DISASTER RECOVERY SURVEY to identify post-disaster operating status, assess damage, and evaluate the needs of an agency and its clients.

OMB Control Number: 2502-0615

Expiration Date:

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. The information collected will be used assess the operational status of housing counseling agencies after a disaster to determine needed assistance. This collection of information is voluntary. The agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Responses are protected from disclosure pursuant to the Privacy Act of 1974. HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012;31 U.S.C. 3729, 3802).

Thank you for completing this Office of Housing Counseling (OHC) Post-Disaster Recovery Survey used to identify operating status, assess damage, and evaluate the needs of your agencies and clients. The Post-Disaster Recovery Survey may be sent to you either initially or as a follow-up to help OHC support you, your agency and your clients through disaster-related recovery efforts.

Your response to this survey is voluntary.

Required questions are marked with an asterisk. All other questions are optional. Please provide information based on the current situation of your agency as it relates to the most recent disaster.

Please find helpful disaster-related resources Housing Counseling Disaster Resources - HUD Exchange.

Thank you for completing the initial OHC Disaster Response Survey. If you would like assistance, please contact your OHC POC or send an email to OHCDart@hud.gov.

* 1. Name of Housing Counseling Agency

* 2. Agency HCS ID Number

3. Identify the federally declared disaster that has impacted the area your agency serves.

Name of Declaration

Date of Declaration

4. Disaster type (i.e. flood, fire, etc.)

5. Identify the local, state, or regional disaster that has impacted the area your agency serves.

Name of Declaration

Date of Declaration

7. Who is the current contact for your agency? Please share their contact information.

Name	
Title	
City/Town	
State	-- select state --
Zip Code	
Email Address	
Phone Number	

* 8. Is this the first time you are completing this OHC Post-Disaster Recovery Survey?

- ◯ Yes
- ◯ No

* 9. Select from the options below how the most recent disaster has impacted agency operations to provide housing counseling. Select all that apply.

- ☐ Currently not providing services
- ☐ Inoperable or damaged communication systems (phone or postal service)
- ☐ Inoperable or damaged telecommunicatoin systems (internet, computer, or cellular)
- ☐ Building was damaged or limitations with physical work space for staff and/or public
- ☐ Building is closed to staff
- ☐ Agency staff are teleworking
- ☐ Agency staff are providing services offsite where disaster impacted clients are located
- ☐ Building is closed to public
- ☐ Agency staff were impacted and have limited ability to provide services

- [ ] Community infrastructure has been impacted (roads closed, limited community services, etc.)
- [ ] Other (please specify)

10. Share the post-disaster needs of your agency, impacting its services. Select all that apply.

- [ ] Training
- [ ] Technical Assistance
- [ ] Other (please specify)
- [ ] None of the above

11. Select the funding sources your agency may be using for post-disaster counseling services. Select all that apply.

- [ ] HUD Comprehensive Housing Counseling Grant
- [ ] Part of the agency budget
- [ ] Local programs or resources
- [ ] State programs or resources
- [ ] Community donations
- [ ] Other grants
- [ ] Other (please specify)
- [ ] No funding available

12. Indicate the organizations with whom your Housing Counseling Agency is coordinating. Select all that apply.

- [ ] HUD Office of Housing Counseling
- [ ] State government
- [ ] Local government
- [ ] HUD grantee (such as a Public Housing Authority or CPD grantee)
- [ ] HUD Housing Counseling Intermediary Organization
- [ ] FEMA
- [ ] American Red Cross
- [ ] Emergency Support Functions (ESF) Coordinator or Recovery Support Functions (RSF) Coordinator
- [ ] Community Emergency Response Team (CERTs)
- [ ] Voluntary Organizations in Disaster (VOAD)
- [ ] Not for Profit Organizations
- [ ] Other (please specify)

  [ ]
- [ ] None of the above

13. From the answers in the previous question, please provide the names of the state, local, not-for-profit, or HUD grantee organizations, if applicable.

[ ]

* 14. List all post-disaster outreach activities planned or completed with applicable dates in the chart.

	Completed	Planned
Community event(s)		
Distribution of Marketing Material(s)		
Social Media Event(s)		
Partner Collaboration Event(s)		
Workshop(s)		

If applicable, please feel welcome to add specific completed or planned dates related to the information above.

