

Registration Intake

Call Center

FEMA Form 009-0-2T (English)
Tele-Registration (Call Center)
OMB Control Number: 1660-0002
Expiration Date: 8/31/2013

https://iaapps.fematdl.net/DAC/cc/login-action.do;jsessionid=0a4a9c1630d798e31ef433fc4958bb759; Certificate Error Google

File Edit View Favorites Tools Help

Call Center Web Home Page Home Feeds (1) Print Page

Disaster Assistance

[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 period, 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.]

Instructions

- [Instructions](#)
- [Privacy Act](#)
- [Isaac Override](#)



Registration Instructions

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

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.

[Exit](#)

[Delete This Registration](#)

[Next](#)

Instructions

- Instructions
- **Privacy Act**
- Isaac Override



Privacy Act Statement

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

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?

[Back](#)

[Delete This Registration](#)

[Next](#)

Disaster Assistance

Contact

- Introduction
- Identification

Identification



Personal Identification

- 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:

* First Name:

MI:

* Last Name:

* SSN: - -

Email Address:

* Date of Birth MM/DD/YYYY: / /

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

Back

Delete This Registration

Next

Disaster Assistance

Contact

Introduction Identification

Identification

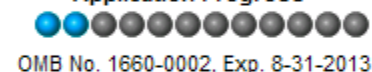
Registrant: MR SOBER MICKEY

Registration Id: 15-0303509



Contact Phone Numbers

Application Progress



[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.

Call Center

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

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

[Back](#)

[Delete This Registration](#)

[Next](#)

Identification

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509

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


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.

Application Progress


OMB No. 1660-0002, Exp. 8-31-2013

Call Center

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

 * ZIP : ZIP+4 :

 * Street Address:

 * City:

 * State:

 * Do you own this home or do you rent it?
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 which language would you like to receive letters?

 In Care Of :

 * ZIP : ZIP+4 :

Identification

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509

State: SC

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

**Damaged Dwelling/Mailing Address Correction**

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)

Please correct the damaged dwelling/mailling address

Submitted Address

This address is exactly as you have entered it; it has not been corrected nor standardized. Select "Use Submitted" to save and continue.

Street Address : 6 SCOOTER LANE

City : SHARON

State : SC ZIP : 29742 ZIP+4 :

[Use Submitted](#)**Corrected Address**

This address could not be corrected or it has been modified. Select "Resubmit" to verify the address or select another address.

**We were unable to validate the address, no matching street or invalid direction.
Verify the street address including the direction (N, S, E or W).**

Disaster Assistance Conta

Introduction | **Identification** |

Identification

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

Call Center

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

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509

State: SC



Damaged Dwelling County/Parish/Municipio

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)

Where did the damage occur?

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

Back

Delete This Registration

Next

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster**

Disaster

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509

- Disaster Selection

State: SC

Call Center



Disaster Selection

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

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

[Help for this page](#)

* 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 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		

[Back](#)

[Delete This Registration](#)

[Next](#)

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster

Disaster

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509

Disaster Selection

Disaster Number: 7092 State: SC

Call Center



Damage Type

- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Cal (CTL-F11)
- Info (F8)
- Help

Help for this page

* Loss Date: 01/20/2005

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

* 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

Back

Delete This Registration

Next

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster

- Disaster
- Disaster Selection

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509
Disaster Number: 7092 State: SC

- Call Center
- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Cal (CTL-F11)
- Info (F8)
- Help



Damage Type

Help for this page

* Loss Date: 01/20/2005

Application Progress
OMB No. 1660-0002, Exp. 8-31-2013

* What type of the following damage occurred?
Service Representative: Check all that apply. If "Other", please explain in the text box.

- Earthquake
- Flood
- Ice/Snow
- Other Damage
- Seepage
- Sewer Backup

Other Damage Text:

Back

Delete This Registration

Next

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster

Disaster

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509

- Disaster Selection

Disaster Number: 7092 State: SC

Call Center



Invalid Registration

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Cal (CTL-F11)
- Info (F8)
- 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.

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


- es
- sses
- elling
- me Insurance
- enses
- hicle Damages
- sc Purchases
- mergency Needs
- ecial Needs
- Center
- vacancy Act
- L-F3)
- mmmary (Ctrl+F5)
- errals (F6)
- mmments (F9)
- ve Incomplete
- 0)
- d (Alt+F11)
-
- L-F11)
- o (F8)
- lp

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509
Disaster Number: 1305 State: SC



Disaster Related Losses

Application Progress

 OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)

Did you have any of the following losses?

