

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 on the [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.
 - a. Date and Name of Declaration
4. Disaster Type (i.e.flood, fire, etc.)
 - i. Narrative
5. Identify the local, state, regional disaster that has impacted the area your agency serves.
 - a. Date and Name of Declaration
6. Disaster Type (i.e. flood, fire, etc.)
 - i. Narrative
7. Who is the current contact for your agency? Please share their contact information.
 - a. Name
 - b. Title
 - c. City/Town

- d. State
- e. Zip Code
- f. Email Address
- g. Phone Number

Agency Information

1. *Is this the first time you are completing this OHC Post-Disaster Recovery Survey?
Yes
No

Agency Operations

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

- 1. Currently not providing services
- 2. Inoperable or damaged communications systems (phone or postal service)
- 3. Inoperable or damaged telecommunication systems (internet, computer, or cellular)
- 4. Building was damaged or limitations with physical workspace for staff and/or public
- 5. Building is closed to staff
- 6. Agency staff are teleworking
- 7. Agency staff are providing services offsite where disaster impacted clients are located
- 8. Building is closed to the public
- 9. Staff were impacted and have limited ability to provide services
- 10. Community infrastructure has been impacted (roads closed, limited community services, etc.)
- 11. Other:
 - i. Please enter comment, if other has been selected

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

- a. Training
- b. Technical Assistance
- c. Other
 - i. Please enter comment, if other has been selected
- d. None of the above

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

- a. HUD Comprehensive Housing Counseling Grant
- b. Part of the agency budget
- c. Local programs or resources
- d. State programs or resources
- e. Community donations

- f. Other grants
 - g. Other
 - i. Narrative
 - h. No funding available
5. Indicate the organizations with whom your Housing Counseling Agency is coordinating. Select all that apply.
- a. HUD Office of Housing Counseling
 - b. State government
 - c. Local government
 - d. HUD grantee (such as Local Public Housing Agency or CPD grantee)
 - e. HUD Housing Counseling Intermediary Organization
 - f. FEMA
 - g. American Red Cross
 - h. Emergency Support Functions (ESF) Coordinator or Recovery Support Functions (RSF) Coordinator
 - i. Community Emergency Response Team (CERTs)
 - j. Voluntary Organization in Disaster (VOAD)
 - k. Not for Profit Organizations
 - l. Other:
 - 1. Please enter comment, if other has been selected
 - m. None of the above.
6. From the answers in the previous question, please provide the names of the state, local, not-for profit, or HUD grantee organizations (if applicable).
- h. Narrative
7. *List all post-disaster outreach activities planned or completed with applicable dates in the chart.
- i. Narrative (occurs after the chart): If applicable, please feel free to add specific completed or planned dates related to the information above.

Post-Disaster Outreach Activities		
Outreach Activity Type	Completed	Planned
Community Event(s)	Yes No	Yes No
Distribution of Marketing Material(s)	Yes No	Yes No
Social Media Event(s)	Yes No	Yes No
Partner Collaboration Event(s)	Yes No	Yes No
Workshop(s)	Yes	Yes

	No	No
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Client Services

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

1. Financial literacy workshop, including home affordability, budgeting and understanding use of credit
2. Predatory lending, loan scam or other fraud prevention workshop
3. Fair housing workshop
4. Homeless prevention workshop
5. Rental workshop
6. Pre-purchase homebuyer education workshop
7. Non-delinquency post-purchase workshop, including home maintenance and/or financial management for homeowners
8. Resolving or preventing mortgage delinquency workshop
9. Disaster preparedness workshop
10. Disaster recovery assistance workshop
11. Other
 - a. Narrative
12. None of the above

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

1. Homeless Assistance
2. Rental Topics
3. Pre-purchase/Homebuying
4. Non-Delinquency Post-Purchase
5. Reverse Mortgage
6. Resolving or Preventing Forward Mortgage Delinquency or Default
7. Resolving or Preventing Reverse Mortgage Delinquency or Default
8. Disaster Preparedness Assistance
9. Disaster Recovery Assistance
10. Other
 - a. Narrative
11. None of the above

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

Identified Need	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				

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

Housing Counseling Post-Disaster	
Client Type	Number
Renter	
Homeowner	
Person(s) experiencing Homelessness	
Virtual (any client type)	
In-person (any client type)	

12. Have clients received post-disaster financial assistance? If so, please share the type of financial assistance received.

- a. No
- b. Yes
- c. Not Applicable
- d. Type or source of financial assistance
 - i. Narrative

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

- 1. Rental assistance
- 2. Housing rehabilitation
- 3. Employment
- 4. Moving expenses
- 5. Basic living expenses such as heating, cooling, food, transportation or childcare
- 6. Other financial needs not listed above
 - i. narrative
- 7. None of the above

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

- a. Social Media
- b. Mass email or text messages
- c. Agency website
- d. Radio
- e. Television
- f. Local Newspapers
- g. In-person onsite at agency (workshops or individual counseling)
- h. In-person offsite at impacted service locations (library, community center, etc.)
- i. Word of Mouth (friend, family or neighbor)
- j. Partner organizations (FEMA, American Red Cross, Hospital, etc.)
- k. Other:
 - 1. Narrative
- l. No marketing or advertising has been done

Other Disaster Information

15. If a state or local disaster declaration has been made, please provide the date of the declaration, if known. If none has been declared, no answer is required.

- j. State level disaster declaration date
- k. Local level disaster declaration date

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

- a. We do have a COOP and it was activated
- b. We do have a COOP but it was not activated
- c. We do not have a COOP
 - i. Narrative concerning COOP actions or protocols activated

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

- a. We do have an Emergency Response Plan, and it was activated
- b. We do have an Emergency Response Plan, and it was not activated
- c. We do not have an Emergency Response Plan
 - i. Narrative concerning Emergency Response actions or protocols activated

18. Please share any other Comments and observations

Narrative