

Call Center Web Home Page - Windows Internet Explorer
https://laapps.fematdl.net/DAC/cc/login-action.do;jsessionid=0a4a9c1630d798e31ef433fc4958bb759; Certificate Error Google

DisasterAssistance.gov
ACCESS TO DISASTER HELP AND RESOURCES
Version: 1.03.00.00.0489
Server: DAC-TDL-CC

Disaster Assistance Contact Us

Home New Registration Incomplete Registrations Callout Registrations Change Disaster Copy Rgsn

Call Center
• Privacy Act (CTL-F3)
• Cal (CTL-F11)
• Info (F8)
• Help
• Exit (CTL-F12)

"Good morning/afternoon, Disaster Assistance, my name is _____ . How may I help you?"
"In what state did your damage occur?"

[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. If this disaster is CLOSED, click the INFORMATION TAB and follow the instructions.

If the caller needs to finish an incomplete application, then press or click on the INCOMPLETE BUTTON.

If the caller wants to check on the status of his or her application, then transfer the call to the Disaster Information Helpline.

If the caller needs to obtain an address or phone number to another disaster assistance office (e.g., Red Cross or Public Information Officer), then press F8 or click on the INFO BUTTON on the Tool Bar to locate the appropriate information.

[SERVICE REP: This script area is to advise you of any new or updated disaster information for a declaration, such as added counties, closing incident periods, etc. The information will be displayed by disaster and the date. You must check this bulletin each day for important updates. Once notified via this bulletin that new information exists, please select F8 or click on the INFO to review the specific data.]

Start | Internet Explorer | Outlook | NEMIS Version 3.09... | NEMIS Human Servi... | C:\Documents and ... | Call Center Web H... | 11:01

Disaster Assistance Center - Windows Internet Explorer
https://laapps.fematdl.net/DAC/ri/newReg.do Certificate Error Google

Disaster Assistance Center Contact Us

Introduction

Instructions
• Instructions
• Privacy Act
• Isaac Override

Registration Instructions

The application process will take approximately 18 - 20 minutes.

To complete this interview, you will need: Your Social Security Number, Insurance Type, Gross Household Income, Addresses and Phone Numbers. If you do not have you or your spouse social security number at this time, please call back. The Social Security number is required for Identity Verification purposes.

Application Progress
●●●●●●●●●●●●●●●●
OMB No. 1660-0002, Exp. 5-31-2010

Exit Delete This Registration Next

Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/privacyAct.do

Disaster Assistance Center

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Introduction

Privacy Act Statement

Application Progress
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Instructions

- Instructions
- Privacy Act
- Isaac Override

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:
May I have your Social Security Number?

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Done

Local intranet 100%

Start

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Introduction **Identification**

Personal Identification

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Personal

- Phone Numbers
- Address
- County / Parish / Municipio
- Isaac Override

Call Center

- Privacy Act (CTL-F3)
- Cal (CTL-F11)
- Info (F8)
- Help

Help for this page
To register for disaster assistance, please provide the following information.

* Prefix: MR

* First Name: TEST

MI:

* Last Name: TESTER

* SSN: 255 - 78 - 9313

Email Address:

* Date of Birth MM/DD/YYYY: 12 / 03 / 1950

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Done

Local intranet 100%

Start

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Identification

- * Personal
- * Phone Numbers
- * Address
- * County / Parish / Municipio
- * Isaac Override

Call Center

- * Privacy Act (CTL-F3)
- * Comments (F9)
- * Cal (CTL-F11)
- * Info (F8)
- * Help

Registrant: MR JOHN S. SAMA

Registration Id: 15-0294839

State:



Contact Phone Numbers

Help for this page

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.

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	Area Code	Phone Number	Ext.	Note
*Damaged Dwelling Phone:	(540)	662 - 6657		
Alternate Damaged Phone:	()	-		
<input type="checkbox"/> My Current Phone is the same as my Damaged Dwelling Phone - If selected, please do not provide Current Phone.				
*Current Phone:	(540)	662 - 6657		
Cell Phone:	(540)	676 - 2145		

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Delete This Registration

Next

Identification

- * Personal
- * Phone Numbers
- * Address
- * County / Parish / Municipio
- * Isaac Override

Call Center

- * Language (CTL-F2)
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Registrant: MR TEST TESTER

Registration Id: 15-0269292



Damaged Dwelling Address

Help for this page

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.