- * 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

[Back](#)

[Delete This Registration](#)

[Next](#)

Losses

- [Losses](#)
- [Dwelling](#)
- [Home Insurance](#)
- [Expenses](#)
- [Vehicle Damages](#)
- [Misc Purchases](#)
- [Emergency Needs](#)
- [Special Needs](#)

Call Center

- [Privacy Act \(CTL-F3\)](#)
- [Summary \(Ctl+F5\)](#)
- [Referrals \(F6\)](#)
- [Comments \(F9\)](#)
- [Save Incomplete \(F10\)](#)
- [End \(Alt+F11\)](#)
- [Cal \(CTL-F11\)](#)
- [Info \(F8\)](#)
- [Help](#)

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509

Disaster Number: 1305 State: SC

**Damaged Dwelling**

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

[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.

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses

Losses

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

Call Center

- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509
 Disaster Number: 1305 State: SC



Home Insurance

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

[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 type="checkbox"/>	Homeowners Insurance	<input type="text"/>
<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.	

Back

Delete This Registration

Next

Losses

- [Losses](#)
- [Dwelling](#)
- [Home Insurance](#)
- [Expenses](#)
- [Vehicle Damages](#)
- [Misc Purchases](#)
- [Emergency Needs](#)
- [Special Needs](#)

Call Center

- [Privacy Act \(CTL-F3\)](#)
- [Summary \(Ctl+F5\)](#)
- [Referrals \(F6\)](#)
- [Comments \(F9\)](#)
- [Save Incomplete \(F10\)](#)
- [End \(Alt+F11\)](#)
- [Cal \(CTL-F11\)](#)
- [Info \(F8\)](#)
- [Help](#)

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509

Disaster Number: 1305 State: SC

**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
Application Progress

OMB No. 1660-0002, Exp. 8-31-2013

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

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses

Losses

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

Call Center

- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509
Disaster Number: 1305 State: SC



Other Insurance

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

[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 type="checkbox"/>	Dental Insurance	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	Funeral or Burial Insurance	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	Health/Medical Insurance	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	Medicaid/Title XIX Insurance	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	I do not have any insurance listed above		

[Back](#)

[Delete This Registration](#)

[Next](#)

<https://iaapps.fematdl.net/DAC/ri/otherInsurance.do>
Certificate Error
Google

File Edit View Favorites Tools Help

Links DOC DAC-Prod-Admin Jade Reports TDL Life Quotes and Sayings Employee Resources Home

Disaster Assistance Center

Home Feeds (J) Print Page



Version: 2.01.01.00.
Server: DAC-TDL-

Disaster Assistance

- Introduction
- Identification
- Disaster
- Losses

Losses

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

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509
Disaster Number: 1305 State: SC



Disaster Related Vehicle Damage

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)

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

[Back](#)

[Delete This Registration](#)

[Next](#)

Call Center

- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help

Disaster Assistance

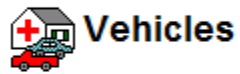
Contact

- Introduction
- Identification
- Disaster**
- Losses

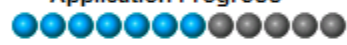
- Losses**
- Losses
 - Dwelling
 - Home Insurance
 - Expenses
 - Other Insurance
 - Vehicle Damages
 - Vehicles**
 - Misc Purchases
 - Emergency Needs
 - Special Needs

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509
Disaster Number: 1305 State: SC



Vehicles

Application Progress

 OMB No. 1660-0002, Exp. 8-31-2013

[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

Next

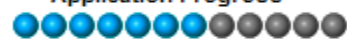
- Call Center**
- Privacy Act (CTL-F3)
 - Summary (Ctl+F5)
 - Referrals (F6)
 - Comments (F9)
 - Save Incomplete (F10)
 - End (Alt+F11)
 - Cal (CTL-F11)
 - Info (F8)
 - Help

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

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509
Disaster Number: 1305 State: SC

Update Vehicle

Application Progress

OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)

Service Representative:
Enter information about each vehicle in the household separately.

