registered for assistance. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages."</li> <li><b>PROVIDE</b> the <u>mailing address and fax number</u> to the applicant and advise the applicant they have the option to <u>upload documents</u> to their DAC account online.</li> <li>On the <b>Registrant Info</b> screen, <b>CLICK</b> the <b>Home Dmg</b> and <b>PP Dmg</b> links on the <b>Losses, Damages and Needs</b> frame and <b>CHANGE</b> from <b>Unknown</b> or <b>No</b> to <b>Yes</b>, if applicable.</li> </ol> |





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| If call concerns:                                                                     | And:                                                                                      | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                       |                                                                                           | <ol style="list-style-type: none"> <li><b>ADD</b> insurance information (Type, Company Name, and Policy number only) to <b>Insurance Substantiation/Settlement</b> frame of the <b>Assistance</b> screen.</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) <b>ADDED HOUSING DAMAGES TO NONREF</b></li> <li><b>Call Type</b>: <b>HA/OTH Program Request</b></li> <li><b>Sub-Type</b>: <b>Status Change Request</b></li> <li><b>Details</b>: Advised applicant to send in insurance, settlement. Updated the <b>Registrant Info</b> screen and <b>Insurance Substantiation/Settlement</b> frame. (And any other changes made to file)</li> </ol> </li> <li><b>CREATE</b> a <b>WP</b>, <b>ADD</b> a <b>Comment</b>, and <b>ROUTE</b> to <b>FEMA Manual Determination</b>, if a WP DOES NOT already exist.</li> <li><b>PROCESS</b> according to <b>FEMA Manual Determination</b> guidelines.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 10.2a Adding <b>SBA Home referral to NONREF</b> application when adding home damages. | <b>Banner = SBA Home: Blank</b><br><br>Registration Period is <u><a href="#">open</a></u> | <ol style="list-style-type: none"> <li>On the <b>Assistance</b> screen, scroll down to the <b>SBA</b> frame and <b>CLICK</b> the <b>Add</b> link.</li> <li><b>SELECT HOME</b> in the <b>Referral Type</b> drop-down list and <b>CLICK OK</b>.</li> <li><b>SAY</b>, "Please hold while I update your file. After adding referral, <b>SAY</b>, "The Small Business Administration (SBA) will contact you via an auto-dialer system to inform you about how to apply for a disaster loan. You now have three convenient ways to apply: Online at <a href="#">Disasterloan.sba.gov</a>, in-person by visiting a Disaster Recovery Center (DRC), or by submitting a loan application by mail. To see a list of the DRC's, please visit the website online <a href="#">sba.gov/current-disaster-declarations</a>. If the auto-dialer is unable to contact you, you will be sent a letter explaining how to obtain an application."</li> <li>If the applicant has questions/concerns about the SBA referral or loan process, <b>SAY</b>, "I can transfer you to an SBA representative for them to address your issues. Please hold while I transfer you. It may take a few minutes to make the transfer. In case we are disconnected, the SBA phone number is (800) 659-2955."</li> <li><b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving the call.</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) <b>ADDED SBA HOME REFERRAL TO NONREF</b></li> </ol> </li> </ol> |



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| If call concerns:                                                                           | And:                                                                 | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                             |                                                                      | <ul style="list-style-type: none"> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Status Change Request</li> <li>d. <b>Details:</b> Advised applicant all options for applying for an SBA disaster loan. Transferred to SBA (if you transfer the call.) (And any other changes made to file)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 10.2b Adding <b>SBA Home</b> referral to <b>NONREF</b> application when adding home damages | <b>Banner = SBA Home: Blank</b><br><br>Registration Period is closed | <ol style="list-style-type: none"> <li>1. If this is a closed DR (after 18 months), inform the applicant that no further action can be taken in the file.</li> <li>2. If the registration period only is closed, <b>SAY</b>, "Please hold while I review your file."</li> <li>3. If an SBA referral is warranted: On the <b>Assistance</b> screen, scroll down to the <b>SBA</b> frame and <b>CLICK</b> the <b>Add</b> link.</li> <li>4. <b>SELECT HOME</b> in the Referral Type drop-down list and <b>CLICK OK</b>.</li> <li>5. <b>SAY</b>, "I can transfer you to a Small Business Administration (SBA) representative, for them to address your issues. They can tell you if you are still eligible to receive information and an application in the mail from the SBA. Please hold while I transfer you. It may take a few minutes to make the transfer. In case we are disconnected, the SBA phone number is (800) 659-2955." <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call.</li> <li>6. <b>SEND</b> an email to SBA (<a href="mailto:disastercustomerservice@sba.gov">disastercustomerservice@sba.gov</a>) notifying them of the SBA status change request and include the following information: <ul style="list-style-type: none"> <li>a. Disaster number</li> <li>b. Registration number</li> <li>c. Name of applicant</li> <li>d. Information you discussed</li> </ul> </li> <li>7. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) SBA HOME REFERRAL REQUEST TO NONREF AFTER REG PERIOD CLOSED</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Status Change Request</li> </ul> </li> </ol> |





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| If call concerns:                                                                                                                | And:                                               | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|                                                                                                                                  |                                                    | <p>d. <b>Details:</b> Advised applicant to talk with SBA to learn if application will be mailed to him, and to complete and return to SBA ASAP. Transferred to SBA (if you transfer the call and emailed SBA customer service.) (And any other changes made to file)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p>10.3a Adding <b>SBA Business referral</b></p> <p>(Examples: Business, rental property, or private nonprofit organization)</p> | <p>Registration Period is <a href="#">open</a></p> | <ol style="list-style-type: none"> <li>1. On the <b>Assistance</b> screen, scroll down to the <b>SBA</b> frame and <b>CLICK</b> the <b>Add</b> link.</li> <li>2. <b>SELECT BUSINESS</b> in the Referral Type drop-down list and <b>CLICK OK</b>.</li> <li>3. <b>SAY</b>, "Please hold while I update your file. After adding referral, <b>SAY</b> "The Small Business Administration (SBA) will contact you via an auto-dialer system to inform you about how to apply for a disaster loan. You now have three convenient ways to apply: Online at <a href="https://disasterloan.sba.gov">Disasterloan.sba.gov</a>, in-person by visiting a Disaster Recovery Center (DRC), or by submitting a loan application by mail. To see a list of the DRC's, please visit the website online at <a href="https://disasterloan.sba.gov/ela/Declarations">https://disasterloan.sba.gov/ela/Declarations</a>. If the auto-dialer is unable to contact you, you will be sent a letter explaining how to obtain an application."</li> <li>4. If the applicant has questions/concerns about the SBA referral or loan process, <b>SAY</b>, "I can transfer you to an SBA representative for them to address your issues. Please hold while I transfer you. It may take a few minutes to make the transfer. In case we are disconnected, the SBA phone number is (800) 659-2955."</li> <li>5. <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call.</li> <li>6. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) ADDED SBA BUSINESS REFERRAL</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Status Change Request</li> <li>d. <b>Details:</b> Advised applicant all options for applying for an SBA disaster loan. Transferred to SBA (if you transfer the call.) (And any other changes made to file)</li> </ol> </li> </ol> |
| <p>10.3b Adding <b>SBA Business referral</b></p> <p>(Examples: Business, rental property, or private</p>                         | <p>Registration Period is closed</p>               | <ol style="list-style-type: none"> <li>1. If the registration period has closed for the disaster, DO NOT add a <b>BAPP</b> to the file: SBA will NOT mail the SBA application to these applicants. Instead, inform apps that they must talk to SBA themselves, transfer them as in #2 below, and adjust your contact accordingly.</li> <li>2. <b>SAY</b>, "I can transfer you to an SBA representative for them to address your issues. Please hold while I transfer you. It may take a few minutes to make the transfer. In case we are disconnected, the SBA phone number is (800) 659-2955."</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| non-profit organization)                                           |                                                                                                                                                                                                                                                                                                                                                                        | <ol style="list-style-type: none"> <li><b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call.</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) SBA BUSINESS REFERRAL REQUESTED.</li> <li><b>Call Type:</b> HA/OTH Program Request</li> <li><b>Sub-Type:</b> Status Change Request</li> <li><b>Details:</b> Advised applicant they must speak to someone regarding the SBA application since the registration period is closed. Transferred to SBA (if you transfer the call). (And any other changes made to file)</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 10.4a Adding a HA/ONA referral to an SBA Business Only Application | <p><b>Banner = HA/OTHER: NONREF</b></p> <p>Not insured for the incident type</p> <p>WP <b>NOT</b> created</p> <p>Registration Period is <a href="#">open</a></p> <p><b>OCCV_PASS</b> and <b>IDV_PASS</b></p> <p><b>NOTE:</b> For all disasters prior to and including DR-4606-LA, individuals with an <b>IDV_FAILED</b> and/or <b>OCCV_FAILED</b> status will NOT.</p> | <ol style="list-style-type: none"> <li><b>ASK</b> the applicant if the home is the Primary residence. If <b>Yes</b>, go to step 2. If <b>No</b>, question whether the secondary residence is rental property and explain FEMA requirements for primary residence.</li> <li><b>SAY</b>, "I will add this request for assistance to your file."</li> <li>On the <b>Registrant Info</b> screen, <b>CLICK</b> the <b>Home Dmg</b> and <b>PP Dmg</b> links on the <b>Losses, Damages and Needs</b> frame and <b>CHANGE</b> from <b>Unknown or No</b> to <b>Yes</b>, if applicable. On the Residence frame, <b>CHANGE Non-Applicable</b> to <b>Primary Residence</b>.</li> <li>On the <b>Registrant Info</b> screen, add all household occupants in the <b>Occupants</b> frame. <b>NOTE:</b> Only request the co-applicant's <b>SSN</b>. DO NOT request the <b>SSN</b> of any other occupant of the household.</li> <li><b>CHANGE DDA</b> and phone numbers, if needed.</li> <li><b>CHANGE</b> income to household income.</li> <li><b>DETERMINE</b> if home is accessible and note accordingly.</li> <li><b>ENSURE</b> that all types of insurance are listed on the <b>Insurance Substantiation/Settlement</b> frame.</li> <li><b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b>, <b>IDV_PASS</b>, and <b>OWNV_PASS</b> (if applicable). If either verification is failed, <b>REVIEW</b> submitted correspondence for acceptable documents.</li> </ol> |





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| If call concerns:                                                  | And:                                                                                                                                                                                                                                                                                                                                                                                                                      | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                    | <p>automatically receive an Initial inspection. These individuals must submit documentation to verify their identity and/or occupancy prior to receiving an Initial inspection.</p> <p><b>NOTE:</b> For DR-4607-MI and forward, applicants that failed identity and occupancy verification post-registration will NOT be required to submit identity or occupancy documents prior to receiving an initial inspection.</p> | <ol style="list-style-type: none"> <li>If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, identity, and/or ownership (if applicable), <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.</li> <li><b>ACCESS</b> the <a href="#">Occupancy Verification SOP</a>, <a href="#">Identity Verification SOP</a>, and/or <a href="#">Ownership Verification SOP</a> on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents.</li> </ol> <ol style="list-style-type: none"> <li><b>UPDATE</b> the SBA status to <b>HAPP</b> on the <b>SBA</b> frame of the <b>Assistance</b> screen if prompted or if SBA Home status is blank. (See <a href="#">10.1a</a> for procedure.)</li> <li>If the SBA status is <b>HAPP</b>, transfer the call (Cold Transfer) to SBA, after <b>SAYING</b>, "I am going to transfer you to the SBA. They have information to relay to you about their program. In case we are disconnected, the SBA phone number is (800) 659-2955." When you make the transfer relay your name and PIN # to the applicant before you sign off.</li> <li><b>CREATE</b> a WP, <b>ROUTE</b> to <b>FEMA Manual Determination</b> (See <a href="#">Creating a New WP</a>). If trained to process in <b>FEMA Manual Determination</b>, <b>FOLLOW</b> the steps in the <a href="#">Inspection Requests and Comparison</a> SOP to request an initial inspection.</li> <li><b>ADD</b> a Contact: <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b>. (NPSC#) NONREF BUSINESS ADDED HOME DAMAGES</li> <li><b>Call Type:</b> HA/ONA Program Request</li> <li><b>Call Sub-Type:</b> Status Change Request</li> <li><b>Details:</b> Changed DD address to home address and verified current phone contact. Changed income to household income. Document description of damages for home and personal property and any changes made in NEMIS. Created WP. (And any other changes made to file)</li> </ol> </li> <li><b>PROCESS</b> according to <b>FEMA Manual Determination</b> guidelines.</li> </ol> |
| 10.4b Adding a HA/ONA referral to an SBA Business only Application | <p><b>Banner = HA/OTHER: NONREF</b></p> <p>Insured for the incident type</p>                                                                                                                                                                                                                                                                                                                                              | <ol style="list-style-type: none"> <li><b>SAY</b>, "Please file a claim with your insurance company. If you have already filed a claim and it was insufficient to cover all your essential needs and/or your claim will be delayed, you may mail or fax a copy of your insurance determination to FEMA within 12 months of the date you registered for disaster assistance. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |



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| If call concerns:                                                                                                                                                    | And:                                        | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                      | Registration Period is <a href="#">open</a> | <ol style="list-style-type: none"> <li>On the <b>Registrant Info</b> screen, <b>CLICK</b> the <b>Home Dmg</b> and <b>PP Dmg</b> links on the <b>Losses, Damages and Needs</b> frame and <b>CHANGE</b> from <b>Unknown or No</b> to <b>Yes</b>, if applicable. Update as much information as possible on the <b>Registrant Info</b> screen (occupants, income, addresses, etc.). <b>NOTE: Only request the co-applicant's SSN. DO NOT request the SSN of any other occupant of the household.</b></li> <li><b>UPDATE</b> the <b>Insurance Substantiation/Settlement</b> frame (Type, Company Name, and Policy number only).</li> <li><b>CREATE</b> a WP, <b>ROUTE</b> to <b>FEMA Manual Determination</b>. (See <a href="#">Creating a New WP</a>).</li> <li><b>ADD</b> a <b>Contact</b> <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) <b>ADDED HOUSING DAMAGES TO SBA BUSINESS</b></li> <li><b>Call Type:</b> HA/OTH Program Request</li> <li><b>Sub-Type:</b> Status Change Request</li> <li><b>Details:</b> Document additional/changes and description of damages for home and personal property; determine accessibility Advised applicant to send in insurance settlement, Updated the Registrant Info screen and <b>Insurance Substantiation/Settlement</b> frame. Created WP, (And any other changes made to file)</li> </ol> </li> <li><b>PROCESS</b> according to <b>FEMA Manual Determination</b> guidelines.</li> </ol> |
| 10.5 Adding Americans with Disabilities Act (ADA) related items that are needed as a result of a disaster-caused injury or illness<br><br>For DR-4609-TN and forward | <b>Banner = O/R: Own</b>                    | <ol style="list-style-type: none"> <li><b>SAY</b>, "I will add the expenses you mentioned to your file." If the applicant is insured for the type of damages listed, <b>SAY</b>, "Federal regulations prevent us from duplicating other assistance you may have received from your insurance provider. Please file a claim with your insurance company, i.e. Long-Term care insurance, Medicaid, or any other source. If you have already filed a claim and it was insufficient to cover all your essential needs, submit your insurance settlement or denial letter for review. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li><b>CREATE</b> a WP, <b>ROUTE</b> to <b>FEMA Manual Determination</b> (See <a href="#">Creating a New WP</a>).</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) <b>ADD DISASTER-CAUSED ADA ITEMS TO REGISTRATION</b></li> </ol> </li> </ol>                                                                                                                                                                    |





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|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                     |                                                         | <ul style="list-style-type: none"> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> HA Status Change Request</li> <li>d. <b>Details:</b> <b>RECORD</b> information regarding the request. <b>DOCUMENT</b> that a WP was created. (And any other changes made to file).</li> </ul> <p>5. <b>ACCESS</b> the case in <b>FEMA Manual Determination</b> and <b>COMPLETE</b> the casework. (NOTE: <b>GENERATE</b> the <b>Assistance for Disaster-Caused Accessibility Needs RFI</b> letter with appropriate HA category and <b>CLICK Send</b> letter to mail queue).</p> <p>Refer to the <a href="#">Home Repair Assistance</a> SOP for additional information.</p>                                                                                                                                                                                                                                                                       |
| <p>10.6a Adding an <b>ONA</b> referral for <b>transportation</b> and/or <b>personal property</b></p> <p>(ONA Joint Administrative Option)</p>       | <p><b>Banner = SBA: FIT, DECS, DECFA, or DECfDL</b></p> | <ul style="list-style-type: none"> <li>1. <b>SAY</b>, "The state is responsible for this type of assistance. You can contact the state at this number for further assistance with this need." <b>PROVIDE</b> the state's ONA Helpline number found on the <b>Disaster Info</b> screen [blue disaster number link in the <b>Banner</b>].</li> <li>2. <b>CREATE</b> a WP, <b>ROUTE</b> to the <b>State Manual Determination</b> queue. (See <a href="#">Creating a New WP</a>).</li> <li>3. <b>ADD</b> a <b>Contact</b>: <ul style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) ONA REFERRAL TO STATE</li> <li>b. <b>Call Type:</b> OTH Program Request</li> <li>c. <b>Sub-Type:</b> OTH Status Change Request</li> <li>d. <b>Details:</b> Referred applicant to state ONA number for further assistance with ONA referral. Created WP to State Manual Determination. (And any other changes made to file)</li> </ul> </li> </ul> |
| <p>10.6b Adding an <b>ONA</b> referral for <b>transportation</b> and/or <b>personal property</b></p> <p>(ONA Joint/State Administrative Option)</p> | <p><b>Banner = SBA: HAPP</b></p>                        | <ul style="list-style-type: none"> <li>1. <b>SAY</b>, "The Small Business Administration (SBA) and the state are responsible for this type of assistance. You can contact the SBA at (800) 659-2955, and the state for further assistance with this need." <b>PROVIDE</b> the state's ONA Helpline number found on the <b>Disaster Info</b> screen [blue disaster number link in the <b>Banner</b>].</li> <li>2. <b>ADD</b> a <b>Contact</b>: <ul style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) ONA REFERRAL TO STATE</li> <li>b. <b>Call Type:</b> OTH Program Request</li> <li>c. <b>Sub-Type:</b> OTH Status Change Request</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                      |



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| 10.6c Adding an ONA referral for transportation and/or personal property<br><br>(ONA FEMA Administrative Option) | <b>Banner = SBA: HAPP</b><br><br>Request is limited to transportation and/or personal property.<br><br>Registration Period is <a href="#">open</a>               | <p>d. <b>Details:</b> Referred applicant to state ONA number for further assistance with ONA referral.</p> <ol style="list-style-type: none"> <li>1. Explain the SBA HAPP referral and loan/grant process. Encourage the applicant to return the SBA loan application as soon as possible.</li> <li>2. If the applicant has questions/concerns about the SBA referral or loan process, <b>SAY</b>, "I can transfer you to a Small Business Administration (SBA) representative for them to address your issues. Please hold: It may take a few minutes to make the transfer. In case we are disconnected, the SBA phone number is (800) 659-2955."</li> <li>3. <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call.</li> <li>4. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) EXPLAINED SBA REFERRAL</li> <li>b. <b>Call Type:</b> OTH Program Request</li> <li>c. <b>Sub-Type:</b> OTH Status Change Request</li> <li>d. <b>Details:</b> Explained the SBA HAPP referral and loan-to-grant process. Advised applicant to return the completed loan application as soon as possible. Provided SBA number and transferred to SBA. (And any other changes made to file)</li> </ol> </li> </ol> |
| 10.6d Adding an ONA referral for transportation and/or personal property<br><br>(ONA FEMA Administrative Option) | <b>Banner = SBA: Business only (BAPP) Or Non-Ref</b><br><br>Request is limited to transportation, and/or personal property.<br><br>Registration Period is closed | <ol style="list-style-type: none"> <li>1. This scenario is based on <b>NON-REF</b> status. Check the income to determine if it will be <b>HAPP</b> or <b>FIT</b> using <a href="#">SBA Referrals</a> SOP for the appropriate Fiscal Year Test Table.</li> <li>2. If it would be <b>HAPP</b>, continue. If <b>FIT</b>, go to <a href="#">10.7a</a>.</li> <li>3. If the registration period has closed for the disaster, DO NOT change anything in the file or add a HAPP. SBA will NOT mail an application to these applicants. Instead, <b>INFORM</b> applicant that they must talk to SBA themselves, <b>TRANSFER</b> them as in #5 below, and include that information in a contact.</li> <li>4. <b>SAY</b>, "I can transfer you to an SBA representative for them to address your issues. Please hold while I transfer you. It may take a few minutes to make the transfer. In case we are disconnected, the SBA phone number is (800) 659-2955."</li> <li>5. <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call.</li> <li>6. <b>ADD a Contact:</b></li> </ol>                                                                                                                                                                               |

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|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                         |                                                                                                 | <p>a. <b>Summary:</b> FACILITY# (NPSC#) SBA _____ (whatever is added) REFERRAL REQUESTED</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p> <p>c. <b>Sub-Type:</b> Status Change Request</p> <p>d. <b>Details:</b> Advised applicant they must speak to someone regarding the SBA application since the registration period is closed. Transferred to SBA (if you transfer the call). (And any other changes made to file)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p>10.7a Adding an ONA referral for transportation and/or personal property</p> <p>(ONA FEMA Administrative Option)</p> | <p><b>Banner = SBA: FIT, DECS, DECFA, or DECfDL</b></p> <p>WP <u>NOT</u> previously created</p> | <p>1. <b>SAY</b>, "I will add the expenses you mentioned to your file." If the applicant is insured for the type of damages listed, say, "Federal regulations prevent us from duplicating other assistance you may have received from your insurance provider. Please file a claim with your insurance company. If you have already filed a claim and it was insufficient to cover all your essential needs and/or your claim will be delayed, you may mail or fax a copy of your insurance determination to FEMA within 12 months of the date you registered for disaster assistance. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</p> <p>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</p> <p>3. <b>CREATE</b> a WP, <b>ROUTE</b> to <b>FEMA Manual Determination</b> (See <a href="#">Creating a New WP</a>).</p> <p>4. <b>ADD</b> a <b>Contact</b>:</p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) ADDED _____ (TRANSPORTATION/PP) TO REGISTRATION</p> <p>b. <b>Call Type:</b> OTH Program Request</p> <p>c. <b>Sub-Type:</b> OTH Status Change Request</p> <p>d. <b>Details:</b> Record information regarding the request. If transportation, include Year, Make, Model, Comprehensive Insurance (Y/N), Liability insurance (Y/N), Registered (Y/N), Drivable (Y/N), and Damaged (Y/N) for each auto owned/leased by a household member. Document that a WP was created. (And any other changes made to file)</p> <p>5. <b>ACCESS</b> the case in <b>FEMA Manual Determination</b> and complete the casework.</p> |
| <p>10.7b Adding an ONA referral for transportation</p>                                                                  | <p><b>Banner = SBA: REVIEW or CANCEL13 with a reason code</b></p>                               | <p>1. <b>CHECK</b> the SBA Reason Code to determine if the applicant is referred to ONA.</p> <p>a. If an ONA referral is permitted, stop here and refer to <a href="#">10.7a</a> (above) for procedures.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

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| If call concerns:                                                                                                              | And:                                                                              | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| and/or personal property<br>(ONA FEMA Administrative Option)                                                                   | of "12 Adverse Change-ONA referral"<br><br>WP <u>NOT</u> previously created       | <p>b. If an ONA referral is NOT permitted, continue.</p> <p>2. <b>SAY</b>, "You are NOT eligible for grant assistance through FEMA's Individuals and Household's Program because [specify reason identified by SBA]. If you disagree with the Small Business Administration (SBA) decision and would like to appeal, you may contact them. I can transfer you to an SBA representative for them to address your issues. Please hold: It may take a few minutes to make the transfer. In the case we are disconnected, the SBA phone number is (800) 659-2955."</p> <p>3. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST FOR ONA REFERRAL</p> <p>b. <b>Call Type:</b> OTH Program Request</p> <p>c. <b>Sub-Type:</b> OTH Status Change Request</p> <p>d. <b>Details:</b> Explained SBA decision, provided SBA number, and advised applicant to contact SBA for appeal procedures.</p> |
| 10.7c Adding an ONA referral for Transportation Assistance and/or Personal Property Assistance<br>(FEMA Administrative Option) | <b>Banner = SBA: FIT, DECS, DECfA, or DECfDL</b><br><br>WP was previously created | <p>1. <b>SAY</b>, "Your request is still pending. I will access your case and complete any outstanding casework now." <b>PROVIDE</b> the specifics of the outstanding casework to the applicant (what needs to be done, what to expect, etc.).</p> <p>2. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) ONA STATUS CHECK</p> <p>b. <b>Call Type:</b> OTH Program Request</p> <p>c. <b>Sub-Type:</b> OTH Status Check</p> <p>d. <b>Details:</b> The ONA request was previously made. Provided status check and completed outstanding casework.</p> <p>3. <b>ACCESS</b> the case in <b>FEMA Manual Determination</b> and complete the casework.</p>                                                                                                                                                                                                                                            |
| 10.8a Adding an ONA referral for Medical Assistance or Dental Assistance                                                       | WP NOT previously created                                                         | <p>1. <b>SAY</b>, "I will add the expenses you mentioned to your file." If the applicant is insured for the type of damages listed, <b>SAY</b>, "Federal regulations prevent us from duplicating other assistance you may have received from your insurance provider. Please file a claim with your insurance company. If you have already filed a claim and it was insufficient to cover all your essential needs and/or it will be delayed, you may mail or fax a copy of your insurance determination to FEMA within 12 months of the date you registered for disaster assistance. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</p>                                                                                                                                                 |





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|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (FEMA Administrative Option)                                                                                                                         |                           | <ol style="list-style-type: none"> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li><b>CREATE</b> a WP, <b>ROUTE</b> to <b>FEMA Manual Determination</b> (See <a href="#">Creating a New WP</a>).</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) ADD MEDICAL/DENTAL DAMAGES TO REGISTRATION</li> <li><b>Call Type</b>: OTH Program Request</li> <li><b>Sub-Type</b>: OTH Status Change Request</li> <li><b>Details</b>: <b>RECORD</b> information regarding the request, <b>DOCUMENT</b> that a WP was created. (And any other changes made to file).</li> </ol> </li> <li><b>ACCESS</b> the case in <b>FEMA Manual Determination</b> and <b>COMPLETE</b> the casework. (NOTE: <b>SELECT</b> PND line, <b>GENERATE</b> an RFI letter with appropriate ONA category and <b>CLICK Send letter to mail queue</b>).</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>10.8a.i. Adding an ONA referral for <b>Miscellaneous Other Items</b> (including generator reimbursements)</p> <p>(FEMA Administrative Option)</p> | WP NOT previously created | <ol style="list-style-type: none"> <li>On the <a href="#">Disaster Specific Information</a> page, review the ONA Misc items listed under the Summary information section of the appropriate disaster to verify that the item is listed.</li> <li>If the item is NOT listed <b>SAY</b>, "Unfortunately, your State did NOT include the item(s) you are requesting in their approved list. However, if your expense includes additional items that you would like us to review for possible assistance, please send in your receipt(s) for these item(s)." <ol style="list-style-type: none"> <li>DO NOT generate an 'RFI – Misc Other' letter if the item is NOT listed.</li> </ol> </li> <li>If the item <u>is</u> listed <b>SAY</b>, "I will add the expenses you mentioned to your file. Please send or fax a copy of your receipt(s) for your item(s) to the address or fax number I will give you in a moment. Include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send. I am also sending you a letter requesting the receipts and other information as a follow-up to our conversation."</li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li><b>ADD</b> a <b>Contact</b>:</li> </ol> |



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| If call concerns:                                                                                            | And:                      | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                              |                           | <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) ADD ONA MISC/OTHER DAMAGES TO REGISTRATION</li> <li><b>Call Type:</b> OTH Program Request</li> <li><b>Sub-Type:</b> OTH Status Change Request</li> <li><b>Details:</b> <b>RECORD</b> information regarding the request. <b>DOCUMENT</b> if a WP was created, and any other changes made to the file.</li> </ol> <ol style="list-style-type: none"> <li><b>GENERATE</b> a <b>Notification letter - RFI Misc Other Items</b>, <b>CLICK SEND</b> letter to mail queue, and <b>CLICK</b> the <b>Home</b> link to exit the file and <b>SAVE</b> your work. A <b>Timer</b> is NOT required. (See <a href="#">Generating an RFI Misc Other Letter for Miscellaneous/Other Items</a> for more information.)</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 10.8a.ii. Adding an <b>ONA</b> referral for <b>Child Care Assistance</b><br><br>(FEMA Administrative Option) | WP NOT previously created | <ol style="list-style-type: none"> <li><b>SAY:</b> "I will add your request for disaster-caused Child Care assistance to your file. A follow-up letter will be mailed to you which includes all of the required information you will need to submit to be considered for this assistance. Please mail or fax your documents to FEMA within 21 days from the date on the letter to the address or fax number I will give you in a moment. Include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li>If the applicant asks to discuss the information to be submitted, refer to the <b>Required Documentation for Child Care</b> section of the <a href="#">Child Care Assistance</a> SOP and advise the applicant of the information required for review.</li> <li><b>CREATE</b> a WP. (See <a href="#">Creating a New WP</a>).</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) REQUEST TO ADD ONA CHILD CARE EXPENSES TO FILE</li> <li><b>Call Type:</b> OTH Program Request</li> <li><b>Sub-Type:</b> OTH Status Change Request</li> <li><b>Details:</b> <b>RECORD</b> information regarding the request. Created WP. (And any other changes made to file)</li> </ol> </li> <li><b>ROUTE</b> to <b>FEMA Manual Determination</b>.</li> <li><b>ACCESS</b> the file in <b>FEMA Manual Determination</b>.</li> </ol> |





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| If call concerns:                                                                       | And:                      | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                         |                           | <ol style="list-style-type: none"> <li><b>ADD</b> a Misc/Other PND line.</li> <li><b>GENERATE</b> a MISC/Other Child Care RFI letter.</li> <li>On <b>Info Control</b> screen, <b>SET</b> a Child Care verification to <b>Pending Response</b></li> <li><b>ADD</b> a <b>Comment</b> to record actions taken in the file.</li> <li><b>ROUTE</b> to FEMA Info Control – Pending Receipt</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 10.8b Adding an ONA referral for Funeral Assistance<br><br>(FEMA Administrative Option) | WP NOT previously created | <ol style="list-style-type: none"> <li><b>SAY</b>, "I would like to offer our condolences for your loss. At this time, I will document your request in the file and a FEMA representative will be in contact with you."</li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li><b>CREATE</b> a WP, <b>ROUTE</b> to FEMA Funeral (See <a href="#">Creating a New WP</a>).</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: FACILITY# (NPSC#) ADD ONA FUNERAL TO REGISTRATION</li> <li><b>Call Type</b>: OTH Program Request</li> <li><b>Sub-Type</b>: OTH Status Change Request</li> <li><b>Details</b>: <b>RECORD</b> information regarding the request, <b>DOCUMENT</b> that a WP was created, (And any other changes made to file).</li> </ol> </li> <li>Designated staff will <b>PROCESS</b> the funeral request.</li> </ol> |
| 10.8c Adding an ONA referral for Moving and Storage Assistance                          | WP NOT previously created | <ol style="list-style-type: none"> <li><b>SAY</b>, "I will add the expenses you mentioned to your file." If the applicant is insured for the type of damages listed, <b>SAY</b>, "Federal regulations prevent us from duplicating other assistance you may have received from your insurance provider. Please file a claim with your insurance company. If you have already filed a claim and it was insufficient to cover all your essential needs and/or it will be delayed, you may mail or fax a copy of your insurance determination to FEMA within 12 months of the date you registered for disaster assistance. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</li> </ol>                                                                                                                                                                                                                                         |



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| If call concerns:                                                                                                                                                                                                                                                                         | And:                      | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                           |                           | <ol style="list-style-type: none"> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li><b>CREATE</b> a WP, <b>ROUTE</b> to <b>FEMA Manual Determination</b> (See <a href="#">Creating a New WP</a>).</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) ADD MOVING AND STORAGE DAMAGES TO REGISTRATION</li> <li><b>Call Type</b>: OTH Program Request</li> <li><b>Sub-Type</b>: OTH Status Change Request</li> <li><b>Details</b>: <b>RECORD</b> information regarding the request. <b>DOCUMENT</b> that a WP was created. (And any other changes made to file).</li> </ol> </li> <li><b>ACCESS</b> the case in <b>FEMA Manual Determination</b> and <b>COMPLETE</b> the casework. (<b>NOTE</b>: A completed inspection is required for <b>Moving and Storage Assistance</b>).</li> </ol> |
| <p>10.8d Adding an <b>ONA</b> referral for <b>Medical Assistance</b>, <b>Dental Assistance</b>, <b>Child Care Assistance</b>, <b>Miscellaneous Other Items</b> (including generator reimbursements), and/or <b>Moving and Storage Assistance</b>.</p> <p>(FEMA Administrative Option)</p> | WP was previously created | <ol style="list-style-type: none"> <li><b>SAY</b>, "Your request is still pending. I will access your case and complete any outstanding casework now." <b>PROVIDE</b> the specifics of the outstanding casework to the applicant (what needs to be done, what to expect, etc.).</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) ONA STATUS CHECK</li> <li><b>Call Type</b>: OTH Program Request</li> <li><b>Sub-Type</b>: OTH Status Check</li> <li><b>Details</b>: The ONA request was previously made. Provided status check and completed outstanding casework. (And any other changes made to file).</li> </ol> </li> <li><b>ACCESS</b> the case in <b>FEMA Manual Determination</b> and <b>COMPLETE</b> the casework. (See <a href="#">Completing Casework</a> for additional information).</li> </ol>                                                                                                                                              |





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| If call concerns:                                                                                                        | And:                                                     | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10.8e Applicant received a Funeral IOR "No Contact" letter or is responding to a call regarding their funeral assistance | The applicant did have disaster caused funeral expenses. | <ol style="list-style-type: none"> <li><b>SAY</b>, "I would like to offer our condolences for your loss. At this time, I will forward your request to a FEMA representative responsible for this assistance. When is a good time for someone to call you back? I will document your request in your file and someone will contact you shortly. Is there anything else I may help you with?"</li> <li><b>VERIFY</b> applicant contact information and <b>ADD a Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) ONA STATUS CHECK</li> <li><b>Call Type</b>: OTH Program Request</li> <li><b>Sub-Type</b>: OTH Status Check</li> <li><b>Details</b>: Applicant called requesting additional information regarding funeral assistance. Applicant would like a call back at xx:xx am/pm. (And any other changes made to file).</li> </ol> </li> <li><b>EMAIL</b> all of the applicant information and the best call back time to <a href="#">FEMA-IHPHelpdesk</a>.</li> </ol> <p><b>NOTE</b>: DO NOT email the IHP Helpdesk for status or contact requests when there is a WP in the Funeral queue.</p> |

Table 20: Adding IHP and SBA Referrals

### 2. Helpline Workpacket Guidelines

#### Before creating a new WP:

- **CHECK** the **Current Queues** frame and the **Events History** screen to make sure another WP has NOT already been created to address the caller's request.
- **CREATE** a WP if a decision or action needs to be made regarding an applicant's case and there is NOT a WP available to perform the action.

