

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

FORMS ACTION REQUEST

I. FORM IDENTIFICATION			
Form Action (Check One): <input type="checkbox"/> New (Provide Draft Form) <input checked="" type="checkbox"/> Revision (Complete page 2) <input type="checkbox"/> Abolish			Date of Request (mm/dd/yyyy): 07/06/2022
Authorization (Prescribes the use of this form or contains instructions for its use (e.g., Code of Federal Regulations, Directive, Handbook) FF-104-FY-21-123 (formerly FEMA Form 009-0-1T (English)), Tele-Registration, Disaster Assistance Registration; tool to register applicants for disaster assistance			
Scope of Form: <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Region <input type="checkbox"/> Field <input type="checkbox"/> State & Local Government			Form Number (Leave blank if new)
Serially Numbered: <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> No		Special Handling (When filled in): <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> No	
Subject to the Privacy Act: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
II. ORIGINATING OFFICE			
Contact Name (Last, First, Suffix) Baker, Edward		Title: Program Specialist	
Organization/Office: PM Section	Room Number:	Telephone Number: 540-686-3610	Email Address: edward.baker@fema.dhs.gov
Name and Title of Official Authorizing this Request (Branch Chief or Higher): Brian Thompson Unit Chief		Authorizing Official:	Date Signed:
Explain the purpose for which this form will be used: Disaster Assistance Registration			
III. COORDINATION AND REVIEW IN ADDITION TO OFFICE OF PRIMARY RESPONSIBILITY			
Office:	Contact Name and Telephone Number:		
<input type="checkbox"/> Office of Chief Council			
<input type="checkbox"/> Privacy Office			
<input type="checkbox"/> External Affairs			
<input type="checkbox"/> Other Office			
IV. PRINTING AND AUTOMATION			
PRINTING SERVICE	Form Size (Width & Length):	<input type="checkbox"/> Single Page <input type="checkbox"/> Number of Pages (specify): _____	<input type="checkbox"/> Binding: <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> No <input type="checkbox"/> Staple <input type="checkbox"/> Glue
	Stock (Color & Weight):	<input type="checkbox"/> Set, Carbon Interleaved <input type="checkbox"/> Set, Non-Carbon (Chemical Transfer)	Other (specify):
	Ink (Special Requirements):	<input type="checkbox"/> If Set, Number of Plys (specify): _____ <input type="checkbox"/> If Set, Parts Different <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Additional Information/Instructions:		
AUTOMATION	Automate Form: <input type="checkbox"/> Yes <input type="checkbox"/> No	Security/Compliance Issues: <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> No	
	Post On: <input type="checkbox"/> Intranet <input type="checkbox"/> Internet		
Comments:			
Forms Management Approving Official:			Date Signed:

FORMS ACTION REQUEST

V. FORMS REVISION CHART (ONLY COMPLETE if a Revision to a Form is being Requested):

Location of Text (e.g., Page 2, Line 3)	Current Text (e.g., Action Office: RMD)	Revised Text (e.g., Action Office: Records Management Division (RMD))
Language Selection Screen	Current language: • English • Spanish	<p>Do you need assistance after a disaster?</p> <p>We can help you apply for FEMA disaster assistance and guide you to other resources to help you recover.</p> <p>Let's Get Started [Button] English/Spanish</p> <p>If you need help to complete your application, call the FEMA Helpline, 7 a.m to 11 p.m. ET, 7 days a week: • 1-800-621-3362. • If you use a video relay service, captioned phone, or other communication service, give FEMA the number for that service</p>
Location Search	Enter your city and state or ZIP code to see if your area has been declared for Individual Assistance. NOTE: Your address and personal data will not be stored.	<p>What is the location of your loss?</p> <p>Use Current Location (hyperlink) Or Select a State/ Territory (Drop-down menu) Or Enter ZIP Code (Text Field)</p> <p>Enter City (Text Field which appears if State is selected)</p>
Disaster Selection Screen one	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".	<p>Select the disaster that affected you. Showing disasters for (State Selected)</p> <p>If you have losses in more than one recent disaster, you must complete a new application for each disaster.</p> <p>I don't see my disaster listed here</p>
Disaster Selection Screen two	new screen	<p>Select your area. [Drop-down menu]</p> <p>If user selects a different county: Did your damage occur in one of the places listed below?</p> <p>[Button] Next</p>

Declared Disaster Step One	<p>The following disasters have been declared for Individual Assistance in your area. Click Apply Online below to start your application. But please confirm the Disaster Name and Declared Date for your county. FEMA will only process applications that are linked to the correct disaster.</p>	<p>Apply for FEMA Assistance Start My Application [Button]</p> <p>The text below is just an example of the information that may be available to survivors. The exact offerings are TBD.</p> <p>Report your Immediate Needs Check with your local emergency management officials, voluntary agencies or by dialing your local 2-1-1.</p> <p>Find your Local Offices ---</p> <p>Find Help from Other Resources Find other disaster assistance that meets your personal needs. Learn about more than 70 forms of assistance from 14 federal agencies.</p> <p>Explore Other Resources (Button)</p>
Declared Disaster Step Two	new screen	<p>What help do you need?</p> <p>Check all that apply.</p> <p>Home damage [checkbox] Business losses [checkbox] Property damage [checkbox] Other expenses [checkbox] Unemployment [checkbox]</p> <p>Check Other Expenses if you had to leave your home because of the disaster and aren't able to return yet. You may still apply now. You can update your application later with more information.</p> <p>Note: We can't provide money for losses already covered by insurance. So if you have insurance that may cover your losses, contact the company to file a claim as soon as possible.</p> <p>You don't have to file your insurance claim before you apply with FEMA.</p> <p>Back [Link] Next [Button]</p>
Unemployment Only	New Screen	<p>You checked unemployment ONLY.</p> <p>FEMA doesn't currently offer assistance for unemployment.</p> <p>You may contact your state's unemployment program to file a claim for benefits. You can use the CareerOneStop Unemployment Benefits Finder to find your state's program.</p> <p>If you also have other needs caused by the disaster, go back to change your answer.</p> <p>If you find out later you have other disaster-related losses, you can come back to fill out an application.</p>

Business Only	New Screen	<p>You checked business damage ONLY.</p> <p>FEMA doesn't currently offer assistance for businesses.</p> <p>You may be able to get assistance from the U.S. Small Business Administration (SBA) for your business losses. Please visit SBA's Disaster Assistance page for more information.</p> <p>If you also have other needs caused by the disaster, go back to change your answer.</p> <p>Here's a list of assistance from other agencies that may also be able to help.</p> <p>If you find out later you have other disaster-related losses, you can come back to fill out an application.</p>
Home Personal Property Screen	<p>Is this your primary residence, where you live more than six months out of the year?</p> <p>Yes No</p>	<p>You checked home damage</p> <p>Please select one of the following options:</p> <p>This is my primary home. I live here more than six (6) months of the year. [Radio Button]</p> <p>This is my vacation or second home. [Radio Button]</p> <p>If the user selects "This is my vacation home" the following message will be displayed:</p> <p>"You said this is your vacation or second home. For some assistance, FEMA can only provide help for your primary home. This is where you normally live more than 6 months of the year. You may continue with your FEMA application. If you have questions, please call the FEMA helpline at 1-800-632-3362. If you use a video relay service, captioned phone, or other communication service, give FEMA the number for that service"</p>