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* ZIP: 29742 ZIP+4:

* Street Address: 2500 TESTER ST

* City: SHARON

* State: SC

* Do you own this home or do you rent it? OWN

Mailing Address - We will send all correspondence to this address

My Mailing Address is the same as Damaged Address - If selected please do not provide mailing address

In Care Of:

* ZIP: 29742 ZIP+4:

* Street Address: PO BOX 25

* City: SHARON

* State: SC

Back

Delete This Registration

Next

https://iaapps.fematdl.net/DAC/ri/mailAddress.do - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/mailAddress.do

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Identification Registrant: MR TEST TESTER **Registration Id:** 15-0269292

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Damaged Dwelling Address

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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.

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Validating and saving data.
Please be patient.

Waiting for https://iaapps.fematdl.net/DAC/ri/mailAddress.do...

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State: SC

- Personal
- Phone Numbers
- Address**
- County / Parish / Municipio**

Damaged Dwelling County/Parish/Municipio

Application Progress
●●●●●●●●●●●●●●●●
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[Help for this page](#)
Where did the damage occur?

* In what county/parish/municipio did the damage occur? YORK

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https://iaapps.fematdl.net/DAC/ri/dstrDamage.do

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Disaster Registrant: MR TEST TESTER
Registration Id: 15-0269292
Disaster Number: 7092 State: SC

Disaster Selection

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Disaster Selection

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* In what disaster did your damage occur?

Select	Description of Disaster	Incident Period	Disaster Number
<input type="radio"/>	HURRICANE GRETCHEN TEST 11-2-04 BB	10/29/2005 - 11/15/2005	1305
<input checked="" type="radio"/>	TDL TEST SC TROPICAL STORM ANNIE 1-20-05 BB	01/20/2005 - Present Time	7092
<input type="radio"/>	SC-TEST-ADMIN TRAINING-FLOOD-2/25/04	02/25/2004 - Present Time	7021
<input type="radio"/>	None of the disasters above match the situation		

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Damage Type

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* Loss Date: 01/20/2005

* What type of the following damage occurred?

Fire/Smoke/Soot/Ash
 Hurricane/Hail/Rain/Wind Driven Rain
 Power Surge/Lightning
 Tornado/Wind

Service Rep: If the damage type is not available above, please select below Other damage not listed here.
 Other damage not listed here

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Disaster Registrant: MR TEST TESTER Registration Id: 15-0269292
Disaster Number: 7021 State: SC

Invalid Registration Application Progress
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Disaster Selection

Call Center

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- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Cal (CTL-F11)
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- Help

The information you have provided does not match the disaster declaration. However, the declaration may be modified at a later date. You should complete your registration in case this occurs. Your registration will be processed immediately if the disaster declaration is amended such that your registration circumstances match the disaster declaration.

After Filing Deadline
It is past the filing deadline for this disaster. If you wish to continue, a letter will be sent stating you are not eligible for consideration for disaster assistance under the Individuals and Households program.

Undesignated County
The county you identified is not included in the disaster declaration. We suggest that you contact your County Emergency Management Agency to report your damages to them. If you have emergency needs, you may also contact your local American Red Cross.

Select the Next button to continue the registration process.

Select the Delete This Registration button to delete your registration.

Select the Back button to review and/or revise your registration.

[Back](#) [Delete This Registration](#) [Next](#)

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Losses Disaster Related Losses Application Progress
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- Losses
- Dwelling
- Home Insurance
- Expenses
- Vehicle Damages
- Misc Purchases
- Emergency Needs
- Special Needs

Help for this page
How were you affected by the disaster?

* Was your home damaged by the disaster? YES NO UNKNOWN

* Was any of your personal property not including vehicles damaged by the disaster? YES NO UNKNOWN

* Have you been without your essential utilities for 5 consecutive days or more? YES NO

* Were all of the vehicles in your household made undrivable due to the disaster? YES NO

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Disaster Assistance Contact Us

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Registrant: MR TEST TESTER

Registration Id: 15-0269292
Disaster Number: 1305 State: SC

Application Progress
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Damaged Dwelling

Help for this page
Please provide the following information about the damaged dwelling.