- If **HA: NONREF** (NOT **NONREG**) is shown in the **Banner** and the action requested will change the status, **ROUTE** to **FEMA Manual Determination** [10.1a](#), [10.1c](#) (Home) and [10.4a](#) (Business Only)
- If **HA: CLOSED** is shown in the **Banner**, the HA status is **INCI/IMI/WVO**, the applicant is requesting an inspection; **ROUTE** to **FEMA Manual Determination**, Refer to [7.2b](#).

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- c. If the **Inspection Status** screen/**Results** frame/**Inaccessible** field = **Yes**, the home is now accessible; **ROUTE to FEMA Manual Determination**. Refer to [7.4a](#).
- d. If **Additional Damages** have occurred within the incident period and the applicant requests a second inspection; **ROUTE to FEMA Manual Determination**. Refer to [7.8d](#).
- e. If **HA: CLOSED** is shown in the **Banner**, the HA status is **INS**, the applicant advises in writing that the insurance settlement will be delayed more than 30 days, and the applicant is requesting assistance or an inspection; **ROUTE to FEMA Manual Determination**. Refer to [17.2a](#) and [17.2b](#).
  - i. For DR-4563-AL and after, **CHECK** the **Outgoing Correspondence** frame on the **Communication** screen for an **Ineligible Insured No Response (IINR)** letter..
    - 1. If present, **ROUTE to FEMA Appeal**.
    - 2. If NOT present, **ROUTE to FEMA Manual Determination**.
- f. If the applicant is insured, identifies another COD for a peril NOT generally covered by their insurance; **ROUTE to FEMA Manual Determination**. Refer to [17.3b](#).
- g. If the **Banner** shows **SBA: FIT/DECS/DECFA**, or **DECfDL** and the applicant wants to add a SBA dependent category (Transportation or Personal Property); **ROUTE to FEMA Manual Determination**. Refer to [10.7a](#).
- h. If the applicant wants to add a Non-SBA dependent category (Medical, Dental, Moving and Storage, or Miscellaneous/Other), regardless of SBA status; **ROUTE to FEMA Manual Determination**.
  - i. If requesting Funeral Assistance, **ROUTE to FEMA Funeral**.
  - ii. Refer to [10.8a](#) – [10.8b](#).
- i. If the applicant says they did NOT receive the **EFT** payment and it has been more than 48 hours since the **Scheduled** date, **ROUTE to FEMA Supervisor Review – Reissue**. Refer to [16.1g](#).





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- j. If the applicant requests **Road and Bridge** assistance, there has been no contact, and more than two weeks have passed since the inspection, **ROUTE** to **FEMA Supervisor Review – Road and Bridge**. Refer to [8.1b](#).
- k. If the applicant verbally requests initial Rental Assistance and it has been 60 days or less since the date of their **INR** decision letter, **ROUTE** to **FEMA Manual Determination**. Refer to [13.1a](#).
- l. If the applicant submitted Continued Temporary Housing Assistance (CTHA) documents, it is within 45 days of the end of the CTHA period, and there is no WP in the **Continued Assistance** queue; **ROUTE** to **FEMA Continued Assistance**.

### Step by Step – How to Create a Workpacket

|                                                                                           |                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <b>ACCESS</b> the case file in <b>Applicant Update</b> .                               | 5. From the <b>Route to Process</b> and <b>Route to Sub-queue</b> drop-downs, choose where to route the WP. If a WP already exists in that queue/subqueue, a warning message will display, and the caseworker will have the option to cancel.          |
| 2. <b>CLICK</b> on <b>Create WP</b> button (left side of the screen).                     | 6. <b>SELECT Save</b> to keep the WP or <b>Cancel</b> to delete the WP.                                                                                                                                                                                |
| 3. <b>Create WP</b> pop up will appear and the <b>Rgsn ID</b> number will be auto-filled. | 7. From the <b>Type</b> , <b>CLICK</b> the box for <b>Comment</b> and <b>ADD a Comment</b> following standard guidelines about why the WP was created. If there is a document that needs reviewed, include the document ID number; <b>CLICK Save</b> . |
| 4. <b>Priority</b> default is to <b>Medium</b> . (DO NOT change.)                         | 8. <b>SELECT Home</b> to exit the case file.                                                                                                                                                                                                           |

Table 21: How to Create a Workpacket in NEMIS Web App Inquiry/Update

### 3. Generating an **RFI – Misc Other Items** Letter for Miscellaneous/Other

The **RFI** letter for miscellaneous/other items e.g., Humidifier, Dehumidifier, Chainsaw, Generator, etc. is now generated in the Letter Wizard under Notification Letters. The **RFI** letter found under Request Letters is now used only for Child Care.

| Step#: | Action Taken:                                                                                                                                                                                                                            |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.     | <b>ACCESS</b> the <b>Communication</b> screen.                                                                                                                                                                                           |
| 2.     | <b>LOCATE</b> the 'Outgoing Letter/Email History' frame: <ul style="list-style-type: none"> <li>a. From the <b>Program</b> drop-down, <b>SELECT</b> <b>Housing Assistance</b></li> <li>b. <b>CLICK</b> the <b>Add</b> button.</li> </ul> |
| 3.     | From the <b>Available Letters</b> component list box, <b>SELECT NOTIFICATION LETTERS</b> .                                                                                                                                               |
| 4.     | <b>CLICK</b> on the <b>Letter Wizard</b> button.                                                                                                                                                                                         |
| 5.     | <b>SELECT MISC</b> from the list box.                                                                                                                                                                                                    |
| 6.     | <b>CLICK</b> on the <b>Next</b> button.                                                                                                                                                                                                  |
| 7.     | <b>SCROLL</b> down to and select <b>RFI – Misc Other Items</b>                                                                                                                                                                           |
| 8.     | <b>CLICK</b> on the <b>Next</b> button.                                                                                                                                                                                                  |

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|     |                                                                                                        |                                                                                                                                                                                                                                                             |
|-----|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9.  | CLICK on the <b>Finish</b> button.                                                                     |                                                                                                                                                                                                                                                             |
| 10. | REVIEW the letter for accuracy.                                                                        | a. If correct, <b>CONTINUE</b> to Step 11.<br>b. If incorrect, <b>CLICK</b> the <b>Cancel</b> button. <b>START</b> again with Step 1.                                                                                                                       |
| 11. | CHECK the box <b>Send letter to mail queue</b> . If box is already marked, <b>CONTINUE</b> to Step 12. |                                                                                                                                                                                                                                                             |
| 12. | CLICK the <b>OK</b> button.                                                                            |                                                                                                                                                                                                                                                             |
| 13. | ADD a <b>Contact</b> and/or <b>Comment</b> regarding the action taken on the applicant's behalf.       |                                                                                                                                                                                                                                                             |
| 14. | To exit the file and save your work:                                                                   | a. If working in the <b>Applicant Update</b> queue, <b>CLICK</b> the <b>Home</b> link.<br>b. If there are no other pending issues and you are working in a processing queue e.g., <b>FEMA Manual Determination</b> , <b>ROUTE</b> to <b>FEMA Complete</b> . |

Table 22: Generating an "RFI - Misc Other Items" Letter for Miscellaneous Other Items.

## F. Temporary Housing Assistance

- [Manufactured Housing Unit](#)
- [Lodging Expense Reimbursement](#)
- [Rental Assistance](#)
- [Rental Referrals](#)
- [Transitional Sheltering Assistance \(TSA\) Request](#)

### 1. Manufactured Housing Unit

- Refer to disaster-specific information for possible referral phone numbers for issues related to factory-built housing (or mobile home) programs.

| If call concerns:                                                              | And:                                          | Then:                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11.1a Request for Temporary Housing Unit (THU)/Manufactured Housing Unit (MHU) | Program implemented for applicant's disaster. | 1. <b>SAY</b> , "To assist with your temporary housing needs, we recommend searching your local newspaper or available internet search options."<br><br>2. If the applicant indicates they DO NOT have access to the internet or newspapers:<br><br>a. <b>SAY</b> , "I will forward your request to a FEMA representative that may be able to assist you in locating some housing resources." |

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| If call concerns:                                                                | And:                                             | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                  |                                                  | <ol style="list-style-type: none"> <li><b>SEND</b> an e-mail to the <a href="#">IHP-Helpdesk</a> with the applicant's information and/or concerns. For more information refer to the <a href="#">Direct Housing Assistance</a> SOP.</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) THU REQUEST AND/OR RENTAL REFERRALS</li> <li><b>Call Type:</b> HA</li> <li><b>Sub-Type:</b> MHU Inquiry</li> <li><b>Details:</b> Applicant requested direct housing. Advised the applicant to access newspapers and internet resources for rental resource information/Assisted the applicant in locating rental resources. If the applicant was eligible for a direct housing request, add any specific information for the request. (And any other changes made to file)</li> </ol> </li> </ol>                                                                                                                                                                                                                                                           |
| 11.1b Request for Temporary Housing Unit (THU) / Manufactured Housing Unit (MHU) | Program NOT implemented for applicant's disaster | <ol style="list-style-type: none"> <li><b>SAY</b>, "At the present time, FEMA and/or the state, territorial or tribal government has NOT authorized the use of temporary housing units in this disaster declaration. We recommend searching your local newspaper or available internet search options for possible rental resources for your temporary housing needs"</li> <li>If the applicant indicates they DO NOT have access to the internet or newspapers:             <ol style="list-style-type: none"> <li><b>SAY</b>, "I will be happy to assist you further with this request."</li> <li><b>ACCESS</b> the Referral spreadsheet on the <a href="#">Disaster Specific</a> page. Under Referrals, search for "Housing".</li> <li><b>SAY</b>, "Do you have paper and a pen or pencil? Please write down the phone numbers and agencies providing housing assistance."</li> </ol> </li> <li><b>ADD a Contact</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) THU REQUEST</li> <li><b>Call Type:</b> HA</li> <li><b>Sub-Type:</b> MHU Inquiry</li> </ol> </li> </ol> |



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| If call concerns:                                                                          | And:                                                   | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                            |                                                        | <p>d. <b>Details:</b> Applicant requested a FEMA provided temporary housing unit. Advised that there is NOT currently a program for it in this DR. Advised the applicant to access newspapers and internet resources for rental referral information/Assisted the applicant in locating rental resources. (And any other changes made to file)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 11.2 Status of Temporary Housing Unit (THU) / Manufactured Housing Unit (MHU) request      | Request previously submitted to JFO                    | <ol style="list-style-type: none"> <li><b>REVIEW Events Log</b> for JFO notes including PPI, Site Inspections, MH Delivery, utility connections, and lease agreement information.</li> <li><b>SEND</b> an e-mail to the <a href="#">IHP-Helpdesk</a> with the applicant's information and/or concerns. For more information, refer to the <a href="#">Direct Housing Assistance</a> SOP.</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) THU STATUS REQUEST</li> <li><b>Call Type:</b> HA</li> <li><b>Sub-Type:</b> MHU Inquiry</li> </ol> </li> <li><b>Details:</b> Applicant requested status of FEMA provided temporary housing unit request. Advised applicant [specific information given to applicant]. (And any other changes made to file)</li> </ol> |
| 11.3 Vacating a FEMA-provided Temporary Housing Unit (THU)/Manufactured Housing Unit (MHU) | Applicant DOES NOT have JFO contact number for program | <ol style="list-style-type: none"> <li><b>SAY</b>, "I DO NOT have access to those records; however, I will request that someone contact you as soon as possible."</li> <li><b>CALL</b> the IHP-Helpdesk to request contact. Have the following information ready: <ol style="list-style-type: none"> <li>Applicant's name</li> <li>Registration number</li> <li>Brief description of applicant's questions/concerns</li> </ol> </li> <li>DO NOT give the applicant the JFO's phone number or address. If the applicant insists upon speaking to someone in the field office now, reassure them that someone will contact them soon. If necessary, <b>SAY</b>, "I apologize, however, I DO NOT have a number you can call at that location. Please be assured that someone will contact you soon."</li> </ol>          |





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| If call concerns:                                                                                        | And:                                                                                                  | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                          |                                                                                                       | <p>4. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) THU MOVE OUT REQUEST</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> MHU Inquiry</li> <li>d. <b>Details:</b> Applicant requested to move out of FEMA provided temporary housing unit. Applicant did NOT have number to call program. Called IHP-Helpdesk requesting someone from the program to contact applicant. (And any other changes made to file)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 11.4a Request for maintenance services for Temporary Housing Unit (THU)/ Manufactured Housing Unit (MHU) | Applicant DOES NOT have a contact number for maintenance issues and no disaster preshift is available | <p>1. <b>SAY, "I DO NOT have access to those records; however, I will request that someone contact you as soon as possible."</b></p> <p>2. <b>E-MAIL</b> the IHP-Helpdesk to request contact. Have the following information ready:</p> <ul style="list-style-type: none"> <li>a. Applicant's name</li> <li>b. Registration number</li> <li>c. Brief description of applicant's questions/concerns</li> </ul> <p>3. DO NOT give the applicant the JFO's phone number or address. If the applicant insists upon speaking to someone in the field office now, reassure them that someone will contact them soon. If necessary, <b>SAY, "I apologize, however, I DO NOT have a number you can call at that location. Please be assured that someone will contact you soon."</b></p> <p>4. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) THU MAINTENANCE REQUEST</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> MHU Inquiry</li> <li>d. <b>Details:</b> Applicant requested maintenance on FEMA provided temporary housing unit. Applicant did NOT have number to call program. Called IHP-Helpdesk requesting someone from the program to contact applicant. (And any other changes made to file)</li> </ul> |



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| If call concerns:                                                                                       | And:                                                           | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11.4b Request for maintenance services for Temporary Housing Unit (THU)/Manufactured Housing Unit (MHU) | Applicant has a contact number for maintenance issues.         | <ol style="list-style-type: none"> <li><b>SAY</b>, "Please call the number provided with the unit directly for the appropriate Maintenance Services."</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) THU MAINTENANCE REQUEST</li> <li><b>Call Type:</b> HA</li> <li><b>Sub-Type:</b> MHU Inquiry</li> <li><b>Details:</b> Applicant requested maintenance on factory-built housing unit. Applicant had number to call program. Advised applicant to call number, provided with unit for maintenance issues. (And any other changes made to file)</li> </ol> </li> </ol>                                                                                                                 |
| 11.5 Moving a Temporary Housing Unit (THU)/Manufactured Housing Unit (MHU) to another location          | Applicant DOES NOT have a contact number for the program       | Refer to <a href="#">Vacating a FEMA-provided Temporary Housing Unit (THU)/Manufactured Housing Unit (MHU)</a> for procedures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 11.6 Accessibility issue with Temporary Housing Unit (THU) or Manufactured Housing Unit (MHU)           | N/A                                                            | <ol style="list-style-type: none"> <li><b>SAY</b> "[ am referring your request to the FEMA representative in your area. You will be contacted by someone soon."</li> <li><b>E-MAIL</b> the IHP-Helpdesk requesting a representative to contact applicant</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) THU ACCESSIBILITY REQUEST</li> <li><b>Call Type:</b> HA</li> <li><b>Sub-Type:</b> MHU Inquiry</li> <li><b>Details:</b> Applicant requested assistance with accessibility issue (specify issue) with FEMA provided temporary housing unit. Called the IHP-Helpdesk requesting a representative to contact applicant. (And any other changes made to file)</li> </ol> </li> </ol> |
| 11.7 Purchase a Temporary Housing Unit (THU) Manufactured Housing Unit (MHU)                            | Caller with or without a Rgsn ID number wants to purchase a MH | <ol style="list-style-type: none"> <li><b>GIVE</b> applicant the website for <a href="http://www.gsaauctions.gov">www.gsaauctions.gov</a></li> <li>Accessing the file is NOT required for this issue.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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| If call concerns: | And: | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |      | <p>3. If applicant has a registration, <b>ADD</b> a contact:</p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) MHU PURCHASE REQUEST/INQUIRY.</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> MHU Inquiry</li> <li>d. <b>Details:</b> Applicant interested in purchasing a FEMA provided temporary housing unit. Specify the information given to the applicant. (And any other changes made to file)</li> </ul> |

Table 113: Manufactured Housing Unit

### 2. Lodging Expenses Reimbursement

| If call concerns:                                     | And:                                       | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12.1a Request for lodging expense reimbursement (LER) | Applicant has NOT sent LER request to FEMA | <p>1. <b>SAY</b>, "Lodging expense reimbursement may be provided if your primary residence was made unsafe and uninhabitable by the disaster and if you have verifiable paid receipts for the lodging expenses. FEMA cannot reimburse you if the American Red Cross paid for the stay or if you have insurance to cover your Additional Living Expenses. Lodging assistance DOES NOT cover food, phone bills, or other room-related charges; it is limited to the room rate and room taxes and is processed "after the fact" as a reimbursement for qualified applicants.</p> <p>To apply for lodging expense reimbursement, please submit for verification copies of your receipts for short-term lodging at a hotel, motel, or other similar facility, and a statement of denial or insufficient payment from your insurance company, if you are insured for this peril type (excluding flood damages only). Each receipt must include the following:</p> <ul style="list-style-type: none"> <li>a. Applicant's or household member's name</li> <li>b. Name of hotel/motel</li> <li>c. Check-in and check-out dates</li> <li>d. Room rate and applicable taxes</li> </ul> <p>Additionally, if the reason for the lodging expenses is that your contractor required you to move out of your home while repairs were made, the name and phone number of the contractor (or repair person) must also be included with your request for reimbursement. Please include the disaster</p> |

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| If call concerns:                                     | And:                                                                                     | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                       |                                                                                          | <p>number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</p> <ol style="list-style-type: none"> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) LODGING EXPENSE REIMBURSEMENT REQUEST</li> <li><b>Call Type:</b> HA Program Requests</li> <li><b>Sub-Type:</b> Transient Assistance Request</li> <li><b>Details:</b> Applicant requested lodging expense reimbursement. Advised applicant of standard LER procedures and documentation requirements. Provided mailing address and fax number. (And any other changes made to file)</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                         |
| 12.1b Request for lodging expense reimbursement (LER) | <p>Applicant sent documentation more than 5 days ago</p> <p>No LER documents in file</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "It frequently takes up to 5 days to receive documents and get them added to a file. At this time, documentation requesting lodging expense reimbursement is NOT in your file. I would recommend that you send them again. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) LODGING EXPENSE STATUS CHECK</li> <li><b>Call Type:</b> HA Program Requests</li> <li><b>Sub-Type:</b> Processing Delay Action Request</li> <li><b>Details:</b> Applicant [mailed or faxed] request for lodging expense reimbursement on [date]. Docs are NOT in file. Advised applicant to resend docs. Provided mailing address and fax number. (And any other changes made to file)</li> </ol> </li> </ol> |
| 12.1c Request for lodging expense                     | <p>LER documents in file</p> <p>No LER decision</p>                                      | <ol style="list-style-type: none"> <li><b>SAY</b>, "Your request for lodging expense reimbursement has been received; however, a decision has NOT yet been made. I will process your request immediately following this call. If you DO NOT receive a decision letter by mail or email within 7 days, please call back to check on the status of your case."</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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| If call concerns:                                     | And:                 | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| reimbursement (LER)                                   |                      | <ol style="list-style-type: none"> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) LODGING EXPENSE STATUS CHECK</li> <li><b>Call Type:</b> HA Program Request</li> <li><b>Sub-Type:</b> HA Status Check</li> <li><b>Details:</b> Applicant submitted request for lodging expense reimbursement on [date] and docs are in file. No decision has been made. Advised applicant that I would process the case today and to call back in 7 days if no decision received by mail or email. (And any other changes made to file)</li> </ol> </li> <li><b>ACCESS</b> the file in <b>FEMA Manual Determination</b> or other casework queue and process the LER request.</li> </ol> |
| 12.1d Request for lodging expense reimbursement (LER) | A decision WAS made. | <ol style="list-style-type: none"> <li>Follow general procedures to provide HA program status.</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) LODGING EXPENSE STATUS CHECK</li> <li><b>Call Type:</b> HA Program Request</li> <li><b>Sub-Type:</b> HA Status Check</li> <li><b>Details:</b> Applicant requested status of LER request. [Briefly summarize information provided to the applicant.] (And any other changes made to file)</li> </ol> </li> </ol>                                                                                                                                                                                                       |

Table 24: Lodging Expense Reimbursement

### 3. Rental Assistance

| If call concerns:                             | And:                                                           | Then:                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13.1a. Request for initial rental assistance. | Has Moved/Willing to Move = No on the Inspection Status screen | <ol style="list-style-type: none"> <li><b>SAY, "Please give me a moment to review your file."</b> <ol style="list-style-type: none"> <li>Before a payment is made from an INR decision, <b>VERIFY</b> that: <ol style="list-style-type: none"> <li>Habitability Repairs Required (HRR = yes).</li> </ol> </li> </ol> </li> </ol> |

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|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                     | <p>No signed letter in the file to state reason for moving</p> <p><b>Habitability Repairs Required = YES</b> on the <b>Inspection Status</b> screen</p> <p>It is 60 days or less from the date of the <b>INR</b> determination letter.</p>  | <ul style="list-style-type: none"> <li>ii. An insurance review was completed to ensure that the applicant DOES NOT have an insurance policy that covers Additional Living Expenses (ALE). An insurance declaration page showing a lack of ALE/LOU coverage is sufficient verification. If the applicant DOES have a policy that covers ALE/LOU, an insurance settlement or denial is required to be in the file before the applicant will be considered for rental assistance.</li> <li>b. If it is 60 days or less from the date of the <b>INR</b> determination letter and no ALE insurance coverage is present, the verbal request for Rental Assistance may be accepted.</li> <li>c. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>i. <b>Summary Line:</b> FACILITY# (NPSC#) REQUEST FOR RENTAL ASSISTANCE</li> <li>ii. <b>Call Type:</b> HA Program Request</li> <li>iii. <b>Sub-Type:</b> HA Status Change Request</li> <li>iv. <b>Details:</b> Applicant requested initial rental assistance. Inspection indicates "Has APP Moved = NO" and "Habitability Repairs Required = YES". Result – applicant eligible for 2 months ER when no Additional Living Expenses (ALE) insurance coverage is present. (And any other changes made to file)</li> </ul> </li> <li>d. <b>CREATE</b> a WP and <b>Comment</b> in NEMIS. <b>ROUTE</b> to <b>FEMA Manual Determination</b>.</li> <li>e. <b>PROCESS</b> the case in <b>FEMA Manual Determination</b> queue and <b>PAY</b> two months initial rent.</li> </ul> <p>Source: PPM: <a href="#">Rental Assistance</a> SOP.</p> |
| <p>13.1b. Request for Initial rental assistance</p> | <p>Has Moved/Willing to Move = <b>No</b> on the <b>Inspection Status</b> screen</p> <p>No signed letter in the file to state reason for moving</p> <p><b>Habitability Repairs Required = YES</b> on the <b>Inspection Status</b> screen</p> | <ul style="list-style-type: none"> <li>1. <b>SAY</b>, "Please give me a moment to review your file."</li> <li>a. Before a payment is made from an <b>INR</b> decision, <b>VERIFY</b> that: <ul style="list-style-type: none"> <li>i. Habitability Repairs Required (<b>HRR = yes</b>).</li> <li>ii. An insurance review was completed to ensure that the applicant DOES NOT have an insurance policy that covers Additional Living Expenses (ALE). An insurance declaration page showing a lack of ALE/LOU coverage is sufficient verification. If the applicant DOES have a policy that covers ALE/LOU, an insurance settlement or denial is required to be in the file before the applicant will be considered for rental assistance.</li> </ul> </li> <li>b. If it has been 61 days or more from the date of the <b>INR</b> determination letter and no ALE insurance coverage is present, the request for rental assistance must be submitted in writing.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |





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|---------------------------------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                             | <p>It is 61 days or more from the date of the INR determination letter</p> | <ul style="list-style-type: none"> <li>i. <b>SAY</b>, "To request this assistance, please mail or fax a signed, written request that includes an explanation of the reason you need rental assistance. If repairs have already been made, include any supporting documentation you may have to support your request. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send"</li> <li>ii. Provide the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> </ul> <p>c. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>i. <b>Summary Line:</b> FACILITY# (NPCS#) REQUEST FOR RENTAL ASSISTANCE</li> <li>ii. <b>Call Type:</b> HA Program Request</li> <li>iii. <b>Sub-Type:</b> HA Status Change Request</li> <li>iv. <b>Details:</b> Applicant requested initial rental assistance. Inspection indicates "Has APP Moved = NO" and "Habitability Repairs Required = YES". Advised applicant to submit a signed written request when no Additional Living Expenses (ALE) insurance coverage is present. Provided mailing address and fax number. (And any other changes made to file).</li> </ul> <p>d. DO NOT create a WP.</p> <p>e. Examples, if needed:</p> <ul style="list-style-type: none"> <li>i. A health department assessment indicating the habitability of the home was compromised by the disaster incident;</li> <li>ii. For owners: a verifiable contractor's statement detailing how the damage is disaster-caused, listing repairs that need to be made and the date the repairs will be completed</li> <li>iii. For renters: A statement from the Landlord that you CANNOT be present while repairs are being made.</li> </ul> <p>Source: PPM: <a href="#">Rental Assistance</a> SOP.</p> |
| 13.1c Request for initial rental assistance | <p>Has Moved/Willing to Move = No on the Inspection Status screen</p>      | <p>1. <b>SAY</b>, "Please give me a moment to review your file."</p> <ul style="list-style-type: none"> <li>a. Before a payment is made from an INR decision, <b>VERIFY</b> that:</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |



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|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                        | <p>A signed letter is in the file stating the reason for moving</p> <p><b>Habitability Repairs Required = YES</b> on the <b>Inspection Status</b> screen</p>                                                             | <p>i. <b>Habitability Repairs Required (HRR = YES).</b></p> <p>ii. The reason for moving in the applicant's written request is a disaster-caused need to relocate. If yes, then the request is adequately substantiated, and the need is justified.</p> <p>iii. An insurance review was completed to ensure that the applicant DOES NOT have an insurance policy that covers Additional Living Expenses (ALE). If yes, then an insurance settlement or denial is required to be in the file before the applicant will be considered for rental assistance.</p> <p>2. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPCS#) REQUEST FOR RENTAL ASSISTANCE</p> <p>b. <b>Call Type:</b> HA Program Request</p> <p>c. <b>Sub-Type:</b> HA Status Change Request</p> <p>d. <b>Details:</b> Applicant submitted written request for initial rental assistance. Inspection indicates "Has APP Moved = NO" and "Habitability Repairs Required = YES". Result – applicant eligible for 2 months ER when no Additional Living Expenses (ALE) insurance coverage is present. (And any other changes made to file).</p> <p>3. <b>CREATE</b> a WP in NEMIS. <b>ROUTE</b> to <b>FEMA Manual Determination</b>.</p> <p>4. <b>PROCESS</b> the case in <b>FEMA Manual Determination</b> queue and <b>PAY</b> two months initial rent.</p> <p><b>Source:</b> PPM: <a href="#">Rental Assistance</a> SOP.</p> |
| 13.1d Request for CTHA | <p>A Renter, or an Owner with <b>RP FVL</b> less than the initial temporary housing assistance award, AND</p> <p>The applicant received temporary housing assistance due to <b>HRR = Yes e.g. ER, ENCOMP, ECBRA</b>.</p> | <p>1. <b>SAY</b>, "I will send you an Application for Continued Temporary Housing Assistance. When you receive this letter:</p> <p>a. Review and complete the Application for Continued Temporary Housing Assistance form;</p> <p>b. Submit verifiable documentation to support the information you provide on the form; AND</p> <p>c. Return all documents to FEMA for review (PROVIDE the mailing address and fax number to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.)</p> <p>d. Please include the disaster and registration numbers, the last four digits of your social security number, and your name on all pages of any documentation you send."</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |





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2. If the applicant has additional questions on documentation, refer to the [Continued Temporary Housing Assistance SOP](#).
3. **GENERATE** the **Recertification – Declaration of Continued Need letter** (Housing Assistance, Request Letters, Recertification)
  - a. Generating Letters from NEMIS:
    - i. Communication **screen**> Outgoing Correspondence **frame**> Add **button**;
    - ii. **SELECT** the **Declaration of Continued Need**;
    - iii. **CLICK** the **Next** button;
    - iv. **SELECT** the **Send letter to mail queue** option;
    - v. **PREVIEW** appropriate letter, **CLICK Finish**;
    - vi. **ROUTE** to **FEMA Complete**.
4. **ADD** a **contact**:
  - a. **Summary:** FACILITY# (NPSC#) CTHA REQUEST
  - b. **Call Type:** HA Program Requests
  - c. **Sub-Type:** Recertification Request
  - d. **Details:** **DESCRIBE** the information discussed with the applicant. (And any other changes made to file).