<div data-bbox="77 1476 284 1501" data-label="Section-Header"> <p>Needs Assessment</p> </div>	<div data-bbox="332 1018 917 1963" data-label="Text"> <p>Emergency Needs 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.</p> <p>Disaster Related ExpensesI have a disaster related emergency need for food, medication, durable medical equipment or gas. [Checkbox]</p> <p>I have a disaster related emergency need for shelter. [Checkbox]</p> <p>I have a disaster related emergency need for clothing. [Checkbox]</p> <p>Have you incurred uninsured or under-insured expenses as a direct result of the disaster?</p> <p>*Do you have MEDICAL expenses as a result of the disaster? Yes No [Radio Buttons]</p> <p>*Do you have DENTAL expenses as a result of the disaster? Yes No [Radio Buttons]</p> <p>*Do you have FUNERAL expenses as a result of the disaster? Yes No [Radio Buttons]</p> <p>Moving and Storage Expenses * Do you have any disaster caused moving and storage expenses? ○ Yes ○ No</p> </div>	<div data-bbox="954 42 1550 2026" data-label="Text"> <p>What assistance do you need?</p> <p>Check all that apply.</p> <p>Property Damage <input type="checkbox"/> Home damage [Checkbox] <input type="checkbox"/> Vehicle damage [Checkbox] <input type="checkbox"/> Personal property damage [Checkbox]</p> <p>Emergency Needs <input type="checkbox"/> Food, clothing, gas, medication, or medical equipment [Checkbox] <input type="checkbox"/> Essential utilities [Checkbox] <input type="checkbox"/> Home access</p> <p>Other Expenses <input type="checkbox"/> Funeral or reburial expenses [Checkbox] If user checks... [Funeral or Reburial Expenses You said you had funeral or reburial expenses. FEMA may be able to help with funeral expenses when the disaster caused the death. We may also be able to help when the disaster caused expenses to rebury remains.</p> <p>FEMA does not help with pre-paid funerals or funeral or reburial expenses already paid by another source. This may include insurance, voluntary organizations, or the U.S. Department of Veteran Affairs.</p> <p>Do you have funeral or reburial expenses? Radio Buttons - Yes/No]</p> <p><input type="checkbox"/> Lodging expenses [Checkbox] <input type="checkbox"/> Medical or dental expenses [Checkbox]</p> <p>FEMA may be able to help with the following types of medical or dental expenses caused by the disaster:</p> <ul style="list-style-type: none"> • Loss or damage to personal medical or dental equipment, such as a breast-feeding pump, glasses, or dentures • Expenses for injury or illness, such as an arm broken by a falling tree • Pre-existing injury, disability, or medical condition made worse by the disaster, such as hospitalization due • Replacement of prescribed medicines, such as refrigerated medicines ruined by extended power outages • Medical or dental insurance deductibles and co-payments • Loss or injury of a service animal, such as a guide dog or other animal that meets the definition of a service animal as defined by the Americans with Disabilities Act <p>Do you have medical or dental expenses? Yes No</p> <p><input type="checkbox"/> Moving and storage expenses [Checkbox] <input type="checkbox"/> New or extra child care costs [Checkbox] If user checks...</p> <p>[You said you have new or extra child care costs.</p> <p>FEMA may be able to help with extra child care expenses caused by the disaster. These costs must be for children age 13 and under or children with a disability up to age 21.</p> </div>
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Examples include when there's damage to your child care facility and you had to switch to a more expensive

Needs Selection Verification	new screen	<p>You checked:</p> <ul style="list-style-type: none"> Home damage Vehicle damage Personal property damage Food, clothing, shelter, gas, medication or medical equipment Essential utilities Home access Funeral or reburial expenses Lodging expenses Medical or dental expenses New or extra child care costs Miscellaneous item expenses <p>Pop-up Language:</p> <p>Is this need due to damage or losses to your home?</p> <p>Yes No I don't know</p> <p>Is this the primary home you live in more than 6 months of the year?</p> <p>Yes No</p>
Needs Selection Verification screen 2	new screen	<p>You checked Home damage.</p> <p>Do you also have damage to your personal property?</p> <p>Yes No I don't know [Radio Button]</p>
Primary Residence Verification	New screen	<p>If you don't have damage to your primary home, where you live more than six (6) months of the year, FEMA can't provide assistance.</p> <p>If you also have other needs caused by the disaster, go back (hyperlink) to change your answer.</p> <p>Here's a list of assistance from other agencies that may also be able to help.</p>
Disaster Confirmation	<p>Damage Type</p> <p>*When did the damage occur?</p> <p>Loss Date:</p> <p>[Text Field]</p>	<p>You are applying for North Carolina – Tropical Storm Eta.</p> <p>This disaster occurred 11/12/2020-11/15/2020.</p> <p>If this is not correct, please pick another disaster. (hyperlink)</p> <p>When did your losses occur?</p> <p>[Text Field]</p> <p>Confirm this date [Button]</p> <p>Back [Link]</p>

<p>Type of Damage</p>	<p>Current language:</p> <p>Damage Type What type of damage do you have? Check all that apply</p> <p>Flood [Checkbox] Hurricane/Hail/Rain/Wind Driven Rain [Checkbox]</p> <p>_____</p> <p>If you do not see the type of damage that occurred to your home above, please select Other damage not listed here.</p> <p>Other damage not listed here [Checkbox]</p>	<p>Type of Damage</p> <p>What caused your losses? Check all that apply</p> <p><input type="checkbox"/> Earthquake [Checkbox] <input type="checkbox"/> Fire, Lava Flow, Ash [Checkbox] <input type="checkbox"/> Flood [Checkbox] <input type="checkbox"/> Hurricane, Hail, Rain, Wind-driven Rain [Checkbox] <input type="checkbox"/> Ice, Snow [Checkbox] <input type="checkbox"/> Power Surge, Lightning [Checkbox] <input type="checkbox"/> Seepage [Checkbox] <input type="checkbox"/> Sewer Backup [Checkbox] <input type="checkbox"/> Tornado, Wind [Checkbox] <input type="checkbox"/> Other damage not listed here [Checkbox]</p> <p>Other damage not listed here</p>
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<p>Privacy Act</p>	<p>CITIZENSHIP: In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. Please feel free to consult with an attorney or other immigration expert if you have any questions. By checking the box below, you hereby declare under penalty of perjury, that you are a citizen or non-citizen national of the United States, or a qualified alien of the United States, or a parent or legal custodian of a child who is a minor, who resides with you and who is a citizen, naturalized citizen or qualified alien of the United States.</p> <p>AUTHORITY: FEMA collects, uses, maintains, retrieves, and disseminates the records within this system under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), Pub. L. No. 93-288, as amended (42 U.S.C. §§ 5121-5207); 6 U.S.C. §§ 776-77, 795; the Debt Collection Improvement Act of 1996, 31 U.S.C. §§ 3325 (d), 7701(c)(1); the Government Performance and Results Act, Pub. L. No. 103-62, as amended; Reorganization Plan No. 3 of 1978; Executive Order 13411, "Improving Assistance for Disaster Victims," August 29, 2006; and Executive Order 12862 "Setting Customer Service Standards," September 11, 2003, as described in this notice.</p> <p>ROUTINE USE(S):FEMA may share the personal information of U.S. citizens and lawful permanent residents contained in their disaster assistance files outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. FEMA may share the personal information of non-citizens, as permitted by the following Privacy Impact Assessments: DHS/FEMA/PIA-012(a) Disaster Assistance Improvement Plan (DAIP) (Nov. 16, 2012); DHS/ FEMA/PIA-027 National Emergency Management Information System - Individual Assistance (NEMIS-IA) Web-based and Client-based Modules (June 29, 2012); DHS/FEMA/PIA-015 Quality Assurance Recording System (Aug. 15, 2014). This includes sharing your personal information with federal, state, tribal, local agencies and voluntary organizations to enable individuals to receive additional disaster assistance, to prevent duplicating your benefits, or for FEMA to recover disaster funds received erroneously, spent inappropriately, or through fraud as necessary and authorized by routine uses published in DHS/ FEMA-008 Disaster Recovery Assistance Files Notice of System of Records, 78 Fed. Reg. 25,282 (Apr.30, 2013) and upon written request, by agreement or as required by law.</p> <p>CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: The disclosure of information, including the SSN, on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.</p> <p>I hereby declare, under penalty of perjury that one of the following is true:</p> <ul style="list-style-type: none"> • I am a citizen or non-citizen national of the United States. • I am a qualified alien of the United States. • I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. <p>* I accept the Privacy Act Statement and declare that I am eligible</p>	<p>Privacy Act Statement and Declaration of Eligibility</p> <p>FEMA is required by law to provide you with a copy of the Privacy Act Statement.</p> <p>The Privacy Act of 1974 protects your rights as to how FEMA uses and shares your information with entities such as states, tribes, local governments, and other organizations. The Stafford Act and other laws allow FEMA to collect information to determine eligibility and provide assistance as a result of a Presidentially declared disaster.</p> <p>If you receive FEMA assistance and your insurance or other sources covers the same loss, you may be required to return some or all of the FEMA assistance you received.</p> <p>To be eligible for assistance, you must declare that you or someone in your household is a citizen, non-citizen national, or a qualified alien of the United States. If you provide false information or lie in an attempt to get assistance, it is a violation of federal and state laws, which carry criminal or civil penalties or both.</p> <p>You authorize FEMA and the state, tribe, or local government to verify all the information you provide and request documentation from your insurance company, or other third parties, to determine your eligibility for assistance.</p> <p>The disclosure of information, including the Social Security Number, on this form is voluntary; however, failure to provide the information requested may delay or prevent you from receiving disaster assistance.</p>
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CAPTCHA	<p>Current language:</p> <p>If you have trouble with the image, click this link to try a different option.</p> <p>Please type the characters appearing in the image or return to the Home page to cancel.</p> <p>Note: You can try no more than three times. This is your first try.</p>	I'm not a robot [CAPTCHA Checkbox]
Create an Account	<p>You are encouraged to create an online account. This is different from the registration you've just completed. If you chose email correspondence, you must have an account to view information from FEMA.</p> <p>With an online account, you can:</p> <ul style="list-style-type: none"> • Check the status of your registration. • Receive updates and requests from FEMA. • Add or update your contact information. • Update your insurance and bank information. • Review information about other assistance you may be eligible for. <p>Create Account [Button] Skip [Link]</p>	<p>When you create an online account, you can save your work as you fill out the application or pick up where you left off if you need to come back later.</p> <p>An online account also lets you:</p> <ul style="list-style-type: none"> • Check the status of your application. • Get messages and requests from FEMA. • Add or update your contact information. • Update your insurance and bank information. • Upload documents. • View information about other types of assistance. <p>Read the Privacy Act Statement *I agree that I have read and accept the Privacy Act Statement. I declare I or someone in my household is a citizen, non-citizen national, or a qualified alien of the United States. [checkbox] (Opens Privacy Statement and requires user to scroll to the bottom to view the whole statement)</p> <p>Login or Create an Online Account [Button appears if you click the agreement statement]</p>
login.gov	new screen	Disaster Assistance.gov is now using login.gov to allow applicants to sign into accounts safely and securely.

