



PRIVACY THRESHOLD ANALYSIS (PTA)

This form serves as the official determination by the DHS Privacy Office to identify the privacy compliance requirements for all Departmental uses of personally identifiable information (PII).

A Privacy Threshold Analysis (PTA) serves as the document used to identify information technology (IT) systems, information collections/forms, technologies, rulemakings, programs, information sharing arrangements, or pilot projects that involve PII and other activities that otherwise impact the privacy of individuals as determined by the Chief Privacy Officer, pursuant to Section 222 of the Homeland Security Act, and to assess whether there is a need for additional Privacy Compliance Documentation. A PTA includes a general description of the IT system, information collection, form, technology, rulemaking, program, pilot project, information sharing arrangement, or other Department activity and describes what PII is collected (and from whom) and how that information is used and managed.

Please complete the attached Privacy Threshold Analysis and submit it to your component Privacy Office. After review by your component Privacy Officer the PTA is sent to the Department's Senior Director for Privacy Compliance for action. If you do not have a component Privacy Office, please send the PTA to the DHS Privacy Office:

Senior Director, Privacy Compliance
The Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
Tel: 202-343-1717

PIA@hq.dhs.gov

Upon receipt from your component Privacy Office, the DHS Privacy Office will review this form and assess whether any privacy compliance documentation is required. If compliance documentation is required – such as Privacy Impact Assessment (PIA), System of Records Notice (SORN), Privacy Act Statement, or Computer Matching Agreement (CMA) – the DHS Privacy Office or component Privacy Office will send you a copy of the relevant compliance template to complete and return.



Privacy Threshold Analysis (PTA)

Specialized Template for Information Collections (IC) and Forms

The Forms-PTA is a specialized template for Information Collections and Forms. This specialized PTA must accompany all Information Collections submitted as part of the Paperwork Reduction Act process (any instrument for collection (form, survey, questionnaire, etc.) from ten or more members of the public). Components may use this PTA to assess internal, component-specific forms as well.

Form Number: N/A

Form Title: Ask the Advocate Webform.

Component: Federal Emergency Management Agency (FEMA) Office: Resilience/OFIA

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title: Click here to enter text.

OMB Control Number:	1660-0086	OMB Expiration Date:	September 30, 2025
Collection status:	Revision	Date of last PTA (if applicable):	June 1, 2021

PROJECT OR PROGRAM MANAGER

Name:	Rhonda Montgomery		
Office:	FIMA/OFIA	Title:	Deputy Advocate
Phone:	(202) 701-3645	Email:	Rhonda.Montgomery@fema.dhs.gov

COMPONENT INFORMATION COLLECTION/FORMS CONTACT

Name: Joe Cecil



Office:	FIMA/OFIA	Title:	Advocate Team Lead
Phone:	(202) 701-3475	Email:	Joseph.Cecil@fema.dhs.gov

SPECIFIC IC/Forms PTA QUESTIONS

1. Purpose of the Information Collection or Form

- a. Describe the purpose of the information collection or form. *Please provide a general description of the project and its purpose, including how it supports the DHS mission, in a way a non-technical person could understand (you may use information from the Supporting Statement).*
If this is an updated PTA, please specifically describe what changes or upgrades are triggering the update to this PTA.

The Office of the Flood Insurance Advocate (OFIA) in the Federal Insurance and Mitigation Administration (FIMA) submits this PTA as a renewal. There has been no changes to the collection, use and dissemination of information since the last adjudicated PTA.

This webform is part of the 1660-0086 Mortgage Portfolio Protection Program (MPPP) collection. MPPP is a form of “force-placed” coverage purchased by a Federally backed or regulated lender when a borrower is not in compliance with the mandatory purchase provisions of the Flood Disaster Protection Act of 1973. As such, many policyholders under the MPPP are in a dispute with the lender which they experience as unfair, frustrating and confusing. OFIA was created by the Homeowners Flood Insurance Affordability Act of 2014 to advocate for the fair treatment of policyholders under the National Flood Insurance Program (NFIP). OFIA interprets this mandate as assisting frustrated and confused policyholders. It is imperative that MPPP policyholders be provided access to OFIA for assistance in understanding their rights and responsibilities under the NFIP. The webform provides the best means for reaching OFIA with an inquiry.