13.1e Request for CTHA

Received an eligible ERCT award, AND  
  
The applicant indicates their post-disaster income or housing costs have changed.

1. **SAY**, "I will send you a new Application for Continued Temporary Housing Assistance. When you receive this letter;
  - a. Review, complete, and sign the Application.
  - b. Gather your post-disaster income, rent receipts, an essential utility bill for your temporary housing unit (gas, propane, electric, water, sewer, or trash), and all verifiable documents to support the post-disaster information you enter on the Application, and



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- c. **Submit all documents to FEMA for review** (**PROVIDE** the [mailing address and fax number](#) to the applicant and **ADVISE** the applicant they have the option to [upload documents](#) to their DAC account online).
    - d. **Also, to help us identify your file, please include your registration number and last four digits of your social security number on all pages of any correspondence you send.**
  2. If the applicant has additional questions on documentation, refer to the [Continued Temporary Housing Assistance SOP](#).
  3. **GENERATE the Recertification – Declaration of Continued Need letter** (Housing Assistance, Request Letters, and Recertification).
    - a. Generating Letters from NEMIS:
      - i. Communication **screen** > Outgoing Correspondence **frame** > Add **button**;
      - ii. **SELECT** the **Declaration of Continued Need**;
      - iii. **CLICK** the **Next** button;
      - iv. **SELECT** the **Send letter to mail queue** option;
      - v. **PREVIEW** the appropriate letter, **CLICK FINISH**;
      - vi. **Route** to **FEMA Complete**.
  4. **ADD a Contact**:
    - a. **Summary:** **FACILITY# CTHA REQUEST – CHANGE**
    - b. **Call Type:** HA Program Requests
    - c. **Sub-Type:** Recertification Request
    - d. **Details:** The applicant had a change in income/temporary housing costs (select reason that applies) and requests CTHA. Advised the applicant to submit all verifiable post-disaster income and temporary housing cost documents for review. (And any other changes made to file)





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|                         |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13.1f. Request for CTHA | Received an eligible ERCT award.<br><br>AND<br><br>The applicant indicates their post-disaster income and housing costs have NOT changed. | <ol style="list-style-type: none"> <li><b>Say</b>, "To request Continued Temporary Housing Assistance, please submit the following: <ol style="list-style-type: none"> <li>Proof of exhaustion of your last Continued Temporary Housing Assistance award (supply the amount of the ERCT award if necessary) with documents such as rent receipts, <u>signed</u> Landlord statements, or payment ledgers, and</li> <li>A <u>signed</u> statement requesting continued assistance with a statement of your permanent housing plan. This may include finding affordable housing, repairing your home if you are an owner, or purchasing a new home.</li> <li>Submit all documents to FEMA for review (<b>PROVIDE</b> the <u>mailing address and fax number</u> to the applicant and <b>ADVISE</b> the applicant they have the option to <u>upload documents</u> to their DAC account online)."</li> </ol> </li> <li>If the applicant has additional questions on documentation, refer to the <u>Continued Temporary Housing Assistance SOP</u>.</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) CTHA REQUEST = NO CHANGE</li> <li><b>Call Type:</b> HA Program Requests</li> <li><b>Sub-Type:</b> Recertification Request</li> <li><b>Contact Details:</b> Describe the information discussed with the applicant. (And any other changes made to file).</li> </ol> </li> </ol> |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Table 125: Rental Assistance

### 4. Rental Referrals

| If call concerns:                                   | And: | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 14.1<br>Request from applicant for rental referrals | N/A  | <ol style="list-style-type: none"> <li><b>SAY</b>, "To locate rental referrals in your area, we recommend searching your local newspaper or available internet search options."</li> <li>If the applicant indicates they DO NOT have access to the internet or newspapers:</li> <li><b>SAY</b>, "I will be happy to assist you further with this request."</li> <li><b>ACCESS</b> the Referral spreadsheet on the <u>Disaster Specific</u> page. Under Referrals, search for "Housing".</li> </ol> |

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| If call concerns:                                  | And:                                                                                                     | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                    |                                                                                                          | <p>5. <b>SAY</b>, "Do you have paper and a pen or pencil? Please write down the phone numbers and agencies providing housing assistance."</p> <p>6. <b>ADD</b> a <b>Contact</b>:</p> <p>a. <b>Summary</b>: <b>FACILITY#</b> (NPSC#) RENTAL REFERRAL INFORMATION</p> <p>b. <b>Call Type</b>: Referral Information Request</p> <p>c. <b>Sub-Type</b>: Rental Resource Information-Distributed/Not Available</p> <p>d. <b>Details</b>:</p> <p>i. If the applicant is able to access the internet or newspapers: Advised the applicant to access newspapers and internet resources for rental resource information.</p> <p>ii. If the applicant indicated they DO NOT have access to the internet or newspapers: Document the number of rental referrals given to the applicant and any other specific information received from the call. (And any other changes made to file)</p> |
| 14.2<br>Vacant rental unit for listing by landlord | Representative would like to add a new resource or modify information for a resource previously provided | <p>1. <b>SAY</b>, "Currently, FEMA DOES NOT collect this information. We recommend posting your available units in your local newspaper or on the internet."</p> <p>2. Thank the caller.</p> <p>3. DO NOT create a <b>Contact</b>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

Table 136: Rental Referrals

### 5. Transitional Sheltering Assistance (TSA) Request

| If call concerns: | And:                                      | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15.1 TSA          | The applicant wants to verify eligibility | <p>1. On the <b>Registration Status</b> screen, <b>SEARCH</b> for <b>Eligible for TSA Program</b>, and <b>SEARCH</b> the <b>Event History</b> for updated TSA information. Say: "I will be happy to assist you with that. Please hold for a moment while I review your file."</p> <p>2. <b>PROVIDE</b> the applicant with their TSA eligibility status. Make sure the applicant meets the basic eligibility requirements for TSA:</p> |

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| If call concerns: | And: | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |      | <ul style="list-style-type: none"> <li>a. Identity and occupancy are <b>Verified</b>; <ul style="list-style-type: none"> <li>i. <b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b> and/or <b>IDV_PASS</b>. If either verification is failed, <b>REVIEW</b> submitted correspondence for acceptable documents.</li> <li>ii. If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy and/or identity, <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.</li> <li>iii. <b>ACCESS</b> the <a href="#">Occupancy Verification SOP</a> and/or <a href="#">Identity Verification SOP</a> on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents. <ul style="list-style-type: none"> <li>1. If the <b>Registration Status</b> screen also shows <b>OWNV_FAILED</b>, <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.</li> <li>2. <b>ACCESS</b> the <a href="#">Ownership Verification SOP</a> on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents</li> </ul> </li> </ul> </li> <li>b. The primary residence is located in an area designated for TSA;</li> <li>c. Home damages are indicated on the registration, the date of loss is within the disaster incident period, and the COD is included in the disaster declaration; <ul style="list-style-type: none"> <li>i. If an inspection has been completed, it shows <b>HRR = Yes</b>, <b>Utilities Out = Yes</b>, and/or <b>Inaccessible = Yes</b>.</li> </ul> </li> <li>d. The applicant is the Head of Household (HOH) and has a <b>NOT Duplicate per DOB Review</b> status in the <b>Linked Regs</b> screen; AND</li> <li>e. The home is physically inaccessible to any member of the pre-disaster household due to the disaster. <ul style="list-style-type: none"> <li>i. <b>CONFIRM</b> the applicant's current location.</li> </ul> </li> <li>f. <b>ADD a Contact</b>:</li> <li>g. <b>Summary</b>: FACILITY#, (NPSC#) APPLICANT REQUEST ASSISTANCE WITH TSA</li> <li>h. <b>Call Type</b>: HA</li> </ul> |



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| If call concerns: | And:                                                                  | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |                                                                       | <p>i. <b>Sub-Type:</b> TSA Call Back</p> <p>j. <b>Details:</b> Applicant requested information about their TSA eligibility. Provided the applicant with available information in file. (And any other changes made to file)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 15.1a TSA         | The applicant wants to verify the continuation of the TSA eligibility | <p>1. <b>REVIEW</b> the <b>Event History</b> and the <b>TSA Report</b> on the <b>Temporary Housing</b> frame of the <b>Assistance</b> screen for updated TSA entries and information. Say: "I will be happy to assist you with that. Please hold for a moment while I review your file."</p> <p>2. <b>PROVIDE</b> the applicant with their TSA eligibility status. Make sure the applicant continues to meet the continued eligibility requirements for TSA.</p> <p>3. Applicants are NOT eligible for continued TSA eligibility if:</p> <ul style="list-style-type: none"> <li>a. The applicant voluntarily withdraws from the HA Program;</li> <li>b. The applicant is ineligible for IHP assistance;</li> <li>c. The inspection returned with <b>HRR=No</b>;</li> <li>d. The applicant stated during inspection they would NOT relocate;</li> <li>e. The applicant failed to meet the inspector;</li> <li>f. The applicant has a Dup status with another applicant;</li> <li>g. The applicant agreed to participate in a direct assistance repair program and the repairs are completed;</li> <li>h. The applicant has received financial temporary housing assistance e.g., <b>ERIA</b>, <b>ERU</b>, <b>ER</b>, <b>ENCOMP</b>, <b>ECBRA</b>, etc.</li> <li>i. The applicant refused to accept direct housing assistance e.g., a FEMA Housing Unit.</li> <li>j. The applicant is participating in Permanent Housing Construction (PHC) and has been leased into a direct housing unit; OR</li> <li>k. The applicant DID NOT comply with the TSA Terms and Conditions.</li> </ul> <p>4. TSA eligibility may NOT continue if the applicant meets <b>ANY</b> of the criteria above. <b>PROVIDE</b> the applicant with the checkout date as recorded in NEMIS.</p> |





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| If call concerns: | And:                                                  | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |                                                       | <p>5. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) STATUS OF CONTINUED TSA</p> <p>b. <b>Call Type:</b> HA</p> <p>c. <b>Sub-Type:</b> TSA Call Back</p> <p>d. <b>Details:</b> Applicant requested information about TSA continuation. Provided the applicant with current TSA status and checkout date = (Checkout date) due to (e.g., HRR=No).</p>                                                                                                                                                                                                                                                                                                                                                                                                               |
| 15.1b TSA         | The applicant wants to confirm the TSA checkout date. | <p>1. <b>REVIEW</b> the <b>Temporary Housing</b> frame of the <b>Assistance</b> screen and the <b>Event History</b> in search for updated TSA entries and information. <b>SAY:</b> "I will be happy to assist you with that. Please hold for a moment while I review your file."</p> <p>2. <b>REVIEW</b> and <b>CONFIRM</b> the TSA checkout date.</p> <p>3. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUEST ASSISTANCE WITH TSA</p> <p>b. <b>Call Type:</b> HA</p> <p>c. <b>Sub-Type:</b> TSA Call Back</p> <p>d. <b>Details:</b> Applicant requested information about their check out date for the hotel in the TSA program. Provided the applicant with available status and information (<b>INCLUDE</b> any other changes made to file).</p> |

Table 147: TSA Request

### G. Funds

- [Funds](#)
- [Returned Funds or Non-Receipt of FEMA Check](#)
- [Processing a Request to Stop Payment and Reissue Disaster Assistance Check](#)

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FEMA

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- [FEMA Finance Center \(FFC\) Codes](#)
- [Generating the MCHK / Request to Stop Payment and Reissue Disaster Assistance Check](#)

1. Funds

- To confirm if a Treasury Questionnaire has been sent, **GO** to the **Assistance** screen and **CLICK** the **Finance** link on the **Housing Assistance** or **PP/Other Assistance** frames. **SELECT** the applicable disbursement in the **Elig Payments** frame. A letter "Q" noted in the **Treasury Request History** frame indicates that a questionnaire has been sent. An "R" below this notation indicates that Treasury has received the Questionnaire.
- To confirm if an award has been returned, **GO** to the **Assistance** screen and **CLICK** the **Finance** link on the **Housing Assistance** or **PP/Other Assistance** frames. **SELECT** the applicable disbursement in the **Elig Payments** frame. If the payment has been returned, it will be listed in the **Accounts Receivable** frame.

| If call concerns:         | And:                                                                                                                                                                                                                                          | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16.1a Delayed IHP payment | <p>Award approved;</p> <p>WP processed out of Approval queue less than 7 days ago;</p> <p>Scheduled date NOT in NEMIS;</p> <p>Award is NOT shown as returned in the <b>Accounts Receivable</b> frame; AND</p> <p>Request previously made.</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "I see in your file where this request was previously made, and that Finance was notified less than 7 days ago. Please allow up to 7 days for the issue to be resolved. If you DO NOT receive the letter by [date: 7 days since previous request], please call back to check on the status."</li> <li><b>ADD</b> a Contact: <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) HA/ONA STATUS CHECK FOR PAYMENT</li> <li><b>Call Type:</b> HA</li> <li><b>Sub-Type:</b> Check Inquiry</li> <li><b>Details:</b> Applicant requested status of payment distribution. Award approved and processed out of Approval queue less than 7 days ago. Schedule date is NOT in NEMIS. Advised applicant to wait at least 7 days, and if letter is NOT received in 7 days to call back to check on status. (And any other changes made to file)</li> </ol> </li> </ol> |





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| If call concerns:         | And:                                                                                                                                                                                                                                              | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16.1b Delayed IHP payment | <p>Award approved;</p> <p>WP processed out of Approval queue more than 7 days ago;</p> <p>Scheduled date NOT in NEMIS;</p> <p>Award is NOT shown as returned in the <b>Accounts Receivable</b> frame; AND</p> <p>Request NOT previously made.</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "Since it has been more than 7 days since your case was processed, I will send an email to notify Finance of this issue. If you DO NOT receive a letter in 7 days, please call back to check on the status."</li> <li><b>EMAIL</b> the <a href="#">IHP-Helpdesk</a> to request assistance from Finance to resolve the issue and include: <ol style="list-style-type: none"> <li>Applicant's name</li> <li>Disaster number</li> <li>Registration number</li> <li>Approval date</li> <li>Approved amount</li> <li>Brief summary of issue</li> </ol> </li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) HA/ONA STATUS CHECK FOR PAYMENT</li> <li><b>Call Type:</b> HA</li> <li><b>Sub-Type:</b> Check Inquiry</li> <li><b>Details:</b> Applicant requested status of payment distribution. Award approved and processed out of Approval queue more than 7 days ago. Schedule date is NOT in the NEMIS file. Advised applicant that I would notify Finance about issue and if a letter is NOT received in 7 days, to call back. (And any other changes made to file)</li> </ol> </li> </ol> |



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| If call concerns:         | And:                                                                                                                                                                                                                                          | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16.1c Delayed IHP payment | <p>Award approved;</p> <p>WP processed out of Approval queue more than 7 days ago;</p> <p>Scheduled date NOT in NEMIS;</p> <p>Award is NOT shown as returned in the <b>Accounts Receivable</b> frame; AND</p> <p>Request previously made.</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "I see where this request was previously made and that Finance was notified more than 7 days ago. I am NOT sure why this issue has NOT already been resolved, I will send a follow-up email to Finance to request an expedited resolution. If you DO NOT receive a letter within 7 days, please call back to check on status."</li> <li><b>E-MAIL</b> the <a href="#">IHP-Helpdesk</a> to request assistance from Finance to resolve the issue, <b>INCLUDE</b> the details outlined in <a href="#">11.1b</a>, and the date when the previous request was sent.</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) HA/ONA DELAYED PAYMENT – SECOND REQUEST TO FINANCE</li> <li><b>Call Type:</b> HA</li> <li><b>Sub-Type:</b> Check Inquiry</li> <li><b>Details:</b> Applicant requested status of payment distribution. Award approved and processed out of Approval queue more than 7 days ago. Schedule date NOT in the NEMIS file. Request previously sent to Finance on [date]. Advised applicant that I would notify Finance to request expedited assistance with issue and if a letter is NOT received in 7 days call back to check on status (<b>INCLUDE</b> any other changes made to file).</li> </ol> </li> </ol> |





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| If call concerns:         | And:                                                                                                                                                                                                                                                           | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16.1d Delayed IHP payment | <p>Award approved;</p> <p>EFT NOT selected;</p> <p>WP processed out of Approval queue;</p> <p>Scheduled less than 14 business days ago;</p> <p>Award is NOT shown as returned in the <b>Accounts Receivable</b> frame; AND</p> <p>Request previously made.</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "Your case was processed and approved for assistance in the amount of \$___ on [date]. Since it has been less than 14 business days since it was scheduled for payment by Finance, please allow additional time for receipt of the check. If you DO NOT receive the letter by [date: 14 business days from scheduled date], please call back to check on the status again."</li> <li><b>ENSURE</b> that the mailing address is correct and determine if the applicant would prefer EFT (instead of check) in case the check is returned to Treasury.</li> <li><b>ADD a Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) HA/ONA STATUS CHECK FOR PAYMENT</li> <li><b>Call Type</b>: HA</li> <li><b>Sub-Type</b>: Check Inquiry</li> <li><b>Details</b>: Applicant requested status of payment. Advised applicant that Finance scheduled payment on [date] and to allow up to 14 business days to receive check.</li> </ol> </li> </ol> |



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| If call concerns:         | And:                                                                                                                                                                                                                                    | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16.1e Delayed IHP payment | <p>Award approved;</p> <p>EFT NOT selected;</p> <p>Scheduled more than 14 business days ago;</p> <p>Award is NOT shown as returned in the <b>Accounts Receivable</b> frame; AND,</p> <p>Treasury Questionnaire NOT previously sent.</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "Your case was processed and approved for assistance in the amount of \$____, which was scheduled for payment by Finance on [scheduled date]. Is there anyone in your household who may have picked up the check and forgotten to give it to you? If not, <b>SAY</b>, "Since it has been more than 14 business days since it was scheduled, I will send a Request to Stop Payment and Reissue Disaster Assistance Check letter to you. Please complete, <u>sign</u> and return the enclosed forms to FEMA promptly. When we receive the completed document from you, we will begin the process of reissuing the funds to you. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</li> <li><b>PROVIDE</b> the <u>mailing address and fax number</u> to the applicant and advise the applicant they have the option to <u>upload documents</u> to their DAC account online.</li> <li><b>ENSURE</b> that the mailing address is correct and determine if the applicant would prefer EFT (instead of check) in case the check is returned to Treasury.</li> <li>Refer to section <u>G.2.a</u>: Lost, Stolen or Non-receipt of FEMA Check. Procedures for instructions on how to send a <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter.</li> <li><b>ADD a CONTACT:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) LOST, STOLEN OR NON-RECEIPT OF CHECK</li> <li><b>Call Type:</b> HA</li> <li><b>Sub-Type:</b> Check Inquiry</li> <li><b>Details:</b> Applicant requested status of payment. Advised applicant that Finance scheduled payment on [date], which is more than 14 business days ago. Advised applicant that I would send a <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter and to complete and return to FEMA promptly for processing. <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter was sent. (And any other changes made to file)</li> </ol> </li> </ol> |





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| If call concerns:          | And:                                                                                                                                                                                                                                                 | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16. If Delayed IHP payment | <p>Award approved;</p> <p>EFT NOT selected;</p> <p>Scheduled more than 14 business days ago;</p> <p>Award is NOT shown as returned in the <b>Accounts Receivable</b> frame; AND</p> <p>Treasury Questionnaire previously sent, but NOT returned.</p> | <p>1. <b>SAY</b>, "Please complete the form and return it in the envelope provided with the questionnaire."</p> <p><b>NOTE:</b> Because this letter is prepared and sent directly from the U.S. Department of Treasury, a copy is NOT included in the applicant's file. FEMA personnel CANNOT review it to confirm the mailing address or content of this letter. For this reason, have the applicant refer to the letter and assist as needed.</p> <p>2. If the applicant lost the questionnaire or states that they did NOT receive the letter, <b>SAY</b>, "I will request that another copy be sent to you."</p> <p>3. <b>CONFIRM</b> the <b>CMA</b> and <b>EMAIL</b> <a href="#">June Cooper</a> and <a href="#">Anne Treece</a> at the FEMA Finance Center (FFC) with the following details:</p> <ul style="list-style-type: none"> <li>a. Applicant's name</li> <li>b. Disaster number</li> <li>c. Registration number</li> <li>d. Brief summary requesting an additional questionnaire be mailed to the applicant.</li> </ul> <p>4. <b>ADD</b> a <b>Contact</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUEST FOR TREASURY QUESTIONNAIRE</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Check Inquiry</li> <li>d. <b>Details:</b> Requested applicant return the Treasury Questionnaire, <u>or</u> another Treasury Questionnaire be sent to applicant (<b>INCLUDE</b> any other changes made to file).</li> </ul> |



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| If call concerns:         | And:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16.1g Delayed IHP payment | <p>Award approved;</p> <p>EFT selected;</p> <p>Scheduled more than 2 business days ago;</p> <p>Award is NOT shown as returned in the <b>Accounts Receivable</b> frame;</p> <p>EFT NOT received; AND</p> <p>NO high or low risk stamps on the <b>Registration Status</b> screen, or the file DOES contain a <b>BFS_AVS_PASS</b>, <b>BFS_AVS_NULL</b>, or <b>MDD_TMR_BYP</b> stamp, or the "PMS REVIEW = OK TO PROCESS" Comment.</p> <p>(Stamps include:</p> <p><b>BANK_VRFN</b>;</p> <p><b>LTT_NDNCA</b>;</p> <p><b>EMU_TMR</b>;</p> <p><b>BANK_VRFN_CD</b>;</p> <p><b>EMU_TMR_CD</b>;</p> <p><b>BANK_VRFN_CD_HR</b>;</p> <p><b>EMU_TMR_CD_HR</b>;</p> | <ol style="list-style-type: none"> <li>1. <b>VERIFY</b> that it has been more than 48 hours since the scheduled date of the award, and that the applicant/co-applicant has confirmed with their financial institution the funds have NOT been received.</li> <li>2. <b>VERIFY</b> the EFT information in the applicant/co-applicant's file and update as needed, including the name of the financial institution, account number, and routing number.</li> <li>3. <b>SAY</b>, "I will request that the funds be reissued to your account. If you DO NOT receive the deposit within 3 business days, please call back to check on the status."</li> <li>4. <b>CREATE</b> a WP, <b>ROUTE</b> it to <b>Supervisor Review – Reissue</b> (See <a href="#">Creating a New WP</a>).</li> <li>5. <b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li>a. <b>Summary Line</b>: <b>FACILITY#</b> (NPSC #) EFT NOT RECEIVED</li> <li>b. <b>Call Type</b>: HA</li> <li>c. <b>Sub-Type</b>: Check Inquiry</li> <li>d. <b>Details</b>: Applicant/co-applicant requested status of award. EFT was scheduled [date: more than 2 days ago]. Confirmed that applicant/co-applicant has NOT received EFT. Verified that EFT information in file is correct. Requested reissue. (Note if any changes were made to the EFT information.)</li> </ol> </li> </ol> <p><b>NOTE</b>: Designated staff from the Specialized Processing Unit (SPU) will access the file and complete casework.</p> |





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| If call concerns:         | And:                                                                                                                                                                                                                                                                                                                                                            | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                           | MDD_TMR; AND<br>HRP_IDD).                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 16.1h Delayed IHP payment | Award approved<br>EFT selected<br>Scheduled more than 2 days ago<br>EFT NOT received<br>The <b>Registration Status</b> screen contains <b>ANY</b> high or low risk stamps; AND<br>The file DOES NOT contain a <b>BFS_AVS_PASS</b> , <b>BFS_AVS_NULL</b> , or <b>MDD_TMR_BYP</b> stamp, or the "PMS REVIEW = OK TO PROCESS" <b>Comment</b> .<br>(Stamps include: | <ol style="list-style-type: none"> <li><b>VERIFY</b> that it has been more than 48 hours since the scheduled date of the award, and that the applicant/co-applicant has confirmed with their financial institution the funds have NOT been received.</li> <li><b>SAY</b>, "We are not able to reissue the assistance to your direct deposit account. I will request that the funds be reissued in the form of a check."</li> <li><b>REMOVE</b> the EFT information.</li> <li><b>CONFIRM</b> the CMA.</li> <li><b>CREATE</b> a WP, <b>ROUTE</b> it to <b>Supervisor Review – Reissue</b> (See <a href="#">Creating a New WP</a>).</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary Line</b>: <b>FACILITY#</b> (NPSC #) EFT NOT RECEIVED</li> <li><b>Call Type</b>: HA</li> <li><b>Sub-Type</b>: Check Inquiry</li> <li><b>Details</b>: Applicant/Co-applicant requested status of award. EFT was scheduled [date: more than 2 days ago]. Confirmed that Applicant/Co-Applicant has not received EFT. Removed EFT.</li> </ol> </li> </ol> |



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| If call concerns:          | And:                                                                                                                                                                                                    | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                            | <b>BANK_VRFN;</b><br><b>LTT_NDNCA;</b><br><b>EMU_TMR;</b><br><b>BANK_VRFN_CD;</b><br><b>EMU_TMR_CD;</b><br><b>BANK_VRFN_CD_HR;</b><br><b>EMU_TMR_CD_HR;</b><br><b>MDD_TMR; AND;</b><br><b>HRP_IDD).</b> | <p>information due to risk stamp in Registration Status screen. Verified CMA. Requested reissue. (Note if any changes were made to the CMA information.)</p> <p><b>NOTE:</b> Designated staff from the Specialized Processing Unit (SPU) will access the file and complete casework.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 16.1i Delayed IHP payment. | <p>Award approved;<br/>EFT or Treasury check;<br/>AND</p> <p>Award is shown as returned in the <b>Accounts Receivable</b> frame.</p>                                                                    | <ol style="list-style-type: none"> <li><b>REVIEW</b> the <b>Overview</b> screen to determine if a WP exists in the <b>FEMA Supervisor Review - Reissue</b>. <ol style="list-style-type: none"> <li>If a WP DOES NOT exist, <b>CREATE a WP</b> to <b>FEMA Supervisor Review - Reissue</b>.</li> </ol> </li> <li><b>SAY</b>, "I see where your payment has been returned to FEMA. I will request for your file to be reviewed to reissue this payment to you. Please allow me to verify some information to ensure we send this payment to the correct address or direct deposit account."</li> <li><b>ASK</b> the applicant to verify their CMA; and, if they selected EFT, verify their direct deposit information.</li> <li><b>SAY</b>, "Please allow two business days to receive an EFT payment or 14 business days to receive a Treasury check."</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) HA/ONA DELAYED PAYMENT – FUNDS RETURNED.</li> <li><b>Call Type:</b> HA</li> </ol> </li> </ol> |





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| If call concerns: | And: | Then:                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |      | <p>c. <b>Sub-Type:</b> Check Inquiry</p> <p>6. <b>Details:</b> Applicant requested status of payment distribution. Advised applicant the payment has been returned to FEMA. Verified applicant's CMA and EFT information. Advised applicant to allow 2 business days to process an EFT payment or 14 business days to process a Treasury check (<b>INCLUDE</b> any other changes made to file).</p> |

Table 158: Funds

### 2. Returned Funds or Non-Receipt of FEMA Check

#### a. Non-Receipt of FEMA Check

1. Occasionally a check from Treasury is lost, stolen, or never received. If an applicant notifies FEMA that this has occurred, and the original Treasury check has NOT been returned to FEMA as undeliverable by the United States Postal Service (USPS), a pre-printed **Request to Stop Payment and Reissue Disaster Assistance Check** letter MUST be sent to the applicant. The letter must be [signed](#) by the applicant and returned to FEMA for processing.
2. Once a **Request to Stop Payment and Reissue Disaster Assistance Check** letter is processed, and Treasury has verified the original check was cancelled, another check can be issued by Finance and mailed to the applicant. Refer to [Processing a Request to Stop Payment and Reissue Disaster Assistance Check letter](#) for additional information. This process may take up to 90 days to complete.
  - i. If the original Treasury check has been returned by the USPS, refer to [Section 16.1i](#) for instructions.

#### b. Returned Check/Funds

1. If an applicant requests to return financial assistance to FEMA, non-negotiated Treasury checks MUST be mailed to the following address:

DEPARTMENT OF THE TREASURY  
ATTN: Treasury Check Return  
P.O. BOX 51318  
Philadelphia, PA 19115



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2. If an applicant is asked to, or wishes to return the disaster assistance award; and has cashed or deposited their Treasury check, the applicant may use one of the following methods to return the funds to FEMA:
  - a. Send a personal check, cashier's check, or money order in the amount of the original FEMA award; OR
    - i. Make the instrument out to FEMA
    - ii. Mail the check, cashier's check or money order to:  
  
FEMA  
P.O. Box 6200-16  
Portland, OR 97228-6200
    - iii. For payments sent via couriers e.g., UPS, DHL, FedEx, the address is:  
  
US BANK - Government Lockbox  
Attn: DHS-FEMA – 6200-16  
17650 NE Sandy Blvd.  
Portland, OR 97230
  - b. Make a payment online using these methods.
    - i. **GO** to [www.pay.gov](http://www.pay.gov) and **ENTER** FEMA in the search box; OR
      1. **FOLLOW** the steps to return funds to FEMA.
    - ii. **LOGIN** to their personal financial institution account and issue an electronic Automated Clearing Housing (ACH) payment to FEMA using the Online Bill Payment services provided by the financial institution.