<p>Application Intro</p>	<p>If you are a disaster survivor, you may qualify for federal assistance.</p> <p>If you are applying for both home and business disaster assistance, complete one registration to cover both. If you are applying for multiple disasters, you will need to complete a registration for each disaster.</p> <p>You'll need the following to complete your registration: Social Security Number (SSN) OR the SSN of a minor child in the household who is a U.S. Citizen, Non-Citizen National or Qualified Alien Annual Household Income Contact Information (phone number, mailing address, email address*, and damaged home address) Insurance Information (coverage, insurance company name, etc.) Bank Account Information (if you are eligible to receive financial assistance, the money can be deposited in your account)</p> <p>* Note: You must provide an email address if you want to review your registration status online. If you do not provide an email address, you will be required to contact FEMA for any updates to your registration. If you need further information or assistance: Call the FEMA Helpline at 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 7 days a week from 7 a.m. to 1 a.m. ET. If you use a relay service, such as video relay service (VRS), captioned phone, or others, give FEMA the number for that service.</p> <p>If you are having technical issues, call FEMA's Internet Help Desk at 1-800-745-0243. They are available 24 hours a day, 7 days a week.</p> <p>To learn more, review the Help After a Disaster brochure. This provides policy and eligibility information for all assistance under the Individuals and Households Program (IHP). Visit the Individual Disaster Assistance page for more details. You may also view Disasters by calendar year or find other agency support by disaster.</p>	<p>Read the Paperwork Burden Disclosure. (hyperlink; example text)</p> <p>You'll need the following to complete your application:</p> <ul style="list-style-type: none"> • Social Security Number (SSN) OR SSN of a qualified minor child (Minor child must live in the household and be a U.S. citizen, non-citizen national, or qualified alien.) • Annual Household Income • Contact Information • Insurance Information • Bank Account Information <p>In most cases you can only submit one application per household. There may be situations where more than one application per household is possible. Anyone living at the address who is financially responsible for themselves may submit a separate application. Examples: A boarder who pays rent for space in the home or roommates who are all named on the lease.</p> <p>You should call FEMA's Helpline if you have questions about:</p> <ul style="list-style-type: none"> • How to apply for assistance. • For help to complete your application. • Information or updates to your account. • The help offered by FEMA. <p>You may call 7 a.m. to 11 p.m.. ET, 7 days a week:</p> <ul style="list-style-type: none"> • 1-800-621-3362 (711 available) • If you use a video relay service, captioned phone, or other communication service, give FEMA the number for that service, when you call. <p>If you're having technical problems, call FEMA's Internet Help Desk, 24 hours a day, 7 days a week:</p> <ul style="list-style-type: none"> • 1-800-745-0243 <p>The help desk can help you with:</p> <ul style="list-style-type: none"> • Lost or forgotten user ID, password, or PIN. • Errors or other site-related problems. <p>Note: The FEMA Internet Help Desk is not able to provide any information or help with your FEMA application.</p> <p>To learn more about how FEMA can help support your disaster recovery, visit the Individual Assistance page.</p> <p>Get Started [Button]</p>
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<p>Application Instructions</p>	<p>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. This will provide helpful information about how to answer each question as you progress through the application.</p> <p>Read the information carefully and answer the questions on the screen. When you have read the information and answered all of the required questions, click the "Next" button at the bottom of the page to continue the registration process.</p> <p>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.</p> <p>You can cancel your application at any time by clicking "Exit Registration".</p> <p>Note: 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 (18 U.S.C § 287, 1001, and 3571).</p>	<p>Application Instructions</p> <ul style="list-style-type: none"> • All fields are required except those marked as "Optional." • Click the information icon to get more guidance. • The green bar at the top of each screen shows your progress through the application. • Use the links in the menu or buttons at the bottom of each screen to move through the application. <p>(Graphical depiction of form navigation)</p> <p>Filing an Application for Someone Other Than Yourself</p> <p>Sometimes there are situations when a person affected by a disaster is not able to apply for themselves. In these cases, FEMA allows a representative to apply for this person as long as they are able to provide us with all relevant information.</p> <p>If you will be helping this person throughout the process, they must provide FEMA with a release-of-information (PDF, 553 KB) document that allows you access to the file.</p> <p>Note: It's important you understand that your application becomes a legal document. FEMA may use external sources to verify the accuracy of the information you enter.</p> <p>Begin Application [button]</p>
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<p>Form PII</p>	<p>To register for disaster assistance, please provide the following information:</p> <ul style="list-style-type: none"> * Prefix: MR/MS * Applicant First Name: Applicant MI: * Applicant Last Name: * Applicant Social Security Number: Show Social Security Number * Date of Birth: MM/DD/YYYY <p>Enter your email address so 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. Email Address: Verify Email</p> <p>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 contact you regarding your registration for disaster assistance. Damage Dwelling Phone: My Current Phone is the same as my Damaged Dwelling Phone - If selected, please do not provide Current Phone. Current Phone: Cell Phone: Alternate Phone:</p> <p>Note: adding a co-applicant question requesting the information at this point. The reason for the change is that not all flows/scenarios will ask for occupant information and that is currently where the co-app is entered.</p>	<p>Personal Information</p> <p>Let's get your personal details now.</p> <p>To qualify for FEMA Assistance, the person listed as the applicant must be a U.S. citizen, non-citizen national, or qualified alien. If you need to apply under a qualified minor child who lives in your household, you must enter the child's information as the applicant.</p> <p>First Name [text field] MI (Optional) [text field] Last Name [text field] Suffix (Optional) [text field] Preferred Name (Optional) [text field] Social Security Number [text field] Show Social Security Number [checkbox] Date of Birth [text field] Email Address [text field] Primary Phone Number [text field] Type [dropdown] Cell Home Office Other Notes (Optional) [text field]</p> <p>Alternate Number (Optional) [text field] Type [Dropdown] Cell Home Office Other Notes (Optional) [text field]</p> <p>Do you want to add a co-applicant? This person will have full access and be able to update information on the application.</p> <p>Note: The parent or guardian must be listed as a co-applicant when applying under a qualified minor child.</p> <p>Yes No [Radio Buttons]</p> <p>First Name [text field] MI (Optional) [text field] Last Name [text field] Suffix (Optional) [text field] Preferred Name (Optional) [text field] Social Security Number (Optional) [text field] Show Social Security Number [Checkbox] Co-Applicant Date of Birth [text field]</p>
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<p>Form PPI Funeral</p>	<p>Current language: Personal Identification To register for disaster assistance, please provide the following information: * Prefix: [Dropdown] MR / MS * Applicant First Name: [Text Field] Applicant MI: [Text Field] * Applicant Last Name: [Text Field] * Applicant Social Security Number: [Text Field] Show Social Security Number [Checkbox] * Date of Birth: MM/DD/YYYY / [Text Field] Enter your email address so 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. Email Address: [Text Field] Verify Email [Text Field] Contact Phone Numbers 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 contact you regarding your registration for disaster assistance. Damage Dwelling Phone: My Current Phone is the same as my Damaged Dwelling Phone - If selected, please do not provide Current Phone. Current Phone: Cell Phone: Alternate Phone:</p> <p>Note: adding a co-applicant question requesting the information at this point. The reason for the change is that not all flows/scenarios will ask for occupant information and that is currently where the co-app is entered.</p>	<p>Personal Information</p> <p>Let's get your personal details now.</p> <p>If you are applying for funeral expenses, we are sorry for your loss. To apply for funeral assistance, use the name and Social Security number (SSN) of the person responsible for the deceased person's funeral costs.</p> <p>First Name [text field] MI (Optional) [text field] Last Name [text field] Suffix (Optional) [text field] Preferred Name (Optional) [text field] Social Security Number [text field] Show Social Security Number [checkbox] Date of Birth [text field] Email Address [text field] Primary Phone Number [text field] Type [dropdown] Cell Home Office Other Notes (Optional) [text field]</p> <p>Alternate Number (Optional) [text field] Type [Dropdown] Cell Home Office Other Notes (Optional) [text field]</p> <p>Do you want to add a co-applicant? This person will have full access and be able to update information on the application.</p> <p>If another person also paid for funeral costs, they should be included as the co-applicant.</p> <p>Yes No [Radio Buttons]</p> <p>First Name [text field] MI (Optional) [text field] Last Name [text field] Suffix (Optional) [text field] Preferred Name (Optional) [text field] Social Security Number (Optional) [text field] Show Social Security Number [Checkbox] Co-Applicant Date of Birth [text field]</p>
