Call Center RI Script
English

COVID Funeral Assistance

Current Greeting Screen

Modified Greeting Language Contractor Will Use

DisasterAssistance.gov
ACCESS TO DISASTER HELP AND RESOURCES

Version: 9.01.00.00.1238
Server: DAC-TDL12C-CC

Disaster Assistance | Contact Us

Call Center Home | New Registration | Incomplete Registrations | Callout Registrations | Change Disaster | Copy Rgsn |

Call Center

- Language: English (CTL-F2)
- Privacy Act (CTL-F3)
- Calendar (CTL-F11)
- Disaster Info (F8)
- Call Center Help
- Exit (CTL-F12)

"Good Morning/Afternoon, FEMA COVID-19 Funeral Assistance, my name is _____. We're deeply sorry for your loss. I will gladly help you through the process of applying for Funeral Assistance today.

COVID-19 Funeral Assistance may only be provided to the individual who paid for or is responsible for funeral expenses incurred prior to December 31, 2020. Are you the person responsible?"

If YES, SAY "Thank you. We can continue with the registration process."

If NO, SAY "COVID-19 Funeral Assistance may be provided to only those who paid for or are responsible for funeral expenses incurred prior to December 31, 2020. If multiple applications are completed for the same deceased individual, it may delay the processing of assistance. Would you like to continue with this registration?"
- If YES, SAY "Thank you. We can continue with the registration process."
- If NO, SAY "Thank you. Please feel free to have the individual responsible for the funeral expenses contact us when they are ready to start the registration process."

"Currently assistance is not available for COVID-19 funeral expenses incurred after December 31, 2020. If your expenses were incurred after December 31, 2020 you will not be considered for assistance at this time, but may be considered if the assistance is extended in the future. Would you like to continue with this registration?"

- If YES, SAY "Thank you. We can continue with the registration process."
- If NO, SAY "Thank you, Please monitor the news for information on any changes to COVID-19 Funeral Assistance and contact us in the future if the eligibility date for funeral expenses is extended.

Instructions

• **Instructions**
• Privacy Act
• Isaac Override

The application process will take approximately 20 minutes.

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.

Clarifying Statement Addition: "**Please note, the current wording in the system reflects FEMA's standard disaster assistance registration process. We will provide clarification for each question regarding how it relates to COVID-19 Funeral Assistance.**

There may also be pauses throughout the registration process while we enter your information into the system."

Exit   Exit Registration   Next

Registrant: MS JOAN A. SMITH   **Registration ID:** 15-0454719

Identification

• Personal
• **Phone Numbers**
• Address
• County / Parish / Municipio
• Isaac Override

Call Center

• Privacy Act (CTL-F3)
• Comments (F9)
• Calendar (CTL-F11)
• Disaster Info (F8)
• Call Center Help

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.

Clarifying Statement Addition: **"To clarify, for funeral assistance we just need the current phone number where you can be reached."**

Damaged Dwelling Phone

* Phone Number [ ] - [ ] - [ ]

☐ **My Current Phone is the same as my Damaged Dwelling Phone - If selected, please do not provide Current Phone.**

Current Phone

* Phone Number [ ] - [ ] - [ ]

Ext. [ ]

Note [ ]

Cell Phone

Phone Number [ ] - [ ] - [ ]

Alternate Phone

Phone Number [ ] - [ ] - [ ]

Ext. [ ]

Note [ ]

[Back]   [Exit Registration]   [Next]

Identification

- Personal
- Phone Numbers
- **Address**
- County / Parish /
- Isaac Override

Call Center

- Privacy Act (CTL-F3)
- Comments (F9)
- Calendar (CTL-F11)
- Disaster Info (F8)
- Call Center Help

Registrant: MS JOAN A. SMITH

Registration ID: 15-0454719

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

Clarifying Statement Addition: **"To clarify, funeral assistance is provided based on the state or territory listed on the deceased individual's death certificate. Since this registration is for funeral assistance, we need the street name or facility name, city, state, and zip code where the death occurred."**

* 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? [▼]
(If you receive your mail at a P.O. Box, please select No)

[Back]   [Exit Registration]   [Next]

Identification

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

Call Center

- Privacy Act (CTL-F3)
- Comments (F9)
- Calendar (CTL-F11)
- Disaster Info (F8)
- Call Center Help

Registrant: MS JOAN A. SMITH
State: FL

Registration ID: 15-0454719

* In what county/parish/municipio did the damage occur?

