

Registration Intake

Call Center Script

FEMA Form 009-0-1T (English)

Tele-Registration (Call Center)

OMB Control Number: 1660-0002

Expiration Date: 7/31/2015

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ACCESS TO DISASTER HELP AND RESOURCES

Version: 4.02.01.00.1090
Server: DAC-TDL-CC

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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.

If the caller is not in a federally declared disaster area, then refer the caller to his or her County Emergency Management Agency. Also refer the caller to his or her local American Red Cross Chapter. (The caller can find both of these numbers in the telephone directory.)

[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.]

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Do you want to take the questionnaire?

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Select the No button to continue the registration process.

Select the Yes button for the 5-10 minute questionnaire, to obtain the most accurate list of assistance programs for which the registrant may be eligible and then continue to the registration process.

No

Yes

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Introduction |

Instructions

- Instructions
- Privacy Act
- Isaac Override

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 co-applicant's social security number at this time, please call back. The Social Security number is required for Identity Verification purposes.

Exit

Exit Registration

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ACCESS TO DISASTER HELP AND RESOURCES

Introduction | Identification |

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

Registrant: MR TEST T. TEST

Registration Id: 13-0163577
Disaster Number: 1305

Privacy Act Statement **Application Progress**
★★★★★★★★

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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 to provide you with the following Privacy Act Statement. The Privacy Act of 1974 protects your rights as to how FEMA uses and shares your information.

The Stafford Act and other authorities allow FEMA to collect this information to determine eligibility and administer financial assistance as a result of an Emergency or Presidentially declared disaster.

FEMA may share your information outside of FEMA with entities such as with States, tribes, local governments, voluntary organizations, and other organizations in accordance with published routine uses. FEMA shares this information to enable you to receive additional disaster assistance and as necessary to prevent a duplication of benefits and to prevent future disaster losses.

FEMA may record phone calls for internal quality assurance purposes. Furnishing your SSN and other requested information is voluntary, however, failure to produce may delay or prevent you from receiving assistance.

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?

I am a DSAT or IRS employee

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Identification

Personal Identification

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

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

Call Center

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* Title:

* First Name:

MI:

* Last Name (without suffix - Jr, Sr, III):

* SSN: - -

Email Address:

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

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Identification

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

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- Help

Registrant: MS WENESDAY MORNING

Registration ID: 15-0334789

Contact Phone Numbers

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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.

Area Code Phone Number

*Damaged Dwelling Phone: () -

My Current Phone is the same as my Damaged Dwelling Phone - If selected, please do not provide Current Phone.

*Current Phone: () -

Ext.:

Note:

Cell Phone: () -

Alternate Phone: () -

Ext.:

Note:

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Identification

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

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Registrant: MS WENESDAY MORNING

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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.

* ZIP : ZIP+4 :

* Street Address:

* City:

* State:

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

* Is the address above also your mailing address?

Identification

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

Registrant: MS WENESDAY MORNING

Registration Id: 15-0334789
State: SC

County/Parish/Municipio Application Progress



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Where did the damage occur?

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

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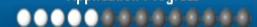
Registration Id: 15-0334789

State: SC

Disaster

Disaster Selection

Application Progress



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Disaster Selection

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* In what disaster did your damage occur?

Call Center

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Select	Description of Disaster	Incident Period	Disaster Number	County Declared
<input type="radio"/>	SC TRAINING DEPT TEST DISASTER	08/15/2012 - 08/20/2012	1449	County is declared
<input type="radio"/>	HURRICANE GRETCHEN TEST 11-2-04 BB	10/29/2005 - 11/15/2005	1305	County is declared
<input type="radio"/>	TDL TEST SC TROPICAL STORM ANNIE 1-20-05 BB	01/20/2005 - Present Time	7092	County is declared
<input type="radio"/>	None of the disasters above match the situation			

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- Disaster
- Disaster Selection
- Call Center

Damage Type

Application Progress

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* Loss Date:

* What type of the following damage occurred?

- Flood
- Hurricane/Hail/Rain/Wind Driven Rain
- Power Surge/Lightning
- Seepage
- Sewer Backup
- 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 **Application Progress**
●●●●●●●●●●●●●●●●●●●●

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* Disaster Selection

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* Loss Date:

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- Summary (Ctl+F5)
- Referrals (F6)
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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
- Fire/Smoke/Soot/Ash
- Ice/Snow

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Losses

- **Losses**
- Dwelling
- Home Insurance
- Expenses
- Emergency Needs

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- Comments (F9)
- Save Incomplete (F10)
- End (Alt+F11)
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- Help

Registrant: MS NANCY EDWARDS

Registration Id: 15-0267979
Disaster Number: 1305 State: SC

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
- * As a result of the disaster, do you have new or additional child care costs OR has your household income been reduced, increasing your financial burden to pay for child care? YES NO
- * 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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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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- Losses**
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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 covered by comprehensive insurance? YES NO

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Vehicles
Application Progress



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Help for this page

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.

Add

Edit	Year	Make	Model	Damaged	Drivable	Comprehensive Insurance	Liability Insurance	Registered	Delete

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Update Vehicle

Application Progress

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

* Year * Make * Model

* 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?

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- Losses
- Losses
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- **Emergency Needs**
- Special Needs General

Registrant: MS WEDNESDAY MORNING

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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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Registrant: MS WEDNESDAY MORNING

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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

Other

- Other (enter text)

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Occupants

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 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
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Update Occupant

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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?