15. Select the post-disaster group education services that have been provided. Select all that apply.

- [ ] Financial literacy workshop, including home affordability, budgeting and understanding use of credit
- [ ] Predatory lending, loan scam or other fraud prevention workshop
- [ ] Fair housing workshop
- [ ] Homeless prevention workshop

- [ ] Rental workshop
- [ ] Pre-purchase homebuyer education workshop
- [ ] Non-delinquency post-purchase workshop, including home maintenance and/or financial management for homeowners
- [ ] Resolving or preventing mortgage delinquency workshop
- [ ] Disaster preparedness workshop
- [ ] Disaster recovery assistance workshop
- [ ] Other (please specify)

  _____

- [ ] None of the above

16. Select the post-disaster one-on-one housing counseling services that have been provided. Select all that apply.

- [ ] Homeless Assistance
- [ ] Rental Topics
- [ ] Pre-purchase/Homebuying
- [ ] Non-Delinquency Post-Purchase
- [ ] Reverse Mortgage
- [ ] Resolving or Preventing Forward Mortgage Delinquency or Default
- [ ] Resolving or Preventing Reverse Mortgage Delinquency or Default
- [ ] Disaster Preparedness Assistance
- [ ] Disaster Recovery Assistance
- [ ] Other (please specify)

- [ ] None of the above

☐ None of the above

17. When thinking of the needs identified by your clients during post-disaster counseling, indicate the frequency of requests per need identified. Select all that apply. (Note these needs may not be part of the agency's housing counseling services)

	Always Requested	Frequently Requested	Least Requested	Never Requested
Finding affordable temporary housing	☐	☐	☐	☐
Finding affordable permanent housing	☐	☐	☐	☐
Insurance inquiries or claims	☐	☐	☐	☐
Landlord/Tenant concerns regarding tenancy, including but not limited to evictions or rental contract concerns	☐	☐	☐	☐
Housing rehabilitation or repairs	☐	☐	☐	☐
Legal concerns	☐	☐	☐	☐
Fair Housing concerns	☐	☐	☐	☐
Basic needs such as access to food, water, wastewater, or health care needs	☐	☐	☐	☐
Financial counseling	☐	☐	☐	☐
Transportation needs	☐	☐	☐	☐
Employment needs	☐	☐	☐	☐
Foreclosure concerns	☐	☐	☐	☐
Mental Health needs	☐	☐	☐	☐

Fraudulent or Scam Communications	☐	☐	☐	☐
Disaster Recovery Counseling	☐	☐	☐	☐

* 18. How many clients(by type) have been provided housing counseling by your agency, post-disaster? (estimates are acceptable)

Renter	
Homeowner	
Person(s) experiencing Homelessness	
Virtual (any client type)	
In-person (any client type)	

19. Have clients recieved post-disaster financial assistance? If yes, please share the type of financial assistance received.

- ◯ No
- ◯ Yes
- ◯ Not applicable

Type or source of financial assistance

20. Indicate the unaddressed or not fully addressed financial needs identified by counseled clients during post-disaster recovery. Select all that apply.

- [ ] Rental assistance
- [ ] Housing rehabilitation
- [ ] Employment
- [ ] Moving expenses
- [ ] Basic living expenses such as heating, cooling, food, transportation or childcare
- [ ] Other financial needs not listed above

  [ ]
- [ ] None of the above

21. Indicate how post-disaster marketing of housing counseling services were shared or advertised to the disaster impacted community. Select all that apply.

- [ ] Social Media
- [ ] Mass email or text messages
- [ ] Agency website
- [ ] Radio
- [ ] Television
- [ ] Local Newspapers
- [ ] In-person onsite at agency (workshops or individual counseling)
- [ ] In-person offsite at impacted service locations (library, community center, etc.)
- [ ] Word of Mouth (friend, family or neighbor)
- [ ] Partner organizations (FEMA, American Red Cross, Hospital, etc.)

☐ Other (please specify)

☐ No marketing or advertising has been done

22. Does your agency have a Continuity of Operations Plan (COOP). If so, please share any actions or protocols activated in response to the disaster.

◯ We do have a COOP and it was activated

◯ We do have a COOP but it was not activated

◯ We do not have a COOP

Narrative concerning COOP actions or protocols activated

23. Does your agency have an Emergency Response Plan? If so, please share any actions or protocols activated in response to the disaster.

◯ We do have an Emergency Response Plan and it was activated

◯ We do have an Emergency Response Plan and it was not activated

◯ We do not have an Emergency Response Plan

Narrative concerning Emergency Response actions or protocols activated

24. Please share any other comments.

Done