[dropdown]

Clarifying Statement Addition: **"To clarify, please provide the county, parish, or municipio listed on the death certificate."**

What is your mailing address county?

* In what county/parish/municipality is your mailing address?

[dropdown]

| Back | Exit Registration | Next |

Disaster Selection
Help for this page ❓

Disaster

• **Disaster Selection**

Call Center

• Privacy Act (CTL-F3)
• Comments (F9)
• Calendar (CTL-F11)
• Disaster Info (F8)
• Call Center Help

Registrant: MS JOAN A. SMITH

Registration ID: 15-0454719
State: FL

Clarifying Statement Addition: **"To clarify, could you please once again confirm the state or territory listed on the death certificate?"**

* In what disaster did your damage occur?

Select	Description of Disaster	Incident Period	Disaster Number	County Declared
○	TEST DR FL HURRICANE 2020	04/28/2020 - 05/01/2020	1594	County is declared
○	EDW RELEASE TEST DISASTER FL 2019	04/01/2019 - 04/29/2019	1589	County is declared
○	NEMIS ES TEST FLORIDA EARTHQUAKE 2019	02/01/2019 - 02/20/2019	1586	County is undeclared
○	NEMIS ES TEST FLORIDA TRIBAL 2019	02/01/2019 - 02/20/2019	1588	County is undeclared
○	FL DRRA SEVERE STORMS	12/18/2018 - Present Time	1581	County is undeclared
○	IA-ITS TEST DISASTER - FL- FLOOD 2017	12/01/2017 - 12/10/2017	1550	County is undeclared
○	IA-ITS DISASTER TEST-FL-TOXIC SUB	01/01/2017 - 01/31/2017	1544	County is declared
○	IAITS TEST DISASTER - FL HURRICANE	03/25/2016 - 04/05/2016	1518	County is undeclared
○	IAITS-TEST DISASTER-FL-HURRICANE	03/18/2016 - 03/26/2016	1540	County is declared
○	IAITS TEST DISASTER - FL FLOOD	12/03/2015 - Present Time	1515	County is declared
○	IAITS TEST DISASTER - FL HURRICANE - CONFIG ASST	03/10/2015 - 03/15/2015	1507	County is undeclared
○	FL ACE TEST	05/07/2014 - 11/15/2015	1488	County is declared
○	FL TEST SEVERE STORMS	02/24/2014 - 09/27/2015	1484	County is declared
○	FL TRAINING DEPT TEST DISASTER	08/15/2012 - 02/01/2017	1448	County is undeclared
○	SANDY TEST FL DR	06/21/2011 - 07/21/2011	4001	County is undeclared
○	GULF COAST HURRICANE	03/22/2011 - Present Time	9001	County is declared
○	FL FLOOD FFF TEST 9/3/2010	09/01/2010 - 09/30/2010	1422	County is declared
○	FLOOD 08/30/2010	08/30/2010 - Present Time	4000	County is undeclared
○	FL HURRICANE FFF TEST 08/31/2010	08/29/2010 - Present Time	1421	County is declared
○	RECERT FL HURRICANE 6-4-08 BB	06/02/2008 - Present Time	1348	County is undeclared
○	FLORIDA SEVERE STORMS TEST 8-8-05 BB	07/01/2005 - Present Time	7119	County is declared
○	FL HURRICANE JAN TDL TEST -BB 1-6-05	01/06/2005 - Present Time	7090	County is undeclared
○	Disaster has not yet occurred; damage to my property is possible			
○	Disaster has occurred, but not in the list			
○	None of the disasters above match the situation			

[Back]   [Exit Registration]   [Next]

Current disasters pre-populate based on the DDA state. Only the COVID-19 Disaster for the state will appear for the Call Center staff member to select from.

Damage Type
Help for this page ?

