**Narrative of Changes Table**

*The purpose of the Narrative of Changes Table is to demonstrate changes to a collection since the previous approval.*

Collection Title: Disaster Assistance Registration

OMB Control No.: 1660 – 0002

Current Expiration Date: 8/31/2022

Collection Instrument(s):

FEMA Form 009-0-1Int (English) Internet, Disaster Assistance Registration

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| **Location** | **Current version** | Proposed Revision | Justification |
| **Language Needs/Preferences screen** (new screen immediately following **Personal Information** screen) | N/A | **Do you have a disability or language need that requires an accommodation to interact with FEMA staff and/or access FEMA programs?**  Yes No    *(If Yes)*  **What do you need? (please select all that apply)**   * Sign language interpreter * CART (Communication Access Real-time Translation) (in person or remote) * Text messages to communicate * Assistive listening device * Braille * Large print * Face-to-face assistance (reader or writer) * Wheelchair access * Language other than English   + Spanish – Español   + Arabic – العربية   + Haitian Creole – Kreyòl Ayisyen   + Russian – Русский   + Vietnamese – Tiếng Việt   + Samoan – **Sāmoa**   + Mandarin - 中文   + Other *(If selected, entry box will generate)* * Other *(If selected, Enter Language Preference box generates)* | Accommodation question added to capture applicants with disabilities or people with limited English proficiency who may self-identify and need additional assistance accessing FEMA programs |
| **Language Needs/Preferences screen Help Text** | N/A | **ACCOMMODATION/ACCESS ASSISTANCE** Accommodation or assistance may include, but is not limited to, sign language interpreter, Braille, large print, accessible electronic format, or materials in a language other than English.  FEMA programs may include, but are not limited to, your home inspection, town hall meetings, access to a Disaster Recovery Centers, or accessible temporary housing (if eligible). | Help text added so applicant can better understand what is meant by “accommodation” and “FEMA Programs” if necessary. |
| **Other Needs screen** (new screen immediately following **Language Needs/Preferences** screen) | N/A | **Do you or anyone in your household have a disability that affects your ability to perform activities of daily living or requires an assistive device? (NOTE: An assistive device can include wheelchair, walker, cane, hearing aid, communication device, service animal, personal care attendant, oxygen, dialysis, etc.)**  Yes No  *(If Yes)*  **Please select from the following the disability that affects your ability to perform activities of daily living (select all that apply):**   * Mobility * Cognitive/Developmental Disabilities/Mental Health * Hearing or Speech * Vision * Self-Care * Independent Living * Other *(If selected, entry box generates)* * Prefer Not to Answer   **Did you have any disability-related assistive devices or medically required equipment/supplies/support services damaged, destroyed, lost, or disrupted because of the disaster?**  Yes No    *(If YES)*  **What was damaged, destroyed, lost, or disrupted because of the disaster? (select all that apply)**   * Power or manual wheelchair * Scooter * Prosthesis * Oxygen or respiratory equipment * Medical equipment that depends on electricity * Assistive technology device for hearing or vision, such as hearing aid, screen enlarging software, etc. * Personal-care devices such as shower bench, bedside commode, Hoyer lift, or lift chair * Environmental control or alerting devices * Adaptive van or vehicle * Walker, cane, or crutches * Medication or medical supplies including adult diapers and catheters * Service animal * Personal assistance services/in-home care * Dialysis * Other *(If selected, entry box generates)* | Disability-related needs questions combined into one screen and relocated closer to the beginning of the RI script. Response options updated to provide clarity/more inclusive options. |
| **Disaster Related Losses Screen** | **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 any 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 or anyone in your household use any type of mobility or assistive device such as a wheelchair, walker, cane, hearing aid, communication device, service animal, personal care attendant, or other similarly medically-related devices or services that assist with disabilities or activities of daily living?** Yes No | **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 (electricity, gas, water) 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 any new or additional child care costs OR has your household income been reduced, making it financially harder to pay for child care?**  Yes No | Removed disability-related question from this screen to combine into one screen. |
| **Special Needs General Categories Screen** | **You stated that you or a household member has a disability.  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 *(If Yes, entry box generates)* | Remove screen | Screen removed to combine disability-related needs questions into one screen |
| **Special Needs Specific Categories Screen** | **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** *(If selected, entry box generates)* | Remove screen | Screen removed to combine disability-related needs questions into one screen |