**NOTE:** Online Bill Payment services are NOT offered by all financial institutions.

1. **SELECT** the Bill Pay option; AND





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2. **CHOOSE** FEMA and **FOLLOW** the instructions on the screen.

3. Remind the applicant to include their name, last four digits of their **SSN**, and FEMA **Rgsn ID** number on any correspondence.

3. Processing a **Request to Stop Payment and Reissue Disaster Assistance Check** letter

|    |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                   |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <b>REVIEW</b> the <b>Communication</b> screen to see if a <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter was mailed. If <b>Yes</b> , <b>STOP</b> here and <b>ADVISE</b> the applicant accordingly. If <b>No</b> , continue with Step 2. |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                   |
| 2. | <b>CLICK</b> on the <b>Assistance</b> screen.                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                   |
| 3. | <b>REVIEW</b> the <b>Housing Assistance</b> and <b>PP/Other Assistances</b> frames to verify that the assistance check to be mailed to the Applicant was Approved ( <b>Approved</b> column).                                                                         |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                   |
| 4. | <b>CLICK</b> the <b>Finance</b> link on the <b>Assistance</b> screen;                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                   |
|    | <b>If:</b>                                                                                                                                                                                                                                                           | <b>And:</b>                                                                                                                                                                                                                                                                                     | <b>Then:</b>                                                                                                                                                                                                                                                      |
|    | HA/ONA payment was NOT approved                                                                                                                                                                                                                                      | A message appears stating that there are NO disbursements for this registration                                                                                                                                                                                                                 | <b>REVIEW</b> the file to determine the reason the payment was NOT approved.<br><br><b>EXPLAIN</b> the situation to the applicant.<br><br><b>ADD</b> a Contact to summarize the call.<br><br><b>COMPLETE</b> any outstanding processing.<br><br><b>STOP</b> here. |
|    | A HA/ONA payment IS listed                                                                                                                                                                                                                                           | Information is listed on the <b>Elig Payments</b> frame                                                                                                                                                                                                                                         | <b>PROCEED</b> to Step 5.                                                                                                                                                                                                                                         |
| 5. | In the <b>Elig Payments</b> frame, <b>SCROLL</b> to the right to verify that a <b>Schedule Number</b> is listed.                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                   |
|    | <b>If:</b>                                                                                                                                                                                                                                                           | <b>Then:</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                   |
|    | Schedule Number is NOT listed                                                                                                                                                                                                                                        | <b>REVIEW</b> the <b>Event History</b> for a reason explaining the lack of the Schedule number; call <b>IHP-Helpdesk</b> if no reason is documented.<br><br><b>EXPLAIN</b> the situation to the applicant.<br><br><b>ADD</b> a <b>Contact</b> documenting your conversation with the applicant. |                                                                                                                                                                                                                                                                   |

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|     |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                       |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | A<br>Schedule<br>Number<br>IS listed                                                                                                                                                                                                              | <b>CONTINUE</b> with Step 6.                                                                                                                                                                                                                                                          |
| 6.  | <b>VERIFY</b> that it has been 14 business days since the check was mailed. Refer to <b>Schedule Date</b> field.                                                                                                                                  |                                                                                                                                                                                                                                                                                       |
| 7.  | Disaster Finance Center (DFC) codes can help you determine what to advise the applicant. (See <a href="#">FFC CODES</a> )                                                                                                                         |                                                                                                                                                                                                                                                                                       |
|     | <b>If it has been:</b>                                                                                                                                                                                                                            | <b>Then:</b>                                                                                                                                                                                                                                                                          |
|     | Less than 14 business days since check mailed                                                                                                                                                                                                     | <b>ADVISE</b> that they must wait at least 14 business days from the time the check was mailed before a <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter can be sent.<br><br><b>ADD</b> a <b>Contact</b> to document your conversation with the applicant. |
|     | 14 business days or more since check mailed                                                                                                                                                                                                       | <b>CONTINUE</b> with Step 8.                                                                                                                                                                                                                                                          |
| 8.  | Note the Schedule number, date (for Contact), and dollar amount (for the check) found in the Finance link. The schedule number and amount are necessary to produce a <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter. |                                                                                                                                                                                                                                                                                       |
| 9.  | <b>CLICK Close</b> . The information on the <b>Assistance</b> screen will become visible.                                                                                                                                                         |                                                                                                                                                                                                                                                                                       |
| 10. | <b>CLICK</b> on the <b>Registrant Info</b> screen. Ensure that the applicant's <b>CMA</b> is correct.                                                                                                                                             |                                                                                                                                                                                                                                                                                       |

Table 169: Processing a Request to Stop Payment and Reissue Disaster Assistance Check letter

#### 4. FEMA Finance Center (FFC) Codes

- a. FEMA Finance Center (FFC) codes can help in advising applicants regarding missing funds. These codes appear within the **Treasury Request History** frame on the **Finance** link.

| FFC Code | Definition |
|----------|------------|
|----------|------------|





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|                                      |                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A: Acknowledgement                   | Pending status, status is NOT known at this time. Treasury has received the non-receipt request.                                                                                                                                                                                                                                                                                         |
| B: Bank Account Correct              | EFT Funds were transmitted and will be credited to the account the applicant provided.                                                                                                                                                                                                                                                                                                   |
| C: Case Closed                       | Treasury determined the applicant cashed the check.                                                                                                                                                                                                                                                                                                                                      |
| F: To Fiscal                         | "Non-receipt" request forwarded to Finance.                                                                                                                                                                                                                                                                                                                                              |
| I: Initiate Non-Receipt              | <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter (MCHK) has been sent to applicant & returned. Non-receipt initiated.                                                                                                                                                                                                                                         |
| I: Initiate Copy of Check            | Used when requesting a copy of the check be sent to the applicant.                                                                                                                                                                                                                                                                                                                       |
| I: Initiate Certified Copy           | Used to request a certified copy of a check ( <b>NEVER USED by NPSC</b> ).                                                                                                                                                                                                                                                                                                               |
| LP: Limited Pay Ability Cancellation | A stale (over a year old) Treasury check has NOT been cashed and legally CANNOT be cashed.                                                                                                                                                                                                                                                                                               |
| N: Negotiated                        | The check has been cashed.                                                                                                                                                                                                                                                                                                                                                               |
| O: Outstanding                       | Check has NOT been cashed or presented.                                                                                                                                                                                                                                                                                                                                                  |
| P: Pending Investigation             | Treasury and/or Secret Service is still investigating.                                                                                                                                                                                                                                                                                                                                   |
| PC: Payment over Cancellation        | Payment over Cancellation - An "Outstanding" check was processed as a "non-receipt and reissued. Later, the original check is cashed, resulting in duplication of payment. A Questionnaire and copy of cashed check will be sent to app to complete & return. The applicant must return the questionnaire or return the duplicated funds. If neither occurs, FEMA will begin recoupment. |
| Q, Q2, and Q3: Questionnaire Sent    | Questionnaire was sent to applicant to begin the investigation process. App must complete & return the questionnaire. (Q2 and Q3 indicate 2 <sup>nd</sup> and 3 <sup>rd</sup> questionnaires sent).                                                                                                                                                                                      |
| R: Questionnaire Returned            | Applicant completed & returned questionnaire. Investigation will begin.                                                                                                                                                                                                                                                                                                                  |
| S: Settlement Authorized             | Treasury has determined the applicant did NOT cash the check is authorizing reissue.                                                                                                                                                                                                                                                                                                     |
| T: To Treasury                       | Questionnaire has been returned by app and forwarded to Treasury. Investigation begins.                                                                                                                                                                                                                                                                                                  |
| W: Wrong Bank Account                | EFT funds were returned from financial institution to FEMA due to an incorrect account number.                                                                                                                                                                                                                                                                                           |
| X: Original Check Returned           | Original check was returned to Treasury.                                                                                                                                                                                                                                                                                                                                                 |

Table 30: FFC Codes

### 5. Generating the MCHK / Request to Stop Payment and Reissue Disaster Assistance Check letter.



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| Step #            | Action Taken                                                                                                                                                                                                                                                                                                       |                   |       |           |                                                                                                                                                |         |                        |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------|
| 1.                | <b>ACCESS</b> the <b>Communication</b> screen.                                                                                                                                                                                                                                                                     |                   |       |           |                                                                                                                                                |         |                        |
| 2.                | On the <b>Outgoing Correspondence</b> frame, <b>CLICK</b> the <b>Add</b> link.                                                                                                                                                                                                                                     |                   |       |           |                                                                                                                                                |         |                        |
| 3.                | From the <b>Available Letters</b> frame, <b>SELECT NOTIFICATION LETTERS</b> .                                                                                                                                                                                                                                      |                   |       |           |                                                                                                                                                |         |                        |
| 4.                | <b>SELECT MISC.</b>                                                                                                                                                                                                                                                                                                |                   |       |           |                                                                                                                                                |         |                        |
| 5.                | <b>SELECT STOP PAYMENT.</b>                                                                                                                                                                                                                                                                                        |                   |       |           |                                                                                                                                                |         |                        |
| 6.                | <b>SELECT MCHKS-STOP PAYMENT ON CHECK</b> and <b>CLICK Next</b> .                                                                                                                                                                                                                                                  |                   |       |           |                                                                                                                                                |         |                        |
| 7.                | <b>ENTER</b> the dollar amount (without the \$ symbol) and Schedule number you noted earlier.                                                                                                                                                                                                                      |                   |       |           |                                                                                                                                                |         |                        |
| 8.                | <b>CLICK Next</b> .                                                                                                                                                                                                                                                                                                |                   |       |           |                                                                                                                                                |         |                        |
| 9.                | <b>CLICK Preview</b> and ensure the letter is correct.                                                                                                                                                                                                                                                             |                   |       |           |                                                                                                                                                |         |                        |
| 10.               | <b>VERIFY</b> that the letter is correct.                                                                                                                                                                                                                                                                          |                   |       |           |                                                                                                                                                |         |                        |
|                   | <table> <tr> <th>If the letter is:</th><th>Then:</th></tr> <tr> <td>Incorrect</td><td><b>CLICK Cancel.</b><br/>Start again with Step 1 of Generating the <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter.</td></tr> <tr> <td>Correct</td><td>Continue with Step 11.</td></tr> </table> | If the letter is: | Then: | Incorrect | <b>CLICK Cancel.</b><br>Start again with Step 1 of Generating the <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter. | Correct | Continue with Step 11. |
| If the letter is: | Then:                                                                                                                                                                                                                                                                                                              |                   |       |           |                                                                                                                                                |         |                        |
| Incorrect         | <b>CLICK Cancel.</b><br>Start again with Step 1 of Generating the <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter.                                                                                                                                                                     |                   |       |           |                                                                                                                                                |         |                        |
| Correct           | Continue with Step 11.                                                                                                                                                                                                                                                                                             |                   |       |           |                                                                                                                                                |         |                        |
| 11.               | From the bottom right portion of your screen, <b>CLICK</b> the <b>Send Letter to Mail Queue</b> checkbox.                                                                                                                                                                                                          |                   |       |           |                                                                                                                                                |         |                        |
| 12.               | <b>CLICK</b> on the <b>OK</b> button. A warning popup window will appear.                                                                                                                                                                                                                                          |                   |       |           |                                                                                                                                                |         |                        |
| 13.               | From the warning popup window, <b>CLICK</b> on the <b>OK</b> button.                                                                                                                                                                                                                                               |                   |       |           |                                                                                                                                                |         |                        |
| 14.               | <b>ADD</b> a <b>Contact</b> and/or <b>Comment</b> regarding the action taken on the applicant's behalf. <b>CLICK</b> on the <b>Comment/Contact Complete</b> button.                                                                                                                                                |                   |       |           |                                                                                                                                                |         |                        |
| 15.               | <b>CLICK</b> on the <b>Home</b> link to save your work and exit the application.                                                                                                                                                                                                                                   |                   |       |           |                                                                                                                                                |         |                        |

Table 31: Generating the MCHK / Request to Stop Payment and Reissue Disaster Assistance Check letter

### H. Insurance

- [Insurance Issues](#)
- [Generating the Request for Advance Disaster Assistance letter](#)





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### 1. Insurance Issues

| If call concerns:                          | And:                                                                                                   | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17.1a Status check for insured application | <p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>HA/ONA = INS</b></p> <p>No insurance documents in file</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "FEMA cannot provide assistance until other forms of assistance such as insurance are exhausted. If you have NOT already done so, please file a claim with your insurance company. If your insurance coverage DOES NOT cover all your essential needs and/or is delayed, you may mail, fax, or upload a copy of your insurance determination to FEMA for review. For RP and ONA, your documentation must be submitted within 12 months of the date you registered for assistance. For Temporary Housing, your documents must be submitted prior to the financial closure date for the disaster. Please include your disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</li> <li>In addition, for DR-4563-AL and forward, <b>SAY</b>, "You should have received a letter explaining the need to send an insurance settlement or denial letter to FEMA. At this time, you DO NOT need to file an appeal. If we DO NOT receive any insurance settlement documentation from you within 60 days of the date of this letter, FEMA will provide you a decision regarding your eligibility for assistance in writing. If you disagree with FEMA's decision, you will then have the right to appeal."</li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) ADVISED TO SEND INSURANCE SETTLEMENT</li> <li><b>Call Type:</b> HA/OTH Program Request</li> <li><b>Sub-Type:</b> HA/OTH Status Change</li> <li><b>Details:</b> Applicant requested status of case. Insured applicant has NOT submitted any insurance docs. Advised applicant to submit insurance settlement or denial. Provided mailing address and fax number.</li> </ol> </li> </ol> <p><b>Source:</b> PPM <a href="#">Rental Assistance</a> SOP.</p> |
| 17.1b Status check for insured application | <p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>HA/ONA = INS</b></p> <p>No insurance documents in file</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "FEMA cannot provide assistance until other forms of assistance, such as insurance, have been exhausted. Our records indicate that you have insurance. We can update your file if you submit a <a href="#">signed</a> written request to remove insurance information from your file. You may mail, fax or upload your insurance information removal request. Please include disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |



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| If call concerns:                          | And:                                                                                                                                                                       | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                            | Applicant requests removal of insurance information                                                                                                                        | <ol style="list-style-type: none"> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) ADVISED TO SEND INSURANCE REMOVAL REQUEST</li> <li><b>Call Type:</b> HA/OTH Program Request</li> <li><b>Sub-Type:</b> Applicant Information Change Request</li> <li><b>Details:</b> Applicant requested removal of insurance information. Advised applicant to submit insurance removal request in writing and provided mailing address and fax number.</li> </ol> </li> </ol> <p>Source: PPM <a href="#">Insurance Processing for HA and Personal Property</a> SOP.</p>                                                                                                                                                                            |
| 17.1c Status check for insured application | <b>Banner = HA/ONA: CLOSED</b><br><br><b>HA/ONA = INS</b><br><br>Insurance information sent by applicant <b>less</b> than 5 days ago<br><br>No insurance documents in file | <ol style="list-style-type: none"> <li><b>SAY</b>, "It frequently takes up to 5 days to receive documents and get them added to a file. At this time, your insurance documents are NOT yet in your file. Since you sent them less than 5 days ago, please allow <u>      </u> more days. If you would like to verify that we have received your documents, feel free to call back after [day/date]."</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) INSURANCE SETTLEMENT, SENT PENDING RECEIPT</li> <li><b>Call Type:</b> HA/OTH Program Request</li> <li><b>Sub-Type:</b> HA/OTH Status Check</li> <li><b>Details:</b> Applicant requested status of case. Applicant is insured and stated that insurance docs were [mailed or faxed] on [date]. No insurance docs in file. Advised applicant that it takes up to 5 days to receive, and add them to file, and to wait until [date] to call back to verify receipt.</li> </ol> </li> </ol> |
| 17.1d Status check for insured application | <b>Banner = HA/ONA: CLOSED</b><br><br><b>HA/ONA = INS</b><br><br>Insurance documents in the file, but NOT adequate substantiation                                          | <ol style="list-style-type: none"> <li><b>SAY</b>, "FEMA has received your insurance documents; however, the information that you submitted is NOT adequate to prove whether or NOT you have coverage. If you have NOT already done so, please contact your insurance company and file a claim. Once they provide you with a settlement or denial letter, fax, mail or upload that letter with any attachments to FEMA. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                    |





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|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                            |                                                                                                                                                                                                  | <ol style="list-style-type: none"> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li><b>ADD</b> a Contact: <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) INSURANCE DOCS RECEIVED</li> <li><b>Call Type:</b> HA/OTH Program Request</li> <li><b>Sub-Type:</b> Leave blank.</li> <li><b>Details:</b> Applicant requested status of case. Applicant is insurance. Insurance docs in file. No decision. Advised applicant I would process insurance information and to call back in 7 days if NOT contacted.</li> </ol> </li> <li><b>ACCESS</b> file in processing queue and complete casework.</li> </ol> <p>Source: PPM <a href="#">Rental Assistance</a> SOP.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 17.1e Status check for insured application | <b>Banner = HA/ONA: CLOSED</b><br><br><b>HA/ONA = INS</b><br><br>Insurance information sent by applicant or insurance company <b>more</b> than 5 days ago<br><br>No insurance documents in file. | <ol style="list-style-type: none"> <li><b>SAY</b>, "It frequently takes up to 5 days to receive documents and get them added to a file. At this time, your insurance documents have NOT been added to your file."</li> <li><b>DETERMINE</b> if the applicant or their insurance company sent the documents. <ol style="list-style-type: none"> <li>If the applicant sent them, <b>SAY</b>, "I would recommend that you send them again. You may mail, fax, or upload the insurance determination to FEMA. Please ensure that you include your name, last four digits of your social security number, registration number, and disaster number on every page of the document."</li> <li>If the insurance company sent them, <b>SAY</b>, "Please contact your insurance company and request that they resend the documents. Ask them to include your name, social security number (at least the last four digits), registration number, and disaster number on every page they send in for you. Also, please ensure they have the correct mailing address and/or fax number."</li> </ol> </li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li>If there is a delay in mailroom processing, <b>SAY</b>, "We may have received your insurance papers but due to the severity of current disasters, we are experiencing delays in associating the mail with our files. I apologize for this inconvenience. Please allow up to ___ days for the documentation to be added to your file before resending the information. If you would like to verify receipt of the documents, please call back after</li> </ol> |



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| If call concerns:                          | And:                                                                                                                              | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                            |                                                                                                                                   | <p>[day/date]." Search Preshift entries for information regarding any disaster-specific mailroom delays and associated timelines.</p> <p>5. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) INSURANCE SETTLEMENT SENT PENDING RECEIPT</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p> <p>c. <b>Sub-Type:</b> Process Delay Action Request</p> <p>d. <b>Details:</b> Applicant requested status of case. Applicant is insured and stated that insurance docs were [mailed or faxed] on [date]. No insurance docs in file. Advised applicant [summary of guidance provided]. (And any other changes made to file)</p> <p>Source: PPM <a href="#">Rental Assistance</a> SOP.</p>                                                                                                                                                                      |
| 17.1f Status check for insured application | <p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>HA/ONA = INS</b></p> <p>Insurance settlement or denial in file</p> <p>No decision</p> | <p>1. <b>SAY</b>, "FEMA has received your insurance documents; however, a decision has NOT yet been made on your case. I will process your insurance information immediately following this call. If you are NOT contacted by mail or phone within 7 days, please call back to check on the status of your case."</p> <p>2. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) INSURANCE DOCS RECEIVED</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p> <p>c. <b>Sub-Type:</b> Leave blank.</p> <p>d. <b>Details:</b> Applicant requested status of case. Applicant is insured. Insurance docs in file. No decision. Advised applicant I would process insurance information and to call back in 7 days if NOT contacted. (And any other changes made to file)</p> <p>3. <b>ACCESS</b> the file in the processing queue and complete the casework.</p> |
| 17.1g Status check for insured application | <p>For <b>DR-4563-AL</b> and forward,</p> <p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>HA/ONA = IINR</b></p>                       | <p>1. <b>SAY</b>, "When you registered for assistance you should have received a letter explaining the need to send insurance settlement or denial documentation to FEMA. Because FEMA previously did NOT receive any insurance settlement or denial documentation, an eligibility determination was made on your file and a decision letter explaining the required documentation was sent to you. We have received the insurance</p>                                                                                                                                                                                                                                                                                                                                                                                                                                      |





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|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                            | Insurance settlement or denial in file<br><br>No appeal letter in file.                                                                                                         | <p>documents you have submitted, however if you disagree with FEMA's decision, please also provide an appeal letter explaining the reason for your appeal."</p> <p>2. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) INSURANCE DOCS RECEIVED AFTER IINR</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p> <p>c. <b>Sub-Type:</b> Leave blank.</p> <p>d. <b>Details:</b> Applicant requested status of case. Applicant is insured. Insurance docs in file. No appeal letter on file. Advised applicant to submit appeal letter to be reviewed for possible assistance. (And any other changes made to file)</p> <p>3. <b>ACCESS</b> the file in the processing queue and complete the casework as needed.</p>                                                                                                                                                                            |
| 17.1h Status check for insured application | <p>For DR-4563-AL and forward,</p> <p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>HA/ONA = IINR</b></p> <p>Insurance settlement or denial in file</p> <p>Appeal letter in file</p> | <p>1. <b>SAY,</b> "FEMA has received your insurance documents and appeal letter; however, a decision has NOT yet been made on your case. I will process your insurance information immediately following this call. If you are NOT contacted by mail or phone within 7 days, please call back to check on the status of your case."</p> <p>2. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) INSURANCE DOCS RECEIVED</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p> <p>c. <b>Sub-Type:</b> Leave blank.</p> <p>d. <b>Details:</b> Applicant requested status of case. Applicant is insured. Insurance docs and appeal letter in file. No decision. Advised applicant I would process insurance information and to call back in 7 days if NOT contacted. (And any other changes made to file)</p> <p>3. <b>ACCESS</b> the file in the processing queue and complete the casework.</p> |
| 17.2a Delayed insurance settlement         | <p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>HA/ONA = INS</b></p> <p>Delay = less than 30 days</p>                                                                               | <p>1. <b>SAY,</b> "FEMA considers an insurance settlement to be delayed only if you have NOT received any payment, including an advance, for 30 days or longer after your claim was filed. I will send a "Request for Advance Disaster Assistance" letter to you. Once it has been 30 days from the date you filed your claim, please complete it and return the form along with any written notification by your insurance indicating a settlement will be delayed from more than 30 days. To help us identify your documents, please include your registration</p>                                                                                                                                                                                                                                                                                                                                            |



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|-------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | WP NOT previously created | <p>number, last four digits of your social security number, and full name on all pages of any correspondence you send. FEMA will consider your case upon receipt of the <u>signed</u> letter and verification of your insurance delay. Please remember that any assistance FEMA provides to you will be considered an advance on your insurance settlement, which must be repaid promptly once you receive your insurance settlement".</p> <ol style="list-style-type: none"> <li><b>GENERATE</b> the "Request for Advance Disaster Assistance" letter found under HA Misc. letters. <ol style="list-style-type: none"> <li><b>ADVISE</b> the applicant of all required information according to Section III.E. of the <u>Rental Assistance</u> SOP.</li> </ol> </li> <li><b>PROVIDE</b> the <u>mailing address and fax number</u> to the applicant and advise the applicant they have the option to <u>upload documents</u> to their DAC account online.</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) DELAYED INSURANCE SETTLEMENT</li> <li><b>Call Type:</b> HA/OTH Program Request</li> <li><b>Sub-Type:</b> Leave blank.</li> <li><b>Details:</b> Applicant stated that insurance settlement is delayed. Delay has NOT exceeded 30 days. Advised applicant the <b>Request for Advance Disaster Assistance</b> letter must be completed and returned, and that I would send it to them, along with available written notification from the insurance company. (And any other changes made to file).</li> </ol> </li> </ol> <p><b>NOTE:</b> In NEMIS, the <b>Request for Advance Disaster Assistance</b> letter is found under <b>Advance Request – Delayed Insurance Settlement</b>.</p> <p>Source: PPM <u>Rental Assistance</u> SOP.</p> |





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|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17.2b<br>Delayed insurance settlement. | <b>Banner= HA/ONA: CLOSED<br/>HA/ONA = INS</b><br>Delay = more than 30 days<br>"Request for Advancement"<br>NOT issued<br>WP NOT previously created<br>and inspection NOT issued | <ol style="list-style-type: none"> <li><b>SAY</b>, "I will send an "Request for Advance Disaster Assistance" letter to you. Please complete and return it along with written notification by your insurance company of the delay of more than 30 days. To help us identify your documents, please include your registration number, last four digits of your social security number, and full name on all pages of any correspondence you send. FEMA will consider your case upon receipt of the <u>signed</u> letter and insurance documentation. Please remember that any assistance FEMA provides to you will be considered an advance on your insurance settlement, which must be repaid promptly once you receive your insurance settlement".</li> <li><b>GENERATE</b> the "Request for Advance Disaster Assistance" letter found under HA Misc. letters. <ol style="list-style-type: none"> <li><b>ADVISE</b> applicant of all required information according to Section III.E. of the <a href="#">Rental Assistance</a> SOP.</li> </ol> </li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) DELAYED INSURANCE SETTLEMENT</li> <li><b>Call Type:</b> HA/OTH Program Request</li> <li><b>Sub-Type:</b> Process Delay Action Request</li> <li><b>Details:</b> Applicant sent notification that insurance settlement will be delayed more than 30 days. Advised applicant that the <b>Request for Advance Disaster Assistance</b> letter must be completed and returned, and that I would send it to them. Any assistance approved must be repaid when settlement is received. (And any other changes made to file).</li> </ol> </li> </ol> <p><b>NOTE:</b> In NEMIS, the <b>Request for Advance Disaster Assistance</b> letter is found under <b>Advance Request – Delayed Insurance Settlement</b>.<br/>Source: PPM <a href="#">Rental Assistance</a> SOP.</p> |
| 17.2c<br>Delayed insurance settlement. | <b>Banner= HA/ONA: CLOSED<br/>HA/ONA = INS</b><br>Delay = more than 30 days<br>Insurance Company<br>notification of Delay in file                                                | <ol style="list-style-type: none"> <li><b>SAY</b>, "An inspection was issued for your home and the inspector will contact you soon. If you DO NOT hear from an inspector within 7 days, please call back to check on the status of your file."</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) DELAYED INSURANCE SETTLEMENT</li> <li><b>Call Type:</b> HA Program Request</li> <li><b>Sub-Type:</b> Leave blank.</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                              | <p><b>"Request for Advance Disaster Assistance" letter</b> returned</p> <p>WP previously created, and inspection issued</p> | <p>d. <b>Details:</b> Insurance Company notification of Delay Request previously made, and inspection issued on (date). Advised applicant that inspector will contact them and to call back to check status if no contact for more than 7 days. (And any other changes made to file).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 17.3a<br>Adding an uninsured cause of damage | WP previously created, and inspection issued                                                                                | <p>1. <b>SAY</b>, "Your file indicates that this issue has been previously reported and your file was issued for inspection on [date]. If you DO NOT hear from an inspector by [date: 7 days from date of issue], please call back to check on the status of your case."</p> <p>2. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) ADDING UNINSURED DAMAGE TYPE</p> <p>b. <b>Call Type:</b> HA Program Request</p> <p>c. <b>Sub-Type:</b> HA Status Check</p> <p>d. <b>Details:</b> Applicant requested addition of uninsured cause of damage – (specify damage type). Request previously made and inspection issued on [date]. Advised applicant to allow 7 days for inspector contact and to call back after [date: 7 days after issue] if NOT contacted by inspector. (And any other changes made to file).</p> |
| 17.3b<br>Adding an uninsured cause of damage | <p><b>Banner= HA/ONA: CLOSED</b></p> <p><b>HA/ONA = INS</b></p> <p>WP NOT previously created, and inspection NOT issued</p> | <p>1. <b>SAY</b>, "Because this additional cause of damage is NOT covered by your insurance, I will issue your case for inspection. If you DO NOT hear from an inspector within 7 days, please call back to check on the status of your case."</p> <p>2. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) ADDING UNINSURED DAMAGE TYPE</p> <p>b. <b>Call Type:</b> HA Program Request</p> <p>c. <b>Sub-Type:</b> HA Status Change Request</p> <p>d. <b>Details:</b> Applicant requested addition of uninsured cause of damage – (specify damage type). Advised applicant that I would issue for an inspection and instructed them to call back after 7 days if NOT contacted by inspector. Created WP. (And any other changes made to file).</p>                                                                    |

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|----------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                          |                                                               | <ol style="list-style-type: none"> <li><b>CREATE</b> a WP (See <a href="#">Creating a New WP</a>), and <b>ROUTE</b> it to <b>FEMA Manual Determination</b>.</li> <li><b>ACCESS</b> the case in <b>FEMA Manual Determination</b> and complete casework to issue for inspection.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 17.3c Adding an uninsured cause of damage                | Inspection issued more than 7 days and NOT returned/completed | <ol style="list-style-type: none"> <li><b>SAY</b>, "Your request was submitted and is being processed. Because it has been more than 7 days since it was issued for inspection, I will request follow-up from Inspection Services. Please allow 7 days for us to research this issue and to process your case before you call back to check on the status again."</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: <b>FACILITY#</b> (NPSC#) <b>INSPECTION REQUESTED</b></li> <li><b>Call Type</b>: HA Program Request</li> <li><b>Sub-Type</b>: HA Status Check</li> <li><b>Details</b>: Applicant requested addition of uninsured cause of damage – (specify damage type), Inspection issued on [date]. Advised applicant that I would request follow-up from Inspection Services and that they should allow 7 days for research and processing before calling back.</li> </ol> </li> <li><b>CALL</b> IHP-Helpdesk to request follow up with Inspection Services and include: <ol style="list-style-type: none"> <li>Applicant's name</li> <li>Disaster number</li> <li>Registration number</li> <li>Inspection issue date</li> <li>Brief description of the situation</li> </ol> </li> <li><b>ADD</b> a <b>Comment</b> to record these actions.</li> </ol> |
| 17.4 Request to have NFIRA requirement removed from case | Applicant states property mapped incorrectly<br>OR            | <ol style="list-style-type: none"> <li><b>SAY</b>, "There are several steps that are required to have a flood insurance requirement removed from a file or property. The first step is to request a change in your flood zone designation. Additional information on how to change a flood zone designation can be found at <a href="https://hazards.fema.gov/">https://hazards.fema.gov/</a> or call (877)336-2627 ((877)FEMA-MAP).</li> <li><b>ADD</b> a <b>Contact</b>:</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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| If call concerns:                       | And:                                                                                                                                                                                                                                                    | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                         | Applicant states home was moved to higher ground and is mapped incorrectly                                                                                                                                                                              | <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) NFIRA MAINTENANCE REMOVAL REQUESTED</li> <li><b>Call Type:</b> HA Program Request</li> <li><b>Sub-Type:</b> HA Status Check</li> <li><b>Details:</b> Applicant requested that the NFIRA requirement is removed from their file or property. Advised applicant of the process to have the requirement removed. Provided contact information. (And any other changes made to file).</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 17.5 Flood Insurance Requirement (EPPZ) | <p><b>EPPZ</b> received after (date the text insert was added)</p> <p>App is a renter</p> <p>It is within 6 months of the date of the <b>EPPZ</b> letter.</p> <p>App calls or submits letter stating they will be returning to the damaged dwelling</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "I will request that a flood policy is purchased in your name. Please give me a few moments while I update your file."</li> <li><b>ADD</b> a Contact: <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) FLOOD INSURANCE REQUEST</li> <li><b>Call Type:</b> HA Program Request</li> <li><b>Sub-Type:</b> NFIP Inquiry</li> <li><b>Details:</b> Applicant will be returning to damaged dwelling and requests a Group Flood Insurance. Set the Renter Request GFIP on the <b>Info Control</b> screen.</li> </ol> </li> <li>From <b>Applicant Update</b>, open the <b>Info Control</b> screen; <ol style="list-style-type: none"> <li><b>SELECT</b> Add on the <b>Verification Requirements</b> frame;</li> <li>In the <b>Verification Requirement</b> field, <b>SELECT</b> RENTER REQUESTED GFIP;</li> <li><b>SELECT</b> either <b>Pending Request</b> or <b>Pending Response</b> (either is fine as you will be immediately changing it);</li> <li><b>CLICK</b> Save and RENTER REQUESTED GFIP will now show in the <b>Verification Requirements</b> frame.</li> <li><b>HIGHLIGHT</b> RENTER REQUESTED GFIP in the <b>Verification Requirements</b> frame and <b>CLICK</b> the <b>Decision</b> link;</li> </ol> </li> </ol> |