* Year	* Make	* Model
<input type="text"/>	<input type="text"/>	<input type="text"/>

- Call Center
- Privacy Act (CTL-F3)
 - Summary (Ctl+F5)
 - Referrals (F6)
 - Comments (F9)
 - Save Incomplete (F10)
 - End (Alt+F11)
 - Cal (CTL-F11)
 - Info (F8)
 - Help

* Was this vehicle damaged by the disaster?	<input type="text"/>	
* Is this vehicle currently drivable?	<input type="text"/>	
* Is this vehicle covered by comprehensive insurance?	<input type="text"/>	What is the insurance company name? <input type="text"/>
* Is this vehicle covered by liability insurance?	<input type="text"/>	What is the insurance company name? <input type="text"/>
* Is this vehicle currently registered?	<input type="text"/>	

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

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses

Losses

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

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509
Disaster Number: 1305 State: SC



Miscellaneous Purchases

Application Progress
●●●●●●●●●●●●●●●●●●●●
OMB No. 1660-0002, Exp. 8-31-2013

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

Back

Delete This Registration

Next

Call Center

- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help

Losses

- [Losses](#)
- [Dwelling](#)
- [Home Insurance](#)
- [Expenses](#)
- [Other Insurance](#)
- [Vehicle Damages](#)
- [Misc Purchases](#)
- **[Emergency Needs](#)**
- [Special Needs](#)

Call Center

- [Privacy Act \(CTL-F3\)](#)
- [Summary \(Ctl+F5\)](#)
- [Referrals \(F6\)](#)
- [Comments \(F9\)](#)
- [Save Incomplete \(F10\)](#)
- [End \(Alt+F11\)](#)
- [Cal \(CTL-F11\)](#)
- [Info \(F8\)](#)
- [Help](#)

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509

Disaster Number: 1305 State: SC


Emergency Needs
[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.

Application Progress


OMB No. 1660-0002, Exp. 8-31-2013

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

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses

Losses

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

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509
Disaster Number: 1305 State: SC



Special Needs

Application Progress

OMB No. 1660-0002, Exp. 8-31-2013

[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

[Back](#)

[Delete This Registration](#)

[Next](#)

Call Center

- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help

Disaster Assistance

- Introduction
- Identification
- Disaster
- Losses

Losses

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

Call Center

- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509
Disaster Number: 1305 State: SC



Special Needs General Categories

Application Progress
●●●●●●●●●●●●●●●●●●●●
OMB No. 1660-0002, Exp. 8-31-2013

[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

[Back](#)

[Delete This Registration](#)

[Next](#)

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses

- Losses
 - Losses
 - Dwelling
 - Home Insurance
 - Expenses
 - Other Insurance
 - Vehicle Damages
 - Misc Purchases
 - Emergency Needs
 - Special Needs
 - Special Needs General
 - Special Needs Specific

- Call Center
 - Privacy Act (CTL-F3)
 - Summary (Ctl+F5)
 - Referrals (F6)
 - Comments (F9)
 - Save Incomplete (F10)
 - End (Alt+F11)
 - Cal

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509
Disaster Number: 1305 State: SC



Special Needs Specific Categories

[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

Cognitive/Developmental Disabilities/Mental Health

- Personal Care Attendant
- Other (enter text)

Hearing or Speech

- Hearing Aid
- Sign Language Interpreter
- TDD/TTY
- Text messaging and/or other communication device

Vision

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

Back

Delete This Registration

Next

Application Progress

OMB No. 1660-0002, Exp. 8-31-2013

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses
- Occupants

Occupants

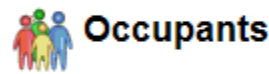
Registrant: MR SOBER MICKEY

Registration Id: 15-0303509

Disaster Number: 1305 State: SC

- Occupants

Call Center



Occupants

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help

[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
	MICKEY	SOBER		Registrant	645-13-3211	61	

Back

Delete This Registration

Next

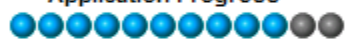
Occupants
• Occupants

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509
Disaster Number: 1305 State: SC

Call Center
• Privacy Act (CTL-F3)
• Summary (Ctrl+F5)
• Referrals (F6)
• Comments (F9)
• Save Incomplete (F10)
• End (Alt+F11)
• Cal (CTL-F11)
• Info (F8)
• Help

 **Update Occupant**

Application Progress

OMB No. 1660-0002, Exp. 8-31-2013

[Help for this page](#)

Service Representative: Enter household occupant information below.

- * What is this person's last name?
- * What is this person's first name?
- What is this person's middle initial?
- * What is the relationship you have with this person?
- What is this person's Social Security Number?
- What is this person's age?