* Where are you currently living or staying?

* What type of home are you registering?

* Is this your primary residence, where you live more than six months out of the year?

* 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 a mandatory evacuation.
 I am unable to return to my home because damages to the roads or bridges in the area prevent it.

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Registrant: MR TEST TESTER

Registration Id: 15-0269292
Disaster Number: 1305 State: SC

Application Progress
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Home Insurance

Help for this page
* Identify the type of insurance policies currently in effect for your home and/or personal property. Check all current policies that apply.

Select	Type of Insurance	Insurance Company Name
<input type="checkbox"/>	Contents Only Insurance	<input type="text"/>
<input type="checkbox"/>	Flood Insurance	<input type="text"/>
<input checked="" type="checkbox"/>	Homeowners Insurance	HOME INSURANCE CO
<input type="checkbox"/>	Homeowners Insurance with a Sewer Backup Rider	<input type="text"/>
<input type="checkbox"/>	Mobile Home Insurance	<input type="text"/>
<input type="checkbox"/>	I have no insurance for my home or personal property.	

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Losses

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Disaster Related Expenses

Help for this page

Have you incurred uninsured or under-insured expenses as a direct result of the disaster?

Do you have MEDICAL expenses as a result of the disaster? YES NO

Do you have DENTAL expenses as a result of the disaster? YES NO

Do you have FUNERAL expenses as a result of the disaster? YES NO

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Losses

Registrant: MR TEST TESTER

Registration Id: 15-0269292
Disaster Number: 1305 State: SC

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Other Insurance

Help for this page

* You stated that you had medical, dental, or funeral expenses. Do you have any of the following insurances?

Select	Type of Insurance	Company Name	Provide Another Company Name
<input checked="" type="checkbox"/>	Dental Insurance	DENTAL INSURANCE CO	<input type="checkbox"/>
<input type="checkbox"/>	Funeral or Burial Insurance		<input type="checkbox"/>
<input type="checkbox"/>	Health/Medical Insurance		<input type="checkbox"/>
<input type="checkbox"/>	Medicaid/Title XIX Insurance		<input type="checkbox"/>
<input type="checkbox"/>	I do not have any insurance listed above		

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Other Insurance

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Help for this page
* You stated that you had medical, dental, or funeral expenses. Do you have any of the following insurances?

Select	Type of Insurance	Company Name	Provide Another Company Name
<input checked="" type="checkbox"/>	Dental Insurance	DENTAL INSURANCE CO DENTAL PLUS INS CO	<input type="checkbox"/>
<input type="checkbox"/>	Funeral or Burial Insurance		<input type="checkbox"/>
<input type="checkbox"/>	Health/Medical Insurance		<input type="checkbox"/>
<input type="checkbox"/>	Medicaid/Title XIX Insurance		<input type="checkbox"/>
<input type="checkbox"/>	I do not have any insurance listed above		

Call Center

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Done

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Losses

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Registrant: MR JAMES R. LONG

Registration Id: 15-0294830
Disaster Number: 7172 State: VA

Disaster Related Vehicle Damage

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* Were any of the vehicles in your household covered by comprehensive insurance? YES NO

Call Center

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Vehicles

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Help for this page
Please provide me with a list of all vehicles owned by you, your spouse or your dependents. Service Representative: Click "ADD" to enter vehicle information.

[Add](#)

Edit	Year	Make	Model	Damaged	Drivable	Comprehensive Insurance	Liability Insurance	Registered	Delete
Back									Delete This Registration
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Registrant: MR TEST TESTER

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Update Vehicle

Application Progress

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Help for this page
Service Representative: Enter information about each vehicle in the household separately.

* Year * Make * Model

1990
1991
1992
1993
1994
1995
1996
1997
1998
1999

by the disaster?

ivable?

comprehensive

liability insurance?

* Is this vehicle currently registered?

What is the insurance company name?

What is the insurance company name?

[Back](#) [Delete This Registration](#) [Save](#)

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Update Vehicle

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Help for this page
Service Representative:
Enter information about each vehicle in the household separately.