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| If call concerns: | And: | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |      | <p>f. In the <b>Associate</b> frame, <b>SELECT</b> the applicable substantiation item and <b>CLICK Save</b>; If there is no applicable substantiation item because the applicant verbally stated they are returning to the damaged dwelling, <b>SELECT 90-69B</b>.</p> <p>g. <b>CHANGE</b> the <b>Verification Status</b> to <b>Verified</b>; AND</p> <p>h. <b>CLICK Save</b>.</p> <p>4. <b>ADD</b> the following <b>Comment</b>:</p> <p>a. <b>Summary</b>: FACILITY# (NPSC) SET RRGFIP VERIFICATION</p> <p>b. <b>Text</b>: State whether the verification was set based on the applicant statement or applicant correspondence. If the applicant submitted correspondence, include the document number in the <b>Comment</b> text.</p> <p>5. Caseworkers, please note: If there are no other assistances or issues to be addressed after setting the above Verification, then <b>ROUTE</b> the case to <b>Complete</b> from <b>FEMA Manual Determination</b> queue or choose the <b>Home</b> link in the <b>Banner</b>.</p> <p>6. Helpline:</p> <p>a. <b>CREATE</b> a WP and <b>ROUTE</b> to <b>FEMA Manual Determination</b> (See <a href="#">Creating a New WP</a>)</p> <p>b. <b>ADD</b> a <b>Contact</b>. (<b>INCLUDE</b> any other changes made to file).</p> <p>Source: PPM: <a href="#">GFIP Eligibility</a> SOP.</p> |

Table 32: Insurance Issues

2. Generating the **Request for Advance Disaster Assistance** letter



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| Step #            | Action Taken                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------|
| 1.                | <b>CLICK</b> on the <b>Communication</b> screen.                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |
| 2.                | From the <b>Outgoing Correspondence</b> frame, <b>CLICK</b> the <b>Add</b> link.                                                                                                                                                                                                                                                                                                                                                                                                   |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |
| 3.                | From the <b>Available Letters</b> frame, <b>SELECT NOTIFICATION LETTERS</b> .                                                                                                                                                                                                                                                                                                                                                                                                      |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |
| 4.                | <b>SELECT MISC</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |
| 5.                | <b>SELECT Request for Advance Disaster Assistance</b> .<br><br><b>NOTE:</b> In NEMIS, the <b>Request for Advance Disaster Assistance</b> letter is found under <b>Advance Request – Delayed Insurance Settlement</b> .                                                                                                                                                                                                                                                             |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |
| 6.                | <b>CLICK Next</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |
| 7.                | <b>CLICK Preview</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |
| 8.                | <b>VERIFY</b> that the letter is correct.<br><table border="1"> <tr> <th>If the letter is:</th><th>Then:</th></tr> <tr> <td>Incorrect</td><td>a. <b>CLICK Cancel</b>.<br/><br/>b. Start again with Step 1 of <b>Request for Advance Disaster Assistance</b> letter.<br/><br/><b>NOTE:</b> In NEMIS, the <b>Request for Advance Disaster Assistance</b> letter is found under <b>Advance Request</b></td></tr> <tr> <td>Correct</td><td>a. Continue with Step 9.</td></tr> </table> | If the letter is: | Then: | Incorrect | a. <b>CLICK Cancel</b> .<br><br>b. Start again with Step 1 of <b>Request for Advance Disaster Assistance</b> letter.<br><br><b>NOTE:</b> In NEMIS, the <b>Request for Advance Disaster Assistance</b> letter is found under <b>Advance Request</b> | Correct | a. Continue with Step 9. |
| If the letter is: | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |
| Incorrect         | a. <b>CLICK Cancel</b> .<br><br>b. Start again with Step 1 of <b>Request for Advance Disaster Assistance</b> letter.<br><br><b>NOTE:</b> In NEMIS, the <b>Request for Advance Disaster Assistance</b> letter is found under <b>Advance Request</b>                                                                                                                                                                                                                                 |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |
| Correct           | a. Continue with Step 9.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |
| 9.                | From the bottom right portion of your screen, be sure that <b>Send Letter to Mail Queue</b> checkbox is checked.                                                                                                                                                                                                                                                                                                                                                                   |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |
| 10.               | <b>CLICK</b> on the <b>OK</b> button. A warning popup window will appear.                                                                                                                                                                                                                                                                                                                                                                                                          |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |
| 11.               | From the warning popup window, <b>CLICK</b> on the <b>OK</b> button.                                                                                                                                                                                                                                                                                                                                                                                                               |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |
| 12.               | <b>ADD</b> a <b>Contact</b> and/or <b>Comment</b> regarding the action taken on the applicant's behalf. <b>CLICK</b> on the <b>Comment/Contact Complete</b> button.                                                                                                                                                                                                                                                                                                                |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |
| 13.               | <b>CLICK</b> on the <b>Home</b> link to save your work and exit the application.                                                                                                                                                                                                                                                                                                                                                                                                   |                   |       |           |                                                                                                                                                                                                                                                    |         |                          |

Table 33: Generating the Request for Advance Disaster Assistance letter

## I. Appeal/ Duplicates/ Recoupment/ DRR

- [Appeal Issues](#)





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- [Duplicate Investigation / Resolution Issues](#)
- [Recoupment Issues](#)
- [Disaster Recovery Reform Act \(DRRA\)](#)

1. Appeal Issues

| If call concerns:                   | And                             | Then                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18.1a How to appeal HA/ONA decision | Has NOT submitted appeal letter | <p>1. <b>REVIEW</b> the decision letter with the applicant.</p> <p>a. <b>SAY</b>, "You have until [provide date: 60 days from the date of the decision letter or 1 year from registration date for insurance cases] to fax or mail a written, <u>signed</u> request letter appealing this decision, including a list of damages and any unmet needs that you believe were NOT covered by a previous decision. Include any documents supporting the request, such as receipts and estimates. Follow these steps to appeal the decision. Explain in writing why you think the decision about the amount or type of assistance you received is NOT correct. You or your co-applicant must <u>sign</u> the appeal letter. If someone other than you or the co-applicant is writing the letter, they must <u>sign</u> the appeal letter and you must also provide FEMA with a <u>signed</u> statement authorizing that individual to appeal on your behalf. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send. Once that documentation is received it will be reviewed and a determination will be provided."</p> |



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| If call concerns:                   | And                                                                                                                                      | Then                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     |                                                                                                                                          | <p>b. <b>SAY</b>, "Supporting documents may include, but are NOT limited to, the following:</p> <ul style="list-style-type: none"> <li>i. Landlord's statements</li> <li>ii. Merchandise or provider receipts</li> <li>iii. Service or repair receipts/statements. Each must include an estimate breakdown, contact information, measurements, etc.</li> <li>iv. School/employer statement (for loss of essential tools)"</li> </ul> <p>2. <b>PROVIDE</b> the <u>mailing address and fax number</u> to the applicant and advise the applicant they have the option to <u>upload documents</u> to their DAC account online.</p> <p>3. After the standard 60-day appeal timeframe has expired, the applicant may still appeal if they provide supporting appeal documentation and either a written or verbal explanation as to the reason they were unable to supply an appeal request in a timely manner. Refer to the <u>Appeal Processing SOP</u>.</p> <p>4. <b>ADD a Contact</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) HA/ONA APPEAL REQUEST</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub Type:</b> Appeal Request</li> <li>d. <b>Details:</b> Applicant requested appeals process. Explained process. Advised applicant of date by which appeal must be submitted for this decision. (And any other charges made to the file).</li> </ul> |
| 18.1b How to appeal HA/ONA decision | <p>Has NOT submitted appeal letter</p> <p>Applicant unable to write appeal letter (disabled, illiterate, non-English speaking, etc.)</p> | <p>1. <b>SAY</b>, "You have until (provide date: 60 days from the date of the decision letter or 1 year from registration date for insurance cases) to fax or mail a written, <u>signed</u> request (letter, estimate, and/or receipt) appealing this decision, including a list of damages and any unmet needs that you believe were NOT covered by a previous decision. Include any documents supporting the request." After being advised by the applicant that they CANNOT write the letter, say, "Do you know someone who could write an appeal letter to FEMA for you? I would be happy to explain to them what should be included in the letter, if they are available now. If not, you</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |





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- can call back when they are available." If the applicant authorized someone to assist them explain the following steps to appeal the decision:
2. **SAY**, "Explain in writing why you think the decision about the amount or type of assistance you received is NOT correct.
    - a. If you are NOT the applicant or co-applicant and are writing the letter, you must sign the appeal letter and the applicant must also provide FEMA with a signed statement authorizing you to appeal on their behalf.
    - b. Please include the disaster number, registration number, last four digits of your social security number, and the applicant's name on all pages of any correspondence you send. Once that documentation is received it will be reviewed and a determination will be provided."
  3. **SAY**, "Supporting documents may include, but are NOT limited to, the following:
    - a. Landlord's statements
    - b. Merchandise or provider receipts
    - c. Service or repair receipts/statements. Each must include an estimate breakdown, contact information, measurements, etc.
    - d. School/employer statement (for loss of essential tools)"
  4. **PROVIDE** the mailing address and fax number and advise the applicant they have the option to upload documents to their DAC account online.
  5. If the applicant DOES NOT know anyone who can assist them with this issue, **E-MAIL** your supervisor with a brief summary of the need and the following details:
    - a. Applicant's name
    - b. Registration number
    - c. Disaster number
    - d. Current contact information
  6. **SAY**, "I will forward a request to ask that someone in our field office contact you as soon as possible to assist you with the letter." (Your supervisor will forward your email to the IHP-Helpdesk and then the Joint Field Office (JFO) for someone to contact the applicant.)

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| If call concerns:      | And                                                                                                                                                           | Then                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                        |                                                                                                                                                               | <p>7. After the standard 60-day appeal timeframe has expired, the applicant may still appeal if they provide supporting appeal documentation and either a written or verbal explanation as to the reason they were unable to supply an appeal request in a timely manner. Refer to the <a href="#">Appeal Processing SOP</a>.</p> <p>a. If the applicant provides a verbal explanation, staff MUST record this in their Contact.</p> <p>8. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) HA/ONA APPEAL REQUEST</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p> <p>c. <b>Sub-Type:</b> Appeal Request</p> <p>d. <b>Details:</b> Applicant requested appeals process. Explained appeal process. Advised applicant of date by which appeal must be submitted for this decision. Applicant stated they could NOT write the letter. Emailed SUPERVISOR to request IHP-Helpdesk/JFO to contact and assist applicant with letter. Advised applicant that someone will contact them as soon as possible. (And any other changes made to file).</p>                                                                                                                                                                                                                                  |
| 18.2a Status of appeal | <p>Appeal letter received from applicant</p> <p>Appeal documents are incomplete or inadequate<br/><b>ADOC</b> may have been sent)</p> <p>No decision made</p> | <p>1. <b>REVIEW</b> the file focusing on caseworker contacts and any outgoing correspondence requesting documentation.</p> <p>2. <b>SAY</b>, "Although we received your appeal letter, we still need additional documentation from you before we can make a decision."</p> <p>3. <b>PROVIDE</b> specific information requested in the <b>ADOC</b> letter to the applicant regarding the documentation that is still required.</p> <p>4. <b>SAY</b>, "Appeal cases can take up to 90 days to process, please submit the additional information as soon as possible. To help us identify your letter, please include your registration number, last four digits of your social security number, and full name on all pages of any correspondence you send. Once that documentation is received it will be reviewed and a determination will be provided. Please remember to include your <a href="#">signature</a>."</p> <p>5. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</p> <p>6. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) HA/ONA APPEAL DOCUMENTATION REQUIRED</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p> |





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| If call concerns:      | And                                                                                                                                                      | Then                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                        |                                                                                                                                                          | <p>c. <b>Sub-Type:</b> HA/OTH Status Check</p> <p>d. <b>Details:</b> Confirmed that applicant's appeal letter was received, and that additional information is required for processing. Advised applicant to send in [information requested] as soon as possible. (And any other changes made to file).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 18.2b Status of appeal | <p>Appeal letter NOT received from applicant</p> <p>Applicant states appeal letter SENT MORE than:</p> <p>Fax – 5 days ago</p> <p>Mail – 14 days ago</p> | <p>1. <b>VERIFY</b> the status of the Mailroom Department and any backlogs via Preshift. If no backlog, <b>SAY</b>, "We have NOT received your appeal letter. Would you please resubmit your letter? I apologize for the inconvenience. Please ensure that you mail or fax the information by [date: 60 days from date of decision for RP or ONA or before the financial closure date for Temporary Housing]. Your letter of appeal must be in writing, <u>signed</u>, and explain why you think the decision about the amount or type of assistance you received is NOT correct.</p> <p>Please also include any supporting documents, such as contractor estimates with your appeal request. Additionally, to help us identify your documents, please include your registration number, last four digits of your social security number, and full name on all pages of any correspondence you send. Once that documentation is received, FEMA may contact you to request additional documents or to complete an inspection. Please remember to <u>sign</u> your request."</p> <p>2. <b>PROVIDE</b> the <u>mailing address and fax number</u> to the applicant and advise the applicant they have the option to <u>upload documents</u> to their DAC account online.</p> <p>3. <b>PROVIDE</b> specific information to the applicant regarding what documentation MUST be submitted with the appeal letter.</p> <p>4. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) APPEAL LETTER NOT RECEIVED</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p> <p>c. <b>Sub-Type:</b> Process Delay Action Request</p> <p>d. <b>Details:</b> Document when appeal was sent to FEMA and that you advised the applicant to resubmit it by _____. (And any other changes made to file).</p> |
| 18.2c Status of appeal | <p>Appeal letter NOT received from applicant</p> <p>Applicant states appeal letter SENT LESS than</p>                                                    | <p>1. <b>SAY</b>, "It can take (fax – 5 days, mail – 14 days) to be added to a file. At this time, the letter/fax you referred to has NOT been added." <b>CONFIRM</b> the address or fax number the documents were sent to.</p> <p>2. <b>SAY:</b> "Please wait until [specify day] to call back to confirm we have received it."</p> <p>3. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) APPEAL STATUS CHECK</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |



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|------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                        | <ul style="list-style-type: none"> <li>Fax – 5 days ago.</li> <li>Mail – 14 days ago</li> </ul>    | <ul style="list-style-type: none"> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> HA /OTH Status check</li> <li>4. <b>Details:</b> Document when appeal was sent to FEMA and that you advised the applicant to call back to check status after (date). (And any other changes made to file).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 18.2d Status of appeal | <ul style="list-style-type: none"> <li>Appeal letter received</li> <li>No decision made</li> </ul> | <ul style="list-style-type: none"> <li>1. <b>SAY,</b> "FEMA may take up to 90 days to process appeals due to the complex process and additional actions. We are making every effort to process your case as soon as possible."</li> <li>2. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) HA/ONA STATUS CHECK</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> HA/OTH Status Check</li> <li>d. <b>Details:</b> Document when appeal letter was received and what information you provided to the applicant. (And any other changes made to file).</li> </ul> </li> <li>3. <b>Only if the case is escalated: SEND an E-MAIL</b> request to <a href="#">FEMA-IHPHelpdesk</a> with an explanation for a review of the file. <b>INCLUDE</b> the following details: <ul style="list-style-type: none"> <li>a. Applicant's name</li> <li>b. Registration number</li> </ul> </li> <li>4. Disaster number</li> </ul> |





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| If call concerns:                                                            | And                                                           | Then                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18.3 Appeal of INPR decision (Ineligible Not Primary Residence)              | <b>Banner = HA/ONA: Closed</b><br><br><b>HA status = INPR</b> | <ol style="list-style-type: none"> <li><b>SAY</b>, "The letter you received from FEMA states that we cannot process your file until you provide proof that the damaged home is your primary residence."</li> <li>If the applicant DOES NOT understand, <b>PROVIDE</b> the standard definition for a primary residence.</li> <li><b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b>, <b>IDV_PASS</b>, and <b>OWNV_PASS</b> (if applicable). If either verification is failed, <b>REVIEW</b> submitted correspondence for acceptable documents. <ol style="list-style-type: none"> <li>If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, identity, and/or ownership (if applicable), <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.</li> <li><b>ACCESS</b> the <a href="#">Occupancy Verification SOP</a>, <a href="#">Identity Verification SOP</a>, and/or <a href="#">Ownership Verification SOP</a> on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents.</li> </ol> </li> <li><b>PROVIDE</b> specific documentation that the applicant can submit to satisfy this requirement e.g., utility bill, merchant statement, etc.. <b>SAY</b>, "Please remember to include your signature and the reason for your appeal. Please include your registration number, last four digits of your social security number, and full name to help us identify your documents."</li> <li><b>PROVIDE</b> the <a href="#">mailing address and fax</a> number to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) HA/ONA APPEAL FOR INPR</li> <li><b>Call Type:</b> HA/OTH Program Request</li> <li><b>Sub-Type:</b> Appeal Request</li> <li><b>Details:</b> Document specific information given to the caller, (And any other changes made to file).</li> </ol> </li> </ol> |
| 18.4 If staff finds a case with an appeal letter that has NOT been addressed | There is no WP                                                | <ol style="list-style-type: none"> <li><b>SAY</b>, "I will send your file to the Appeals Group, so they can review the correspondence you sent and review your case."</li> <li><b>CREATE</b> a WP to the Appeals queue: (See <a href="#">Creating a New WP</a>).</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) APPEAL RECEIVED, NOT WORKED.</li> </ol> </li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |



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| If call concerns:                                                                                                                          | And | Then                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                            |     | <ul style="list-style-type: none"> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Appeal Request</li> <li>d. <b>Details:</b> Appeal letter (doc ID#) received (date), was NOT addressed. Creating WP for FEMA APPEALS. (And any other changes made to file).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 18.5 If staff finds a case that was incorrectly processed                                                                                  |     | <ul style="list-style-type: none"> <li>1. <b>SAY</b>, "Please give me a few moments to review your case file."</li> <li>2. <b>CREATE</b> a WP (See <a href="#">Creating a new WP</a>) AND/OR contact your supervisor for assistance;</li> <li>3. <b>SAY</b>, "I will forward your file for a complete review of your case. If you have NOT received a status after 7 days, please call the FEMA Helpline. Is there anything else I can help you with?"; AND</li> <li>4. <b>ADD</b> a <b>Contact</b>. <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) CASE REVIEW REQUEST.</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Appeal Request</li> <li>d. <b>Details:</b> Created WP. Note the reason for review e.g., document review (And any other changes made to file).</li> </ul> </li> </ul> |
| 18.6 If staff finds a case in the Appeals queue that is NOT an appeal (such as a request for LER, or an initial Rental Assistance Request) | N/A | <ul style="list-style-type: none"> <li>1. <b>ROUTE</b> the WP to the appropriate queue.</li> <li>2. <b>PROCESS</b> the WP according to current policies and procedures.</li> <li>3. <b>ADD</b> a <b>Contact</b> as necessary.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |





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| If call concerns: | And                                        | Then                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18.7 Late appeal  | The standard 60-day timeframe has expired. | <ol style="list-style-type: none"> <li>The applicant may still appeal if they provide supporting appeal documentation and either a written or verbal explanation as to the reason they were unable to supply an appeal request in a timely manner.</li> <li><b>SAY</b>, "You may still appeal this decision if you provide us with either a written or verbal explanation as to the reason you were unable to submit your appeal request within the standard 60-day timeframe."</li> <li>Refer to section <a href="#">18.1a</a> for all the information to be included in the appeal request.</li> <li>Refer to sections <a href="#">18.1a</a> and <a href="#">18.1b</a> if the applicant is unable to write the appeal letter themselves.</li> <li><b>ADD a Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: FACILITY# (NPSC#) HA/ONA LATE APPEAL REQUEST</li> <li><b>Call Type</b>: HA/OTH Program Request</li> <li><b>Sub-Type</b>: Appeal Request</li> <li><b>Details</b>: Applicant asked how to appeal after the standard 60-day timeframe has expired. Explained appeal process. Advised Applicant they must explain, either in writing or verbal, why they were unable to appeal during the standard timeframe. (<b>INCLUDE</b> reason if applicant supplies verbal explanation and any other changes made to file).</li> </ol> </li> </ol> |

Table 34: Appeal Issues

### 2. Duplicate Investigation / Resolution Issues



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| If call concerns:     | And:                            | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19.1 Duplicate status | Case in Duplicate Investigation | <ol style="list-style-type: none"> <li><b>SAY:</b> You are linked with (only give name of individual) because you both used the same (supply reason for duplication found on the <b>Linked Regs</b> frame).</li> <li>DO NOT give any information about the linked applicant to the caller other than the name.</li> <li><b>ASK</b> the applicant clarifying questions to help resolve the duplicate issue.</li> <li><b>ADD</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary:</b> <b>FACILITY#</b> (NPSC#) <b>STATUS CHECK = DUPLICATE</b></li> <li><b>Call Type:</b> HA Program Request</li> <li><b>Sub-Type:</b> HA Status Check</li> <li><b>Details:</b> Applicant requested status check. Advised applicant that case is NOT being processed because it is linked with (insert name of individual because of -reason-). Clarified ____, Advised applicant that I would access case to process duplicate issue. (And any other changes made to file).</li> </ol> </li> <li><b>ACCESS</b> case in <b>Duplicate Investigation</b> and/or <b>Duplicate Resolution</b> and <b>PROCESS</b> the case.</li> </ol> |

Table 35: Duplicate Investigation / Resolution Issues

### 3. Recoupment Issues

| If call concerns:                              | And:                                                  | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 20.1a Helpline Call is for the Recoup Helpline | The call is during the Recoup Helpline business hours | <ol style="list-style-type: none"> <li><b>SAY:</b> "Please stay on the line while I transfer your call to the Recoupment Helpline. If we get disconnected, please call (800) 816-1122." <ol style="list-style-type: none"> <li>Using warm transfer procedures stay on the line with the caller until a Recoupment Helpline staff member answers the call.</li> <li>If the verification information has been confirmed with the caller, <b>ADVISE</b> the Recoupment Helpline staff member that the applicant information has been verified and access to the file is available for the caller. It is NOT required to verify this information prior to transferring the call.</li> </ol> </li> <li><b>COMPLETE</b> the transfer Helpline call to Recoup Helpline.</li> </ol> |
| 20.1b Helpline Call is for the Recoup Helpline | The call is after Recoup                              | <ol style="list-style-type: none"> <li><b>SAY:</b> "The Recoupment Helpline is closed at this time. It is open 9:00 AM to 4:00 PM EST, Monday through Friday. Please call back at (800) 816-1122 during those times. Can I help you with anything else?"</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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| If call concerns: | And:                    | Then: |
|-------------------|-------------------------|-------|
|                   | Helpline business hours |       |

Table 36: Recoupment Issues

### 4. Disaster Recovery Reform Act

| If call concerns:                         | And:                                                                                                               | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21.1a Disaster Recovery Reform Act (DRRA) | <p>The applicant returns a call due to an auto dialer</p> <p>AND</p> <p>The DRRA stamp (DRRA_MAX) is available</p> | <ol style="list-style-type: none"> <li><b>SAY</b>, "On October 5, 2018, President Trump signed the <a href="#">Disaster Recovery Reform Act of 2018</a> (DRRA) into law. This law expands the amount of assistance available to eligible applicants in disasters from August 1, 2017 forward. FEMA is reviewing the cases of applicants from those disasters to see if they may be eligible for additional financial assistance. If you are found eligible for additional assistance, you will receive a letter explaining your eligibility".</li> <li><b>REVIEW</b> the CMA option and EFT information and update the fields as needed. <ol style="list-style-type: none"> <li>Refer to sections <a href="#">1.2</a> and <a href="#">1.10b</a> for additional information.</li> </ol> </li> <li><b>CREATE</b> a <b>Contact</b>: <ol style="list-style-type: none"> <li><b>Summary</b>: FACILITY# (NPSC#) RETURN DRRA CALL</li> <li><b>Call Type</b>: Critical Data Change</li> <li><b>Sub-Type</b>: (see section <a href="#">1.2</a> and <a href="#">1.10b</a>)</li> <li><b>Details</b>: Applicant received DRRA auto dialer call. Updated applicant's <b>CMA/EFT</b>.</li> </ol> </li> <li><b>OR</b> <ol style="list-style-type: none"> <li><b>Summary</b>: FACILITY# (NPSC#) RETURN DRRA CALL</li> <li><b>Call Type</b>: HA/OTH Program Request</li> <li><b>Sub-Type</b>: HA/OTH Status Check</li> <li><b>Details</b>: Applicant received DRRA auto dialer call. Updated applicant's <b>CMA/EFT</b>.</li> </ol> </li> </ol> |
| 21.1b Disaster Recovery Reform Act (DRRA) | The applicant did NOT receive                                                                                      | <ol style="list-style-type: none"> <li><b>SAY</b>, "On October 5, 2018, President Trump signed the <a href="#">Disaster Recovery Reform Act of 2018</a> (DRRA) into law. This law expands the amount of assistance available to eligible applicants in disasters from August 1, 2017 forward. FEMA is reviewing the cases of applicants from those disasters to see if they may be eligible for</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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| If call concerns: | And:                                                                             | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | an auto dialer call<br><br>AND<br><br>The DRRA stamp (DRRA_MAX) is NOT available | <p>additional financial assistance. If you are found eligible for additional assistance, you will receive a letter explaining your eligibility".</p> <p>2. <b>CREATE</b> a Contact:</p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT CALLED ABOUT DRRA</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p> <p>c. <b>Sub-Type:</b> HA/OTH Status Check</p> <p>d. <b>Details:</b> Applicant called to inquire about NOT receiving the DRRA auto dialer call. Informed applicant they would be contacted if determined eligible for additional assistance.</p> |

Table 37: Disaster Recovery Reform Act

### J. Replacement Housing

- [Home Replacement and Permanent Housing Construction](#)

#### 1. Home Replacement and Permanent Housing Construction

| If call concerns:                          | And:                              | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21.1a Inquiry about Replacement Assistance | Home destroyed<br><br>Not insured | <p>1. Refer to disaster-specific procedures and/or search Preshift entries for current instructions. (This type of assistance is generally auto-processed.) If there is no WP, <b>CREATE</b> one and route to <b>Supervisor Review – Replacement Consideration</b> subqueue. (<a href="#">See creating new WP</a>).</p> <p>2. <b>ADVISE</b> applicant accordingly.</p> <p>3. <b>ADD</b> a Contact:</p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) INQUIRY ABOUT REPLACEMENT ASSISTANCE</p> <p>b. <b>Call Type:</b> HA Program Request</p> <p>c. <b>Sub-Type:</b> HA Program Information</p> |





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| If call concerns:                                 | And:                                                                                                                                                          | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 21.1b Inquiry about Replacement Assistance        | Home destroyed<br><br>Insured, but insurance is inadequate (denied or insufficient)<br><br>Insurance settlement/denial in file<br><br>No WP has been created. | <p>d. <b>Details:</b> Applicant requested replacement assistance. Home destroyed. Not insured. Document steps taken, and information given to the applicant. (And any other changes made to file).</p> <p>1. <b>SAY</b>, "I am referring your case to the department that handles this program. If you DO NOT hear anything within 7 days, please call back to check on the status."</p> <p>2. <b>CREATE</b> a WP, if none exists and <b>Comment</b>, and <b>ROUTE</b> to <b>Supervisor Review - Replacement Consideration</b>.</p> <p>3. <b>E-MAIL</b> the case specifics to <a href="#">FEMA IHP Specialized Processing Unit</a>.</p> <p>4. <b>ADD</b> a <b>Contact</b>:</p> <p>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) INQUIRY ABOUT REPLACEMENT ASSISTANCE</p> <p>b. <b>Call Type:</b> HA Program Request</p> <p>c. <b>Sub-Type:</b> HA Program Information</p> <p>d. <b>Details:</b> Applicant requested replacement assistance. Home destroyed. Insurance [denied or insufficient]. Emailed case specifics to FEMA IHP Specialized Processing Unit. Advised applicant to call back in 7 days if NOT contacted. Created WP. (And any other changes made to file).</p> |
| 21.2 Inquiry about Permanent Housing Construction | N/A                                                                                                                                                           | <p>1. Refer to disaster-specific operating procedures and/or search Preshift entries for current instructions. (This type of assistance is generally auto-processed.)</p> <p>2. <b>ADVISE</b> applicant accordingly. (If no guidance is found, <b>SAY</b>, "The type of assistance you have requested is NOT currently available in this disaster declaration." (Discuss other available housing options depending on the situation).)</p> <p>3. <b>ADD</b> a <b>Contact</b>:</p> <p>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) INQUIRY ABOUT PERMANENT HOUSING CONSTRUCTION</p> <p>b. <b>Call Type:</b> HA Program Request</p> <p>c. <b>Sub-Type:</b> HA Program Information</p> <p>d. <b>Details:</b> Applicant requested permanent housing construction. (Document steps taken, and information given to the applicant and any other changes made to file).</p>                                                                                                                                                                                                                                                                                                            |

Table 38: Home Replacement and Permanent Housing Construction



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**K. Other Referrals**

- [Hazard Mitigation](#)
- [Loss of Food Assistance Request](#)
- [Disaster Unemployment Assistance Request](#)
- [Emergency Critical Needs Assistance \(ECNA\) or \(CNA\)](#)

