

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

Location	Current version	Proposed Revision	Justification
<p>Language Needs/Preferences screen (new screen immediately following Personal Information screen)</p>	<p>N/A</p>	<p>Do you have a disability or language need that requires an accommodation to interact with FEMA staff and/or access FEMA programs? Yes No</p> <p><i>(If Yes)</i> What do you need? (please select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sign language interpreter <input type="checkbox"/> CART (Communication Access Real-time Translation) (in person or remote) <input type="checkbox"/> Text messages to communicate <input type="checkbox"/> Assistive listening device <input type="checkbox"/> Braille <input type="checkbox"/> Large print <input type="checkbox"/> Face-to-face assistance (reader or writer) <input type="checkbox"/> Wheelchair access <input type="checkbox"/> Language other than English <ul style="list-style-type: none"> <input type="radio"/> Spanish – Español <input type="radio"/> Arabic – العربية <input type="radio"/> Haitian Creole – Kreyòl Ayisyen <input type="radio"/> Russian – Русский <input type="radio"/> Vietnamese – Tiếng Việt <input type="radio"/> Samoan – Sāmoa <input type="radio"/> Mandarin - 中文 <input type="radio"/> Other <i>(If selected, entry</i> 	<p>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</p>

		<p style="text-align: center;"><i>box will generate)</i></p> <p><input type="checkbox"/> Other (<i>If selected, Enter Language Preference box generates)</i></p>	
Language Needs/Preferences screen Help Text	N/A	<p>ACCOMMODATION/ACCESS ASSISTANCE</p> <p>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.</p> <p>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).</p>	<p>Help text added so applicant can better understand what is meant by “accommodation” and “FEMA Programs” if necessary.</p>
Other Needs screen (new screen immediately following Language Needs/Preferences screen)	N/A	<p>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.)</p> <p>Yes No</p> <p><i>(If Yes)</i></p> <p>Please select from the following the disability that affects your ability to perform activities of daily living (select all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mobility <input type="checkbox"/> Cognitive/Developmental Disabilities/Mental Health <input type="checkbox"/> Hearing or Speech <input type="checkbox"/> Vision <input type="checkbox"/> Self-Care <input type="checkbox"/> Independent Living <input type="checkbox"/> Other (<i>If selected, entry box</i> 	<p>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.</p>

		<p><i>generates)</i></p> <p><input type="checkbox"/> Prefer Not to Answer</p> <p>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</p> <p><i>(If YES)</i></p> <p>What was damaged, destroyed, lost, or disrupted because of the disaster? (select all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Power or manual wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/> Prosthesis <input type="checkbox"/> Oxygen or respiratory equipment <input type="checkbox"/> Medical equipment that depends on electricity <input type="checkbox"/> Assistive technology device for hearing or vision, such as hearing aid, screen enlarging software, etc. <input type="checkbox"/> Personal-care devices such as shower bench, bedside commode, Hoyer lift, or lift chair <input type="checkbox"/> Environmental control or alerting devices <input type="checkbox"/> Adaptive van or vehicle <input type="checkbox"/> Walker, cane, or crutches <input type="checkbox"/> Medication or medical supplies including adult diapers and catheters <input type="checkbox"/> Service animal <input type="checkbox"/> Personal assistance services/in-home care <input type="checkbox"/> Dialysis <input type="checkbox"/> Other <i>(If selected, entry box generates)</i> 	
Disaster Related Losses Screen	Did you have any of the	Did you have any of the following	Removed disability-related

	<p>following losses?</p> <p>Was your home damaged by the disaster? Yes No Unknown</p> <p>Was any of your personal property not including vehicles damaged by the disaster? Yes No Unknown</p> <p>Have you been without your essential utilities for 5 consecutive days or more? Yes No</p> <p>Were all of the vehicles in your household made undrivable due to the disaster? Yes No</p> <p>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</p> <p>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</p>	<p>losses?</p> <p>Was your home damaged by the disaster? Yes No Unknown</p> <p>Was any of your personal property, not including vehicles, damaged by the disaster? Yes No Unknown</p> <p>Have you been without your essential utilities (electricity, gas, water) for 5 consecutive days or more? Yes No</p> <p>Were all of the vehicles in your household made undrivable due to the disaster? Yes No</p> <p>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</p>	<p>question from this screen to combine into one screen.</p>
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<p>Special Needs General Categories Screen</p>	<p>You stated that you or a household member has a disability. Please choose from the following:</p> <p>Mobility Yes No</p> <p>Cognitive/Developmental Disabilities/Mental Health Yes No</p> <p>Hearing or Speech Yes No</p> <p>Vision Yes No</p> <p>Other Yes No <i>(If Yes, entry box generates)</i></p>	<p>Remove screen</p>	<p>Screen removed to combine disability-related needs questions into one screen</p>
<p>Special Needs Specific Categories Screen</p>	<p>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.</p> <p>Mobility Wheelchair Walker Cane Lift Bath Chair Personal Care Attendant</p> <p>Cognitive/Developmental Disabilities/Mental Health Personal Care Attendant Other (enter text)</p> <p>Hearing or Speech</p>	<p>Remove screen</p>	<p>Screen removed to combine disability-related needs questions into one screen</p>

	<p>Hearing Aid Sign Language Interpreter TDD/TTY Text messaging and/or other communication device</p> <p>Vision Glasses White Cane Service Animal Braille or other accessible communication device Magnifier Other</p> <p>Other <i>(If selected, entry box generates)</i></p>		
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