* Year: 1990 * Make: CHEVROLET * Model:

CHEVROLET
CHRYSLER

* Was this vehicle damaged by the disaster?

* Is this vehicle currently drivable?

* Is this vehicle covered by comprehensive insurance? What is the insurance company name?

* Is this vehicle covered by liability insurance? What is the insurance company name?

* Is this vehicle currently registered?

Back Delete This Registration Save

Call Center

- Language (CTL-F2)
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- Save Incomplete (F10)
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Disaster Assistance Center - Windows Internet Explorer

https://iaapps.fematdl.net/DAC/ri/vehicleUpdate.do?VEHICLE_ID=-1&

Disaster Assistance Center

DisasterAssistance.gov
ACCESS TO DISASTER HELP AND RESOURCES

Version: 1.03.00.00.0489
Server: DAC-TDL-CC

Disaster Assistance Contact Us

Introduction | Identification | Disaster | **Losses**

Losses Registrant: MR TEST TESTER

- Losses
- Dwelling
- Home Insurance
- Expenses
- Other Insurance
- Vehicle Damages
- Vehicles**
- Misc Purchases
- Emergency Needs
- Special Needs

Registration Id: 15-0269292
Disaster Number: 1305 State: SC

Update Vehicle

Application Progress
OMB No. 1660-0002, Exp. 5-31-2010

Help for this page
Service Representative:
Enter information about each vehicle in the household separately.

* Year: 1990 * Make: CHRYSLER * Model: TC BY MASERATI CONV

TC BY MASERATI CONV
TOWN AND COUNTRY 2WD

* Was this vehicle damaged by the disaster?

* Is this vehicle currently drivable?

* Is this vehicle covered by comprehensive insurance? What is the insurance company name?

* Is this vehicle covered by liability insurance? What is the insurance company name?

* Is this vehicle currently registered?

Back Delete This Registration Save

Call Center

- Language (CTL-F2)
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Registrant: MR TEST TESTER
 Registration Id: 15-0269292
 Disaster Number: 1305 State: SC

Update Vehicle
 Application Progress
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Help for this page
 Service Representative:
 Enter information about each vehicle in the household separately.

* Year: 1990 * Make: CHRYSLER * Model: TC BY MASERATI CONV

Call Center
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 * Cal (CTL-F11)
 * Info (FR)

* Was this vehicle damaged by the disaster? YES
 * Is this vehicle currently drivable? NO
 * Is this vehicle covered by comprehensive insurance? NO
 * Is this vehicle covered by liability insurance? YES
 * Is this vehicle currently registered? YES

What is the insurance company name?
 What is the insurance company name? LIABILITY INSURANCE CO

Back Delete This Registration Save

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Disaster Assistance Contact Us

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Registrant: MR TEST TESTER
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Vehicles
 Application Progress
 OMB No. 1660-0002, Exp. 5-31-2010

Help for this page
 Please provide me with a list of all vehicles owned by you, your spouse or your dependents.
 Service Representative: Click "ADD" to enter vehicle information.

Add

Edit	Year	Make	Model	Damaged	Drivable	Comprehensive Insurance	Liability Insurance	Registered	Delete
Edit	1990	CHRYSLER	TC BY MASERATI CONV	Yes	No	No	LIABILITY INSURANCE CO	Yes	Delete

Call Center
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Registrant: MR TEST TESTER

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Miscellaneous Purchases

Application Progress
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Help for this page

* Did you incur any uninsured miscellaneous expenses, such as the purchase of a wet/dry vacuum, chainsaw, or dehumidifier for clean-up as a result of the disaster? YES NO

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Registrant: MR TEST TESTER

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Emergency Needs

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Help for this page

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.

I have a disaster related emergency need for food, medication or gas.
 I have a disaster related emergency need for shelter.
 I have a disaster related emergency need for clothing.