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<p>Form Address</p>	<p>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 or enter a PO Box.</p> <p>Use the information in the Help for this page (located at the top of the page) if:</p> <p>You have an uncommon address (no street name, house number, city, etc.)</p> <p>OR</p> <p>Your mailing address is different from your home address</p> <p>* ZIP ZIP+4</p> <p>* Street Address</p> <p>* City</p> <p>* State</p> <p>* Do you own this home or do you rent it? Own Rent</p> <p>• Is the address above also your mailing address?</p> <p>(If you receive your mail at a P.O. Box, please select No)</p> <p>_____</p> <p>Please provide the full physical street address or a PO Box where you receive your mail. When entering a street address, include the house or building number, street name and any apartment or lot number. Do not abbreviate street names.</p> <p>In Care Of</p> <p>* ZIP ZIP+4</p> <p>* Street Address</p> <p>* City</p> <p>* State</p>	<p>Where did your losses occur?</p> <p>Enter the full physical street address of your home. Include the house or building number, the street name, and any unit number. Do not abbreviate street names or enter a P.O. Box.</p> <p>ZIP Code [Text Field]</p> <p>ZIP +4 (Optional) [Text Field]</p> <p>Street Address [Text Field]</p> <p>Unit # (Optional) [Text Field]</p> <p>City [Text Field]</p> <p>State [Text Field]</p> <p>County, Parish, Municipality [Text Field]</p> <p>What type of home was damaged? [Drop Down]</p> <p>Boat Condo House-Single/Duplex Mobile Home Townhouse Travel Trailer Other</p> <p>Do you own or rent this home? [Radio Buttons]</p> <p>Own</p> <p>Rent</p> <p>Is this your current mailing address?</p> <p>(If you get your mail at a P.O. Box, select No.)</p> <p>Yes No [Radio Buttons]</p> <p>[If No is selected, the following will appear]</p> <p>Enter the full physical street address or a P.O. box where you can get your mail. Include the house or building number, street name, and any unit number. Do not abbreviate street names.</p> <p>In Care Of [Text Field]</p> <p>ZIP [Text Field]</p> <p>Street Address [Text Field]</p> <p>Unit # [Text Field]</p> <p>City [Text Field]</p> <p>State [Text Field]</p>
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Extent of Damage	<p>You indicated your home or personal property was damaged. FEMA would like to understand the damage the disaster caused. Please read each option and select the one that best matches your situation. If, after reading the options, you are unsure about what category your damage falls under, you may ask for examples. [Please click Help for this page for examples.]</p> <p>I had minor damage, but I am able to live in my home.</p> <ul style="list-style-type: none"> • Some damaged or missing roof shingles, siding, gutters, etc. • Some cracked or broken window glass. • Minor cracks in floor, walls, or ceilings. • Flood water or sewer backup entered my home, but was less than 3 inches deep. • You need(ed) to purchase cleaning supplies and equipment to clean and sanitize your home OR hire(d) a professional to do so. <p>I had damage to my home or personal property that requires a lot of repairs. I may not be able to live in my home.</p> <ul style="list-style-type: none"> • Flood water entered my home, and was between 3 inches and 2 feet deep. • Damage to roof covering (shingles or metal) that resulted in interior damage. • Damage to exterior doors, windows, siding, or foundation. • Damage to well, septic, or HVAC (central air and heat). Debris or over-hanging trees that prevents safe access to my home. • Loss of or repair to some household appliances or furnishings. <p>I had damage to my home or personal property that requires major repairs. I am not able to live in my home.</p> <ul style="list-style-type: none"> • Flood water was above 2 feet deep on first occupied floor. • Major structural damage to roof, ceilings, walls, or foundation. • Private road or bridge damage that prevents access to my home. • An immediate threat to the stability of the home due to land slide or erosion. • Lost most or all appliances and furnishings. <p>My home was completely destroyed.</p> <ul style="list-style-type: none"> • Home was leveled or completely collapsed. • Home was washed away. • Home was burned to the ground. <p>Unknown</p> <ul style="list-style-type: none"> • Unsure which category best describes my damages. • Mandatory evacuation and don't know damages. <p>Please provide the following information about the damaged dwelling</p> <p>Where are you currently living or staying? (Drop down) My Home, Family/Friends, Motel/Hotel, Mass Shelter, Church/House of Worship, Homeless, FEMA provided unit, New Permanent Rental, New Temporary Rental, Purchased New Home, Place of Employment, RV/Camper, Secondary Residence, My Vehicle, Tent</p> <p>What type of home are you registering? (Home Type -Owner) Boat, Condo, House- Single/ Duplex, Mobile Home, Other, Townhouse, Travel Trailer</p> <p>Home Type- Rental) Apartment, Assisted Living Facility, Boat, College Dormitory, Condo, Correctional Facility, House- Single/Duplex, Military Housing, Mobile home, Other, Townhouse, Travel Trailer</p> <p>Are you currently able to get to your home? Yes, I am able to get to my home I am unable to return to my home due to mandatory evacuation. I am unable to return to my home because damages to</p>	<p>Extent of Damage</p> <p>You said your home or personal property were damaged. We would like to know the type of damage the disaster caused.</p> <p>Read each option carefully and select the one that most applies to you.</p> <p>Minor Damage</p> <p>I have minor damage, but I'm able to live in my home.</p> <ul style="list-style-type: none"> • Some damage to or missing roof shingles, siding, gutters, etc. • Some cracked or broken windows. • Minor cracks in floor, walls, or ceilings. • Flood water or sewer backup inside the home, less than 3 inches deep. • Cleaning supplies and equipment OR professional services needed to clean and sanitize the home. <p>Moderate Damage</p> <p>I have moderate damage that requires a lot of repairs. I may not be able to live in my home.</p> <ul style="list-style-type: none"> • Flood water inside the home, between 3 inches and 2 feet deep. • Damage to roof covering (shingles or metal) caused damage inside the home. • Damage to exterior doors, windows, siding, or foundation. • Damage to well, septic, or HVAC (central air and heat). • Damage to accessibility aids (lift, ramp, etc.) prevents safe access. • Debris or over-hanging trees prevent safe access. • Damage to or loss of some household appliances or furnishings. <p>Major Damage</p> <p>I have major damage that requires substantial repairs. I'm not able to live in my home.</p> <ul style="list-style-type: none"> • Flood water inside the home, above 2 feet deep on first occupied floor. • Major structural damage to roof, ceilings, walls, or foundation. • Damage to private road or bridge prevents access. • Immediate threat to the home's stability from landslide or erosion. • Loss of most or all appliances and furnishings. • Unsafe to live in until completion of home repairs. <p>Complete Loss</p> <p>My home is a complete loss.</p> <ul style="list-style-type: none"> • Leveled or completely collapsed. • Washed away. • Burned to the ground. • Beyond repair, there's no saving the home. <p>Unsure</p> <p>I'm unsure or have unknown damage to my home.</p> <ul style="list-style-type: none"> • Unsure which option best fits my damage. • Can't get to or access my home to see damage. • I left my home under mandatory evacuation, don't know the damage.
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<p>Extent of Damage Home Accessibility</p>	<p>Where are you currently living or staying?</p>	<p>Home Accessibility</p> <p>Are you safely able to get to your home or leave if you need to?</p> <ul style="list-style-type: none"> • Yes, I am able to both get to and leave my home. [Radio button] • No, I can't, because of flooding or damage to public roads, bridges, or docks. [Radio button] • No, I can't, because of damage to a privately-owned road, bridge, or dock. [Radio button] • No, I can't, because my medical or accessibility features are damaged. (Such as a ramp, elevator, etc.) [Radio button] • No, I can't, due to mandatory evacuation. [Radio button] <p>Where are you currently staying? [Dropdown]</p> <p>My Home Family or Friends Hotel or Motel Mass Shelter Church or House of Worship Homeless FEMA-provided Unit New Permanent Rental New Temporary Rental Place of Employment Bought a New Home RV or Camper Second Home My Vehicle Tent</p> <p>If your housing situation changes, log in to your account or contact FEMA to update your application.</p> <p>FEMA may be able to help with moving and storage expenses if the disaster caused you to move.</p> <p>Eligible expenses include costs to move and store furniture while repairing your damaged home. Or costs to move from a damaged home or apartment to a new or temporary home. FEMA does not assist with any costs to move or store items to avoid damage before the disaster.</p> <p>Do you have a need for help with moving and storage expenses after the disaster?</p> <p>Yes No</p>
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<p>Extent of Damage Critical Needs</p>	<p>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.</p> <p>I have a disaster related emergency need for food, medication, durable medical equipment or gas.</p> <p>I have a disaster related emergency need for shelter.</p> <p>I have a disaster related emergency need for clothing.</p>	<p>Critical Needs</p> <p>Do you need money to help with any of the following critical needs?</p> <p>Check all that apply [Checkboxes]</p> <p><input type="checkbox"/> Costs to get to a shelter or other place, because my home is unsafe</p> <p><input type="checkbox"/> Infant formula, diapers, personal hygiene items, or gas</p> <p><input type="checkbox"/> Water, food, medication, or durable medical equipment</p> <p><input type="checkbox"/> I don't have any critical needs.</p>
<p>Form Utilities Out</p>	<p>Essential Utilities</p> <p>Have your essential utilities been out for 3 days or more due to the disaster?</p> <p>Are your essential utilities currently out due to the disaster?</p> <p>Are your essential utilities privately owned (i.e., well or septic) or publicly owned?</p>	<p>Essential Utilities</p> <p>Did the disaster cause your utilities to be out for 3 or more days? Yes No I don't know</p> <p>Are your utilities out now? Yes No I don't know</p>

