

Supporting Documentation: Change Request for OMB Control Number 1660-0002

FEMA Forms affected: 009-0-1 and 009-0-2, Application for Disaster Assistance (English and Spanish) including Tele-Registration and Internet Application.

Changes Requested:

Item 6 - “Alt Damaged Phone #”

We are adding this to reflect the current phone number at the damage dwelling at the time of the disaster. This will allow clarification to the responded when giving information at the time of registration intake.

Item 10 - “Fire” Changed to “Fire/Smoke/Soot/Ash”

We are changing this to reflect the true cause of damage related to fire. The current question does not reflect Smoke, Soot or Ash which is associated with Fire damage. This will give clarification to the respondent when answering this question at the time of registration.

Item 24 - “Cognitive/Mental Health, such as: Personal Care Attendant, etc” Changed to “Cognitive/Developmental Disabilities/Mental Health, such as: Personal care attendant, etc.”

We are changing this to reflect the correct terminology when referring to applicant with Special needs. The current question does not include Developmental Disabilities. This will give clarification to the respondent when answering this question at the time of registration to ensure the correct information is collected to provide assistance.

The following changes appear only on the Internet Registration and Tele-registration processes as FEMA Forms 009-0-1 and 009-0-2 would only be used in conjunction with the tele-registration process.

Item 21 - “Vehicle Damage due to Disaster” Current version

1. Do you, your spouse, or one of your dependents own a vehicle that was damaged by the disaster?
 2. Please provide me with a list of all vehicles owned by you, your spouse or your dependents.
* Year * Make * Model
- a. Was this vehicle damaged by the disaster?
 - b. Is this vehicle currently drivable?
 - c. Is this vehicle covered by comprehensive insurance?
 - d. What is the insurance company name?

e. Is this vehicle covered by liability insurance?
the insurance company name?

f. What is

Proposed Change:

1. Were all of the vehicles in your household made undrivable due to the disaster?
 - a. If no, continue through registration w/out collecting data
 - b. If yes, answer question #2
2. Were any of the vehicles covered by comprehensive insurance?
 - a. If no, collect needed data
 - b. If yes, continue through registration w/out collecting data.

Please provide me with a list of all vehicles owned by you, your spouse or your dependents.

* Year * Make * Model

- d. Was this vehicle damaged by the disaster?
- e. Is this vehicle currently drivable?
- f. Is this vehicle covered by comprehensive insurance? d. What is the insurance company name?
- e. Is this vehicle covered by liability insurance? f. What is the insurance company name?

The justification:

This proposal shifts the RI focus from collecting household damaged vehicle data to clearly determining if the Applicant has a valid transportation assistance need. The first priority becomes verifying if the Applicant's legally drivable vehicle remains usable after the disaster. The recommended change immediately ends data collection referencing miscellaneous vehicles and eliminates consideration for Applicants who have a vehicle that is: 1) drivable, 2) covered by comprehensive insurance, or 3) unaffected by the disaster.