

FEMA - Individuals & Households Program

RI Version: 1.00.0158e Server: DN-RI2

Web RI OMB No. 1660-0002, Exp. 9-30-2006

[New Registration](#) | [Incomplete Registrations](#) | [Routed Registrations](#)

Language
TL-F2)
Privacy Act
TL-F3)
Cal
TL-F11)
Info (F8)
Help
Exit
TL-F12)

"Good morning/afternoon, Disaster Assistance, my name is _____. How may I help you?"

PAPERWORK BURDEN DISCLOSURE NOTICE FEMA Form 90-69

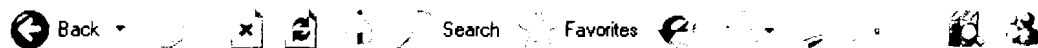
Public reporting burden for this form is estimated to average 18 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. you are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0002).

NOTE: Do not send your completed form to this address.

- "What state are you calling from?"
- "Are you able to live in your home?"
- "Was your home damaged?"
- "Did you have damage to personal property, medical equipment, or an automobile?"
- "Was a business that you own or represent affected by the disaster?"

[SERVICE REP: Please check the following information for persons who have already applied or are inquiring about some other type of assistance.

After asking for the state in which the damage occurred, press F8 or click on the INFO BUTTON on the Tool Bar to determine whether we are still taking applications for the caller's disaster. If we are still taking applications for this disaster, press the NEW BUTTON.



New Registration

[SERVICE REP: To complete this interview, the caller will need: Social Security Number, Insurance Type, Gross Household Income, Addresses and Phone Numbers.]

Exit

Continue



Privacy Act

Service Rep: Please read the following statement to each Delta Call applicant, as they will not have heard it from the Phone Recorded Message]

We are required by law to provide the following Privacy Act Notice to you.

The information you give to FEMA will be used to refer you to disaster assistance programs. It may be shared with other assistance providers to ensure there is no duplication of benefits. It may also be shared with State and local governmental agencies to help reduce future disaster losses.

You authorize FEMA and the State to verify the information that we record.

If you knowingly make false statements to obtain disaster aid, it is a violation of Federal and State laws."

SERVICE REP: Click on the CONTINUE BUTTON (or press ALT+C) to complete a application or click on the EXIT BUTTON (or press ALT+X) if the caller is not prepared to apply at this time.]

Exit

Continue

[ALT-C]

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Script

[NPSC EMPLOYEES: STOP!!! Do not take a registration for DR1391 New York. Talk to your supervisor. DFO personnel follow prearranged instructions.]

[SERVICE REP: Enter Mr or Ms]

Applicant Name

Last Name*

First Name*

MI

Select Damage Type

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Earthquake | <input type="checkbox"/> Ice/Snow | <input type="checkbox"/> Seepage |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Other | <input type="checkbox"/> Sewer Backup |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Power Surge/Lightning | <input type="checkbox"/> Tornado/Wind |
| <input type="checkbox"/> Hail/Rain/Wind Driven Rain | | |

Location of Damaged Property

Zip*

Zip Ext.

Street*

City*

State*

Disaster Selection

County*

Disaster Number*

Loss Date

Next F4



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Web RI

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Personal

Language (CTL-F2)

Registrant: MR JOHN J. TESTER

Registration ID: 91-2481676

Privacy Act (CTL-F3)

Script

[SERVICE REP: VERIFY information with the caller for ACCURACY before moving to the next field.]

Summary (F5)

"Please give me your Social Security Number."

Referrals (F6)

SSN and eMail

Comments (F9)

Social Security Number*	Date of Birth MM/DD/YYYY*	eMail
-	-	

Delete

Local (F12)

Damaged Address Phone Number(s)

Cal (CTL-F11)

Area Code 1	Phone 1	Area Code 2	Phone 2
()	-	()	-

Info (F8)

Current Phone Number

[Copy Damaged...](#)

Area Code	Phone	Phone Note
()	-	

Work or Other Phone Number

Area Code	Phone	Phone Note
()	-	

Back F3

Next F4

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RI

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Contact

Registrant: MR JOHN J. TESTER

Registration ID: 91-2481676

Script

"Where are you currently living or staying?"

Current Location

Location

Mailing Address

Copy Damaged...

In Care Of

Street*

ZIP*

Zip Ext.

City*

State*

Back F3

Next F4



- Language (CTL-F2)
- Privacy Act (CTL-F3)
- Summary (F5)
- Referrals (F6)
- Comments (F9)
- Save
- Incomplete (F10)
- Delete Local (F12)
- End (F11)
- Cal (CTL-F11)
- Info (F8)

Registrant: MR JOHN J. TESTER

Registration ID: 91-2481676

Script

"I am now going to ask you a series of questions about your disaster losses. They may not all apply but I need to ask all of them."