1. Hazard Mitigation

| If call concerns:                                      | And:                                                                 | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 22.1 Request for general Hazard Mitigation information | Applicant is NOT inquiring about a hazard mitigation letter received | <p>1. <b>SAY</b>, "To find information on hazard mitigation:</p> <ul style="list-style-type: none"> <li>a. Check the internet at <a href="http://www.fema.gov">www.fema.gov</a>. On the website from the menu icon, click Emergency Management, then Risk Management and Hazard Mitigation Planning.</li> <li>b. Call FEMA's Publication Distribution Center at (800) 480-2520 to order the HAZMIT information (as well as other publications).</li> <li>c. Call FEMA's Mitigation Grant Program Helpline at (866) 222-3580."</li> </ul> <p>2. If the caller is registered with FEMA, <b>ADD</b> a <b>Contact</b>:</p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) HAZARD MITIGATION INFO REQUEST.</li> <li>b. <b>Call Type:</b> Applicant Document Request</li> <li>c. <b>Sub-Type:</b> HazMit Package.</li> <li>d. <b>Details:</b> Provided website, phone number for HAZMIT Information, and phone number for FEMA's Mitigation Grant Program Helpline.</li> </ul> |
| 22.2 Inquiry regarding Hazard Mitigation               | Hazard Mitigation letter received                                    | <p>1. <b>SAY</b>, "FEMA provides financial assistance for the repair of real property components, including items determined eligible for hazard mitigation measures that reduce the likelihood of future damage to the residence, utilities, or infrastructure. You received this letter because FEMA included hazard mitigation funds as part of your home repair</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |





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| If call concerns:                        | And:                                  | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                          |                                       | <p>assistance for real property components that existed and were functional prior to the disaster. Your letter explains the specific mitigation measures for which you received funds."</p> <p>2. <b>READ</b> the applicable letter codes descriptions for the <b>Hazard Mitigation Supplemental Letter (HZMSL)</b>:</p> <p>a. <b>Roofing Mitigation Measures Letter (HMRF)</b>: Depending on the type of roof, the funds are intended to make your roof more resilient to future storms using techniques such as installing shingles that can withstand winds up to 116 mph, adding a heavier rubberized membrane or thicker sheathing material, below shingles to help reduce leaking.</p> <p>b. <b>Furnace Mitigation Measures Letter (HMFU)</b>: The funds are intended for elevating your flood-damaged furnace.</p> <p>c. <b>Water Heater Mitigation Measures Letter (HMWH)</b>: The funds are intended for elevating your flood-damaged water heater.</p> <p>d. <b>Electrical Main Panel Mitigation Measures – Elevation Insert (HMEPE)</b>: The funds are intended for elevating your flood-damaged main electrical panel.</p> <p>e. <b>Electrical Main Panel Mitigation Measures – Relocation Insert (HMEPR)</b>: The funds are intended for relocating your flood-damaged main electrical panel.</p> <p>3. <b>NOTE</b>: The additional hazard mitigation funds will be automatically included in the applicant's Home Repair Assistance award amount and are subject to the Financial Housing Assistance Maximum award limit.</p> <p>2. <b>ADD a Contact</b>:</p> <p>a. <b>Summary</b>: FACILITY# (NPSC#) HAZARD MITIGATION INQUIRY</p> <p>b. <b>Call Type</b>: Applicant Document Request</p> <p>c. <b>Sub-Type</b>: HazMit Package</p> <p>d. <b>Details</b>: Applicant received Hazard Mitigation letter. Provided Hazard Mitigation information to applicant.</p> |
| 22.3 Inquiry regarding Hazard Mitigation | Hazard Mitigation letter NOT received | <p>1. <b>SAY</b>, "If you are eligible for Hazard Mitigation funds, you will receive a letter with information regarding Hazard Mitigation Assistance. Hazard Mitigation is NOT a separate form of assistance that can be requested."</p> <p>2. <b>ADD a Contact</b>:</p> <p>a. <b>Summary</b>: FACILITY# (NPSC#) HAZARD MITIGATION INQUIRY</p> <p>b. <b>Call Type</b>: Applicant Document Request</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |



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| If call concerns: | And: | Then:                                                                                                                                                                                                                                                                                      |
|-------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   |      | <p>c. <b>Sub-Type:</b> HazMit Package</p> <p>d. <b>Details:</b> Applicant did NOT receive Hazard Mitigation letter. Informed applicant that if they are eligible they will receive a Hazard Mitigation letter and that it is not a separate form of assistance that can be requested."</p> |

Table 39: Hazard Mitigation

### 2. Loss of Food Assistance Request

| If call concerns: | And:                                                                            | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 23.1 Loss of food | The applicant is requesting information or assistance from FEMA with lost food. | <p>1. Refer to disaster-specific procedures and/or search Preshift entries for current instructions. (This type of assistance is generally provided by voluntary agencies.) DO NOT refer the applicant to local government agencies, unless a referral is available in the particular disaster.</p> <p>2. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUEST ASSISTANCE WITH LOSS OF FOOD</p> <p>b. <b>Call Type:</b> HA</p> <p>c. <b>Sub-Type:</b> Food Only Inquiry</p> <p>d. <b>Details:</b> Applicant reported/requested assistance with food loss. Provided the applicant with available referrals and information.</p> |

Table 40: Loss of Food Assistance Request

### 3. Disaster Unemployment Assistance Request





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| If call concerns:                     | And                                                                                                  | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 24.1 Disaster Unemployment Assistance | The applicant is requesting information or assistance with unemployment as a result of the disaster. | <ol style="list-style-type: none"> <li><b>SAY:</b> "If you or a member of your household lost work or became unemployed due to the disaster, your local unemployment office may provide benefits and services, even if you are self-employed, through their regular unemployment and/or Disaster Unemployment Assistance Program."</li> <li>Refer to disaster-specific procedures/referrals and/or search the listed referrals in NEMIS. (This type of assistance is provided by the local unemployment office.)</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUEST DISASTER UNEMPLOYMENT ASSISTANCE</li> <li><b>Call Type:</b> HA</li> <li><b>Sub-Type:</b> Disaster Unemployment Only</li> <li><b>Details:</b> Applicant requested information about the disaster unemployment program. Provided the applicant with available referrals and information.</li> </ol> </li> </ol> |

Table 41: Disaster Unemployment Assistance Request

### 4. Critical Needs Assistance (CNA) Inquiry

|                                              |                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 25.1<br>CNA<br>(NOT authorized for disaster) | The applicant is requesting general information about Critical Needs Assistance. | <ol style="list-style-type: none"> <li><b>SAY:</b> "FEMA and the state will collaborate together to determine if this category of assistance will be offered. If you are eligible for this one-time award, the eligibility criteria will be based on the information you provided when you registered for assistance and a notification will be sent to you via your preferred method of correspondence."</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUESTED CNA INFORMATION</li> <li><b>Call Type:</b> ONA</li> <li><b>Details:</b> Applicant requested information about the Critical Needs Assistance program. Provided the applicant with available information.</li> </ol> </li> </ol> |
|----------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



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|                                                   |                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>25.2<br/>CNA<br/>(Authorized for disaster)</p> | <p>The applicant is requesting general information about Critical Needs Assistance.</p> | <ol style="list-style-type: none"> <li>1. <b>SAY:</b> "If you are eligible for this one-time award, the eligibility criteria will be based on the information you provided when you registered for assistance and a notification will be sent to you via your preferred method of correspondence."</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUESTED CNA INFORMATION</li> <li>b. <b>Call Type:</b> ONA</li> <li>c. <b>Details:</b> Applicant requested information about the Critical Needs Assistance program. Provided the applicant with available information.</li> </ol> </li> </ol> <p><b>NOTE:</b> If needed, reference the CNA authorization memo posted on the <a href="#">Disaster Specific Information</a> page.</p> |
|---------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### L. Non-Verbal Communication / Escalated Calls

- [Escalated Calls](#)
- [Communicating with Deaf and Hard of Hearing Applicants](#)

1. Escalated calls





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| If call concerns:                                 | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 27.1 Applicant's request to speak to a supervisor | <ol style="list-style-type: none"> <li>1. <b>SAY</b>, "I can do that for you. While we are waiting for the supervisor, may I pull up your application and verify the information? We will save time and your information will be available for the supervisor once they arrive. While we are waiting, may I ask what you wanted to speak to a supervisor about?"</li> <li>2. If the applicant is agreeable, <b>REVIEW</b> the file thoroughly (before calling for the supervisor) and, if possible, address the issue without calling a supervisor.</li> <li>3. If the applicant is NOT agreeable: <ol style="list-style-type: none"> <li>a. <b>CONTACT</b> a supervisor or alternate supervisor to speak to them immediately.</li> <li>b. If a supervisor is NOT available, if necessary, obtain good contact information from the caller and send an <b>E-MAIL</b> to your supervisor with the applicant contact information, Subject Line "Applicant requires return call"</li> <li>c. <b>INFORM</b> the caller a supervisor will call them as soon as possible.</li> </ol> </li> <li>4. <b>ADD</b> a <b>Contact</b> based on the how the call goes and document it accordingly.</li> </ol> |

Table 42: Escalated Calls

### 2. Communicating with Deaf and Hard of Hearing Applicants

- a. Determine the Applicant's preferred method of communication and document it in their file. In addition, when the file status is **currently issued for inspection**, **SEND** an email with the preferred communication method to Inspection Services at (b) (6) @fema.dhs.gov). To enter this information in the applicant's file, **ADD** a **Contact**:
  - i. **Summary**: FACILITY# (NPSC#) SPECIAL NEEDS APPLICANT = DEAF / HARD OF HEARING
  - ii. **Details**: Document the applicant's preferred method of communicating with FEMA
- b. Refer to the [Disability and Communication Needs](#) SOP for additional information.

### M. Congressional / Civil Rights / Media

- [Civil Rights](#)

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- [Congressional Issues](#)
- [Media Request](#)
- [Social Service Referral Telephone Numbers](#)

### 1. Civil Rights

| If call concerns:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>28.1 Civil Rights violation by disaster personnel from any government agency, department, or office, or private or non-private disaster assistance organization.</p> <p>Under Federal civil rights laws and the Robert T. Stafford Disaster Relief and Emergency Act (Stafford Act), FEMA, SLTT partners, and non-governmental relief and disaster assistance organizations engaged in the "distribution of supplies, the processing of applications, and other relief and assistance activities shall [accomplish these activities] in an equitable and impartial manner, without discrimination on the grounds of race, color, religion, [national origin], sex, age, disability, English proficiency, or economic status." Civil rights laws and legal authorities remain in effect, and CANNOT be waived, during emergencies.</p> | <ol style="list-style-type: none"> <li>DO NOT make a judgment regarding the validity of the complaint. Your job is to report the issue.</li> <li><b>SAY</b>, "Thank you for bringing this matter to our attention. It is important to FEMA that any person eligible to receive disaster assistance or other services from FEMA or recipients of FEMA assistance is entitled to those benefits without discrimination. In order to report this matter to our Civil Rights Office, I need some information. Are you willing to provide the information to help me do that at this time?"</li> <li>Immediately <b>SEND</b> an email to the <a href="#">FEMA-CivilRightsOffice</a> as found in the Global Address List. <b>INCLUDE</b> the following: <ol style="list-style-type: none"> <li><b>Subject Line:</b> Civil Rights Complaint;</li> <li>Applicant/caller's name;</li> <li>Address;</li> <li>Phone number;</li> <li>Registration number, if applicable;</li> <li>Disaster number; AND</li> <li>Brief summary of allegations.</li> </ol> </li> <li>Please provide the caller with the Civil Rights Resource Line phone number if they would like to contact a Civil Rights Advisor directly. 1(833) 285-7448, (833) CVL-RGHT).</li> <li>DO NOT email these messages or give documents to the local onsite Civil Rights Advisor.</li> <li><b>ADD a Contact:</b></li> </ol> |

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| If call concerns: | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | <p>a. <b>Summary:</b> FACILITY# (NPSC#) FORWARDED TO OER</p> <p>b. <b>Call Type:</b> Leave blank</p> <p>c. <b>Sub-Type:</b> Leave blank</p> <p>d. <b>Details:</b> Leave blank. DO NOT include any details regarding the call or allegations. Privacy issues are involved, and the identity of a complainant must be protected. Therefore, DO NOT make a <b>Comment</b> in NEMIS.</p> <p>7. <b>IMPORTANT NOTE:</b> If the individual absolutely insists on speaking directly to the OER External Civil Rights Division DO NOT refuse. Tell the applicant to call (833) 285-7448 (833 CVL-RGHT).</p> <p>8. Refer to the <a href="#">Civil Rights Issues</a> SOP for additional information.</p> |

Table 43: Civil Rights

2. Congressional Issues



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| If call concerns:               | And:                                                 | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 29.1a Congressional application | Applicant Calls                                      | 1. Handle the call as you would any other using standard procedures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 29.1b Congressional application | Congressional Office calls on behalf of an applicant | <ol style="list-style-type: none"> <li><b>Important Reminder:</b> DO NOT discuss the case with non-applicants, including Congressional representatives, due to the Privacy Act. Congressional representatives inquiring about cases in review or other matters may contact Recovery personnel directly via either phone or email. Use discretion and consistency in the information you provide to these entities.</li> <li>If you receive a telephone call or an email from these individuals, refer them immediately to FEMA Congressional Affairs Division for any needed assistance.</li> <li><b>SAY,</b> "Due to the Privacy Act, I am unable to discuss this case with you. If you have a pencil and paper, I will provide a contact number for the Congressional Affairs Division."</li> <li>FEMA Congressional Affairs Division staff may be reached at (202) 646-4500.</li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> FACILITY# (NPSC#) CONGRESSIONAL REPRESENTATIVE INQUIRY</li> <li><b>Call Type:</b> HA/OTH Program Request</li> <li><b>Sub-Type:</b> Status Check</li> <li><b>Details:</b> Access denied. Congressional representative inquiry concerning applicant's file. Referred caller to the FEMA Congressional Affairs Division at (202) 646-4500.</li> </ol> </li> </ol> |

Table 44: Congressional Issues

### 3. Media Request

| If call concerns:                  | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 30.1 Media request for information | <ol style="list-style-type: none"> <li>All media inquiries must be referred to FEMA Office of External Affairs.</li> <li><b>SAY,</b> "You have reached the FEMA Applicant Assistance line. Please let me refer you to our FEMA Office of External Affairs. The phone number is (202) 646-3272. The email address is <a href="mailto:FEMA-News-Desk@fema.dhs.gov">FEMA-News-Desk@fema.dhs.gov</a>, which is the preferred method for requests. They will be able to provide answers to your questions. Thank you for your understanding."</li> </ol> |

Table 45: Media Request

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### 4. Social Service Referral Telephone Numbers

- a. For Social Service Referrals, please use the [Disaster Specific Information](#) page and/or **VERIFY** 211 direct website (<http://www.211.org/>) for coverage details. **CLICK** on the disaster, then on Disaster Referral Information link.

### N. Web and Other Issues

- [Web Access Problems](#)
- [Other Issues](#)

#### 1. Web Access Problems

| If call concerns:                                     | And:                                                                                          | Then:                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31.1a Applicant CANNOT access file information online | Completed registration on the Internet less than 24 hours ago<br><br>File NOT found in system | 1. <b>SAY</b> , "Please allow 24 hours for the registration to replicate in our system. After 24 hours, you may review your status online at <a href="http://www.disasterassistance.gov">www.disasterassistance.gov</a> or call FEMA Disaster Assistance to review your file."<br><br>2. Answer any general questions from the applicant. |



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| If call concerns:                                     | And:                                                                        | Then:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 31.1b Applicant CANNOT access file information online | Personal identification number (PIN) received <b>more</b> than 24 hours ago | <ol style="list-style-type: none"> <li><b>SAY</b>, "If you are unable to advance beyond the Login screen, you can request a new PIN (or Password) by using the <a href="#">Request Password/PIN option</a>."</li> <li><b>ACCESS</b> the APPs file to review status and answer any questions.<br/><br/><b>NOTE:</b> An e-mail address is required to be on file prior to the first login to the DAC-AI account to receive a one-time PIN allowing access to their records online. Refer to the <a href="#">Guide for Creating an Account &amp; Uploading Documents</a> for further information.</li> <li>If the applicant would like to speak to the Internet Helpdesk, <b>CONSULT/TRANSFER</b> the call according to the <a href="#">Call Connect Procedures</a> SOP. <b>INFORM</b> the Internet Helpdesk staff member of the issue the applicant is experiencing with the Individual Assistance Center before transferring the caller. <ol style="list-style-type: none"> <li><b>VERIFY</b> the applicant's DOB and complete SSN before transferring the call.</li> </ol> </li> <li><b>ADD a Contact:</b> <ol style="list-style-type: none"> <li><b>Summary:</b> APPLICANT UNABLE TO ACCESS FILE ONLINE</li> <li><b>Call Type:</b> Leave blank.</li> <li><b>Sub-Type:</b> Leave blank.</li> <li><b>Details:</b> Applicant requested assistance with online login problems. [Transferred or provided number to Internet Helpdesk.]</li> </ol> </li> </ol> <p><b>NOTE:</b> DO NOT transfer applicants who are currently <b>IDV_FAILED</b> in the <b>Registration Status</b> screen, the IHD CANNOT create an online account for these applicants even if they are <b>IDV_PASS</b> in the <b>Banner</b>.</p> |

Table 46: Web Access Problems

### 1. Other Issues

#### a. Processing Delays

- If processing on an applicant's file is delayed, **SAY**, "I apologize for the delay. Your file is currently under review. Once a determination is made, FEMA will mail a decision letter to you. May I verify your current mailing address please?"

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b. Damage Comparison with Neighbor or Friend

- i. If an applicant compares damages or assistance to that of a neighbor or friend, **SAY**, "I can understand why you might feel that way. FEMA DOES NOT compare damages from one home to another. Each application is reviewed and verified separately. If you DO NOT agree with a FEMA decision, you may appeal in writing within 60 days of the date of the decision letter. Please include your disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send." **PROVIDE** the mailing address and fax number and advise the applicant they have the option to upload the document(s) to their DAC account online.

c. Concern Regarding Length of Inspection Process

- i. If an applicant states that they think the inspector did NOT take enough time to inspect their home, **SAY**, "I can understand why you might feel that way. The amount of time for each inspection varies based on the severity of the damages. By utilizing advanced technology and comprehensive training programs, our property inspections currently average 15 minutes. If you DO NOT agree with a FEMA decision, you may appeal in writing within 60 days of the date of the decision letter. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send." **PROVIDE** the mailing address and fax number and advise the applicant they have the option to upload the document(s) to their DAC account online.

d. Displaced Person Inquiry

- i. Individual: If the caller requests assistance finding a displaced person during a disaster, **SAY**, "To receive information on assistance with reuniting families displaced as a result of a national disaster, please refer to [www.usa.gov / Disasters and Emergencies / After a Disaster](http://www.usa.gov/Disasters-and-Emergencies/After-a-Disaster). Here you can receive information about the Multi-Agency Reunification Services Plan and the National Emergency Child Locator Center. The American Red Cross "Safe and Well" program is also accessible on these sites."

e. Law Enforcement Agency (Police Officers, U.S. Marshals, FBI Agents and Other Officials)

- i. If this is a Law Enforcement Agency searching for a missing person, **SAY**, "If you are a law enforcement official searching for a displaced person I can provide you with the phone number for someone to assist with your request. Please call the Federal Mega Center in Denver at (877)437-7411. The centers in operation 24 hours a day, 7 days a week."



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f. Non-Disaster Related Calls

- i. If caller is calling about non-disaster related call, say "Our Call Center is intended for use by applicants to discuss their disaster related needs and assistance from FEMA. Unfortunately, I DO NOT have any information regarding INSERT TOPIC. For more information about FEMA and its mission, you may wish to visit our website at [www.fema.gov](http://www.fema.gov)."

g. Mailing Address and Fax Number

- i. The mailing address and fax number to which applicants submit written documentation is:

FEMA – Individuals & Households Program  
National Processing Service Center  
P.O. Box 10055  
Hyattsville, MD 20782-8055  
FAX (800) 827-8112

**O. Frequently Asked Questions**

- [Applicants with Lost Critical Federal Documents](#)
- [Citizenship](#)
- [DRC and JFO Services](#)
- [Duplication of Benefits](#)
- [E-Correspondence](#)
- [Facility Designations](#)
- [Fraud and Price Gouging](#)





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- [Important Numbers](#)
- [Non-IA Disaster Declarations](#)
- [Non-Typical Assistance](#)
- [Open Registration Period](#)
- [Referrals](#)
- [Safe Rooms and Disaster Preparation](#)
- [Signature](#)
- [TTY](#)

1. Applicants with Lost Critical Federal Documents

- a. Am I eligible for a waiver of the document replacement fees?
  - i. The Disaster Recovery Reform Act of 2018 authorized the President to provide waivers of documents replacement fees for certain documents lost as a result of the disaster.
  - ii. This authority was further delegated to the offices responsible for specific documents, the Department of State and U.S. Citizenship and Immigrations Services.
  - iii. You may contact these offices for more information. U.S. Citizenship and Immigration Services has a website on general fee waivers available at <https://www.uscis.gov/feewaiver>.

2. Citizenship

- a. What help is there for people who are NOT United States citizens?



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- i. If you are NOT a U.S. Citizen, Non-Citizen National or Qualified Alien, you may still be eligible for IHP assistance if you are the parent or guardian of a minor child who resides with you and who is a United States Citizen, Non-Citizen National, or Qualified Alien.
  - ii. You can register for assistance using the child's SSN. If your child is a U.S. Citizen, Non-Citizen National or Qualified Alien, but DOES NOT have a SSN, you can still apply for FEMA assistance by obtaining your child's SSN number and calling FEMA to register within 60 days of the disaster declaration date. If you have any questions concerning your right to apply, or need assistance locating volunteer agencies to help you, you may call FEMA at (800) 621-3362.
- b. What are FEMA's citizenship/immigration requirements?
- i. You must be a U.S. Citizen, Non-Citizen National, or a Qualified Alien in order to be eligible for FEMA's Individuals and Households Program Assistance in the form of money or direct services.
  - ii. A U.S. Citizen is a person born in one of the 50 States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands; or is a person born outside of the U.S. to at least one U.S. parent; or naturalized citizen.
  - iii. A Non-Citizen National is a person born in an outlying possession of the U.S. e.g., American Samoa or Swain's Island on or after the date the U.S. acquired the possession, or a person whose parents are U.S. non-citizen nationals. All U.S. citizens are U.S. nationals; however, NOT every U.S. national is a U.S. citizen.
  - iv. A Qualified Alien includes a person with:
    - 1. Legal permanent resident ("green card" holder);
    - 2. An asylee, refugee, or an alien whose deportation is being withheld;
    - 3. Alien paroled into the U.S. for at least one year;
    - 4. Alien granted conditional entry (per law in effect prior to April 1, 1980);
    - 5. Cuban/Haitian entrant;





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6. Aliens in the U.S. who have been abused, subject to battery or extreme cruelty by a spouse or other family/ household member, or have been a victim of a severe form of human trafficking; OR
7. Aliens whose children have been abused and alien children whose parent has been abused who fit certain criteria.
- v. Both the **Public and Call Center** applications for completing a Registration include certification of the applicant's Citizenship status and affirmed the conditions from the previously used Declaration and Release (FEMA form 009-0-3 or 009-0-4).
- vi. You **DO NOT** have to be a U.S. Citizen, Non-Citizen National, or a Qualified Alien for Crisis Counseling or Disaster Legal Services or for other short-term, non-cash emergency assistance.

**NOTE:** IDV is a different requirement than Citizenship Verification. Individuals who are NOT U.S. Citizens, but are either a Non-Citizen National or Qualified Alien are able to obtain an SSN to legally work in the United States.

An applicant who is NOT a U.S. Citizen, Non-Citizen National, or a Qualified Alien could be IDV\_PASS but will NOT be eligible for IHP assistance.

- c. If I am an undocumented immigrant, am I eligible for assistance for disaster-related needs?
  - i. You may be eligible under many different programs run by state and local agencies and voluntary agencies for various types of cash assistance; OR
  - ii. If the household has:
    1. Another adult household member to meet the eligibility; OR
    2. The parent or legal guardian of a minor child who is a U.S. Citizen, Non-Citizen National, or a Qualified Alien applies for assistance on behalf of the child, as long as they live in the same household.



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- i. The parent or legal guardian must register as the co-applicant.
- d. If I am an undocumented immigrant, am I eligible for any assistance from FEMA?
  - i. You may be eligible for short-term, non-cash, emergency aid provided by FEMA.
  - ii. You will NOT be personally eligible for FEMA's Individuals and Households Program Assistance in the form of money or direct services; however, you may apply on behalf of your U.S. citizen child, or another adult household member may qualify the household for assistance.
- e. If I am an undocumented immigrant, can I apply on behalf of my child who was born in the United States?
  - i. You can apply on behalf of your minor child (under 18 years of age) for FEMA's Individuals and Households Program Assistance in the form of money or direct services if you live together.
- f. Do I need a SSN to register for FEMA's Individuals and Households Program Assistance in the form of money or direct services?
  - i. If you are applying on your minor child's behalf, you should provide their SSN.
- g. Are foreign students studying in the United States eligible for FEMA's Individuals and Households Program Assistance in the form of money or direct services as "Qualified Aliens"?
  - i. While foreign students may qualify for non-cash in-kind disaster relief (such as search and rescue, provision of food, water, sheltering, or emergency medical assistance), they DO NOT qualify for FEMA's Individuals and Households Program Assistance in the form of money or direct services because their authorization to reside in the United States is based in part on the existence of an in-country support system.
- h. What categories of aliens that are lawfully present in the U.S. DO NOT qualify for IHP assistance?
  - i. These categories include, but are NOT limited to:
    - 1. Temporary tourist visa holders;





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2. Foreign students;
  3. Temporary work visa holders; AND
  4. Habitual residents such as citizens of the Federated States of Micronesia and the Republic of the Marshall Islands.
- i. If I have a SSN, am I eligible for FEMA's Individuals and Households Program Assistance in the form of money or direct services a "Qualified Alien"?
  - ii. Not necessarily, because having a SSN DOES NOT automatically mean that you are a Qualified Alien. You may be legally present in the U.S. and have a SSN, but NOT be a Qualified Alien.

|                                                                         |
|-------------------------------------------------------------------------|
| 3. Disaster Recovery Center (DRC) and Joint Field Office (JFO) Services |
|-------------------------------------------------------------------------|

- a. What is the difference between a DRC and JFO?
  - i. A Disaster Recovery Center (DRC) is a readily accessible facility in the disaster area specifically staffed to service the applicant. Applicants can visit a DRC in the affected area for direct, face-to-face assistance with questions and documents. The locations of these service centers are posted on the **Disaster Info** screen and are updated as necessary. You can access the **Disaster Info** screen by clicking the **Disaster number** link located in the **Banner**. The DRCs, which are fixed and/or mobile, are available to individuals, family members, and business owners who may visit for:
    1. Guidance regarding disaster recovery
    2. Registering for disaster assistance when unable to complete registration online or over the phone
    3. Clarification of any written correspondence received
    4. Answers to their questions, resolution to their problems, and referrals to agencies that may provide further assistance to meet the applicant's needs.



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5. Status of applications being processed by FEMA. SBA status if there is an SBA Representative at the Disaster Recovery Center site. However, all Helpline calls should be referred to the SBA general helpline number at (800) 659-2955.
6. Mitigation (MT) reconstruction information and general MT information.
- ii. The JFO is the site from which the disaster is coordinated and is NOT staffed to service the applicant directly like the DRC. DO NOT refer applicants to the Joint Field Office (JFO).

### 4. Duplication of Benefits

- a. The applicant received money from a crowdfunding account e.g., GoFundMe, Crowdrise, or Charitable. Is this considered a duplication of benefits with FEMA assistance?
  - i. Assistance received from crowdfunding sources, voluntary agencies, government agencies, or other sources is only considered a duplication of benefits if there is information in file, voluntarily submitted by the applicant, demonstrating the funds provided raised/collected were used for the specific type of assistance FEMA provided to the applicant.
1. Duplication of benefits example: The applicant submitted information demonstrating crowdfunding funds were collected due to the loss of their service animal. The applicant received a medical assistance award for the loss. The applicant later explains they received duplicated funds from their crowdfunding account to obtain another service animal. In this case, since the applicant is specifying they received funds for the same purpose, a potential duplication of benefits will be evaluated in pre-recoupment.
2. No duplication of benefits example: The applicant created a crowdfunding account for general disaster recovery including needs for occurrences such as loss of employment. FEMA provided assistance for home repairs. If there is no evidence the applicant obtained crowdfunding earnings for home repairs a duplication of benefits is NOT established.
3. Exception: Clothing is often provided by voluntary agencies; however, clothing is expendable and is NOT considered a duplication of benefits. Refer to the [Personal Property Assistance](#) SOP for additional information

### 5. E-Correspondence





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- a. Why can't I e-mail my documents to FEMA?
  - i. At this time, our systems DO NOT allow documents to be e-mailed to FEMA. Please fax, mail or upload your documents to us. We are aggressively pursuing additional e-mail features that may allow us to transmit documentation through e-mail in the future. Refer to the [Guide for Creating an Account & Uploading Documents](#) instructions for additional information.
- b. Why can't you tell me about my FEMA file through e-mail?
  - ii. In an effort to protect your PII, we only send e-mail notifications that new correspondence is available within your online Disaster Assistance Center account.

#### 6. Facility Designations

- a. What are FEMA's Facility Designation, Identity Prefixes, and Site Codes?
  - i. FEMA has three National Processing Service Centers (NPSC) and additional facilities to assist disaster survivors with IA processing. Each center is identified by a prefix that is representative of the location of the facility.
    - 1. 91 - TXNPSC: Texas National Processing Service Center
    - 2. 92 - MDNPSC: Maryland National Processing Service Center
    - 3. 93 - VANPSC: Virginia National Processing Service Center
    - 4. 94 - Puerto Rico
    - 5. 95 - DSA staff in the field
    - 6. 98 - Turnkey Locations
    - 7. 99 - All other locations



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- ii. Various categories of surge staff provide assistance to FEMA with registration intake, applicant status check, and other survivor services. Staff will identify their **Comments** and **Contacts** with the following Site Code for the location they are, followed by a letter indicating the surge type.

- 1. S - SWAT
- 2. R - Reservist
- 3. L - Local Hire
- 4. T - External Contractor (Temp/ Turnkey)
- 5. D - DHS Surge
- 6. I - IRS

7. Fraud and Price Gouging

- a. Who do I call to report fraud, including neighbors who are defrauding FEMA?

