

RI RIOS Script

FEMA Form 009-0-01S

(English)

OMB Control Number: 1660-0002

Expiration Date: 7/31/2015

En Español

In English

If you have been affected by a disaster, you may be eligible for federal assistance. Review the instructions below to ensure you are ready to complete the application process.

If you are applying for multiple disasters, you will need to complete an Online registration for each disaster.

If you are filing for both home and business disaster assistance, you will complete a single registration for the combined losses.

The application process will take 18 - 20 minutes and is authorized by the Office of Management and Budget under Control number 1660-0002.

For technical problems with this site, please contact FEMA's Technical Helpdesk at 1-800-745-0243 or (TTY) 1-800-462-7585 for the Deaf and Hard of Hearing.

You will need the following information to complete the registration:

Social Security Number

You will be asked to provide your social security number; if you do not have a social security number, your household may still be eligible to receive assistance if there is a minor child in the household who is a U.S. Citizen, Non-Citizen National, or Qualified Alien with a social security number.

(NOTE: If you, your co-applicant or a minor child in the household are a U.S. Citizen, Non-Citizen National, or a Qualified Alien and **do not** have a social security number, FEMA will not be able to complete a registration. The Social Security number is required for Identity Verification purposes.)

If you are registering for a business, enter the social security number of the responsible party for the business, the social security number will be used for an identifier only.

If you are in need of further explanation/information call FEMA Helpline at (1-800-621-3362).

Insurance information

You will be asked to identify the type(s) of insurance coverage you have.

Financial information

You will be asked to enter your family's gross total household income at the time of the disaster.

Contact information

Along with the address and phone number where the damages occurred, you will be asked for information on how FEMA can contact you. It is very important that you provide FEMA with your current mailing address and phone numbers where you can be contacted.

Electronic Funds Transfer (EFT) Direct Deposit Information (optional)

If you are determined to be eligible for assistance and would prefer that funds be transferred to your account, you will be asked for your banking information, which includes; the institution name, type of account, routing and account number.

Please have pen and paper available to record information during the registration process.

Cancel

Start

Registration Instructions

The application process will take approximately 18 - 20 minutes. An asterisk (*) identifies required fields which you must answer to complete the registration.

Paperwork Burden Disclosure Notice (FEMA Form 009-0-1)

Public reporting burden for this data collection is estimated to average 18 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0002). **NOTE: Do not send your completed form to this address.**

You will be presented with a series of screens. Each screen has important information and/or a set of related questions. For help on any field click the Help for this page. This will provide helpful information about how to answer each question as you progress through the application.

Read the information carefully and answer the questions on the screen. When you have read the information and answered all of the required questions, select the "Next" button at the bottom of the page to continue the registration process.

As you progress through the registration process, the tabs at the top of the screen change. You can review any of the information you previously submitted by selecting the appropriate tab.

You can cancel your application at any time by selecting "Exit Registration".

Next

Exit Registration

Contact Us

Privacy Act Statement

The Stafford Act and other authorities allow FEMA to collect this data. The Privacy Act of 1974 protects your rights as to how FEMA uses and shares this information. As required by law, below is a complete copy of the Privacy Act Statement.

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121-5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c)(1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed within FEMA for quality assurance purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with state, tribal, local, and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 76 Fed. Reg. 25,282 (April 30, 2013), and upon written request, by agreement, or as required by law.

DISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

I accept the Privacy Act

I am a FEMA employee

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PRINCIPAL PURPOSE(S): FEMA collects this information to determine eligibility and administer financial assistance under a presidentially declared disaster. FEMA may also review this information internally for quality control purposes.

ROUTINE USE(S): FEMA may share this information as permitted under the Privacy Act of 1974, as amended; upon written request; by agreement; or as required by law, including sharing as necessary and authorized by the routine uses published in DHS/FEMA – 008 Disaster Recovery Assistance Files System of Records (September 24, 2009, 74 FR 48763).

DISCLOSURE: Furnishing the requested information is voluntary, however, failure to provide accurate information may delay or prevent the individual from receiving disaster assistance.

I accept the Privacy Act

I am a FEMA employee

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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 call regarding your registration for disaster assistance.

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.:

Current phone note:

Cell Phone:

Alternate Phone: Ext.:

Alternate phone note:

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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. **Do not abbreviate street names.**

* Street Address:

* City:

* State:

* ZIP: ZIP+4:

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

* Is the address above also your mailing address?

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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

* Select the disaster in which your damage occurred, from the following list. If none of the selections describe your situation, select "None of the disasters above match my situation".