Damages

Auto Damage*

YES

Home Damage*

YES

Personal Property Damage*

YES

Business Related

Business or Rental Damage*

YES

Other Losses

Essential Needs* Specific Needs

YES

Food Clothing Shelter

Special Needs

Support Loss Specific Needs select all that apply

YES

Mobility wheel chair walker cane lift bath chair personal attendant

select all that apply

Hearing/Speech Cognitive/Mental Health Vision Other

Residence

Type

Other



Language (CTL-F2)

Registrant: MR JOHN J. TESTER

Registration ID: 91-2481676

Privacy Act (CTL-F3)

Script

"At this time, I need to list all of the vehicles at your home at the time of the disaster. This would include any vehicle owned by you, your spouse, or one of your dependents regardless of whether or not it was damaged."

Summary (F5)

Route (F7)

What is the year of the vehicle?"

Referrals (F6)

Add Vehicle

Comments (F9)

Year	Make	Model	Damaged	Drivable	Comp Ins.	Liability Ins.	Registered
			▼	▼	▼	▼	▼

Save

Incomplete (F10)

Clear Save

Delete

Local (F12)

Vehicles

End (F11)

Edit	Year	Make	Model	Damaged	Drivable	Comp Ins.	Liability Ins.	Registered	Delete

Cal (CTL-F11)

Back F3

Next F4

Info (F8)

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Home Contact Address Losses Vehicle

Registrant: **MR JOHN J. TESTER** Registration ID: **91-2481676**

Script

"Did you have any medical expenses as a result of the disaster?" (Yes/No)

Unmet Expenses

Expense Type	Expenses Incurred	Expenses Covered by Insurance	\$ Expense Amount
Medical* (including medications)	▼		
Dental*	▼		
Funeral*	▼		
Moving & Storage*	▼		
Other/Misc.*	▼		

Back F3

Next F4



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Web RI

Personal Contact Address Losses Vehicle UIExpenses

Language (CTL-F2)

Registrant: MR JOHN J. TESTER

Registration ID: 91-2481676

Privacy Act (CTL-F3)

Script

"What type(s) of insurance coverage do you have?"

Summary (F5)

[Service Rep: IMPORTANT! The default for this field is 'NO RP OR PP INSURANCE' if this field is left blank or if vehicle, medical, dental, or funeral insurance is listed.]

Route (F7)

Referrals (F6)

Add Insurance

Comments (F9)

Type*

Company

Save

Clear

Incomplete (F10)

Save

Delete

Insurance

Local (F12)

Edit

Type

Company

Delete

End (F11)



Automobile Liability



Cal

(CTL-F11)



Automobile Comprehensive



Info (F8)



No RP or PP Insurance



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Next F4



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Web RI

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Personal Contact Address Losses Vehicle UIExpenses Insurance

Language (CTL-F2)

Registrant: MR JOHN J. TESTER

Registration ID: 91-2481676

Privacy Act (CTL-F3)

Script

Summary (F5)

"At this time, I need to list the names of all the persons living in your home at the time of the disaster. This would include any individuals for whom you are responsible."

Route (F7)

If any other person lived in your home, please spell his or her last name."

Referrals (F6)

Add an Occupant

Comments (F9)

Last Name*	First Name*	MI	Relationship*	SSN	Age	Dependent
------------	-------------	----	---------------	-----	-----	-----------

Save Incomplete (F10)

Delete Local (F12)

End (F11)

Occupants

Cal (CTL-F11) Info (F8)

Edit	Last Name	First Name	MI	Relationship	SSN	Age	Dependent	Delete
<input checked="" type="checkbox"/>	TESTER	JOHN	J	Registrant	235333333	47	Yes	<input type="checkbox"/>

Back F3

Next F4

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Language (F2)
Privacy Act (F3)
Primary (F5)
Site (F7)
Referrals (F6)

Registrant: MR JOHN J. TESTER

Registration ID: 91-2481676

Script

"If you were to be eligible for FEMA assistance, would you want FEMA to electronically transfer funds to your bank account?"

Comments (F9)
Save Complete (F10)

Employment

Self Employed*

Dependents* Income not Available Gross Income

NO

1

1000

[Calculator](#)

Delete (F12)
Print (F11)
Cancel (F11)
Print (F8)

Banking Information

EFT Participation*

Account Type

Financial Institution

YES

Routing Number

Account #

[Back F3](#)

[Next F4](#)

FEMA - Individuals & Households Program

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Income Referrals

Registrant: MR JOHN J. TESTER

Registration ID: 91-2481676

Script

Office Information

Organization

Office

There is no Office information available

County

Hours

Add

Remove

Available Agencies

- Emergency Services
- Disaster Relief
- Consumer Services
- Contractors License Board
- Crisis Counseling
- Department of Health
- Department of Human Services
- Disaster Response and Volunteers
- Emergency Assistance (ARC)
- Food Detection

Addresses

Current Address

Mailing Address

Phones

Main

Fax

TTY