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Financial

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Business Damages

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* 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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- Business Damages
- Financial Information

- ### Call Center
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 - Summary (Ctrl+F5)
 - Referrals (F6)
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Financial

- Business Damages
- **Financial Information**

Call Center

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Registrant: MS WEDNESDAY MORNING

Registration Id: 15-0334792
Disaster Number: 1305 State: SC

Financial Information

Application Progress

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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?
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.

NO ▾

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Financial

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- **Financial Information**

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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.

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ACCESS TO DISASTER HELP AND RESOURCES

Disaster Assistance

Contact Us

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Registrant: MS WEDNESDAY MORNING

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Disaster Number: 1305 State: SC

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

Electronic Funds Transfer

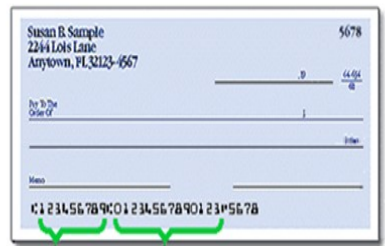
Application Progress

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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:

- Call Center**
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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.

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ACCESS TO DISASTER HELP AND RESOURCES

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Disaster Assistance

Contact Us

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Correspondence Preferences

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Correspondence Preferences

Application Progress

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How would you like to receive your correspondence from FEMA?

- * Do you prefer to receive traditional postal mail or electronic notification? Postal Mail E-Mail
- * Would you like to receive additional status notifications via SMS text message? Yes No
- * In which language would you like to receive correspondence?

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- Correspondence
- Electronic Correspondence
- SMS Notifications

- Call Center
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Correspondence Preferences

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Electronic Correspondence Summary

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- Correspondence
- **Electronic Correspondence**
- SMS Notifications

Help for this page

You have elected to receive electronic correspondence from FEMA. You will not receive any FEMA correspondence by traditional postal mail.

Call Center

To protect your privacy FEMA will post correspondence to your account within the Disaster Assistance Center. When new correspondence is created, you will be alerted by E-mail that the correspondence is ready for you to view from your account. Your account also provides you the ability to track the progress of your assistance.

- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
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- Help

You will need to create a Disaster Assistance account to access your information. FEMA will send you an E-mail containing the link to create your secure account.

Please provide your E-mail address:

* Email Address:

* Verify E-Mail Address:

If you do not receive an E-mail from FEMA within the next 7 days or to change your correspondence preference, please call the FEMA Helpline at 800-621-3362.

* Service Representative: Does the Applicant wish to remain with E-Correspondence?

- Yes, proceed with Electronic correspondence.
- No, change preference to Postal Mail.

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Correspondence Preferences

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SMS Correspondence Summary

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- Correspondence
- Electronic Correspondence
- **SMS Notifications**

Help for this page

You chose to receive text messages from FEMA. Please select or enter and verify your mobile phone number. You will get a text message from 4FEMA (43362) to confirm your request.

Call Center

- Privacy Act (CTL-F3)
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- Comments (F9)
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* Mobile Phone Number (previous)

* Mobile Phone Number:

* Verify Mobile Phone Number:

- FEMA text messages do not replace mail or email.
- FEMA will not use your phone number to track, reverse look up or for any type of commercial marketing.
- FEMA will not ask for personal information, donations or money.
- Do not text FEMA in the event of an emergency, call 9-1-1.
- FEMA's text messaging number is 4FEMA (43362). If you receive a text message from another number stating they are FEMA, disregard and report it to the authorities if you feel it is warranted.
- Standard text message rates apply.

* Do you agree to the terms of SMS text messaging?

Yes, I agree to the terms of SMS text messaging and want to receive status notifications.

No, I do not agree to the terms of SMS text messaging. I understand I will not receive status notifications.

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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
Individuals & Households Program	<p>Service Representative: You are being referred to FEMA's Individuals and Households Program (IHP) for possible assistance.</p> <p>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.</p> <p>A FEMA inspector will contact you within 7-10 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.</p> <p>You will be asked to sign a statement confirming your citizenship status and may need the following information for the inspector:</p> <ul style="list-style-type: none"> • 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 <p>Service Representative: If applicant applies using the SSN of a dependent child read the following: You must provide copies of the documents(s) that state the child is a United States citizen, non-citizen national, or qualified alien.</p> <p>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.</p>
Individuals and Households Program (M/D/F/other miscellaneous)	<p>You are being referred to FEMA's Individual and Households Program. They may help you with your medical, dental, funeral, or other miscellaneous expenses.</p> <p>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.</p>

DisasterAssistance.gov

ACCESS TO DISASTER HELP AND RESOURCES

- Agency Referrals
- American Red Cross

Registrant: MS WEDNESDAY MORNING

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Script

The American Red Cross or other voluntary agencies may be able to assist you with essential needs on an emergency basis including serious needs not addressed by your insurance company or other disaster assistance programs.

To help you reconnect with family and friends, the American Red Cross offers a free, on-line service where you can register yourself as being "safe and well". Concerned family and friends can search for you based on a pre-disaster address or phone number. To register visit www.redcross.org/safeandwell.

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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ACCESS TO DISASTER HELP AND RESOURCES

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Registrant: MS WEDNESDAY MORNING

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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 # **15-0334792**. Please have this number and your Social Security Number available whenever you call or write.

You will receive a packet 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