<p>Form Insurance</p>	<p>What type of insurance do you currently have for your Home and/or Personal Property?</p> <p>Condo or Townhouse Unit Insurance</p> <p>Contents Only Insurance</p> <p>Renter's Insurance</p> <p>Flood Insurance</p> <p>Homeowner's Insurance</p> <p>Homeowners Insurance with a Sewer Backup Rider</p> <p>Mobile Home Insurance</p> <p>Condo or Townhouse Unit Insurance with an Earthquake Rider</p> <p>Earthquake Contents Insurance</p> <p>Earthquake Structure Insurance</p> <p>I don't have home or personal property insurance</p>	<p>Home Insurance</p> <p>Now we need to know the type of insurance you have.</p> <p>Check all that apply.</p> <p>Note: You may give us the insurance company name later if you don't have it right now.</p> <p>[Checkboxes]</p> <p>Condo or Townhouse Unit Insurance</p> <p>Contents Only Insurance</p> <p>Renter's Insurance</p> <p>Flood Insurance</p> <p>Homeowner's Insurance</p> <p>Homeowners Insurance with a Sewer Backup Rider</p> <p>Mobile Home Insurance</p> <p>Condo or Townhouse Unit Insurance with an Earthquake Rider</p> <p>Earthquake Contents Insurance</p> <p>Earthquake Structure Insurance</p> <p>I don't have home or personal property insurance</p> <p>[If you click "I don't have home or personal property insurance"... Does not appear if "Rent" is selected.]</p> <p>[Make red text] You said you own your home, but now say you don't have insurance. If you have a mortgage, it's likely you also have insurance. If you're certain you don't have insurance, you must check the box below to confirm.</p> <p>Please review your answers and change them if you need to.</p> <p>*I confirm that I do not have any of the following insurance on my home or personal property: contents only insurance, flood insurance, homeowners insurance, homeowners insurance with a sewer backup rider, mobile home insurance, or personal property insurance.</p>
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Form Occupants	<p>Occupants Information You can only submit one application per household, but now we need to know about everyone living in your home at the time of the disaster. We use your occupant information to identify and process the assistance you need, so it must be as accurate as possible. Include a co-applicant only if you want to allow them to have full access to your application, just like you have. A co-applicant is able to request status and update information on the application. Include the names of everyone who considers this to be their primary home. This may include: boarders, children, landlords, students, etc. • Include full-time students who consider this to be their primary home, even if they live at school. • DO NOT Include anyone who was just visiting at the time and lives elsewhere. • If you're not sure who to list, please click Help for this page for more details. • You must click Add below to add each person separately. Note: You must enter a Social Security number (SSN) only for the co-applicant. Do not add SSNs for anyone else. If you need to make any changes, just click Edit next to the name you need to update. If you need to remove someone from this list, just click Delete on the line with their name. Add Edit Last Name – First Name – MI – Relationship – Social Security Number – Age – This will need to change to whatever the new "help" link will be. Occupants Please list all the people living in your home at the time of the disaster. If you are unsure who to list as an occupant, please click the Help for this page for more information. The occupant information is used to identify and process the type(s) of assistance you need. It is important this information is as accurate as possible. Each person will have to be added separately using the "Add" button below. Add Edit. Last Name. First Nam. MI. Relationship. Social Security Number. Age. Delete Update Occupant Enter household occupant information below. NOTE: ONLY the co-applicant's Social Security Number (SSN) I required. Please do not add social Security Numbers (SNNs) for any other occupants.</p>	<p>Occupants We need to know about everyone living in your home at the time of the disaster. We use your occupant information to identify and process the assistance you need, so it must be as accurate as possible. • Include the names of everyone who considers this to be their main home, even if they submitted a separate application. This may include boarders, children, landlords, students, roommates, etc. • Include full-time students who consider this to be their main home, even if they live at school. • DO NOT Include anyone who was just visiting at the time and lives elsewhere.</p> <p>Click Add Occupant below to add each person separately.</p> <p>Add Occupant First Name: MI (Optional): Last Name: Relationship to Applicant (dropdown): Boarder, Co-applicant, Friend or Relative, Immediate Family, Landlord, Other Age:</p> <p>[If Funeral expenses are also selected, user will see additional screen for adding deceased person information]</p> <p>For funeral or reburial expenses, please provide information for each deceased person.</p> <p>Click Add Deceased Person below to add each person separately.</p> <p>Add Deceased Person [Button]</p>
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<p>Form Disability Needs</p>	<p>Disability Needs</p> <p>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.) (drop-down Yes/No)</p> <p>Please select from the following the disability that affects your ability to perform activities of daily living (select all that apply).</p> <p>Did you have any disability-related assistive devices or medically required equipment/supplies/support services damaged, destroyed, lost, or disrupted because of the disaster? (drop-down Yes/No)</p>	<p>Disability Needs</p> <p>The Americans with Disabilities Act (ADA) defines disability as "a physical or mental impairment that substantially limits one or more of the major life activities of such individual," 42 USC 12102(2)(A).</p> <p>If this definition applies to you or a someone in your household , select Yes. If yes, select all disabilities that apply or select Prefer Not to Answer.</p> <p>Do you or anyone in your household have a disability?</p> <p>This includes any condition that affects your ability to perform activities of daily living or requires an assistive device.</p> <p>Yes No [Radio Buttons]</p> <p>Check all that apply.</p> <p>Mobility Cognitive or Developmental Disabilities Mental Health Hearing or Speech Vision Self-care Independent Living Other Prefer Not to Answer</p> <p>Did the disaster damage, disrupt, or cause you loss of any assistive devices or medically required equipment, supplies, or support services?</p> <p>Yes No [Radio Buttons]</p> <p>Check all that apply.</p> <p>Power or wheelchair Scooter Prosthesis Oxygen or respiratory equipment Medical equipment that depends on electricity Assistive technology device for hearing or vision, such as hearing aid, screen enlarging software, etc. 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, or crutches Medication or medical supplies including adult briefs and catheters Service animal Personal assistance services or in-home care Dialysis Other</p>
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<p>Vehicle Damage</p>	<p>Damaged Vehicle(s) How many vehicles does your household own that were drivable before the disaster? -1 ; -2 -3+</p> <p>Did any of the damaged vehicles have disability related accessibility features (i.e., wheelchair lifts and ramps, pedal or seat belt extenders, hand control and steering devices, etc.)? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Vehicle</p> <p>Please provide a full list of all vehicles owned by you or anyone in your household.</p> <p>Add Button Year Make Model Damaged Drivable Comprehensive Insurance Liability Insurance Registered</p> <p>Update Vehicle Enter information about each vehicle in the household separately. Year Make Model Was this vehicle damaged by the disaster? (Yes No) Is this vehicle currently drivable? (Yes No) Is this vehicle covered by comprehensive (full coverage) insurance? (Yes No) What is the insurance company name? Is this vehicle covered by liability insurance? (Yes No) Is this vehicle currently registered? (Yes No)</p>	<p>Vehicle Damage</p> <p>How many total vehicles does your household have?</p> <p>This should include only vehicles that were drivable before the disaster. [Number Field]</p> <p>After the disaster, how many of those vehicles are drivable? [Number Field]</p> <p>Please provide a full list of ALL vehicles That were drivable before the disaster owned by you and everyone in your household. You must add each vehicle separately.</p> <p>Add Vehicle Year [Text Field] Make [Text Field] Model [Text Field] Was it damaged by disaster? [Radio Button] Yes/No Is it drivable? [Radio Button] Yes/No Is it registered? [Radio Button] Yes/No Is it covered by comprehensive (full coverage) insurance? [Radio Button] Yes/No (if Yes) Insurance Company Name (Optional) Is it covered by liability insurance? [Radio Button] Yes/No (if Yes) Insurance Company Name (Optional) Does it have any accessibility related aids? These may include wheelchair lifts and ramps, pedal or seatbelt extenders, hand-control and steering devices, etc. [Radio Button]Yes/No</p>
<p>Form Medical or Dental Needs</p>	<p>Disaster Related Expenses *Do you have any uninsured or under-insured MEDICAL expenses as a direct result of the disaster? (Yes or No Radio button) *Do you have any uninsured or under-insured DENTAL expenses as a direct result of the disaster? (Yes or No Radio Button) Other Insurance You stated that you have medical, dental or funeral costs. Do you have any of the following insurances? <input type="checkbox"/> Dental Insurance (Check Box) Company Name Provide another company name (Check box) <input type="checkbox"/> Funeral or Burial Insurance (Check Box) Company Name Provide another company name (Check box) <input type="checkbox"/> Health/Medical Insurance (Check Box) Company Name Provide another company name (Check box) <input type="checkbox"/> Medicaid/Title XIX Insurance (Check Box) Company Name Provide another company name (Check box) <input type="checkbox"/> I do not have any insurance listed above (Check Box)</p>	<p>Needs Assistance What assistance do you need? Check all that apply. • Medical or dental expenses</p> <p>Medical or Dental Insurance You said you have medical or dental expenses. FEMA can only assist with expenses not fully covered by insurance.</p> <p>Do you have any of these types of insurance? Select all that apply. <input type="checkbox"/> Dental Insurance [Checkbox] Insurance Company Name (Optional) [Text Field] Secondary Insurance (Optional) [Text Field] <input type="checkbox"/> Health or Medical Insurance [Checkbox] Insurance Company Name (Optional) [Text Field] Secondary Insurance (Optional) [Text Field] <input type="checkbox"/> Medicaid or Title XIX Insurance[Checkbox] Insurance Company Name (Optional) [Text Field] Secondary Insurance (Optional) [Text Field] <input type="checkbox"/> I don't have any insurance listed. [Checkbox]</p>