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Registrant: MR TEST TESTER

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Special Needs

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Help for this page

* Did you, your spouse, or any dependents have help or support doing things like walking, seeing, hearing, or taking care of yourself before the disaster and have you lost that help or support because of the disaster? YES NO

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Losses

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Registrant: MR TEST TESTER

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Special Needs General Categories

Application Progress
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Help for this page

* You stated that you or a household member has a disability that was affected by the disaster. Please choose from the following:

Mobility: YES NO
 Cognitive/Developmental Disabilities/Mental Health: YES NO
 Hearing or Speech: YES NO
 Vision: YES NO
 Other: YES NO

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 * Special Needs General
 * **Special Needs Specific**

Registrant: MR TEST TESTER

Registration Id: 15-0269292
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Special Needs Specific Categories

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Help for this page

* Based on the general categories of disability you have given, please select from the following list of specific categories related to those disabilities that have been affected by the disaster.

Mobility
 Wheelchair Walker Cane Lift Bath Chair Personal Care Attendant

Vision
 Glasses White Cane Service Animal Braille or other accessible communication device Magnifier

Call Center
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Disaster Assistance Contact Us

Introduction Identification Disaster Losses **Occupants**

Occupants
 * Occupants

Registrant: MR TEST TESTER

Registration Id: 15-0269292
Disaster Number: 1305 State: SC

Occupants

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Help for this page

I need to list the names of all the persons living in your home at the time of the disaster. Including the Social Security Numbers of all your dependent children. If you do not have the dependent's social security number, please call our FEMA Helpline number at 1-800-621-3362 once the information is obtained. Not including the social security numbers of your dependent children will not prevent your application from being processed. However, you should update your application as soon as possible.

Add

Edit	Last Name	First Name	MI	Relationship	SSN	Age	Delete
	TESTER	TEST		Registrant	255-78-9313	59	

Back Delete This Registration Next

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https://iaapps.fematdl.net/DAC/ri/occupant.do?RGSN_OCPT_ID=-1& Certificate Error Google

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Occupants Registrant: MR TEST TESTER Registration Id: 15-0269292
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Update Occupant Application Progress
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Call Center Help for this page
Service Representative: Enter household occupant information below.

What is this person's last name? TESTER
What is this person's first name? HUSBAND
What is this person's middle initial? S
What is the relationship you have with this person?
BOARDER
CO-REG/SPOUSE
FRIEND/RELATIVE
IMMED FAMILY
LANDLORD
OTHER

Cancel Delete This Registration Save

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Introduction Identification Disaster Losses Occupants

Occupants Registrant: MR TEST TESTER Registration Id: 15-0269292
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Update Occupant Application Progress
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Call Center Help for this page
Service Representative: Enter household occupant information below.

What is this person's last name? TESTER
What is this person's first name? HUSBAND
What is this person's middle initial? S
What is the relationship you have with this person? CO-REG/SPOUSE
What is this person's Social Security Number? 164 - 64 - 6464
What is this person's age? 61

Cancel Delete This Registration Save

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Occupants

Registrant: MR TEST TESTER

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Occupants

Application Progress
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Help for this page
I need to list the names of all the persons living in your home at the time of the disaster. Including the Social Security Numbers of all your dependent children. If you do not have the dependent's social security number, please call our FEMA Helpline number at 1-800-621-3362 once the information is obtained. Not including the social security numbers of your dependent children will not prevent your application from being processed. However, you should update your application as soon as possible.

Add

Edit	Last Name	First Name	MI	Relationship	SSN	Age	Delete
	TESTER	TEST		Registrant	255-78-9313	59	
Edit	TESTER	HUSBAND	S	Co-Reg/Spouse	164-64-6464	61	Delete

Back Delete This Registration Next

Done

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Registrant: MR TEST TESTER

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Business Damages

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Help for this page

Is the household's primary source of income from self-employment? YES NO

Do you own or represent a business or rental property that was affected by the disaster? YES NO

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Done

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Disaster Assistance Center - Windows Internet Explorer

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Introduction | Identification | Disaster | Losses | Occupants | Financial | Conclusion

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Registrant: MR TEST TESTER

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Financial Information

Help for this page
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.

* How many dependents do you have?

Income not Available

* What is your family's pre-disaster gross income; this includes you and your dependents?
Service Representative: Please enter whole dollars only, no dollar sign, no commas, and no decimal point. **Calculator**

* If you are found to be eligible for FEMA assistance, would you like FEMA to electronically transfer funds to your bank account?
There is no charge for this service.

