



## v0.4 Testing for release to production

Date: XX-XX-XXXX

### PAPERWORK BURDEN DISCLOSURE NOTICE

FEMA Form 009-0-42

Public reporting burden for this data collection is estimated to average 10 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, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-NEW) NOTE: Do not send your completed form to this address.



**Collect**

Start collecting data





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## Sensitive Personally Identifiable Information Not Allowed ([What is this?](#))

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### Intent

The purpose of this survey is to help FEMA understand how best it can support survivors as they transition out of temporary shelters. No information given will be used to determine eligibility for assistance. Eligibility for assistance will only be determined through the separate registration process. It is estimated that this survey will take 10 minutes to complete. Do you wish to continue?

***Sheltering Assessment cannot be submitted until PRIVACY notice is accepted***

### PRIVACY Notice

**AUTHORITY:** FEMA collects, uses, maintains, retrieves, and disseminates the records within this system under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), Pub. L. No. 93-288, as amended, 42 U.S.C. §§ 5121-5207; 6 U.S.C. §§ 776-77, 795; the Government Performance and Results Act, Pub. L. No.





to recover disaster funds received erroneously, spent inappropriately, or through fraud as necessary and authorized by routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files Notice of System of Records, 78 Fed. Reg. 25,282 (Apr.30, 2013) and upon written request, by agreement or as required by law.

**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: 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 statement \***



Yes

Additional Notes

(Please DO NOT add any PII information)

**If appropriate, refer survivor to shelter services that may be beneficial to the survivor based upon information collected in this survey.**





I accept the privacy statement \*

Yes

Shelter Name: \*

Have you registered for FEMA assistance? \*

Yes

No

Registration Number:

(Insert 9 digit Registration ID, if no ID then leave blank)

Last Name: \*

First Name: \*

What was your pre-disaster housing situation?

Owner

Renter

Homeless





What was your pre-disaster housing situation?

- Owner
- Renter
- Homeless
- Other

▼ Pre-disaster Residence

Street Address:

City: \*

State: \*

 ▼

County: \*

Zip Code:





Zip Code:

Mobile Phone:

**▼ Housing Plan**

Do you have a scheduled move out date from your current shelter?

- Yes
- No
- Unknown

Do you live in HUD-assisted housing?

(Such as Section 8, subsidized housing, etc.)

- Yes
- No
- Unknown

What is your current housing plan?

- Identified Available Rental
- Return to residence
- 





## ▼ Housing Plan

Do you have a scheduled move out date from your current shelter?

- Yes
- No
- Unknown

Do you live in HUD-assisted housing?

(Such as Section 8, subsidized housing, etc.)

- Yes
- No
- Unknown

What is your current housing plan?

- Identified Available Rental
- Return to residence
- Living with family and friends
- Waiting on damaged dwelling to become accessible

Is your home inaccessible?

- Yes
- No





▼ **Housing Plan**

Do you have a scheduled move out date from your current shelter?

- Yes
- No
- Unknown

Move Out Date:

(if none, then leave blank)

Date

Do you live in HUD-assisted housing?

(Such as Section 8, subsidized housing, etc.)

- Yes
- No
- Unknown

What is your current housing plan?

- Identified Available Rental
- Return to residence
- Living with family and friends
- Waiting on damaged dwelling to become







- No
- Unknown

Are you having difficulty finding housing?

- Yes
- No

What is the reason?

If other, then please list in note box at end of survey)

- No affordable housing
- No housing or hotel within a reasonable commuting distance
- No short term lease available
- No housing accepting pets
- Other

Are you willing to move 50 to 100 miles away from your pre-disaster home?

- Yes
- No
- Unknown

▼ Utilities

Is water currently operable at your pre-





- No
- Unknown

Are you having difficulty finding housing?

- Yes
- No

What is the reason?

If other, then please list in note box at end of survey)

- No affordable housing
- No housing or hotel within a reasonable commuting distance
- No short term lease available
- No housing accepting pets
- Other

What type of pet(s) are you currently responsible for?

Are you willing to move 50 to 100 miles away from your pre-disaster home?

- Yes
- No
- Unknown





Is your home inaccessible?

- Yes
- No
- Unknown

Are you having difficulty finding housing?

- Yes
- No

Are you willing to move 50 to 100 miles away from your pre-disaster home?

- Yes
- No
- Unknown

▼ **Utilities**

Is water currently operable at your pre-disaster home?

- Yes
- No
- Unknown

Is electricity currently operable at your pre-





Unknown

What is your current housing plan?

- Identified Available Rental
- Return to residence
- Living with family and friends
- Waiting on damaged dwelling to become accessible

Is your home inaccessible?

- Yes
- No
- Unknown

What is the cause of inaccessibility?

- Flooding
- Road Closures
- Unknown

Are you having difficulty finding housing?

- Yes
- No

What is the reason?





## ▼ Utilities

Is water currently operable at your pre-disaster home?

- Yes
- No
- Unknown

Is electricity currently operable at your pre-disaster home?

- Yes
- No
- Unknown

## ▼ Other Needs

Do you need specialized medical equipment?

(For example: Sensory, mobility, accessibility, etc. If yes, then please list in note box at end of survey)

- Yes
- No
- Unknown

Do you need funds to move household





▼ Utilities

Is water currently operable at your pre-disaster home?

- Yes
- No
- Unknown

What is the expected date of utility restoration at your pre-disaster home?

(If unknown, leave blank)

Date



Is electricity currently operable at your pre-disaster home?

- Yes
- No
- Unknown

What is the expected date of utility restoration at your pre-disaster home?

(If unknown, leave blank)

Date





Do you need funds to move household belongings?

- Yes
- No
- Unknown

Do you need voluntary agencies to assist with removing debris or mud out of your pre-disaster home?

(If homeless, select "No")

- Yes
- No
- Unknown

How many adults are in your immediate family?

(Immediate family includes significant other, children and extended family who were in the household or homeless with the survivor prior to the disaster. If none, then leave blank)

How many children are in your immediate family?

(Immediate family includes significant other, children and extended family who were in the household or homeless)





How many children are in your immediate family?

(Immediate family includes significant other, children and extended family who were in the household or homeless with the survivor prior to the disaster. If none, then leave blank)

Do you have transportation issues that prevent you from meeting with an inspector?

- Yes
- No
- Unknown

Do you consent to share information with other agencies that may be of assistance?

- Yes
- No

Additional Notes

(Please DO NOT add any PII information)

**If appropriate, refer survivor to shelter services that may be beneficial to the survivor**







blank)

Do you have transportation issues that prevent you from meeting with an inspector?

- Yes
- No
- Unknown

What issues do you have with your primary transportation?

- No transportation available
- Primary transportation requires repairs
- Unreliable transportation

Do you consent to share information with other agencies that may be of assistance?

- Yes
- No

Additional Notes

(Please DO NOT add any PII information)

If appropriate, refer survivor to shelter





Do you have transportation issues that prevent you from meeting with an inspector?

- Yes
- No
- Unknown

Do you consent to share information with other agencies that may be of assistance?

- Yes
- No

Additional Notes

(Please DO NOT add any PII information)

**If appropriate, refer survivor to shelter services that may be beneficial to the survivor based upon information collected in this survey.**

