

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

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Disaster Assistance

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Call Center

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"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

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Registration Instructions

Application Progress



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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.

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Instructions

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Privacy Act Statement

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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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Identification



Personal Identification

- Personal
- Phone Numbers
- Address
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- Isaac Override

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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: / /

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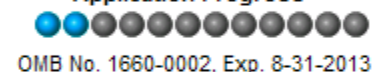
Registrant: MR SOBER MICKEY

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 **Contact Phone Numbers**

Application Progress



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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:	(<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"/>

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Identification

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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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 * 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 Care Of:

 * Street Address:

 * City:

 * State: * ZIP : ZIP+4 :

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Damaged Dwelling County/Parish/Municipio

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Where did the damage occur?

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

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- Disaster Selection

State: SC

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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 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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* Loss Date: 01/20/2005

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* 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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Damage Type

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* Loss Date: 01/20/2005

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* 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:

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Invalid Registration

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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.

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Disaster Related Losses

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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

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Damaged Dwelling

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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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Home Insurance

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* 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.	

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Disaster Related Expenses

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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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Other Insurance

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* 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		

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Disaster Related Vehicle Damage

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

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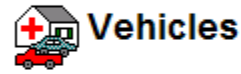
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Vehicles

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Please provide me with a list of all vehicles owned by you, your co-applicant or your dependents.
 Service Representative: Click "ADD" to enter vehicle information.

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Add

Edit	Year	Make	Model	Damaged	Drivable	Comprehensive Insurance	Liability Insurance	Registered	Delete
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 **Update Vehicle**

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

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

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* 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"/>	

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Miscellaneous Purchases

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* 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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Emergency Needs
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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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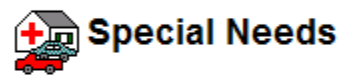


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Special Needs

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Did you, your Co-Applicant 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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Special Needs General Categories

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* 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 Specific Categories

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* 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

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- Occupants

Occupants

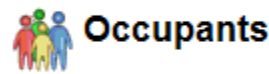
Registrant: MR SOBER MICKEY

Registration Id: 15-0303509

Disaster Number: 1305 State: SC

- Occupants

Call Center



Application Progress



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

- Privacy Act (CTL-F3)
- Summary (Ctrl+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

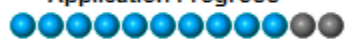
Occupants
• Occupants

Registrant: MR SOBER MICKEY

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

Call Center
• Privacy Act (CTL-F3)
• Summary (Ctl+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)
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- 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

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Delete This Registration

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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

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[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

Contact

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

Financial

Registrant: MR SOBER MICKEY

Registration Id: 15-0303509

Disaster Number: 1305 State: SC

- Business Damages
- Financial Information



Financial Information

Application Progress



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

Call Center

- Privacy Act (CTL-F3)
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- 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

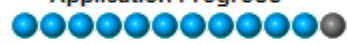
Next

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

Registrant: MR SOBER MICKEY

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

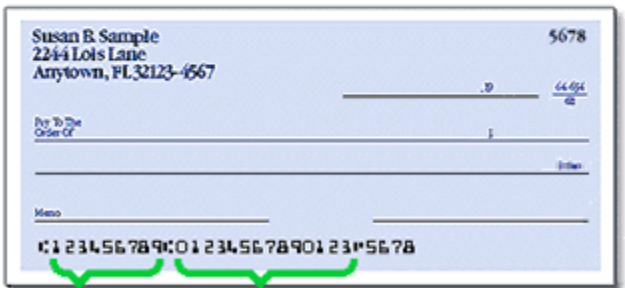
 **Electronic Funds Transfer**

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?

Disaster Assistance Center - Windows Internet Explorer

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Disaster Assistance Center

DisasterAssistance.gov
ACCESS TO DISASTER HELP AND RESOURCES


Version: 2.01.01.00.1025
Server: CV322


Disaster Assistance [Contact Us](#)

Correspondence Preferences

Correspondence

- Preferences
- Summary

 **Correspondence Preferences**

Application Progress

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

In order to keep you informed about the status of your application, FEMA provides several forms of communication, including traditional postal mail service, or the ability to view online. In addition to postal mail or viewing online, you may also receive application status notifications via SMS text messages to your mobile phone.

Please tell us how you would like to receive correspondence.

Would you prefer to receive correspondence via traditional postal mail or E-Mail notification? Postal Mail E-Mail

Would you like to receive additional status notifications via SMS text message? Yes No

Would you like to receive status update notification by Automated Voice Mail? Yes No

In which language would you like to receive correspondence? English Spanish

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

Done My Computer 100%

Electronic
Correspondence

- Preferences
- Summary



Electronic Correspondence Summary

Application Progress



You have selected to receive notification of new correspondence from FEMA via E-mail. All FEMA communications will be posted to a Disaster Assistance Center (DAC) account for you. You will have to create your DAC account at the end of registration in order to view or print the correspondence via the DAC Applicant Inquiry (AI) Correspondence page. You will not receive any communication by standard postal mail.

Please provide your E-mail address:

Email Address:

Verify Email Address:

If you do not receive an e-mail from FEMA within the next 7-10 days, please call the FEMA Helpline at 800-621-3362 to have your e-mail address confirmed. Please be sure to check your spam mailbox and add FEMA to your safe list to ensure that you receive all correspondence.

An Applicant's Guide will be available in PDF format for you to view and print from your DAC- AI account.

Applicants are responsible for viewing all correspondence from FEMA. You may change your correspondence preference at anytime by calling the FEMA Helpline or logging into your DAC-AI account and selecting "preferences" from the Correspondence page.

Do you agree to the terms of Electronic Correspondence?

- Yes, I agree to the terms.
- No, I would like to receive traditional postal mail.

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

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

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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.

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Save