Back **Delete This Registration** **Next**

Done

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https://iaapps.fematdl.net/DAC/ri/income.do

Disaster Assistance Center

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Financial

Registrant: MR TEST TESTER

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Electronic Funds Transfer

Help for this page
You told us previously that you would like to participate in electronic funds transfer. The name on this registration must be the same as on the bank/savings account identified. Do Not provide anyone else's account information. This service is not available for Business applicants. Please provide the following information:

Susan B Sample 5678
2244 Lois Lane
Anytown, FL 32123-4567

By Date: 04/01/08

By Order: 1

Routing Number: 01234567890123456789012345678

Routing Number Account Number

* What is the name of your bank or financial institution?

* What type of account is this?

* What is the 9 digit routing number for this account?

* What is the account number?

* Please repeat the account number.

Back **Delete This Registration** **Next**


Done

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Conclusion

Registrant: MR TEST TESTER

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 Program Referrals

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YOUR REGISTRATION IS COMPLETE!

Do not complete another registration. If another registration is completed it will delay your assistance.

Based on the information you have given us you may be eligible for assistance from one or more of the programs listed.

Service Representative:
Please read each program description below.

Program	Description
Transitional Sheltering Assistance Program (TSA)	You and your household have been referred to the Transitional Sheltering Assistance Program (TSA) so your case can be reviewed for assistance during your temporary hotel stay. FEMA, in conjunction with State and local officials, will determine the eligible start date for this assistance, and it may cover part or all of your hotel stay. The eligibility period for TSA is from 01/01/2007 to 01/03/2007. Please locate a hotel that is participating in the Corporate Lodging Consultants (CLC) Emergency Lodging Assistance Program (ELA). This assistance will provide 1 hotel room per every 4 household members. Please be aware that Household members cannot apply to receive this assistance separately. Although you have been referred to this program, if another member of the Household is determined to be the Head of Household, you will not be eligible for Hotel Assistance. This program is for 1 member of each household and the appropriate number of hotel rooms will be provided based on the number of members in each household. The maximum number of hotel rooms is limited to the number of members in each household.

If eligibility for the TSA program is confirmed for your household, your assistance will expire at the end of the eligibility period outlined by the program or once your home becomes habitable, whichever comes first.

If you like, I can assist you in locating a participating hotel after your Registration is complete.
You are being referred to FEMA's Individuals and Households Program (IHP) for possible assistance.

Individuals & Households Program You will receive a pamphlet titled, "Help After a Disaster, Applicant's Guide to the Individuals and Households Program". Please read it carefully; this pamphlet should answer most of your questions and provide additional information about other programs that may be able to assist in your recovery efforts.

A FEMA inspector will contact you within 10 - 14 days of registration to verify your disaster related damages. It is very important that you or another adult member of the household (18 years or older) be present so the inspection can be performed. You will be asked to sign a statement confirming your citizenship status and may need the following information for the inspector:
* proof that you were occupying the home at the time of the disaster (such as a utility bill)
* your home ownership papers or lease agreement if you are a renter and
* your insurance policies

Service Representative:
If applicant applies using the SSN of a dependent child read the following: You must provide copies of the document(s) that state the child is a United States citizen, non-citizen national, or qualified alien.

Within 10-days following your FEMA inspection you will be notified by mail of your eligibility. If you are found eligible a check or electronic funds transfer will arrive separately.

Individuals & Households Program (Insured) You indicated in your registration you have insurance for all or part of the damages identified. In order to determine the type and amount of assistance you may be eligible to receive, FEMA must first know the type and amount of insurance assistance received by your household. Please provide FEMA with a copy of this information as soon as it is available. If you have not done so already we recommend you contact your insurance provider to determine your coverage. If any of your damages were caused by Flooding a FEMA inspector will contact you within 10 - 14 days of this registration to verify your disaster related losses. You will receive a pamphlet titled "Help After a Disaster, Applicant's Guide to the Individuals and Households Program". Please read it carefully; this pamphlet should answer most of your questions and provide additional information about other programs that may be able to assist in your recovery efforts.