Form Confirm Needs	new screen	<p>Confirm Your Needs</p> <p>Before you complete the application, are there any other disaster losses you need assistance with?</p> <p>Check all that apply [checkboxes]</p> <p><input type="checkbox"/> Personal property damage (Example: furniture, electronic equipment, etc.)</p> <p><input type="checkbox"/> Lodging expenses (Example: hotel, motel, etc.)</p> <p><input type="checkbox"/> Medical or dental expenses</p> <p><input type="checkbox"/> Funeral or reburial expenses</p> <p><input type="checkbox"/> New or additional child care costs</p> <p><input type="checkbox"/> I don't need any other assistance right now. (You may call the FEMA Helpline to update your application later if you find other needs.)</p>
Form Income Info	<p>Financial Information This next section is about your household income and business information before the disaster.</p> <p>Income Your household annual gross income is the amount before any deductions are subtracted. • This includes wages, unemployment payments, social security, welfare, child support, stocks, interest, annuities, etc.</p> <p>Please provide your household annual gross income at the time of the disaster, 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.</p> <p>How many dependents do you have including yourself?</p> <p>Before Taxes are deducted, what is your family's pre-disaster income? Enter numbers only, no dollar signs, no commas, no decimal point or cents.</p> <p>Example: Enter income as "55000" NOT "55,000.00"</p> <p>If you are found eligible for FEMA assistance, would you like funds directly deposited into your bank account?</p> <p>There is no charge for this service Yes/No</p>	<p>Income Information Your household annual gross income is the combined amount of all income before any deductions. This includes wages, unemployment payments, Social Security, assistance from other government agencies, (except Supplemental Nutrition Assistance Program [SNAP] benefits), child support, stocks, interest, annuities, etc.</p> <p>Please give us your household's pre-disaster annual gross income. This reduces processing time and directs your application to the best programs to meet your needs.</p> <p>What is your household's pre-disaster annual gross income?</p> <p>Enter numbers only. No dollar signs, no commas, no decimal point or cents.</p> <p>Example: Enter income as "55000" NOT "55,000.00"</p> <p>Is your household's main source of income from self-employment? Yes No [Radio Button]</p> <p>How many dependents do you have, including yourself? [Text Field]</p>