Registrant: MS JOAN A. SMITH

Registration ID: 15-0454719
Disaster Number: 1594 **State:** FL

Disaster

· Disaster Selection

Call Center

• Privacy Act (CTL-F3)
• Summary (Ctl+F5)
• Referrals (F6)
• Comments (F9)
• Calendar (CTL-F11)
• Disaster Info (F8)
• Call Center Help

* When did the damage occur? ==Clarifying Statement Addition: **"To clarify, on what date did you incur funeral expenses?"**==
Loss Date:

[   ]

* What type of the following damage occurred?

☐ **Flood**

☐ **Hurricane/Hail/Rain/Wind Driven Rain**

Service Rep: If the damage type is not available above, please select below **Other damage not listed here.**

☑ **Other damage not listed here**

| Back | Exit Registration | Next |

Losses

- Losses
- Damage Extent
- Dwelling
- Home Insurance
- Expenses
- **Other Insurance**
- Vehicle Damages
- Emergency Needs
- Special Needs General

Call Center

- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End Registration (Alt+F11)
- Calendar (CTL-F11)
- Disaster Info (F8)
- Call Center Help

Registrant: MS JOAN A. SMITH

Registration ID: 15-0454719
Disaster Number: 1594 **State:** FL

* You stated that you had medical, dental, or funeral expenses. Do you have any of the following insurances?

Clarifying Statement Addition: **"To clarify this should also include any assistance you were provided from another source, such as from the state or any voluntary organizations."**

☐ Funeral or Burial Insurance

Company Name [   ]

☐ Provide Another Company Name

☐ I do not have any insurance listed above

[Back]   [Save or Exit]   [Next]

Special Needs General Categories

Help for this page ❓

Losses

- Losses
- Damage Extent
- Dwelling
- Home Insurance
- Expenses
- Other Insurance
- Vehicle Damages
- Emergency Needs
- **Special Needs General**

Call Center

- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End Registration (Alt+F11)
- Calendar (CTL-F11)
- Disaster Info (F8)
- Call Center Help

Registrant: MS JOAN A. SMITH

Registration ID: 15-0454719
Disaster Number: 1594 **State:** FL

You stated that you or a household member had a disability or uses a device to assist with activities of daily living or utilizes services to assist with daily living. Please choose from the following:

Clarifying Statement Addition: **"To clarify, this question is in relation to your ability to communicate with FEMA regarding your COVID-19 funeral registration. With that in mind, 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

[Back] [Save or Exit] [Next]

Losses

- Losses
- Dwelling
- Home Insurance
- Expenses
- Emergency Needs
- Special Needs General
- **Special Needs Specific**

Call Center

- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End Registration (Alt+F11)
- Calendar (CTL-F11)
- Disaster Info (F8)
- Call Center Help

Registrant: MS ALEX A. BENT

Registration ID: 15-0454887
Disaster Number: 1594 State: FL

Based on the general categories of disability you have given, please select from the following list of specific categories related to those disabilities.

* Cognitive/Developmental Disabilities/Mental Health

Clarifying Statement Addition: **"To clarify, do you use or need to use any of the following items to communicate with FEMA regarding your COVID-19 funeral registration?"**

☐ 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 ❓

Occupants

• **Occupants**

Call Center

• Privacy Act (CTL-F3)
• Summary (Ctl+F5)
• Referrals (F6)
• Comments (F9)
• Save Incomplete (F10)
• End Registration (Alt+F11)
• Calendar (CTL-F11)
• Disaster Info (F8)
• Call Center Help

Registrant: MS JOAN A. SMITH

Registration ID: 15-0454719
Disaster Number: 1594 **State:** FL

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 |

Clarifying Statement Addition: **"To clarify, since this registration is for funeral assistance, I do not need the members of your household. We only need the name, SSN, and date of birth of each deceased individual."**

Edit	Last Name	First Name	MI	Relationship	Social Security Number	Age	Delete
	SMITH	JOAN	A	Registrant	123-44-5589	31	

| Back | | Save or Exit | | Next |

Occupants

• Occupants

Call Center

• Privacy Act (CTL-F3)
• Summary (Ctl+F5)
• Referrals (F6)
• Comments (F9)
• Save Incomplete (F10)
• End Registration (Alt+F11)
• Calendar (CTL-F11)
• Disaster Info (F8)
• Call Center Help

Registrant: MR FUNERAL T. ASSISTANCE

Registration ID: 17-0000045
Disaster Number: 6001 **State:** FL

Service Representative: Enter household occupant information below. **NOTE:** ONLY the co-applicant's Social Security Number (SSN) is required. Please do not add Social Security Numbers (SSNs) for any other occupants.