The OFIA assists policyholders and property owners navigate the complexity of the NFIP by providing assistance in rate verification, navigating the claims process, understanding flood risk, floodplain management requirements, Hazard Mitigation Assistance opportunities, the flood hazard mapping process, and coordinating NFIP with Individual Assistance.

OFIA meets its legislative mandate of advocating for policyholders and property owners by both providing individual case-by-case assistance to the policyholder and property owner and conducting data analytics to advocate for programmatic changes to reduce customer frustration and confusion.



The OFIA “Ask an Advocate” webform requests basic customer information from a customer seeking assistance from OFIA. The form asks for name and email address, state and zip code. Because inquiries sometimes come from parties representing a policyholder or property owner, the form also asks the inquirer to identify their role by choosing one of the drop-down options in the “Contact Role” field:

- Policy Holder
- Policy Holder Rep
- Agent
- Lender
- NFIP Direct Rep
- WYO Rep
- Attorney
- State/Community Official
- Property Owner
- Property Owner/Policy Holder
- Federal Official/Congressional
- FEMA Administrator
- Other

The form also asks how the inquirer found out about the OFIA so that we can gather metrics to improve our outreach efforts. A “Captcha” prevents automated solicitations and the form has an open field for the inquirer to ask their question. A screenshot of the webform is provided as “Attachment A” for reference.

- b. List the DHS (or Component) authorities to collect, store, and use this information. *If this information will be stored and used by a specific DHS component, list the component-specific authorities.*

Under 42 U.S.C. 4033, the FEMA Administrator shall designate a Flood Insurance Advocate to advocate for the fair treatment of policyholders under the National Flood Insurance Program (NFIP) and property owners in the mapping of flood hazards, the identification of risks from flood, and the implementation of measures to minimize the risk of flood. The NFIP is authorized under 42 U.S.C. 4011 *et seq.*

2. Describe the IC/Form



a. Does this form collect any Personally Identifiable Information" (PII ¹)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. From which type(s) of individuals does this form collect information? (Check all that apply.)	<input checked="" type="checkbox"/> Members of the public <input checked="" type="checkbox"/> U.S. citizens or lawful permanent residents <input type="checkbox"/> Non-U.S. Persons <input type="checkbox"/> DHS Employees/Contractors (list Components) <input type="checkbox"/> Other federal employees or contractors
c. Who will complete and submit this form? (Check all that apply.)	<input checked="" type="checkbox"/> The record subject of the form (e.g., the individual applicant). <input checked="" type="checkbox"/> Legal Representative (preparer, attorney, etc.). <input checked="" type="checkbox"/> Business entity. If a business entity, is the only information collected business contact information? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Law enforcement. <input checked="" type="checkbox"/> DHS employee/contractor. <input type="checkbox"/> Other individual/entity/organization that is NOT the record subject. Please describe. Click here to enter text.
d. How do individuals complete the form? Check all that apply.	<input type="checkbox"/> Paper. <input type="checkbox"/> Electronic. (ex: fillable PDF) <input checked="" type="checkbox"/> Online web form. (available and submitted via the internet) Provide link: Ask the Advocate a Question

¹ Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



e. What information will DHS collect on the form? *List all individual PII data elements on the form. If the form will collect information from more than one type of individual, please break down list of data elements collected by type of individual.*

Ask an Advocate Form PII:

- First Name
- Last Name
- Email Address
- The Contact Role field (drop down):
 - Policy Holder
 - Policy Holder Rep
 - Agent
 - Lender
 - NFIP Direct Rep
 - WYO Rep
 - Attorney
 - State/Community Official
 - Property Owner
 - Property Owner/Policy Holder
 - Federal Official/Congressional
 - FEMA Administrator
 - Other
- State (use drop down)
- Zip Code

f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? *Check all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Social Security number | <input type="checkbox"/> DHS Electronic Data Interchange |
| <input type="checkbox"/> Alien Number (A-Number) | Personal Identifier (EDIPI) |
| <input type="checkbox"/> Tax Identification Number | <input type="checkbox"/> Social Media Handle/ID |
| <input type="checkbox"/> Visa Number | <input type="checkbox"/> Known Traveler Number |
| <input type="checkbox"/> Passport Number | <input type="checkbox"/> Trusted Traveler Number (Global |
| <input type="checkbox"/> Bank Account, Credit Card, or other | Entry, Pre-Check, etc.) |
| financial account number | <input type="checkbox"/> Driver's License Number |
| <input type="checkbox"/> Other. <i>Please list:</i> N/A | <input type="checkbox"/> Biometrics |

g. List the ***specific authority*** to collect SSN or these other SPII elements.

N/A



h. How will the SSN and SPII information be used? What is the purpose of the collection?	
N/A	
i. Is SSN necessary to carry out the functions of this form and/or fulfill requirements of the information collection? <i>Note: even if you are properly authorized to collect SSNs, you are required to use an alternative identifier. If there are technological, legal, or regulatory limitations to eliminating the SSN, privacy-enhancing alternatives should be taken, such as truncating the SSN.</i>	
N/A	
j. Are individuals provided notice at the time of collection by DHS (<i>Does the records subject have notice of the collection or is form filled out by third party</i>)?	<input checked="" type="checkbox"/> Yes. Please describe how notice is provided. The individual wishing to ask an OFIA advocate a question is the individual accessing the webform and filling out the requested information. <input type="checkbox"/> No.

3. How will DHS store the IC/form responses?	
a. How will DHS store the original, completed IC/forms?	<input type="checkbox"/> Paper. Please describe. Click here to enter text. <input checked="" type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. The information will be stored in the Customer Relationship Management tool Salesforce <input type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. Click here to enter text.



b. If electronic, how does DHS input the responses into the IT system?	<input checked="" type="checkbox"/> Manually (data elements manually entered). Please describe. The customer seeking assistance from the OFIA enters the data manually into the webform. <input type="checkbox"/> Automatically. Please describe. Click here to enter text.
c. How would a user search the information submitted on the forms, <i>i.e.</i> , how is the information retrieved?	<input checked="" type="checkbox"/> By a unique identifier. ² Please describe. If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA. A user can search the system by first name, last name, and email address. <input type="checkbox"/> By a non-personal identifier. Please describe. Click here to enter text.
d. What is the records retention schedule(s)? <i>Include the records schedule number.</i>	Policy records are kept as long as the property owner is enrolled in the insurance program and pays the policy premiums. Records are cutoff when the file becomes inactive. Policy records are destroyed five years after the cutoff with FEMA Records Schedule N1-311-86-1, Item 1A13a(2).
e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?	The OFIA adheres to the disposition schedule, which provides timeframes for cutoff, retention and destruction of program related records. Additionally, FIMA records custodians work with the FEMA Records Management Program to ensure awareness of Federal statutes, policies, and procedures for records management.
f. Is any of this information shared outside of the original program/office? <i>If yes, describe where (other offices or DHS components or external entities) and why. What are the authorities of the receiving party?</i>	
<input type="checkbox"/> Yes, information is shared with other DHS components or offices. Please describe.	

² Generally, a unique identifier is considered any type of "personally identifiable information," meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



Click here to enter text.

☐ Yes, information is shared *external* to DHS with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe.

Click here to enter text.

☒ No. Information on this form is not shared outside of the collecting office.



Please include a copy of the referenced form and Privacy Act Statement (if applicable) with this PTA upon submission.