Individuals and Households Program (M/D/Other miscellaneous) You are being referred to FEMA's Individual and Households Program. They may help you with your medical, dental, funeral, or other miscellaneous expenses.
You will receive a pamphlet titled "Help After a Disaster, Applicant's Guide to the Individuals and Households Program". This program guide will help you understand the assistance provided by FEMA and the state. Please read it carefully; this pamphlet should answer most of your questions and provide additional information about other programs that may be able to assist in your recovery efforts.

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Agency Referrals

The American Red Cross

Registrant: MR TEST TESTER Registration ID: 15-0269292

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Script

The American Red Cross or other voluntary agencies may assist you with food, clothing, shelter, transportation, and medical care on an emergency basis. The American Red Cross may also help you with serious needs not addressed by your insurance company or other disaster assistance programs.

To reduce disaster related emotional stress on family and friends, the American Red Cross offers an on-line service where you can register your name as being "safe and well". Concerned family and friends can search the list of those who have listed themselves as "safe and well" at <https://disastersafe.redcross.org>.

Add Remove

Available Agencies

- Aging Services
- American Red Cross
- Animal Health & Assistance
- Crisis Counseling
- Disaster Recovery Center (DRC)
- Emergency Services
- Essential Needs
- Food Stamp Program
- Fraud Detection
- National Flood Insurance Program (NFIP)

Office Information

Organization: Emergency Assistance (ARC) Office: Emergency Assistance (ARC)

County: York Hours: Sunday to Saturday 8am to 8 pm

Addresses

Current Address: 987 Blossom DR Sharon, SC 29742-

Mailing Address: 987 Blossom DR Sharon, SC 29742-

Phones

Main: (800) 926-5295 Fax: TTY:

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Done

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Close Interview

If you have a pen and paper available I would like to give you your registration ID number, it is # 15-0269292. Please have this number and your Social Security Number available whenever you call or write.

You will receive a packet through the mail containing a copy of your application and information regarding other disaster assistance providers. Please keep this for your records. WE ENCOURAGE YOU TO WAIT UNTIL YOU HAVE RECEIVED YOUR PACKET BEFORE CONTACTING US. THIS WILL GIVE YOU AN OPPORTUNITY TO REVIEW YOUR INFORMATION TO SEE IF A CALL IS NECESSARY.

If you need to update your record please call 1-800-621-3362.

For your records my name is _____ and my personal identification number is ID# _____.

Do you have any questions at this time?

[SERVICE REP:] Our interview is now complete. Please hold a moment while my computer system reviews your application information.

[SERVICE REP:] To continue choose the Save button.

Back Save

Done

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Financial

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Financial Information

Help for this page
 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.

* How many dependents do you have?

Income not Available

* What is your family's pre-disaster gross income; this includes you and your dependents?
 Service Representative: Please enter whole dollars only, no dollar sign, no commas, and no decimal point. **Calculator**

* If you are found to be eligible for FEMA assistance, would you like FEMA to electronically transfer funds to your bank account?
 There is no charge for this service.

Back **Delete This Registration** **Next**

Done

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Disaster Assistance Center - Windows Internet Explorer
 https://iaapps.fematd.net/DAC/ri/income.do

Disaster Assistance Center

ACCESS TO DISASTER HELP AND RESOURCES

Server: DAC-TDL-CC

Disaster Assistance | Conclusion | Contact Us

Registrant: MR TEST TESTER

Registration Id: 15-0269292
 Disaster Number: 1305 State: SC

OMB No. 1660-0002, Exp. 5-31-2010

Program Referrals

Help for this page

YOUR REGISTRATION IS COMPLETE!

Do not complete another registration. If another registration is completed it will delay your assistance.

Based on the information you have given us you may be eligible for assistance from one or more of the programs listed.

Service Representative:
 Please read each program description below.

Program	Description
Transitional Sheltering Assistance Program (TSA)	You and your household have been referred to the Transitional Sheltering Assistance Program (TSA) so your case can be reviewed for assistance during your temporary hotel stay. FEMA, in conjunction with State and local officials, will determine the eligible start date for this assistance, and it may cover part or all of your hotel stay. The eligibility period for TSA is from 01/01/2007 to 01/03/2007. Please locate a hotel that is participating in the Corporate Lodging Consultants (CLC) Emergency Lodging Assistance Program (ELA). This assistance will provide 1 hotel room per every 4 household members.

