

RI Call Center Script

Updated 9-18-2017

FEMA Form 009-0-1T (English)

OMB Control Number: 1660-0002

Expiration Date: 11/30/2017

Introduction |

Instructions

- Instructions
- Privacy Act

Registration Instructions Application Progress

The application process will take approximately 18 - 20 minutes.

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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.

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Instructions

- Instructions
- Privacy Act

Privacy Act Statement and Declaration of Eligibility

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 Social Security Number and other requested information is voluntary, however, failure to provide 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:

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. Please feel free to consult with an attorney or other immigration expert if you have any questions. By agreeing to continue your registration, you hereby declare under penalty of perjury, that you are a citizen or non-citizen national of the United States, a qualified alien of the United States, or a parent or legal custodian of a child who is a minor, who resides with you and who is a citizen, naturalized citizen or qualified alien of the United States.

In addition, you certify the following:

- Only one application has been submitted for your household.
- All information you have provided regarding your application for FEMA disaster assistance is true and correct to the best of your knowledge.
- You will return any disaster aid money you receive from FEMA or the State if you receive insurance or other money for the same loss, or if you do not use FEMA disaster aid money for the purpose for which it was intended.

You understand that, if you intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both.

You understand that the information provided regarding your application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Customs Enforcement.

You authorize FEMA to verify all information given by you about your property/place of residence, income, employment and dependents in order to determine your eligibility for disaster assistance; and

You authorize all custodians of records of your insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

Do you understand and agree to these statements?

(If the applicant disagrees, delete the registration, if they agree, continue)

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Identification

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

Call Center

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Personal Identification Application Progress

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

* Title:

* First Name:

MI:

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

* Social Security Number: - -

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

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Identification

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- **Phone Numbers**
- Address
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Registrant: MR FRANKLIN GIBSON JR

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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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 enter a # sign.

* 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?

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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?

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MR FRANKLIN GIBSON JR

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State: FL

er Selection



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page
ter did your damage occur?

Description of Disaster	Incident Period	Disaster Number	County Declared
HURRICANE IRMA	09/04/2017 - Present Time	4337	County is declared
None of the disasters above match the situation			

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Registrant: MR FRANKLIN GIBSON JR

Registration Id: 41-2083338
Disaster Number: 4337 State: FL

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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Disaster Number: 4337 **State:** FL

Damaged Dwelling Application Progress

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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"/>	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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Software changes are required
Your IT department requires changes to the software on your computer. [Click here for options.](#)

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- Special Needs General

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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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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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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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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. NOTE: Only request the co-applicant's SSN. DO NOT request the SSN of any other occupant of the household.

[Add](#)

Edit	Last Name	First Name	MI	Relationship	Social Security Number	Age	Delete
	GIBSON JR	FRANKLIN		Registrant	227-76-8545	64	

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- Business Damages
- Financial Information

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Business Damages



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* Is your 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?

Income not Available

* What is your family's pre-disaster yearly gross income; this includes you and your dependents? Do not include \$ sign. 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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Electronic Funds Transfer

Application Progress

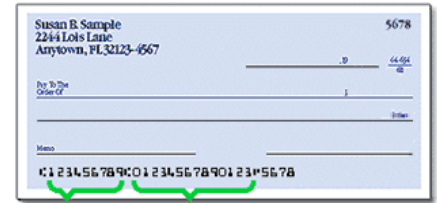
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You told us that you would like to participate in electronic funds transfer (EFT). Please provide the account information requested below. The name on this application must match the name on the checking or savings account you enter. DO NOT enter anyone else's account information. The EFT service is not available if you are applying as Business Only.

Please do not use any special characters or symbols in the fields below (quotations, commas, periods, \$, &, @, -, !, etc.)

NOTE: If you enter an account number other than a checking or savings account – for example, a pre-paid card – processing of your payment may be delayed.



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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Correspondence Preferences



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How would you like to receive your correspondence from FEMA?

* In which language would you like to receive correspondence?

* Do you prefer to receive traditional postal mail or electronic notification? Postal Mail E-Mail

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Correspondence Preferences



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How would you like to receive your correspondence from FEMA?

* In which language would you like to receive correspondence?

* Do you prefer to receive traditional postal mail or electronic notification? Postal Mail E-Mail

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.

* **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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* Would you like to receive additional updates using SMS text message? Yes No

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 only use your phone number to notify you of changes in your application status.

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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