

# RIOS Registration Intake English Version

FEMA Form 009-0-01S  
(English)

OMB Control Number: 1660-0002

Expiration Date: 5/31/2014

Disaster Assistance

### DisasterAssistance.gov Mobile Version

If you are having trouble accessing the registration form, please make sure your browser has cookies and javascript enabled.

If you experience problems we recommend you apply for assistance using a desktop or laptop computer or by calling 1-800-621-3362. You may wish to write down this number for future reference.

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[Contact Us](#)

**DisasterAssistance.gov**  
ACCESS TO DISASTER HELP AND RESOURCES

En Español

**Find Assistance**

Take a short anonymous questionnaire to determine forms of assistance for which you may be eligible.

[Take Questionnaire](#)

**Apply For Assistance**

Select "Start Registration" below to complete an online application using your smartphone.

[Start Registration](#)

**Check Your Application Status**

[Check Your Status](#)

For additional disaster assistance information that may be useful, please visit the full website by selecting "Use Full Site" below.

[Use Full Site](#)

[Contact Us](#)

[Español](#)

[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 with an expiration date of May 31, 2014.**

**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

FEMA is required by law to provide you with a 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, tribe, 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, 78 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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## Privacy Act Statement

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I am a FEMA employee

### FEMA OFFICIAL USE ONLY

* FEMA User Type: <input type="text"/>
Enter your FEMA employee network user name.
* FEMA username: <input type="text"/>

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## Personal Identification

[Help for this page](#)

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

\* Title:

\* First Name:

MI:

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

\* SSN:

\* Date of Birth MM/DD/YYYY:

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## Contact Phone Numbers

[Help for this page](#)

Please provide the phone number used in the damaged dwelling whether it is working or not and current/alternate phone number(s) in case we need to 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

[Help for this page](#)

Please provide the full physical street address where the damage occurred, including the house or building number, the street name and **any** apartment or lot number. **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

Help for this page

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

Disaster has occurred, but not in the list

None of the disasters above match my situation

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## Damage Type

\* Loss Date:

08/15/2012

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

- Earthquake
- Flood
- Hurricane/Hail/Rain/Wind Driven Rain
- Ice/Snow
- 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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## Damage Type

\* Loss Date:

08/15/2012

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

Fire/Smoke/Soot/Ash

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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

Help for this page

Please provide the following information about the damaged dwelling.

Where are you currently living or staying?

What type of home are you registering?

Is this your primary residence, where you live more than six months out of the year?

Are you currently able to get to your home?

- Yes, I am able to get to my home.
- I am unable to return to my home due to a mandatory evacuation.
- I am unable to return to my home because damages to the roads or bridges in the area prevent it.

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## Home Insurance

Help for this page

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

Condo or Townhouse Unit Insurance with an Earthquake Rider

Insurance Company Name

Contents Only Insurance

Insurance Company Name

Contents Only Insurance with an Earthquake Rider

Insurance Company Name

Earthquake Contents Insurance

Insurance Company Name

Earthquake Structure Insurance

Insurance Company Name

Flood Insurance

Insurance Company Name

Homeowners Insurance

Insurance Company Name

Homeowners Insurance with a Sewer Backup Rider

Insurance Company Name

Homeowners Insurance with an Earthquake Rider

Insurance Company Name

Mobile Home Insurance

Contents Only Insurance with an Earthquake Rider  
Insurance Company Name

Earthquake Contents Insurance  
Insurance Company Name

Earthquake Structure Insurance  
Insurance Company Name

Flood Insurance  
Insurance Company Name

Homeowners Insurance  
Insurance Company Name

Homeowners Insurance with a Sewer Backup Rider  
Insurance Company Name

Homeowners Insurance with an Earthquake Rider  
Insurance Company Name

Mobile Home Insurance  
Insurance Company Name

I have no insurance for my home or personal property.

[Contact Us](#)

## Disaster Related Expenses

[Help for this page](#)

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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### Other Insurance

[Help for this page](#)

\* You previously told us you had medical, dental, or funeral expenses. Do you have any of the following insurances?

**Dental Insurance**

Company Name

Provide Another Company Name

**Funeral or Burial Insurance**

Company Name

Provide Another Company Name

**Health/Medical Insurance**

Company Name

Provide Another Company Name

**Medicaid/Title XIX Insurance**

Company Name

Provide Another Company Name

**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

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Earlier you told us you had damage to a vehicle. Click "ADD" to enter vehicle information. Please list all vehicles owned by you, your co-applicant, or dependents.

[Add](#)

[Edit](#) Vehicle

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## Update Vehicle

[Help for this page](#)

Enter information about each vehicle in the household separately.