Please be aware that Household members cannot apply to receive this assistance separately. Although you have been referred

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Disaster Assistance Center

Please be aware that Household members cannot apply to receive this assistance separately. Although you have been referred to this program, if another member of the Household is determined to be the Head of Household, you will not be eligible for Hotel Assistance. This program is for 1 member of each household and the appropriate number of hotel rooms will be provided according to the number of members in each household. It is important to note that each hotel room must be in the name of someone identified on the FEMA registration.

If eligibility for the TSA program is confirmed for your household, your assistance will expire at the end of the eligibility period outlined by the program or once your home becomes habitable, whichever comes first.

If you like, I can assist you in locating a participating hotel after your Registration is complete.

Individuals & Households Program (Insured)
 You indicated in your registration you have insurance for all or part of the damages identified. In order to determine the type and amount of assistance you may be eligible to receive, FEMA must first know the type and amount of insurance assistance received by your household. Please provide FEMA with a copy of this information as soon as it is available. If you have not done so already we recommend you contact your insurance provider to determine your coverage. If any of your damages were caused by Flooding a FEMA inspector will contact you within 10 - 14 days of this registration to verify your disaster related losses. You will receive a pamphlet titled "Help After a Disaster, Applicant's Guide to the Individuals and Households Program". Please read it carefully; this pamphlet should answer most of your questions and provide additional information about other programs that may be able to assist in your recovery efforts.

SBA Home & Personal Property Loan
 Because FEMA assistance is limited to emergency home repairs and rent, we are unable to assist with all home repairs, personal property damages, vehicle damage, or moving and storage expenses. We will send a copy of your application to the disaster low interest loan program administered by the Small Business Administration (SBA).
 The SBA will mail a Home-Personal Property Disaster Loan application to you. Please complete it and return it to them as soon as possible so they can determine if you qualify for a low interest loan to cover your losses. If the SBA does not offer you a loan, your application will be referred back to the Individuals and Households Program (IHP) for possible grant assistance. You will receive a pamphlet titled "Help After a Disaster, Applicant's Guide to the Individuals and Households Program". Please read it carefully; this pamphlet should answer most of your questions and provide additional information about other programs that may be able to assist in your recovery efforts.

Individuals and Households Program (M/D/Other miscellaneous)
 You are being referred to FEMA's Individual and Households Program. They may help you with your medical, dental, funeral, or other miscellaneous expenses.
 You will receive a pamphlet titled "Help After a Disaster, Applicant's Guide to the Individuals and Households Program". This program guide will help you understand the assistance provided by FEMA and the state. Please read it carefully; this pamphlet should answer most of your questions and provide additional information about other programs that may be able to assist in your recovery efforts.

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Disaster Assistance Center

Agency Referrals

- The American Red Cross
- Tax Assistance
- Small Business Administration (SBA)

Add Remove

Available Agencies

- Aging Services
- American Red Cross
- Animal Health & Assistance
- Crisis Counseling
- Disaster Recovery Center (DRC)
- Emergency Services
- Essential Needs
- Food Stamp Program
- Fraud Detection
- National Flood Insurance Program (NFIP)

Registrant: MR TEST TESTER **Registration ID: 15-0269292**
Disaster Number: 1305 State: SC

Script
 The American Red Cross or other voluntary agencies may assist you with food, clothing, shelter, transportation, and medical care on an emergency basis. The American Red Cross may also help you with serious needs not addressed by your insurance company or other disaster assistance programs.
 To reduce disaster related emotional stress on family and friends, the American Red Cross offers an on-line service where you can register your name as being "safe and well". Concerned family and friends can search the list of those who have listed themselves as "safe and well" at <https://disastersafe.redcross.org>.

Office Information

Organization	Emergency Assistance (ARC)	Office	Emergency Assistance (ARC)
County	York	Hours	Sunday to Saturday 8am to 8 pm

Addresses

Current Address
 987 Blossom DR Sharon, SC 29742-

Mailing Address
 987 Blossom DR Sharon, SC 29742-

Phones

Main	Fax	TTY
(800) 926-5295		

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