<p>Form Bank Information</p>	<p>If you are eligible for assistance, you can choose to have the funds transferred directly to your bank account.</p> <ul style="list-style-type: none"> • You will need to provide your bank account information, including routing numbers to complete the direct transfer. Or, you can receive a check in the mail. • You will not need to include your bank information. <p>NOTE: If you request the funds be transferred to an account other than checking or savings – for example a pre-paid card – your payment may be delayed.</p> <p>*If you are found eligible for FEMA assistance, would you like funds directly deposited into your bank account?</p> <p>There is no charge for this service.</p> <hr/> <p>You have chosen to participate in direct deposit. The name on the identified checking or saving accounts must match the applicant or co-applicant. You must have a valid routing number and account number; FEMA cannot deposit funds to a pre-paid card.</p> <p>*What is the name of your bank or financial institution?</p> <p>*What type of account is this? (Checking or Savings dropdown)</p> <p>*What is the 9 digit routing number for this account?</p> <p>*What is the account number?</p> <p>*Please repeat the account number.</p>	<p>If you qualify for assistance, you can choose to have us transfer money directly to your account.</p> <ul style="list-style-type: none"> • You need to enter your account information, including routing number, for FEMA to deposit money into your account. If you don't have this information now, you can provide it later. This is the fastest and most reliable way to receive FEMA assistance. <p>If you prefer to receive money by check, you can choose to have us send a check by mail.</p> <p>Note: If you request money to be deposited to an account other than checking or savings – for example a pre-paid card – your payment may be delayed.</p> <p>If you qualify for FEMA assistance, how do you want to receive your money?</p> <p>There is no fee for direct deposit.</p> <p>Direct Deposit Check in the mail. [Radio Buttons]</p> <p>Name of your bank or financial institution [Text Field]</p> <p>Type of Account [Radio Buttons] Checking Savings Other</p> <p>9-digit Routing Number [Text Field]</p> <p>Account Number [Text Field]</p> <p>Verify Account Number: [Text Field]</p>
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<p>Notification Preferences</p>	<p>Correspondence Preferences How would you like to receive alerts from FEMA? [Dropdown] English, Spanish Do you prefer to receive traditional postal mail or electronic notification? Postal Mail</p> <ul style="list-style-type: none"> • E-mail <p>(If user picks email) You have chosen to receive e-mail updates from FEMA. You will not receive any FEMA updates by postal mail. You must create a Disaster Assistance account to receive email updates. You will need to go to DisasterAssistance.gov to create an account. Please provide your E-mail address. Email Address Verify E-mail Address SMS Correspondence Summary *Would you like to receive additional updates using text messaging? If yes is selected, the following appears: You choose to receive text messages from FEMA. You will get a text message from 4FEMA (43362) to confirm your request. Please verify the mobile phone number to be used: *Mobile Phone Number (Previous) *Mobile Phone Number: *Verify Mobile Phone Number: - FEMA text messages do not replace postal mail or e-mail - FEMA's text messaging number is 4FEMA (43362). Please note that you may also receive a text message from a FEMA inspector to schedule an appointment for your inspection. -Standard text message rates apply. *Do you agree to the terms of text messaging? - Yes, I agree to the terms of text messaging and want to receive status notifications, - No, I do not agree to the terms of text messaging, I understand I will not receive status notifications.</p>	<p>Choose how you want to get alerts and information from FEMA.</p> <p>Language English, Spanish [Drop-down]</p> <p>Delivery Method</p> <ul style="list-style-type: none"> • Postal Mail • Email/Online Account <p>(If user picks email) You chose to get notifications by email. This means you will not get any documents by postal mail. Email will alert you when you have new information to view in your account.</p> <p>Email Address Provided: [Pre-Pop email]</p> <p>Would you also like to receive text notifications? (radio buttons) Yes No</p> <p>(If yes, the following appears) You chose to get text notifications.</p> <p>You will get a text message from 4FEMA (43362) to confirm your request.</p> <p>Primary Phone Number Provided [Pre-Pop Phone Number]</p> <p>Text Message Terms</p> <ul style="list-style-type: none"> • FEMA texts do not replace postal mail or email. • FEMA's text messaging number is 4FEMA (43362). o Note: You may also get a text from a FEMA inspector to schedule an appointment. • Standard text message rates apply. <p>* I accept the text messaging service terms [Checkbox]</p>
<p>Additional Needs</p>	<p>Do you have a disability or language need that requires an accommodation to interact with FEMA staff and/or access FEMA programs? No / Yes What do you need? (please select all that apply)</p> <ul style="list-style-type: none"> • Sign language interpreter • CART (Communication Access Real-time Translation) (in person or remote) • Text messages to communicate • Assistive listening device • Braille • Large print • Face to face assistance (reader or writer) • Wheelchair access • Language other than English Arabic/Haitian/ Creole/Mandarin/Other/ Russian/Samoan/Spanish/ Vietnamese) • Other 	<p>Do you have a disability or language need that may require help to communicate with FEMA staff or access our programs and services?</p> <p>What do you need? Select all that apply.</p> <ul style="list-style-type: none"> • I don't have any additional needs. • Assistive listening device • Braille • CART (Communication Access Real-time Translation in person or remote) • Face-to-face assistance (reader or writer) • Language other than English (Select a language- Arabic/Haitian/ Creole/ Mandarin/Other/Russian/ Samoan/Spanish/Vietnamese) • Large print • Sign language interpreter • Text messages to communicate • Wheelchair access • Other [Text field]