\* Year

\* Vehicle

\* 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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## Emergency Needs

[Help for this page](#)

Do you have any immediate needs for evacuation expenses such as clothing, medication, gas, etc.?

If yes, please indicate which needs you have below. Please note: **Reimbursement for stored food is not an eligible item.**

I have a disaster related emergency need for food, medication or gas.

I have a disaster related emergency need for shelter.

I have a disaster related emergency need for clothing.

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## Special Needs General Categories

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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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## 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

- LIT
- 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
	BALL	LUCY	

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## Update Occupant

[Help for this page](#)

Enter household occupant information below.

What is this person's last name?

BALL

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

Save

[Contact Us](#)

## 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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[Save or Exit](#)

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## Financial Information

 [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:

'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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[Save or Exit](#)

---

[Contact Us](#)

## 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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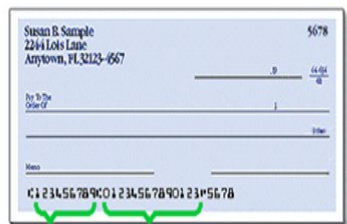
[Save or Exit](#)

[Contact Us](#)



## 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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Browser navigation bar with address bar: <https://staging.disasterassistance.gov/DAC/ri/incomeVerification.do>

Menu: File Edit View Favorites Tools Help

Search: Google

Navigation icons: Home, RSS, Mail, Print, Page, Safety, Tools

Open tabs: Favorites, Cruise Lines from Baltimor..., Certificate Error Navigatio..., DHS Connect (2), DHS Connect, DisasterAssistance.gov - H..., Employee Personal Page ..., Financial Information Rep..., http--ww7.texasroadhous...

Current tab: Message Resources, Home | DisasterAssi..., DisasterAssistan...

## 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

**\* In which language would you like to receive correspondence?**

ENGLISH ▾

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[Save or Exit](#)

[Contact Us](#)

Notification window:

 **Neff, Lori**  
RE: RIOS link  
Ok, thank you!  
From: Hooker, Sandra (CTR)

Browser navigation bar with address: <https://staging.disasterassistance.gov/DAC/ri/correspondence.do>

File Edit View Favorites Tools Help

Message Resources Home | DisasterAssi... DisasterAssistan... x

Page Safety Tools

## Electronic Correspondence Summary

[Help for this page](#)  
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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## Conclusion

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**Done! Your Registration is Complete!**

You have successfully completed the registration for FEMA assistance. Your Registration ID is # **13-0511657** in disaster # **1449**. 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.

[Continue](#)

[Contact Us](#)



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

Contact Us

## What to Expect

[Help for this page](#)

### Assistance

#### FEMA Individual Assistance Program

You are being referred to FEMA's Individuals and Households Program (IHP) for possible assistance.

A FEMA inspector will contact you within 3 - 5 days of registration to verify your disaster related damage. Within 10 days following your FEMA inspection you will be notified by mail of your eligibility status.

[View More Information About the FEMA Individual Assistance Program](#)

#### FEMA Individuals and Households Assistance Program (MDF/other miscellaneous)

FEMA's Individual and Households Program may help you with your medical, dental, funeral, or other miscellaneous expenses.

[View more information on medical, dental, funeral, or other miscellaneous expenses Assistance Program.](#)

#### Small Business Administration (SBA)

FEMA will forward a copy of your application to the Small Business Administration.

The SBA will contact you regarding additional assistance for which you may be eligible.

[View More Information About SBA Disaster Loan](#)

#### Tax Assistance

Since you have damaged or lost property in a location declared by the President as a major disaster area, you may be able to get some money back from the IRS. For more information, order their Publication Number 2194 (for Individuals or 2194B for Businesses) 'Disaster Loss Kit' by calling 1-800-829-3676.

**Other Tax Assistance:** County tax assessors may provide information and assistance on possible property tax relief.

## Resources

For additional disaster assistance information that may be useful, please visit [DisasterAssistance.gov](http://DisasterAssistance.gov).

If FEMA has requested information from you in writing, you may send it to the address or FAX number listed below. Please include your name, Social Security Number, and Registration ID number on all correspondence:

FEMA  
P.O. Box 10055  
Hyattsville, MD 20782-8055  
Fax: (800) 827-8112

If you have program questions regarding an eligibility determination, type or amount of assistance, you may call the FEMA Helpline number listed below for assistance. Please have your Registration ID number available when calling.

(800) 621-3362 or (TTY) (800) 462-7585

### Other Disaster Recovery Resources:

American Red Cross  
Department of Homeland Security  
[DisasterHelp.gov](http://DisasterHelp.gov)  
FEMA: The Disaster Assistance Process for Individuals  
Small Business Administration  
[DisasterAssistance.gov](http://DisasterAssistance.gov)