PRIVACY THRESHOLD REVIEW

(TO BE COMPLETED BY COMPONENT PRIVACY OFFICE)

Component Privacy Office Reviewer:	Mercy Asante- Ansong
Date submitted to Component Privacy Office:	June 17, 2024
Concurrence from other Components involved (if applicable):	Click here to enter text.
Date submitted to DHS Privacy Office:	June 20, 2024
Have you approved a Privacy Act Statement for this form? (<i>Only applicable if you have received a waiver from the DHS Chief Privacy Officer to approve component Privacy Act Statements.</i>)	<input checked="" type="checkbox"/> Yes. Please include it with this PTA submission. <input type="checkbox"/> No. Please describe why not. Click here to enter text.
Component Privacy Office Recommendation: <i>Please include recommendation below, including what existing privacy compliance documentation is available or new privacy compliance documentation is needed.</i>	
<p>FEMA recommends that the “Ask an Advocate Webform” be considered a privacy sensitive collection as the webform requests basic customer information such as name, email address, state and zip code from a customer seeking assistance from OFIA.</p> <p>Privacy compliance coverage is provided as follows:</p> <p><u>PIA:</u></p> <ul style="list-style-type: none">DHS/ALL/PIA-006, General Contact Lists <p><u>SORN:</u></p> <ul style="list-style-type: none">DHS/ALL-002, DHS Mailing and Other Lists and DHS/FEMA-003 National Flood Insurance Program Files <p><u>Privacy Act Statement:</u></p> <p>A Privacy Act Statement will be provided to individuals at the point of collection. The Privacy Act Statement has been submitted with this PTA for review and approval.</p>	



Homeland Security

Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
202-343-1717, pia@hq.dhs.gov
www.dhs.gov/privacy



PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Erika Lewis
PCTS Workflow Number:	0017415
Date approved by DHS Privacy Office:	June 25, 2024
PTA Expiration Date	June 25, 2027
DHS Privacy Office Approver (if applicable):	Schuntel Reddock

DESIGNATION

Privacy Sensitive IC or Form:	Yes If “no” PTA adjudication is complete.
Determination:	<div><input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> DHS Policy for Computer-Readable Extracts Containing SPII applies. <input checked="" type="checkbox"/> Privacy Act Statement required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input checked="" type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Specialized training required. <input type="checkbox"/> Other. Click here to enter text.</div>
Privacy Act Statement:	<div>Choose an item. Click here to enter text.</div>
System PTA:	<div>Choose an item. Click here to enter text.</div>
PIA:	<div>System covered by existing PIA If covered by existing PIA, please list: DHS/ALL/PIA-006 DHS General Contacts Lists If a PIA update is required, please list: Click here to enter text.</div>
SORN:	System covered by existing SORN



If covered by existing SORN, please list: DHS/ALL-002 Department of Homeland Security (DHS) Mailing and Other Lists System, November 25, 2008, 73 FR 71659; DHS/FEMA-003 National Flood Insurance Program Files, May 19, 2014, 79 FR 28747
If a SORN update is required, please list: Click here to enter text.

DHS Privacy Office Comments:

Please describe rationale for privacy compliance determination above.

FEMA submits a renewal PTA FOR THE 1660-0086 Mortgage Portfolio Protection Program (MPPP), which is a form of “force-placed” coverage purchased by a Federally-backed or regulated lender when a borrower is not in compliance with the mandatory purchase provisions of the Flood Disaster Protection Act of 1973. The webform provides the best means for reaching OFIA with an inquiry. There have been no changes to the collection, use and dissemination of information since the last adjudication.

The OFIA “Ask an Advocate” webform requests basic customer information from a customer seeking assistance from OFIA. The form asks for name and email address, state and zip code. Because inquiries sometimes come from parties representing a policyholder or property owner, the form also asks the inquirer to identify their role.

DHS PRIV concurs with FEMA that this is a privacy-sensitive information collection, requiring both PIA and SORN coverage. PIA coverage is provided by DHS/ALL/PIA-006, DHS General Contacts Lists, which covers the rudimentary PII collected by this form. Information is retrieved by unique identifier (first/last name, email), and DHS PRIV concurs that appropriate coverage is provided by DHS/ALL-002 Department of Homeland Security (DHS) Mailing and Other Lists and DHS/FEMA-003 National Flood Insurance Program Files, as the program relates to flood disaster response.

The Privacy Act Statement provided with the PTA submission is sufficient.