* What is this person's last name?

* What is this person's first name?

What is this person's middle initial?

* What is the relationship you have with this person?   [Deceased Individual ▾]

Citizen or Legally Present in US   [Yes ▾]

What is this person's Social Security Number?   [ ] - [ ] - [ ]

Date of Birth: MM/DD/YYYY   [ ] / [ ] / [ ]

[Cancel]   [Save or Exit]   [Save]

Financial Information

Help for this page ❓

Registrant: MS JOAN A. SMITH

Registration ID: 15-0454719
Disaster Number: 1594 **State:** FL

Financial

- Business Damages
- **Financial Information**

Call Center

- Privacy Act (CTL-F3)
- Summary (Ctl+F5)
- Referrals (F6)
- Comments (F9)
- Save Incomplete (F10)
- End Registration (Alt+F11)
- Calendar (CTL-F11)
- Disaster Info (F8)
- Call Center Help

Please provide your household annual gross income 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 including yourself?

`1`

☐ **Income Not Available**

* Before taxes are deducted, what is your family's pre-disaster income?

Clarifying Statement Addition: **"To clarify, for funeral assistance we need your family's current annual gross income."**

Service Representative: Please enter whole dollars only, no dollar sign, no commas, and no decimal point.

[   ]

[**Calculator**]

* If you are found eligible for FEMA assistance, would you like funds directly deposited into your bank account?

There is no charge for this service.

`No ▾`

[**Back**]   [**Save or Exit**]   [**Next**]

Current Close Interview Screen

Close Interview

Registrant: MS JOAN A. SMITH

Registration ID: 15-0454720
Disaster Number: 1594 **State:** FL

If you have a pen and paper available I would like to give you your registration ID number, it is **# 15-0454720**. Please have this number and your Social Security Number available whenever you call or write FEMA.

Please be sure to have your FEMA registration ID available when contacted. Otherwise, there may be a delay in processing your case.

You will receive a packet containing 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 us again. This will give you an opportunity to review your information to see if a call is necessary.

If you need to update your record please call 1-800-621-3362.

For your records my name is _____ and my personal identification number is **ID #** _____.

Do you have any questions at this time?

We're almost done with the registration process. We have a few more questions in order to complete your registration

[SERVICE REP:] To continue choose the Save button.

Back

Save

Modified Close Interview Language Contractor Will Use

Close Interview

Registrant: MS JOAN A. SMITH

Registration ID: 15-0454720
Disaster Number: 1594 **State:** FL

If you have a pen and paper available I would like to give you your registration ID number, it is **# 15-0454720**. Please have this number and your Social Security Number available whenever you call or write FEMA.

Please be sure to have your FEMA registration ID available when contacted. Otherwise, there may be a delay in processing your case.

"Before FEMA can take further action on your application you will need to submit additional documentation. You will also receive a letter shortly that details the requested information. Providing the requested information as quickly as possible will help to ensure your application for assistance is processed efficiently.

You will need to send the following documents:

- A death certificate for the deceased indicating COVID-19 as the cause of death, AND
- Receipts, invoices or a funeral home contract indicating the cost of the funeral, the date the funeral expenses were incurred, confirmation the funeral was for the deceased individual(s), and the name of the person(s) who paid for the funeral.
- If the deceased had funeral or burial insurance, or any assistance for the funeral was provided by a state agency, voluntary agency, or other sources, you must provide documentation showing the amounts paid by these entities specifically for funeral costs.

For your records, my name is _____, your registration ID number is ____ and your disaster number is ___.

Please ensure you include your name, registration ID, and disaster number and send copies of these materials to:

FEMA
P.O. Box 100055
Hyattsville, MD 20782

OR

Fax number 800-827-8112, Attn: FEMA

If you have questions regarding the required documentation, you can visit the website on Funeral Assistance on FEMA.gov or call our COVID-19 Funeral Assistance Helpline at XXX-XXX-XXXX.

We're almost done with the registration process. We have a few more questions in order to complete your registration."