- i. If you have knowledge of Fraud, Waste, Abuse, or allegations of mismanagement involving disaster relief operations, you can report this to FEMA:

- 1. FEMA Fraud Branch tip line:

- a. Email: [StopFEMAFraud@fema.dhs.gov](mailto:StopFEMAFraud@fema.dhs.gov)
- b. Fax: (202) 212-4926
- c. Write:

FEMA Fraud and Internal Investigation Division  
400 C Street SW  
Mail Stop 3005  
Washington, DC 20472-3005

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2. You can also report this to DHS OIG hotline:

- a. Online through their [allegation form](#) (Recommended)
- b. Call: (800) 323-8603
- c. Fax: (202) 254-4297
- d. Write:

DHS Office of Inspector General / MAIL STOP 0305  
Attn: Office of Investigations - Hotline  
245 Murray Lane SW  
Washington, DC 20528-0305

- ii. When making your report convey as much information (who, what, where, when, why, and how) as possible. You may request confidentiality or register your complaint(s) anonymously.

b. How do I, as a FEMA employee, report suspected fraud by other FEMA personnel?

- i. Report any type of fraud, waste, abuse, etc. to [StopFEMAFraud@fema.dhs.gov](mailto:StopFEMAFraud@fema.dhs.gov)

- 1. When making your report convey as much information (who, what, where, when, why, and how) as possible.

c. If I report suspected fraud, waste, abuse, or allegations of mismanagement of disaster relief operations, do I put anything in the applicant's NEMIS file regarding this type of referral?

- ii. No. These types of referrals are initially speculative based on limited information and could unnecessarily cause a conflict or confusion prior to an official investigation e.g., via file copy request, miscommunication, etc..

- 1. To keep these types of referrals as low-profile as possible until an official investigation is complete, DO NOT use accusatory terminology such as **fraud**, **OIG**, **criminal**, **investigation**, etc. Instead, **USE** the alternative word **unverifiable**.



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- d. Applicant asks about price gouging?
  - iii. If you suspect price gouging, please contact your state's Attorney General's office.
  - iv. Reports of disaster-related price gouging (e.g., by gas stations, hotels, convenience stores, restaurants, etc.) are acceptable to be noted in the applicant's NEMIS file.
- e. Is FEMA sending agents out to take registrations or are these scam artists?
  - v. Yes. After a disaster event, FEMA may have agents perform onsite (door to door) visits to register applicants for assistance, such as Disaster Survivor Assistance Team members. All FEMA personnel and contractors will have official identification. You should always request to see the I.D. of anyone saying they work for FEMA if their badge/I.D. is NOT displayed. A shirt or jacket that says FEMA DOES NOT constitute an official I.D.

8. Important Numbers

- a. How can I reach the IRS?
  - i. You can call: (800) 829-1040.
  - ii. For hearing impaired, a TTY service is provided. Call: (800) 829-4059.
- b. How can I contact the National Flood Insurance Program (NFIP)?
  - i. The official website is: <http://www.floodsmart.gov/>
  - ii. Call:
    - 1. Main Number: (800) 427-4661
    - 2. NFIP Claims Department: (800) 767-4341
  - iii. Email: [FloodSmart@fema.dhs.gov](mailto:FloodSmart@fema.dhs.gov)





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9. Non-IA Disaster Declarations

- a. Where could I find information about disaster declarations that DO NOT include Individual Assistance?
  - i. Information regarding non-IA disaster declarations can be found at the following link:  
[www.fema.gov/disasters/disaster-declarations](http://www.fema.gov/disasters/disaster-declarations).

10. Non-typical Assistance

- a. Does FEMA provide [debit cards, evacuation support, other non-typical assistance]?
  - i. FEMA typically doesn't offer these types of assistance, but we do look at the needs of each disaster. Please monitor FEMA websites and social media accounts for updates on Disaster Programs that may be available in your area.

11. Open Registration Period

- a. What is the open registration period for a disaster?
  - i. The open registration period is the period in which registrations are accepted within a state, territorial, or tribal government (STT) declaration consisting of the initial registration period of 60 days after the date of the Presidential Declaration and any subsequent extensions. This DOES NOT include the Late Application period.

12. Referrals

- a. Do you have a listing of contractors?
  - i. No, FEMA CANNOT promote local businesses. Your local Chamber of Commerce can provide a listing of contractors who are chamber members in your area.

13. Safe Rooms and Disaster Preparation

- a. What is a safe room?



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- i. A safe room is a concrete and/or steel reinforced room. The room is built inside a structure that is above ground to provide protection during storms.
- ii. Many tornado prone states offer safe room programs where instruction and related info might be available. Safe room program requirements differ from state to state so encourage the callers to contact their local emergency management office for specific information.
- iii. FEMA publication 320 has some recommended construction plans for safe rooms. For additional information, callers may access [Taking Shelter from the Storm: Building a Safe Room for Your Home or Small Business](#) or they may call (800) 480-2520 to order the publication by telephone.

14. Signature

- a. What constitutes a valid signature?
  - i. A valid signature may be evidenced by any mark made by pen or pencil denoting the signer's name or mark; a mark or name created and adopted through a software program such as Microsoft Word; adoption of an electronic signature that includes typing a name or mark at the end of an email; a digital image of a handwritten signature or mark; the click of an "I accept" button on an e-commerce site as their legal signature; or adoption of an electronic symbol, sound, or process that is attached to, or logically associated with, the document and executed by the applicant or their agent, with the intent to sign the document.

15. TTY

- a. I am hearing impaired. Does FEMA have a number I can use to register for or get information about my request for disaster assistance?
  - i. The TTY number is (800) 462-7585.
  - ii. Those users, who wish to use a Sign Language interpreter, may dial 7-1-1 from any residential phone within the United States to access the Video Relay Service (VRS).





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## LANGUAGE LINE SOP

|                              |                                                                                                                                                                                                      |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I. Overview</b>           | <ul style="list-style-type: none"><li>■ Purpose 2</li><li>■ Other Items to Note 2</li></ul> <p><b>***This can be referenced by all staff (JFO, DRC, DSA, Helpline)***</b></p>                        |
| <b>II. Process</b>           | <ul style="list-style-type: none"><li>A. Inbound Calls to Language Line Services (LLS) 3</li><li>B. FEMA Outbound Calls to Disaster Survivors 4</li><li>C. Report Language Line Problems 5</li></ul> |
| <b>III. Related Guidance</b> | <ul style="list-style-type: none"><li>■ Links to Related Guidance 7</li></ul>                                                                                                                        |



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## I. OVERVIEW

This section describes information that every employee **must** read ***before*** ***addressing*** Language Line Procedures.

### Purpose:

- Language Line Services (LLS) are available to assist Registration Intake/Helpline staff, caseworkers, and other processing staff in providing customer service to non-English speaking applicants.

### Other Items to Note:

- The Language Line is for inbound and outbound calls requiring any language other than English.
- If the staff member is fluent in the language of the applicant/caller, the staff member should proceed without an interpreter.
- As part of FEMA's commitment to improve equity in the delivery of assistance to survivors and communities, FEMA will ensure access to information is equitably provided to all survivors.
  - If an applicant indicates either at Registration Intake or Helpline they have a communication preference AND an RFI, ADOC or ineligible letter is generated:
    - **CALL** the applicant using a Language Line Services (LLS) representative;
      - If no alternate language is noted, make the call without LLS support.
    - **REQUEST** an interpreter in the applicant's preferred language.
      - One call attempt is required;
    - **READ** the generated letter to the applicant in order to clarify the eligibility determination, detail the requested information, and explain how to appeal, if applicable.
    - **ADD** a Contact containing the reasons/results for courtesy call, the preferred communication accommodation used and LLS information (if applicable).
    - If the call attempt is unsuccessful:
      - **ADD** a detailed Contact explaining the reason for the call.





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## II. PROCESS

### A. Inbound Calls for LLS

1. The caller's language will appear in C3MP when the call is connecting. If you **DO NOT** speak the caller's language, **DO NOT** attempt to speak to the caller. FEMA's interactive voice response system (IVR) has already advised the caller, in their language, they will be placed on an extended **Hold** while an interpreter is obtained.

2. **PLACE** the call in **My Interactions** on **Hold**, then **CALL** LLS by dialing (b) (6) **OPEN** the **Dial Pad** tab as you will need it to select prompts.

a. **SELECT** "1" for Spanish or **SELECT** "2" for all other languages.

i. For other languages, you will be prompted to identify the language. If unsure, a Specialist will assist you with determining the language.

b. **ENTER** your FEMA Personal ID Number (PIN). **NOTE:** DO NOT enter the FEMA Client number (b) (4)

c. A LLS representative will be added to the call.

d. You will be asked for the city/state of the disaster. **NOTE:** The interpreter may have to be on the phone to determine this information.

e. LLS staff is advised within their contract that FEMA calls are monitored and recorded. Therefore, it is NOT necessary to provide this disclosure to them.

3. **ASK** for the LLS Coordinator's first name for your documentation purposes. (Coordinators do not have ID#s).

4. The LLS Coordinator will connect you to the first available interpreter and should remain on the line until the connection is successful.

5. When the interpreter connects with the call, they will generally give you their PIN (ID). **RECORD** this information for your documentation purposes. If they **DO NOT** provide the number, **ASK** for their PIN (ID).

6. **INTRODUCE** yourself, first name only and PIN (ID), to the interpreter. **ASK** the interpreter to introduce you to the caller.



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7. **BRIEF** the interpreter about what you wish to accomplish with the call and **PROVIDE** any special instructions.

- a. The interpreter must repeat word for word what is said by the staff member and the caller.
- b. **REMIND** the interpreter there should be NO side conversations between the interpreter and caller.
- c. Staff will direct the call at all times. At times staff may direct the interpreter to stop the caller during the conversation to ensure the call remains focused.
- d. The caller may NOT have heard the disclosure statement in a language they understand. **ADVISE** the interpreter to provide the following disclosure statement to the caller, "This call may be monitored and recorded for quality assurance purposes." Refer to the [Outbound Calls and Third Party Verifications](#) SOP for additional information.

8. **RECONNECT** to the caller:

- a. **CLICK** the **Language Line Services** call in **My Interactions** and while holding the mouse button, **DRAG** it onto the Applicant's call and **RELEASE. CLICK YES** to create the conference.
- b. **ASK** the interpreter to introduce all the individuals on the telephone.
- c. **COMPLETE** the call.

9. Remember to **ENTER** the language spoken by the caller, the LLS coordinator's first name and interpreter's PIN (ID) number into a **Comment** in the **R/NEMIS** record.

10. **SAY**, "End the Call" to the Interpreter when the call is completed.

11. If you are asked for a **Client ID**, please provide **(b) (4)**

### B. FEMA Outbound Calls to Disaster Survivors

1. **CALL** LLS by dialing **(b) (6)** before calling the applicant.





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- a. LLS staff is advised within their contract that FEMA calls are monitored and recorded. Therefore, it is NOT necessary to provide this disclosure to them.

2. **CALL** the applicant:

- a. **PLACE** the LLS staff member on **Hold**.
- b. **OPEN** the **Dial Pad** and **DIAL** the applicant's phone number and while holding the mouse button, **DRAG** the LLS call onto the Applicant's call and **RELEASE**, to create the conference call with all parties involved (**PRESS CONF/JOIN** button).
- c. **REMIND** the interpreter to provide the disclosure statement: **This call may be monitored and recorded for quality assurance purposes** to each person with whom they speak. Refer to the [Outbound Calls and Third Party Verifications](#) SOP for additional information.

3. **ASK** the interpreter to introduce all the individuals on the call.

4. After the call has ended, remember to **ADD** a **Comment** in the applicant's **NEMIS** record containing all pertinent information including the language spoken by the caller, the LLS coordinator's first name, and the interpreter's PIN (ID).

5. **SAY**, "End the Call" to the Interpreter when the call is completed.

6. If you are asked for a **Client ID**, please provide **(b) (4)**

7. If you get a busy signal or message after dialing the applicant, **COMPLETE** the following:

- a. **DISCONNECT** the call (hang up).
- b. **CLICK** the LLS call to reconnect with the interpreter (**PRESS CONF/JOIN**).
- c. **INFORM** the interpreter the applicant DID NOT answer and you will call back later.

8. For any problems with the Language Line, see [Section C: Report Language Line Problems](#).



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### C. Report Language Line Problems

1. It is important to report any/all problems with the LLS by using FEMA's [Language Line Problems](#) form. **INCLUDE** the following incident types:

- a. Transfer connect problems
- b. Busy Signals
- c. No interpreter available
- d. Delay reaching an interpreter
- e. Poor line quality
- f. Messages indicating heavy call volume
- g. Problems with interpreter or coordinator assistance/customer service
- h. Any other issues

2. Upon completion of the [Language Line Problems](#) form fields, **SELECT Submit** and an auto-generated email will be sent to the appropriate parties. Be sure to indicate language line used, e.g. LLS at (b) (6)

- a. FEMA's [Language Line Problems](#) form is located on the **Applicant Processing** page under **Programs & Resources**.





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## VI. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures
  - [Outbound Calls and Third Party Verifications](#)
- Resources
  - [Language Line Problems](#)



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# OUTBOUND CALLS AND THIRD PARTY VERIFICATIONS

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## Outbound Calls and Third Party Verifications

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### I. OVERVIEW

This section describes information that every employee **must** read ***before addressing*** an Appeal request

#### Purpose:

- This Standard Operating Procedure (SOP) will assist staff in performing outbound calls to applicants and third parties.

#### Other Items to Note:

- As part of FEMA's commitment to improve equity in the delivery of assistance to survivors and communities, FEMA will ensure access to information is equitably provided to all survivors.
  - When an applicant indicates they have a preferred language other than English, the file will have a Registration Status stamp of COMM\_ACC and in the Registrant Info screen there is a Disability and Communication Needs frame that will indicate the applicant's preferred communication.
  - Communication Needs includes:
    - Braille
    - Large Print
    - Languages other than English
      - Arabic
      - Creole
      - Mandarin
      - Russian
      - Samoan
      - Vietnamese
  - If an applicant with a communication preference listed above will receive an RFI, RDOC, ADOC or ineligible letter based on your processing actions;
  - **CALL** the applicant using a Language Line Services (LLS) representative;



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- One call attempt is required;
- **Refer** to the Language Line SOP for further guidance.
- **REQUEST** an interpreter in the applicant's preferred language.
- **READ** the generated letter to the applicant in order to clarify the eligibility determination, detail the requested information, and explain how to appeal, if applicable.
  - **ADD** a Contact containing the reasons/results for courtesy call, the preferred communication accommodation used and LLS information (if applicable).
- If the call attempt is unsuccessful.
  - **ADD** a detailed Contact
- If an applicant indicates an Access and Functional Need (AFN), the file will have a Registration Status stamp of AFN\_ACC and in the Registrant Info screen there is a Disability and Communication Needs frame that will indicate the details of the AFN accommodation.
  - When an applicant with a recorded AFN listed below, receives an RFI, RDOC, ADOC or ineligible letter based on your processing actions, one call attempt is required to clarify the eligibility determination, detail the requested information, and explain how to appeal, if applicable.
    - Cognitive/ Development Disabilities/Mental Health
    - Vision,
    - Self-Care,
    - Independent Living
    - Wheelchair,
    - Scooter,
    - Prothesis,
    - Oxygen or respiratory equipment,
    - Assistive technology device for hearing or vision,





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- Personal – Care device,
- Environmental control or alerting devices,
- Adaptive van or vehicle,
- Walker, Cane, or crutches,
- Medication or medical supplies,
- Services animal,
- Personal assistance services/in-home care,
- Dialysis, or
- Other
- **READ** the generated letter to the applicant in order to clarify the eligibility determination, detail the requested information, and explain how to appeal, if applicable.
  - **ADD** a Contact containing the reasons/results for courtesy call and the AFN accommodation utilized.
- If the call attempt is unsuccessful.
  - **ADD** a detailed Contact explaining the reason for the call.



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### I. IMPORTANT INFORMATION

This section describes information that every employee **must** read ***before performing*** an Outbound Call and Third Party Verifications.



#### Prior to Processing:

- For cases locked or under Program Management Section (PMS) or NCT review:
  - DO NOT process the WP if the file contains indications of being Under Review and/or locked from further processing.
  - **SEND** an email for review to the [IHP Helpdesk](#).
    - **INCLUDE** the following on the email:
      - **Subject Line:** DR #, Reg #, and a subject that includes 'Under Review'.
      - **Body:** A description of the request and list of processing actions pending.
- Courtesy calls are placed in order to clarify information or ensure that correct information is available for staff to process a determination.
- Personally Identifiable Information (PII)
  - General PII includes names, email addresses, home addresses (both Current Mailing Addresses (CMA) and Damaged Dwelling Address (DDA)), phone numbers, and EFT routing numbers.
    - General PII may be disclosed to applicants/co-applicants only after they have met the requirements to gain access to the file and when requested by the applicant/co-applicant, i.e. the applicant asks staff to confirm the CMA on file.
  - Sensitive PII includes Social Security numbers (full or last 4), Driver License or State ID numbers, Passport ID numbers, Date of Birth, and EFT account numbers.
    - Sensitive PII may never be disclosed to applicants/co-applicants, regardless if they met the requirements to gain access to the file. Staff may only update sensitive PII after the applicant/co-applicant has met the requirements to gain





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access to the file and the information is provided to staff by the applicant/co-applicant. Staff should never provide the outdated information to the applicant/co-applicant.

- **COMPLETE** a full case review to ensure the call is necessary prior to making an outbound call.
- If the applicant has provided all required information or documentation and staff are able to make an eligibility determination, **PROCESS** the determination without placing the call.
  - Refer to the [Processing Procedures Manual](#) (PPM) Standard Operating Procedures (SOPs) and Frequently Asked Questions (FAQs) for additional information.
- It is important to prepare for the call and only ask the appropriate questions per category that are necessary for processing.
  - Additional questions can be addressed on a case-by-case basis.
- All outbound calls, successful or unsuccessful, must be recorded in the applicant's file as a [Contact](#).
- Disaster applicant files are in a system of record protected by the Privacy Act of 1974. The Privacy Act prohibits the release of any information about an applicant to anyone NOT authorized to receive this information.
  - Refer to the [Written Consent and Sharing Applicants Information](#) SOP and/or [Helpline NPSC Caller Services Reference Guide](#) for additional information.

**NOTE:** When leaving a live or recorded message:

- Include FEMA's Helpline number 1-800-621-3362;  
AND
- DO NOT mention any specific information regarding the applicant's file or specific request for assistance.



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# II. PROCESS

## A. Verifications

1. If there is insufficient documentation or NOT enough information to make an eligibility determination in the file:

a. **CALL** the applicant to explain all missing required information necessary for processing and/or to verify information in an effort to reduce delays in receiving assistance.

i. If the call [attempt is successful](#):

1. **UPDATE** information when necessary and/or **ADVISE** the applicant to submit required documentation for processing;

2. **ADD** a [Contact](#); AND

3. **PROCESS** any unmet need(s).

ii. If the call [attempt is unsuccessful](#):

1. **ADD** a [Contact](#) containing reasons for courtesy call and any information that was needed to make the determination; AND

2. **CONTINUE** processing any unmet need(s).

b. **CALL** the [contractor/third party](#) to verify additional details regarding damages or expenses information necessary for processing.

i. Some examples of this documentation would include:

1. Receipts and estimates verified with a hotel/motel or contractor.

2. Repairs and causes of damage verified with a contractor.

3. Insurance documents and other statements verified with an insurance company.

4. The applicant's occupancy verified with the utility company.

5. The applicant's medical needs or extenuating circumstances verified with a doctor or hospital.

ii. If the call [attempt is successful](#):





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1. **UPDATE** information when necessary and/or **PROCESS** the determination with provided information;
  2. **ADD** a [Contact](#); AND
  3. **PROCESS** any other unmet need(s).
- iii. If the call [attempt is unsuccessful](#):
1. **ADD** a [Contact](#) containing reasons for courtesy call and any information that was needed to make the determination; AND
  2. **PROCESS** any other unmet need(s).

**NOTE:** If an applicant has supplied all the documentation that supports their case and procedures allow it, **MAKE** the determination without a phone call. Information from the first inspection may be all that is needed to resolve the case.

### 2. If another person writes to FEMA and requests to act on the applicant's behalf:

- a. **CHECK** the file for written consent authorizing third party access to the case information.
- b. If there is NO written consent in the file, **CALL** the applicant to verify that the person is authorized to conduct business on their behalf.
  - i. If the applicant wishes to have that person conduct FEMA business, **EXPLAIN** the written authorization requirements, and **ADVISE** the letter will be addressed as soon as the written consent is in the file.
    1. Refer to the [Written Consent Third Party Request SOP](#) for additional information.

### 3. Call Attempts:

- a. A call attempt is defined as trying to reach an individual using all available phone numbers in the file.
  - i. When the applicant or co-applicant is reached at any of the numbers in the file, the call attempt is successful.



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- ii. When the applicant or co-applicant is NOT reached at any of the numbers in the file, the call attempt is unsuccessful.
- b. **MAKE** a call in an effort to fully explain to the applicant or co-applicant what documentation/information is needed. This provides the applicant or co-applicant with an opportunity to ask questions and better ensures they understand exactly what documentation FEMA requires to consider them for assistance. At times, more than one call attempt may be necessary. Be sure to follow current guidelines.
- c. When a dialed number is unanswered and there is NO capability to leave a message, at the first opportunity, **VERIFY** with the applicant or co-applicant that the number is still a valid contact number. **UPDATE** the file as necessary.
- d. There may be times when courtesy calls require the usage of Language Line Services (LLS). LLS staff is informed of the [Disclosure Statement](#) within their contract; therefore, it is NOT necessary to provide this disclosure to them.
  - i. When using LLS, the caller may have heard the [Disclosure Statement](#) in a language they DO NOT understand. Therefore, staff must **ADVISE** the interpreter to provide this statement to the caller.
  - ii. Refer to the [Language Line SOP](#) for additional information.
- e. **RECORD** each call attempt in one single [Contact](#).
  - i. Refer to [Contact procedures](#) for additional information.

#### 4. Determining the best time to call:

- a. Standard hours for outbound calls are 8 am to 9 pm in the individual's time zone.
  - i. **CALCULATE** the time zone difference before making the decision to place an outbound call.
- b. **CHECK** for information given at Registration Intake (RI) which may indicate the best time to contact the applicant or co-applicant.
  - i. For example, the applicant lists work phone number and indicates best time to contact him is during his shift (10 pm to 6 am).
- c. If the call is an emergency, or if the best time to call is outside the standard outbound call hours, FEMA can warrant contacting the applicant or co-applicant at any time of the day. Otherwise, staff is discouraged from contacting any person outside the standard hours.





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- d. If processing a case requires a courtesy call and it is outside of the standard timeframe or the best time to call:
  - i. **PLACE** the case on **Hold** under your name;
  - ii. **ADD** a **Comment** explaining why the case is on **Hold**; AND
  - iii. **COMPLETE** the call attempt during the start of the next workday or the earliest call time specified by the applicant or co-applicant.
  - iv. If unable to call in the next 24 hours, e.g. due to weekend or leave, **CONTACT** your Supervisor/POC so the case can be re-assigned.

### 5. After the call(s), **ADD** a **Contact**:

- a. If staff made several calls to the applicant and/or third parties to verify the information needed to process the requested assistance, only one **Contact** containing all the required information must be recorded after the call attempts are completed, e.g.:
  - i. Able to contact the applicant using all telephone numbers in the file; call attempt successful = one **Contact**.
  - ii. A landlord using the one telephone number available on the lease; call unanswered and message left on answering machine; call attempt unsuccessful = one **Contact**.
  - iii. A mechanic using the two telephone numbers on his estimate; spoke to the bookkeeper at his office, mechanic not available, left message for mechanic to call FEMA; call attempt unsuccessful = one **Contact**.
- b. **INCLUDE** the following information in the **Contact**:
  - i. Person or persons you attempted to call, or if you speak to the person you are calling;
  - ii. The telephone number(s) dialed;
  - iii. The outcome and/or information provided for each number dialed; AND
  - iv. For unsuccessful calls: Any messages left, e.g. to a person other than the one you are calling, answering machine, voicemail, etc., or DO NOT get an answer and there is NO capability to leave a message.

## B. Outbound Calls



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While performing an outbound call to the applicant **COMPLETE** the verification requirements and monitoring/recording disclosure before giving access to the file and releasing information to the caller. **VERIFY** the following information:

1. For the applicant/co-applicant (if the co-applicant's social security number is in the file) and (**IDV\_Pass**):

- a. Name - State first and last name;
- b. Last 4 digits of social security number (SSN);
- c. Damaged dwelling address (DDA);
- d. Current mailing address (CMA) (CMA only verified if different from the DDA; Note: **ASK** if it is the same); AND
- e. Current phone number (CPN);
- f. Refer to [Section III.7](#) and [Section III.10](#) for suggested wording.

2. For the Applicant/Co-applicant (if the co-applicant's SSN is in the file) and **IDV\_Fail**:

- a. Name – Spell first and last name;
- b. Full 9 digit SSN;
- c. DDA;
- d. CMA (CMA only verified if different from the DDA. Note: **ASK** if it is the same);
- e. CPN; AND
- f. Date of Birth (DOB).
- g. Refer to [Section III.9](#) and [Section III.10](#) for suggested wording.

3. If the applicant is a Minor Child:

- a. Name - State co-applicant's first and last name;
- b. Name – State applicant's (the minor child) first and last name;
- c. Last 4 digits of the applicant's (the minor child) SSN;





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- d. DDA;
- e. CMA (CMA only verified if different from the DDA. **NOTE: ASK** if it is the same);
- f. CPN; AND
- g. State applicant's (minor child) Date of Birth (DOB).
- h. Refer to [Section III.8](#) and [Section III.10](#) for suggested wording.

4. Verification process to release information if the applicant is identified as **Under NCT Review, Under Review per PMS**, or **Locked by PM** (Program Management) member:

- a. Name – State first and last name;
- b. Last 4 digits of social security number (SSN);
- c. DDA;
- d. CPN; AND
- e. DOB.

**NOTE:** The CPN is required. DO NOT use the DOB as a substitute for the CPN in this instance.

5. Alternate verification for CMA and/or CPN:

- a. The applicant's date of birth (DOB) can be used as an alternate verification for both the CMA and CPN if the applicant is unable to verify these items because of disaster-related displacement (except if applicant is identified as **Under NCT Review, Under Review per PMS**, or **locked by a PM member**).
  - i. When the DOB is used as an alternate verification, **UPDATE** the CMA and/or CPN prior to the end of the call.
  - ii. The applicant/co-applicant must provide the required information without assistance (hints) from staff.
  - iii. If the DDA and the CMA are the same, the DOB CANNOT be used for an alternative verification and the DDA must be verified. If the applicant/co-applicant is unable to verify their DDA, **DENY** access to the file. **ADVISE** the applicant to request a copy of their file for this information.



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6. Once the information is verified:

- a. **UPDATE** the **current location** if necessary.
- b. **CONFIRM** the best contact number with the applicant/co-applicant and **UPDATE** the NEMIS file as necessary.
- c. **FOLLOW** standard procedures in the [Helpline NPSC Caller Services Reference Guide](#).

**NOTE:** The **current location** verification is **only** required in all active disasters for applicants who have received or are pending any form of Housing Assistance, e.g., Home Repair, Rental, Lodging/TSA, or Direct Housing.

7. Recorded calls:

- a. All Outbound Calls, including courtesy calls to applicants/co-applicants and verification calls to vendors, contractors, insurance companies, physicians, landlords, mechanics, etc. may be monitored and recorded.
- b. It is a requirement to inform each person you speak to of the [Disclosure Statement](#) prior to the verification process as indicated in [Section III.1](#).
- c. Applicants can refuse to be recorded.
  - i. If you encounter a person who refuses to be recorded, **ADVISE** the caller that:
    - 1. The call CANNOT be continued; AND
    - 2. All communications will be through letters.
    - 3. If they change their mind, they may call the FEMA Helpline at 1-800-621-3362 to get the information they are requesting; OR
    - 4. They may visit a Disaster Recovery Center (DRC), if still open, to get the needed information.
      - a. Specific DRC information for openings/closings, locations, hours of operation, and other specific disaster references will be available under the **DR Info** tab in NEMIS, the Info (F8) area of the **RI/DAC** application, or the [Disaster Specific](#) page for the particular disaster.





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- b. Refer to [Section III.15](#) for closing suggested wording.

### 8. Issues and Call Sequence:

- a. Staff is required to provide their name and personal identification number (PIN) to the person being called and can do this anytime during the call.
- b. Staff may speak to the co-applicant instead of the applicant, but only if their social security number is in the file.
  - i. If NOT, and the applicant is present, the applicant must provide the verification information and permit FEMA to update the file with the co-applicant's SSN.
- c. When a registration was completed on behalf of a minor child by an undocumented parent/guardian, the child will be the applicant, and the parent/guardian will be the co-applicant. **ASK** to speak with the co-applicant (parent/guardian) rather than the applicant (minor child).
- d. It is a requirement to notify each person with whom you speak to that you are calling from the Federal Emergency Management Agency and that the call MAY be monitored and recorded.
  - i. Suggested wording to fulfill this requirement is given in the [Greeting with Disclosure Statement for C3MP calls](#) section.
- e. If the call is disconnected at any point and the applicant or co-applicant answers the subsequent call, **REPEAT** the [Greeting with Disclosure Statement for C3MP calls](#) and **START** the verification process from the beginning.
  - i. Suggested wording is provided as a guide in [Section III](#).
- f. If the call is disconnected at any point and the applicant or co-applicant DOES NOT answer the subsequent call, **REPEAT** the [Greeting with Disclosure Statement for C3MP calls](#) to the person that answers the call and to every other person with whom you speak to. **START** the verification process from the beginning.
  - i. Suggested wording is provided as a guide in [Section III](#).

## C. Third Party Calls and Verifications Questions

### 1. Third Party Calls:



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- a. Often during initial or [Appeal Processing](#), staff need details regarding damages or expenses with clarification from experts before a final decision is determined. Telephone contact with these outside sources is the quickest way to gather this information.
  - i. If the expense is NOT being paid at the actual price and an inspector can complete the disaster-related damage verification, a call to a vendor in most cases should NOT occur. This includes adding items that were NOT previously addressed or updating items from repair to replacement.
    1. **CALL** the vendor in situations where the authenticity of the document submitted is in question or additional information is needed to determine eligibility.
  - ii. Every effort should be made to process the applicable assistance using the documentation supplied by the applicant or inspection verification.
- b. Third party calls are necessary to verify information and confirm statements/estimates.
- c. Outside sources include, but are NOT limited to contractors, physicians, landlords, mechanics, insurance companies, and hotels.
- d. In order to ask the right questions, staff need to identify disaster-related unmet needs and verify the details of the damages.
  - i. When calling these sources, it is required to provide the [Disclosure Statement](#).
  - ii. If a written consent is included in the file for this outside source, **DISCLOSE** the applicant information as indicated in the consent to be released.
    1. Refer to [Written Consent and Sharing Applicant Information SOP](#) for additional processing information.
  - iii. If a written consent is NOT on file for this outside source, **SUPPLY** the least amount of information necessary for the individual to verify the estimate/bill/invoice which is:
    1. Estimate/Bill/Invoice number; AND
    2. Applicant's Name.
  - iv. **SUPPLY** additional applicant information only if the individual is unable to locate the documentation with the estimate/bill/invoice number and name. This additional information is:





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1. City (first); AND
2. Address (second).
- v. DO NOT disclose any additional applicant information that is NOT absolutely necessary to verify the submitted documentation.
1. DO NOT share potential program eligibility and payment information with third parties.