<p>Demographics</p>	<p>Demographics</p> <p>* Are you willing to provide demographic data? Yes No</p> <p>*Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) No, Prefer not to answer, Yes</p> <p>*Please select the racial category or categories that you most closely identify with. Select as many as apply.</p> <ul style="list-style-type: none"> - American Indian or Alaska Native - Asian - Black or African American - Native Hawaiian or Other Pacific Islander - White - Prefer not to answer <p>*Is your gender... (Dropdown with Female, Male, Another Identity (e.g. transgender, non-binary, or gender variant, prefer not to answer))</p> <p>*Are you an enrolled member of a tribal nation? (Yes, No, Prefer not to answer dropdown)</p> <p>*Which of the following best describes your highest level of formal education? (dropdown with Did not complete high school, High school graduate GED, Some college, Associate's Degree, Bachelor's Degree, Master's Degree, Doctoral Degree, Prefer not to answer)</p> <p>* Is your marital status... (dropdown with Divorced, Married or living with partner, Never married, Separated, Widowed, Prefer not to answer)</p> <p>—</p> <p>AUTHORITY: FEMA collects, uses, maintains, retrieves, analyzes, and disseminates the records within this system under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), Section 308 Nondiscrimination in Disaster Assistance, 42 U.S.C. 5151. ♦</p> <p>PRINCIPAL PURPOSE(S): This information is being collected for the purpose of analyzing demographic data to determine if any inequities exist in the distribution of disaster assistance and to assess changes to policies and procedures to better assist underserved communities if such inequities are found.</p> <p>ROUTINE USE(S): FEMA may share the personal information of U.S. citizens and lawful permanent residents contained in their disaster assistance files outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. FEMA may share the personal information of non-citizens, as permitted by the following Privacy Impact Assessments: DHS/FEMA/PIA-012(a) Disaster Assistance Improvement Plain (DAIP) (Nov. 16, 2012); DHS/FEMA/PIA-027 National Emergency Management Information System - Individual Assistance (NEMIS-IA) Web-based and Client-based Modules (June 29, 2012); DHS/FEMA/PIA-015 Quality Assurance Recording System (Aug. 15, 2014).</p> <p>VOLUNTARY RESPONSE: Providing responses to the demographic questions is voluntary. There are no consequences for not providing the information. Failure to provide demographic data will not affect your potential eligibility for disaster assistance.</p>	<p>Demographics</p> <p>We are collecting this information to analyze demographic data only. The answers you provide do not affect your ability to get assistance.</p> <p>Are you willing to provide demographic data? Yes No [Radio Button]</p> <p>Are you Hispanic or Latino? This is a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Yes No Prefer not to answer [Radio Button]</p> <p>What race(s) do you most identify with? Check all that apply. (Checkbox) American Indian or Alaskan Native Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, prefer not to answer</p> <p>What is your gender? (Drop-down) Female Male Another Identity (e.g. transgender, non-binary, or gender variant) Prefer not to Answer</p> <p>Are you an enrolled member of a Tribal Nation? Yes No Prefer not to answer [Radio Button]</p> <p>What is your highest level of education? (Drop-down) Did not complete high school, High school graduate GED, Some college, Associate's Degree, Bachelor's Degree, Master's Degree, Doctoral Degree, Prefer not to answer What is your marital status? (Drop-down) Divorced, Married or living with partner, Never married, Separated, Widowed, Prefer not to answer</p> <p>AUTHORITY: FEMA collects, uses, maintains, retrieves, analyzes, and disseminates the records within this system under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), Section 308 Nondiscrimination in Disaster Assistance, 42 U.S.C. 5151. ♦</p> <p>PRINCIPAL PURPOSE(S): This information is being collected for the purpose of analyzing demographic data to determine if any inequities exist in the distribution of disaster assistance and to assess changes to policies and procedures to better assist underserved communities if such inequities are found.</p> <p>ROUTINE USE(S): FEMA may share the personal information of U.S. citizens and lawful permanent residents contained in their disaster assistance files outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. FEMA may share the personal information of non- citizens, as permitted by the following Privacy Impact Assessments: DHS/FEMA/PIA-012(a) Disaster Assistance Improvement Plain (DAIP) (Nov. 16, 2012); DHS/FEMA/PIA-027 National Emergency Management Information System - Individual Assistance (NEMIS-IA) Web-based and Client-based Modules (June 29, 2012); DHS/FEMA/PIA-015 Quality Assurance Recording System (Aug. 15, 2014).</p> <p>Page 25 of 27</p> <p>VOLUNTARY RESPONSE: Providing responses to the demographic questions is voluntary. There are no consequences for not providing the information. Failure to provide demographic data will not affect your potential eligibility for disaster assistance. Responses provided to the questions will not be used to decide the eligibility of your application.</p>
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<p>Review</p>	<p>Review Your Application 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 only be able to make limited changes after you submit your registration. By clicking Submit below I certify that:</p> <ul style="list-style-type: none"> • I have only submitted one (1) application for my household. • The information I entered on my FEMA application 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 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. <p>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.</p> <p>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.</p> <p>You must authorize FEMA and/or the State to request your personal information from entities such as your insurance company, or financial institution.</p> <p>It is important 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 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 (18 U.S.C § 287, 1001, and 3571).</p>	<p>Review Your Application You are about to submit your application to FEMA. Please review all information very carefully. You will only be able to make limited changes after you submit your application.</p> <p>If you need to make changes, click Edit and go to the page(s) you need. After you correct and save the information, you're ready to return to this review.</p> <p>Once you're sure everything is correct, click Submit Application.</p> <p>By clicking "Submit Application, " I certify that:</p> <ul style="list-style-type: none"> • The information I entered on my FEMA application is true and correct to the best of my knowledge. <p>I understand that FEMA or the state, territory, or tribal authorities may require me to return some, or all funds issued to me if any of the following statements are true:</p> <ul style="list-style-type: none"> • I received money from insurance or other sources for the same loss. • I did not use FEMA state, territory, or tribal (STTL) money for its intended purpose. • I received the money due to FEMA error. <p>I authorize FEMA to verify all information I entered on my application about my main home, income, identity, and dependents to determine eligibility for assistance.</p> <p>I authorize FEMA, state, territory, or tribal (STTL) authorities to request my personal information from sources such as my insurance company or financial institution.</p> <p>It is important that you understand your registration becomes a legal document. FEMA may use external sources to verify the accuracy of the information you enter. If you intentionally hide information 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 (18 U.S.C § 287, 1001, and 3571).</p>
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Conclusion	<p>Conclusion</p> <p>Your application has been submitted to FEMA. Your FEMA Registration ID is #13-0829386 in disaster #1594. Please make a note of these numbers.</p> <p>Please be sure to have FEMA registration ID available when contacted. Otherwise, there may be a delay in processing your case.</p> <p>You can view and print a copy of the registration for your records.</p> <p>Do not complete another registration this could delay processing.</p> <p>Click Continue for more information about your FEMA registration.</p> <p>Your application is complete.</p> <p>You may be able to create an online account from DisasterAssistance.gov to check the status of your application. If you are not able to create an account, call the FEMA Helpline to get updates.</p> <p>1-800-621-3362 (also for 711 & VRS) TTY 1-800-462-7585</p>	<p>Success</p> <p>Your application is complete, and you've submitted it to FEMA!</p> <p>Application ID: 13-0829386 – Disaster: 1594</p> <p>Please SAVE these numbers and keep them handy! You will need your application ID whenever you talk with FEMA. This helps avoid processing delays.</p> <p>Do not submit another application in the same disaster.</p> <p>To get more information, click Next</p> <p>FEMA will mail you a packet with information about program and agency referrals and a copy of your application.</p> <p>You can check the status of your application anytime online.</p> <p>If you don't have an account, FEMA will mail your status information. Or you may call the FEMA Helpline to get your status or update your application if your situation changes.</p> <p>You can call 7 a.m. to 1 a.m. ET, 7 days a week:</p> <ul style="list-style-type: none"> • 1-800-621-3362 (711 & VRS available) • If you use a relay service, such as video relay service (VRS), captioned phone, or others, give FEMA the number for that service. <p>*hyperlink print a copy for your records*</p>

Add Row

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