- -

Cancel

Delete This Registration

Save

Disaster Assistance

Contact

- Introduction
- Identification
- Disaster
- Losses
- Occupants
- Financial

Financial

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509

- Business Damages
- Financial Information

Disaster Number: 1305 State: SC



Business Damages

Application Progress



OMB No. 1660-0002, Exp. 8-31-2013

Call Center

Help for this page

- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
- Cal (CTL-F11)
- Info (F8)
- Help

- * 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

Back

Delete This Registration

Next

Disaster Assistance


Contact

- Introduction
- Identification
- Disaster
- Losses
- Occupants
- Financial

- Financial
 - Business Damages
 - Financial Information

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509
Disaster Number: 1305 State: SC

 **Financial Information**

Application Progress

OMB No. 1660-0002, Exp. 8-31-2013

- Call Center
 - Privacy Act (CTL-F3)
 - Summary (Ctl+F5)
 - Referrals (F6)
 - Comments (F9)
 - Save Incomplete (F10)
 - End (Alt+F11)
 - Cal (CTL-F11)
 - Info (F8)
 - Help

[Help for this page](#)

You previously told us that your household's primary source of income is from self employment. Please select from the following EFT option:

* How many dependents do you have?

Income not Available

* What is your family's pre-disaster gross income; this includes you and your dependents?

Calculator

Service Representative: Please enter whole dollars only, no dollar sign, no commas, and no decimal point.

* 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


Disaster Assistance

- Introduction
- Identification
- Disaster
- Losses
- Occupants
- Financial

- Financial
 - Business Damages
 - Financial Information

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509
Disaster Number: 1305 State: SC

 **Financial Information**

Application Progress

OMB No. 1660-0002, Exp. 8-31-2013

- Call Center
 - Privacy Act (CTL-F3)
 - Summary (Ctl+F5)
 - Referrals (F6)
 - Comments (F9)
 - Save Incomplete (F10)
 - End (Alt+F11)
 - Cal (CTL-F11)
 - Info (F8)
 - Help

[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?

Calculator

Service Representative: Please enter whole dollars only, no dollar sign, no commas, and no decimal point.

* 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

- Financial**
- Business Damages
 - Financial Information
 - EFT

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509
 Disaster Number: 1305 State: SC

 **Electronic Funds Transfer**

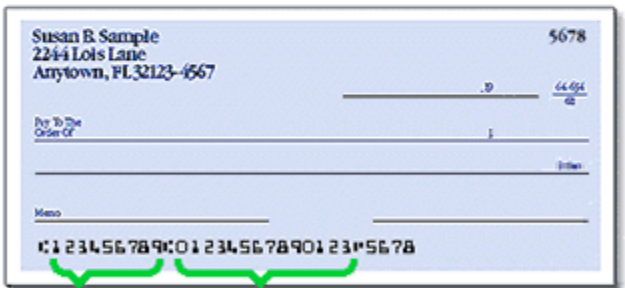
Application Progress

 OMB No. 1660-0002, Exp. 8-31-2013

- Call Center**
- Privacy Act (CTL-F3)
 - Summary (Ctl+F5)
 - Referrals (F6)
 - Comments (F9)
 - Save Incomplete (F10)
 - End (Alt+F11)
 - Cal (CTL-F11)
 - Info (F8)
 - Help

[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 Only applicants. Please provide the following information:



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?

[https://iaapps.fematdl.net/DAC/ri/income.do](#) Certificate Error Google

File Edit View Favorites Tools Help

Links DOC DAC-Prod-Admin Jade Reports TDL Life Quotes and Sayings Employee Resources Home

Disaster Assistance Center Home Feeds (J) Print Page

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509

Disaster Number: 1305 State: SC



Program Referrals

OMB No. 1660-0002, Exp. 8-31-2013

[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
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

<https://iaapps.fematdl.net/DAC/ri/programReferrals.do>
Certificate Error
Google

File Edit View Favorites Tools Help

Links DOC DAC-Prod-Admin Jade Reports TDL Life Quotes and Sayings Employee Resources Home

Disaster Assistance Center
Home
Feeds (J)
Print
Page

DisasterAssistance.gov
ACCESS TO DISASTER HELP AND RESOURCES

Agency Referrals

- 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 SOBER MICKEY

Registration ID: 15-0303

Disaster Number: 1305 State:

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 online 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>

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

Registrant: MR SOBER MICKEY**Registration ID: 15-0303509**
Disaster Number: 1305 State:**Close Interview**

If you have a pen and paper available I would like to give you your registration ID number, it is # **15-0303509**. 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](#)