### 2. Return Calls:

- a. When making an outbound call to either the applicant/co-applicant or a third-party, if unable to reach the source, **LEAVE** a message for them to call Helpline along with the following information:
  - i. Estimate/Bill/Invoice number (if contacting a contractor, mechanic, etc.);
  - ii. Applicant's name (and person's name on the estimate/bill/invoice, if different);
  - iii. Disaster Number; AND
  - iv. City (for a home repair type of estimate).
- v. **ADD** a **Contact** for unsuccessful call and a detailed **Comment** with required questions for the contractor or other third parties.
- b. If Helpline staff CANNOT identify the applicable person with this information, **ASK** the third party to notify the person named on their invoice/bill/estimate and **ASK** that they call the FEMA Helpline at 1-800-621-3362.

### 3. Verification calls to Contractors:

- a. Calls to contractors are crucial when verifying estimates and receipts.
- b. When requesting measurements, **OBTAIN** the quantity in the unit of measurement (UOM) that is utilized by FEMA, e.g. SF, LF, EA, for each specific item mentioned in the appeal.
  - i. For example, the estimate is for roof, flashing and chimney cap.
    1. Contact example would contain: 500 SF of roof needs repairs, 60 LF of flashing, and one chimney cap needs replacement.



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- c. When verifying estimates and/or receipts for heating systems, it is also important to ask the right questions.
  - i. **ESTABLISH** the type of heating system described on the estimate. If the type of heating system is NOT included on the estimate, the contractor can provide this information.
- d. Additional probing questions may also be necessary to obtain more details about the damages.
  - i. When asking if there was an onsite inspection, responses such as: "The applicant just told me the unit sustained water" or "We don't repair units that have sustained water damage" can be indicators that the unit was NOT actually tested. If necessary, **ASK** again if the unit was tested.
  - ii. When asking if damages are disaster caused, responses such as, "Yes, the whole unit needs to be replaced due to flooding" DOES NOT clearly answer the question. **ASK** what parts of the unit specifically were damaged, e.g., blower motor, heat exchanger, controls, etc.

### 4. Verifications calls for heating and cooling unit repair/ replacement:

- a. Suggested questions per estimate/receipt type:
  - i. Split system, Heat pump, or HVAC questions include:
    1. Did you perform an onsite inspection of the item?
    2. Was the damage caused by the disaster?
    3. What caused the damage? (i.e. flood, wind, rain, etc.)
    4. Are there any improvements or upgrades for the repair or replacement?
      - a. If yes, are they optional or necessary due to building code/ordinance requirements?
    5. Is the ductwork system being replaced due to the disaster? (If yes, see questions for [ductwork](#)).
    6. Was the dehumidifier part of the heating unit pre-disaster? (Only if a dehumidifier is on the estimate).
    7. Was the A/C unit part of the heating unit pre-disaster? (Only if an A/C unit is on the estimate).





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### ii. Boiler questions include:

1. Did you perform an onsite inspection of the item?
2. Was the damage caused by the disaster?
3. What caused the damage? (i.e. flood, wind, rain, etc.)
4. Are there any improvements or upgrades for the repair or replacement?
  - a. If yes, are they optional or necessary due to building code/ordinance requirements?
5. Does the boiler system include an indirect hot water heater?

### iii. Ductwork questions include:

1. Did you perform an onsite inspection of the item?
2. Was the damage caused by the disaster?
3. What caused the damage? (i.e. flood, wind, rain, etc.)
4. Are there any improvements or upgrades for the repair or replacement?
  - a. If yes, are they optional or necessary due to building code/ordinance requirements?
5. Is the damaged ductwork rigid (made of sheet metal), flexible, or insulated?
6. Is the ductwork being repaired/replaced used to create a connection to the heating/cooling system:
  - a. If yes, what is the cost and linear feet for the ductwork used for connection(s)?
    - i. How many linear feet of ductwork is being repaired/replaced outside of the heating/cooling system connection(s)?
7. If no, in linear feet, how much ductwork needs replacement, due to the disaster?

### 5. Verification calls for chimney repair/replacement:

- a. Suggested questions per estimate/receipt type:



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- i. Did you perform an onsite inspection of the item?
- ii. Was the damage caused by the disaster?
- iii. What caused the damage? (i.e. flood, wind, rain, etc.)
- iv. Is the repaired or new chimney up to current building code/ordinance requirements?
- v. What is the length, in linear feet, of the area that needs to be removed and replaced? (This is not necessarily the length of the chimney, rather the length of the damaged area.)
- vi. Does the estimate include flashing? If so, what length in linear feet?
- vii. Does the estimate include a chimney cap?

### 6. Verification calls for septic system unit repair/replacement:

- a. Suggested questions per estimate/receipt type:
  - i. Did you perform an onsite inspection of the item?
  - ii. Was the damage caused by the disaster?
  - iii. What caused the damage? (i.e. flood, wind, rain, etc.)
  - iv. Are there any improvements or upgrades for the repair or replacement?
    - a. If yes, are they optional or necessary due to building code/ordinance requirements?

### 7. Verification calls for water well repair/replacement:

- a. Suggested questions per estimate/receipt type:
  - i. Did you perform an onsite inspection of the item?
  - ii. Was the damage caused by the disaster?
  - iii. What caused the damage? (i.e. flood, wind, rain, etc.)
  - iv. Is the well the primary source of water?





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- v. Are there any improvements or upgrades for the repair or replacement?
  - a. If yes, are they optional or necessary due to building code/ordinance requirements?

### 8. Verification calls for additional quantities repair/replacement:

- a. Suggested questions per estimate/receipt type:
  - i. Did you perform an onsite inspection of the item?
  - ii. Was the damage caused by the disaster?
  - iii. What caused the damage? (i.e. flood, wind, rain, etc.)
  - iv. What is the measurement of disaster caused damaged areas?
  - v. Are there any improvements or upgrades for the repair or replacement?
    - a. If yes, are they optional or necessary due to building code/ordinance requirements?
  - vi. What room(s) is/are the damages located in?

### 9. Verification calls for damage NOT caused by the disaster or NOT functional before the disaster:

- a. Suggested questions per estimate/receipt type:
  - i. Did you perform an onsite inspection of the item?
  - ii. Was the damage caused by the disaster?
  - iii. What caused the damage? (i.e. flood, wind, rain, etc.)
  - iv. What is the measurement of disaster caused damaged areas?

### 10. Verification calls to Landlord:

- a. Suggested questions per estimate/receipt type:
  - i. Questions concerning rental assistance include:
    - 1. Why does the applicant need to relocate?



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2. Was the damage caused by the disaster?
3. How long will it take to complete repairs?
- ii. Questions concerning personal property (PP) assistance include:
  1. Was the damage caused by the disaster?
  2. Did you witness the applicant removing property from the DD?
  3. What damaged PP did you view?

### 11. Verification calls to repair Technicians:

- a. Follow the list of required questions per estimate/receipt type:
  - i. Questions about appliance (or computer) repair or replacement include:
    1. Was there an onsite inspection?
    2. What was the cause of damage of the appliance or computer?
    3. Are damages disaster caused?

### 12. Verification calls to repair Mechanics:

- a. Suggested questions per estimate/receipt type:
  - i. Was the vehicle damaged due to the disaster?
  - ii. Are repairs feasible?
  - iii. What is the repair cost for items damaged by the disaster?
  - iv. Are the repairs necessary to meet the vehicle safety inspection requirements?
  - v. Is the vehicle damaged beyond repair or considered a total loss due to the disaster caused damage?

### 13. Verification calls to Physicians:

- a. Suggested questions per estimate/receipt type:





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- i. Was the injury/disaster related to the best of your knowledge?
- ii. What is the total cost to replace equipment on the bill?
- iii. Was the illness/injury caused or exacerbated due to the disaster between the disaster incident period (provide time frame)?
- iv. How long do you anticipate the treatment is needed (Only if ongoing treatment is necessary)?
- v. Was insurance filed or was there any financial assistance in paying the bill from another source such as community aid or insurance?
- vi. What amount on the bill is the patient's responsibility?

### 14. Verification calls for medical equipment:

- a. Suggested questions per estimate/receipt type:
  - i. Are damages disaster related?
  - ii. Did the patient/applicant have the medical equipment before the (disaster date)?
  - iii. What is the total cost to replace equipment?
  - iv. Does the applicant have insurance and was it filed?
  - v. Was there any financial assistance in paying the bill from another source such as community aid?
  - vi. What amount on the bill is the patient's responsibility?

## D. Information Requests

1. If unable to make a determination with the information obtained in the verification call, or if the third party CANNOT locate the applicant's information:

- a. **CALL** the applicant to advise them what information is required; AND
- b. **GENERATE** and **MAIL** an **ADOC** letter.
  - i. Refer to [Codes, Verifications, Request Letters, and Assistance Types](#) SOP for additional processing information.



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### E. Exceptions

There may be unique scenarios not specifically identified within this Standard Operating Procedure (SOP) that may require additional assistance.

1. If unable to determine eligibility using available SOPs, DSOPs, or other posted information:

- a. **CALL** the IHP Helpdesk ((b) (6) for the applicable extension number) or **EMAIL** the appropriate Supervisor or Point of Contact (POC).
  - i. If after review by the IHP Helpdesk Specialist or Supervisor/POC, it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:
    1. **EMAIL** a request for clarification to the appropriate team via the Helpdesk ([FEMA-IHPHelpdesk@fema.dhs.gov](mailto:FEMA-IHPHelpdesk@fema.dhs.gov)).





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### III. EXAMPLES AND FAQs

#### Suggested Wording for Outbound Calls

The Outbound calls within the following section are performed during standard casework verifications. For information regarding callback procedures initiated by the applicant refer to the [Callback Section](#).

| Issue                                                       | Suggested Wording                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Greeting with Disclosure Statement for C3MP calls        | <p>a. "Hello, I am calling from the Federal Emergency Management Agency (FEMA). This call MAY be monitored and recorded for quality assurance purposes*. May I please speak with [name of applicant or co-applicant]?"</p> <p>i. If the person answering the phone identifies themselves as the applicant or co-applicant, continue with: My name is [agent's name] and my PIN is _____. I hope you are doing well today (or this morning/afternoon.) [or some other personal comment] Thank you for taking my call. I am reviewing your file and have some information for you regarding your application for disaster assistance."</p> <p>ii. If the person answering the phone is NOT the applicant or co-applicant, continue with the following for each person until you speak to the applicant or co-applicant: "Hello, I am calling from the Federal Emergency Management Agency (FEMA). * May I please speak with [name of applicant or co-applicant]."</p> <p>iii. Once you are speaking with the applicant or co-applicant, continue with: "Hello, I am calling from the Federal Emergency Management Agency (FEMA). This call MAY be monitored and recorded for quality assurance purposes*. My name is [agent's name] and my PIN is _____. I hope you are doing well today (or this morning/afternoon.) [or some other personal comment] Thank you for taking my call. I am reviewing your file and have some information for you regarding your application for disaster assistance."</p> <p><b>*NOTE:</b> If the person refuses to be monitored and recorded, the call CANNOT be continued. See Rows 4 and 5 below for suggested wording.</p> |
| 2. Message for answering service if a person is not reached | <p>a. "FEMA is trying to reach [applicant/co-applicant's name]. Please have [Him/Her] contact a FEMA Representative at 1-800-621-3362 regarding their disaster assistance needs as soon as possible. Thank you."</p> <p>i. DO NOT mention any specific information regarding the applicant's file or specific request for assistance on the message.</p> <p>ii. <b>RECORD</b> the call attempt in the NEMIS <b>Contact</b> field. <b>FOLLOW</b> <b>Contact</b> guidelines in <a href="#">section II.A.3</a> and <a href="#">section II.A.5</a> in this document and in the <a href="#">Helpline NPSC Caller Services Reference Guide</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |





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| Issue                                                                                                                              | Suggested Wording                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Closing if a person answers but applicant/ co-applicant is unavailable                                                          | <p>a. If the applicant is unavailable, "Can you tell me the best time to call? . . . Thank you. If you speak with him/her before I call back, he/she may call 1-800-621-3362, and the Helpline Representative can give them the information about which I am calling. Thank you for your time. Again, my name is _____ and my PIN is * _____."</p> <p>* If NOT already provided.</p> <p>i. <b>RECORD</b> the call attempt in the NEMIS <b>Contact</b> field. <b>FOLLOW</b> <b>Contact</b> guidelines in <a href="#">section II.A.3</a> and <a href="#">section II.A.5</a> in this document and in the <a href="#">Helpline NPSC Caller Services Reference Guide</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 4. Closing if applicant/ co-applicant refuses to accept/continue the call due to the Disclosure Statement                          | <p>a. "Unfortunately we will NOT be able to continue the call without being able to monitor and record the conversation. We will send a letter that will explain any additional information that is needed to continue processing. If you change your mind, you may also call the FEMA Helpline at 1-800-621-3362 to request this information <b>OR you may visit a Disaster Recovery Center (DRC)*</b>. Thank you for your time, again my name is _____ and my ID is _____."</p> <p><b>*NOTE:</b> If there are NO open DRCs for the designated disaster, please DO NOT read the portion in <b>bold</b>.</p> <p>i. *If the applicant states they are interested in visiting a DRC, refer to the <b>DR Info</b> tab in NEMIS, the <b>Info (F8)</b> link in the DAC-RI application, or the <a href="#">Disaster Specific Information</a> page for the particular disaster. Here you will find specific DRC information for openings/closing, hours of operation, and other disaster specific references.</p> <p>ii. <b>RECORD</b> the call attempt in the NEMIS <b>Contact</b> field. <b>FOLLOW</b> <b>Contact</b> guidelines in <a href="#">section II.A.3</a> and <a href="#">section II.A.5</a> in this document and in the <a href="#">Helpline NPSC Caller Services Reference Guide</a>.</p> |
| 5. Closing if a person other than the applicant/ co-applicant refuses to accept/continue the call due to the Disclosure Statement. | <p>a. "Unfortunately we will not be able to continue the call without being able to monitor and record the conversation. If you change your mind, you may call the FEMA Helpline at 1-800-621-3362 to request additional information regarding this call. Thank you for your time, again my name is _____ and my ID is _____."</p> <p>i. <b>RECORD</b> the call attempt in the NEMIS <b>Contact</b> field. <b>FOLLOW</b> guidelines in <a href="#">section II.A.3</a> and <a href="#">section II.A.5</a> in this document and in <a href="#">Helpline NPSC Caller Services Reference Guide</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |





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| Issue                                                                                        | Suggested Wording                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>6. <b>Verification, Continued:</b></p> <p><b><u>If IDV = PASS</u></b></p>                 | <p>a. If applicant agrees to be recorded and their <u>identity has passed</u>, "For your protection and to ensure that we give these facts only to the correct person, please allow me to verify the following...."</p> <ul style="list-style-type: none"> <li>i. "Please state your first and last name." [VERIFY accuracy of caller's response].</li> <li>ii. "Please provide the last four digits of your Social Security number." [VERIFY accuracy of caller's response].</li> <li>iii. "Please provide your damaged property address." [VERIFY accuracy of caller's response].</li> <li>iv. "Please provide your current mailing address." [CMA only verified if different from the DDA.] [Note: <b>ASK</b> if it is the same.]</li> </ul> <p><b>Note:</b> See row <u>10</u> for verification of <b>Current Phone Number</b> (CPN).</p>                                                                                                                                                                                                  |
| <p>7. <b>Verification, Continued:</b></p> <p><b><u>If Applicant is a Minor Child</u></b></p> | <p>a. If the co-applicant (parent/guardian) agrees to be recorded: "For your protection and to ensure that we give these facts only to the correct person, please allow me to verify the following...."</p> <ul style="list-style-type: none"> <li>i. "Please state your first and last name." [VERIFY accuracy of caller's response].</li> <li>ii. "Please state your child's first and last name." [VERIFY accuracy of caller's response].</li> <li>iii. "Please provide the last four digits of your child's Social Security number." [VERIFY accuracy of caller's response].</li> <li>iv. "Please provide your damaged property address." [VERIFY accuracy of caller's response].</li> <li>v. "Please provide your current mailing address." [CMA only verified if different from the DDA.] [Note: <b>ASK</b> if it is the same].</li> <li>vi. "Please state your child's Date of Birth." [VERIFY accuracy of caller's response].</li> </ul> <p><b>Note:</b> See row <u>10</u> for verification of <b>Current Phone Number</b> (CPN).</p> |



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| Issue                                                                                      | Suggested Wording                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. <b>Verification, Continued:</b><br><br><b>If IDV = FAIL</b>                             | <p>a. If applicant agrees to be recorded and his/her <u>identity has failed</u>, "For your protection and to ensure that we give these facts only to the correct person, please allow me to verify the following...."</p> <p>i. "Please state and spell your first and last name." [VERIFY accuracy of caller's response.]</p> <p>ii. "Please provide your full Social Security number." [VERIFY accuracy of caller's response.]</p> <p>iii. "Please provide your damaged property address." [VERIFY accuracy of caller's response.]</p> <p>iv. "Please provide your current mailing address." [CMA only verified if different from the DDA.] [Note: <b>ASK</b> if it is the same.]</p> <p>v. "Please provide your Date of Birth." [VERIFY accuracy of caller's response.]</p> <p><b>Note:</b> See section <u>10</u> for verification of <b>Current Phone Number</b> (CPN).</p>                  |
| 9. <b>Verification, Continued:</b><br><br><b>Confirm Current Phone Number Used in File</b> | <p>a. If you reached the applicant at a number <u>other than the current phone number</u>: "May I have the number you provided as your current phone number?" [Verify accuracy of caller's response, and update CPN if needed.]</p> <p>b. If you reached the applicant <u>at the current phone number</u>: "Is this number I called <u>still the best number to use for your current phone number?</u>" [VERIFY the accuracy of caller's response, and <b>UPDATE</b> CPN if needed].</p>                                                                                                                                                                                                                                                                                                                                                                                                         |
| 10. <b>Verification, Continued:</b><br><br><b>If Call was Disconnected for any Reason</b>  | <p>a. <b>REPEAT</b> the <u>Greeting with Disclosure Statement for C3MP calls</u> (row <u>1</u>) to the person that answers the call and <b>to every person with whom you speak to</b>. Once the applicant or co-applicant is reached, <b>START</b> the verification process from the beginning.</p> <p>i. If the applicant wants to use their Date of Birth as an alternative verification for the CMA or CPN, see <u>section II.C.5</u> for more information.</p> <p>ii. If IDV = <u>PASS</u>, follow the verification procedures in row <u>7</u>.</p> <p>iii. If applicant is a <u>minor</u> child, follow the verification procedures in row <u>8</u>.</p> <p>iv. If IDV = <u>FAIL</u>, follow the verification procedures in row <u>9</u>.</p> <p>v. If you reach the applicant at a number other than the CPN or at the CPN, <b>FOLLOW</b> the verification procedure in row <u>10</u>.</p> |
| 11. <b>Closing if applicant/ co-applicant refuses to give information</b>                  | <p>a. If the person being called refuses to give this information because they are unsure that you are really from FEMA, you may say, "I can certainly understand how you might be reluctant to give such sensitive information to me. I will be glad to note the reason for the call in your file and if you call 1-800-621-3362, the Helpline Representative can give you the information. It will take a few moments for me to enter the necessary information into the file, so please allow 15 minutes prior to returning this call. Thank you for your time. Again, my name is _____ and my PIN is * _____."</p> <p>* If NOT already provided.</p>                                                                                                                                                                                                                                         |





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## Outbound Calls and Third Party Verifications

Effective Date: September 17, 2021

| Issue                                                                                                                                                                                                                                                         | Suggested Wording                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12. <b>Current location</b>                                                                                                                                                                                                                                   | a. Once the information is verified, <b>UPDATE</b> the <b>current location</b> if necessary<br><br><b>NOTE:</b> The current location verification is only required in all <b>active</b> disasters for applicants who have received or are pending any form of Housing Assistance, e.g., Home Repair, Rental, Lodging/TSA, or Direct Housing.                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 13. <b>Purpose of call</b>                                                                                                                                                                                                                                    | a. Continue with the purpose of the call.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 14. <b>Closing after speaking with the applicant/co-applicant</b><br><br><b>NOTE:</b> Be careful with this closing: Use your best judgment. If the call was a difficult/resistant one, you may just thank them for their time and end with your name and PIN. | a. "Do you have any questions for me?"<br><br>b. "Thank you for your time."<br><br>i. <b>END</b> on a courtesy note. Some possibilities are ( <b>CHOOSE</b> the one that fits the best or tie back to something the applicant said in the conversation):<br><br>1. "I hope things start looking up for you very soon."<br><br>2. "Thank you for being so understanding about the situation."<br><br>3. "Thank you for your patience. We'll get a response to you as soon as we can."<br><br>4. "I appreciate your willingness to work with us on this situation."<br><br>5. "I can't imagine what you are going through. I hope things work out well for you."<br><br>c. "Again, for your records, my name is _____ and my PIN is * _____."<br><br>* If NOT already provided. |
| 15. <b>Contact</b>                                                                                                                                                                                                                                            | a. <b>ADD</b> a <b>Contact</b> . <b>FOLLOW</b> <b>Contact</b> guidelines in <a href="#">section II.A.3</a> and <a href="#">section II.A.5</a> in this document and in the <a href="#">Helpline NPSC Caller Services Reference Guide</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

Table 1: Suggested Wording for Outbound Calls

## Suggested Wording for Callback Calls

The C3MP system has a callback feature that allows customers to opt out of a long wait time. Callers are given the option of leaving a telephone number where they can be reached. Their place in queue is held. The next available agent will receive a callback request and will initiate the callback to complete the call. **USE** the following section when completing a Callback to the applicant.





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# Outbound Calls and Third Party Verifications

Effective Date: September 17, 2021

| Issue                                                                                                           | Suggested Wording                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Greeting with Disclosure Statement for C3MP callbacks                                                        | <p>a. "Hello, I am calling from the Federal Emergency Management Agency (FEMA). This call MAY be monitored and recorded for quality assurance purposes*. Someone from this number requested a call back from FEMA. May I please speak with the person who contacted FEMA?"</p> <p>i. If the person answering the phone identifies themselves as the caller who is the applicant or co-applicant and requested a call back, continue with: "My name is [agent's name] and my PIN is _____. Thank you for taking my call. How can I assist you?" <b>FOLLOW</b> regular RI procedures (make sure you read the Privacy Act and Declaration of Eligibility statement to the applicant), or Helpline (make sure you complete the verification process before giving access to the file and release information).</p> <p>ii. If the person answering the phone is NOT the applicant, co-applicant, or the party who asked for a call back, <b>CONTINUE</b> with the following for each person until you speak to the applicant or co-applicant: "Hello, I am calling from the Federal Emergency Management Agency (FEMA). May I please speak with the person who contacted FEMA?"</p> <p>iii. Once you are speaking with the applicant or co-applicant, continue with: "Hello, I am calling from the Federal Emergency Management Agency (FEMA). This call MAY be monitored and recorded for quality assurance purposes*. My name is [agent's name] and my PIN is _____. Thank you for taking my call. How can I assist you?" <b>FOLLOW</b> regular RI procedures (make sure you read the Privacy Act and Declaration of Eligibility statement to the applicant), or Helpline (make sure you complete the verification process before giving access to the file and release information).</p> <p><b>*NOTE:</b> If the person refuses to be monitored and recorded, the call CANNOT be continued. See Rows 4 and 5 above for suggested wording.</p> <p>b. *** If the call back becomes a Delta Call, <b>VERIFY</b> and <b>ADDRESS</b> the applicant(s) needs (RI or Helpline) following standard procedures.</p> |
| 2. Closing if a person answers but applicant/ co-applicant is unavailable when attempts have NOT been exhausted | <p>a. If the applicant is unavailable, "Thank you. Please inform them that we will attempt to call again later at this same phone number. Thank you for your time. Again, my name is _____ and my PIN is * _____."</p> <p>* If NOT already provided.</p> <p>i. <b>RECORD</b> the call attempt in the callback dialog box in C3MP as "Retry Later – Left message with 3rd party"</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3. Closing if a person answers but applicant/ co-applicant is unavailable when all attempts are exhausted       | <p>a. If the applicant is unavailable, "Thank you. Please inform them that they may call us back at 1-800-621-3362. Thank you for your time. Again, my name is _____ and my PIN is * _____."</p> <p>* If NOT already provided.</p> <p>i. <b>RECORD</b> the call attempt in the callback dialog box in C3MP as "Attempt Failed – Left voicemail \ message with 3rd party"</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |





## Outbound Calls and Third Party Verifications

Effective Date: September 17, 2021

| Issue                                                                                      | Suggested Wording                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. Message for answering service / voicemail only when all callback attempts are exhausted | <p>a. "FEMA is trying to return a call. Please contact a FEMA Representative at 1-800-621-3362 regarding any disaster assistance needs as soon as possible. Thank you."</p> <p>i. DO NOT mention any specific information regarding the applicant's file or specific request for assistance on the message.</p> <p>ii. <b>RECORD</b> the call attempt in the callback dialog box in C3MP as "Attempt Failed – Left voicemail \ message with 3rd party"</p> |

Table 2: Suggested Wording for Callbacks

### Contact procedures for successful or unsuccessful calls

#### 1. For a Successful Call Attempt:

- a. Staff is required to dial all phone numbers listed in the applicant's file, e.g.:
  - i. DPN#1: 111-111-1111: Unanswered and a message was left on an answering machine.
  - ii. Alt#: 222-222-2222: Answered by the applicant's grandmother. The applicant/co-applicant was NOT available and a message was left.
  - iii. Cell#: 333-333-3333: Answered by applicant
- b. **IDENTITY** the dialed number by designation, e.g. DPN#1, DPN#2, CPN, Alt Ph#, etc.
- c. The **Contact** might appear as:

Comment / Contact

Type:

Summary:

Contact:  Spoke To:

Call Type:  Call Sub Type:

Email:  Phone Number:

Details:

Figure 1: Successful Call Attempt Contact



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## Outbound Calls and Third Party Verifications

Effective Date: September 17, 2021

### 2. For an Unsuccessful Call Attempt:

- a. Staff is required to dial all phone numbers listed in the applicant's file, e.g.:
  - i. DPN#1: 111-111-111: Unanswered and a message was left on an answering machine.
  - ii. Cell#: 222-222-2222: Unanswered and a message was left on voicemail.
  - iii. DPN#2: 333-333-3333: Unanswered and NO message could be left.
  - iv. Alt#: 444-444-4444: Answered by a family friend, Jim Smith. The applicant/co-applicant was NOT available and a message was left.
- b. **IDENTITY** the dialed number by the actual number, e.g. 123-456-7890.
- c. The **Contact** might appear as:

A screenshot of a software application window titled "Comment / Contact". The form contains several fields and sections:

- Type:** A dropdown menu set to "Contact".
- Summary:** A text field containing "FACILITY# UNSUCCESSFUL COURTESY CALL - ADOC LETTER".
- Contact:** A dropdown menu set to "Reviewer Initiated".
- Spoke To:** A text field containing "JIM SMITH".
- Call Type:** A dropdown menu set to "HA Program Requests".
- Call Sub Type:** A dropdown menu set to "Appeal Request".
- E-mail:** An empty text field.
- Phone Number:** A text field containing "(444) 444-4444" and a "Select ..." button.
- Details:** A large text area containing the following text:

Spoke with friend, Jim Smith; applicant/co-applicant not available; left standard message for app/co/app to call FEMA and provided the HL number; best time to call is after 6pm EST.

Prior calls:  
111-111-1111: No answer; left standard message on answering machine  
222-222-2222: No answer; left standard message on voicemail  
333-333-3333: No answer; no message capability
- Buttons:** "Clear", "OK", "Cancel", and "Help" buttons are located at the bottom of the form.

Figure 2: Unsuccessful Call Attempt Contact





## Outbound Calls and Third Party Verifications

Effective Date: September 17, 2021

# IV. DEFINITIONS AND ACRONYMS

## Definitions

**Access and Functional Needs (AFN):** Individuals having access and functional needs may request accommodations with one or more of the following: adaptive van, assistive listening device, assistive technology device for hearing or vision, braille, CART, cognitive/developmental disabilities/ mental health, dialysis, environmental control or alerting device, hearing or speech, independent living, large print, medical equipment that depends on electricity, medication or medical supplies including adult diapers and catheters, mobility, oxygen or respiratory equipment, personal assistance services/ in home care, personal care device, power or manual wheelchair, prothesis, scooter, self-care, service animal, sign language interpreter, vision, walker, cane, or crutches, wheelchair access.

**Appeal:** The method of applying for an official change to a previous determination through the submission of documents initiated by the applicant or co-applicant.

**Business Rules:** A set of conditions programmed into NEMIS that make electronic decisions for automatic processing (auto determination).

**Call Attempt:** The required call attempt(s) to all available numbers to clarify/request information or discuss eligibility determinations. If the full contact information is NOT available, it can be obtained by using, an internet search provider, or by calling the applicant.

**Disclosure Statement:** This call MAY be monitored and recorded for quality assurance purposes.

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## Acronyms

|          |                                                               |
|----------|---------------------------------------------------------------|
| AFN      | Assess and Functional Needs                                   |
| COD      | Cause of Damage                                               |
| DRC      | Disaster Recovery Center                                      |
| DSA      | Disaster Survivor Assistance                                  |
| IDV_FAIL | Identity Verification Failed                                  |
| IDV_PASS | Identity Verification Passed                                  |
| IHP      | Individuals and Households Program                            |
| IID      | Minimal or No (Category) Needs Required (ONA Categories only) |



## Outbound Calls and Third Party Verifications

Effective Date: September 17, 2021

|              |                                                  |
|--------------|--------------------------------------------------|
| <b>IIDV</b>  | Ineligible Failed Identity Verification          |
| <b>INS</b>   | Insured                                          |
| <b>JFO</b>   | Joint Field Office                               |
| <b>NEMIS</b> | National Emergency Management Information System |
| <b>ONA</b>   | Other Needs Assistance                           |
| <b>POC</b>   | Point of Contact                                 |
| <b>PP</b>    | Personal Property                                |
| <b>RI</b>    | Registration Intake                              |
| <b>SOP</b>   | Standard Operating Procedure                     |
| <b>WP</b>    | Workpacket                                       |





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## Outbound Calls and Third Party Verifications Effective Date: September 17, 2021

### V. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures
  - [Appeal Processing](#)
  - [Codes, Verifications, Request Letters, and Assistance Types](#)
  - [Funeral Assistance](#)
  - [Identity Verification](#)
  - [Insurance Processing for HA and Personal Property](#)
  - [Occupancy Verification](#)
  - [Ownership Verification](#)
  - [Written Consent and Sharing Applicants Information](#)
- Resources
  - [Helpline NPSC Caller Services Reference Guide](#)