SC TRAINING DEPT TEST DISASTER - 1449
08/15/2012 - 08/20/2012

HURRICANE GRETCHEN TEST 11-2-04 BB - 1305
10/29/2005 - 11/15/2005

None of the disasters above match my situation

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Damage Type

* Loss Date:

10/29/2005

* What type of damage occurred? Check all that apply.

- Flood
- Hurricane/Hail/Rain/Wind Driven Rain
- Power Surge/Lightning
- Seepage
- Sewer Backup
- Tornado/Wind

If you do not see the type of damage that occurred to your home above, please select below **Other damage not listed here.**

Other damage not listed here

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Disaster Related Losses

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How were you affected by the disaster?

* Was your home damaged by the disaster?

- YES
- NO
- UNKNOWN

* Was any of your personal property not including vehicles damaged by the disaster?

- YES
- NO
- UNKNOWN

* Have you been without your essential utilities for 5 consecutive days or more?

- YES
- NO

* Were all of the vehicles in your household made undrivable due to the disaster?

- YES
- NO

* 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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* Please identify the insurance policies you have for your home and/or personal property. Check all that apply.

Contents Only Insurance

Insurance Company Name

Flood Insurance

Insurance Company Name

Mobile Home Insurance

Insurance Company Name

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 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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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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DisasterAssistance.gov

ACCESS TO DISASTER HELP AND RESOURCES

Version: 4.02.01.00.1090
Server: DAC-TDL-PUBLIC

Disaster Assistance

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Losses

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

Special Needs General Categories

Application Progress



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* You have checked "Yes" that you or a household member has a disability that was affected by the disaster. Please choose any of the general categories that apply.

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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- Losses
- Dwelling
- Home Insurance
- Expenses
- Other Insurance
- Vehicle Damages
- Vehicles
- Emergency Needs
- Special Needs General
- Special Needs Specific**

Special Needs Specific Categories



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* Based on the general categories of disability you marked, please now choose any 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

Help for this page
Please list all persons living in your home by selecting the "Add" button below. Each person will have to be added separately. Enter 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	Delete
	JOLLY	HOLLY	

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Update Occupant Application Progress

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Enter household occupant information below.

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* 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?

Business Damages

Help for this page

'Is the household's primary source of income from self-employment?

- YES
- NO

'Do you own or represent a business or rental property that was affected by the disaster?

- YES
- NO

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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?**

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

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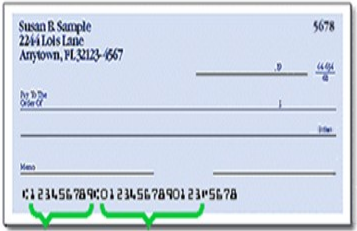
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Electronic Funds Transfer

Help for this page
You told us previously that you would like to participate in electronic funds transfer. The name on this registration must be the same as on the bank/savings account identified. Do Not enter 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?

*Confirm the account number.

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Income Verification

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You previously told us your household income was 8000 dollars. You are required to include social security, unemployment, pensions, disability, welfare, child support, stocks, interest, and/or annuities when determining your annual income. Failure to disclose your total income could result in fines and/or imprisonment. To adjust your income at this time to meet the guidelines you are required to return to the Income page by selecting the Back button or select the **"Financial Information"** link located on the left hand side menu.

If this is your correct annual household income select the box below to certify.

^{*} To adjust your income return to the Income page by selecting the Back button.

^{*} I certify this is my total annual income

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Correspondence Preferences

[Help for this page](#)

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?**

ENGLISH ▾

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Electronic Correspondence Summary

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

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.

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.

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

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Correspondence Preferences

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.

* 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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Conclusion

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Done! Your Registration is Complete!

You have successfully completed the registration for FEMA assistance. Your Registration ID is # **13-0468809** in disaster # **1305**. Please make a note of this number.

Do not complete another registration as this could delay your assistance.

You may review and print a copy of your registration on the standard website. You will receive a packet through the mail containing the "Help After a Disaster, Applicant's Guide to the Individuals and Households Program", 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 FEMA. This will give you an opportunity to review your information to see if a call is necessary.

When contacting FEMA, please provide/include your Registration ID Number and your Social Security Number.

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If you elected to receive electronic correspondence (email) from FEMA you must create an account to access your letters from FEMA.

Even if you did not elect to receive emails from FEMA, you can still create an account. An account will allow you to:

- Check the status of your Registration
- Add or update your contact information
- Update your insurance and bank information
- Review and make corrections to your Registration
- Apply for assistance with other agencies
- View and Print information from FEMA
- Change your address with the Social Security Administration

[Create Account](#)

[Skip](#)

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