OMB Control Number 1660-0130

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**PAPERWORK BURDEN DISCLOSURE NOTICE:**

**FEMA Form 104-FY-21-100**

Public reporting burden for this data collection is estimated to average 20 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 voluntary. 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 (1660-0130) **NOTE:** Do not send your completed form to this address.

**PRIVACY ACT STATEMENT**

**AUTHORITY**: Government Performance and Results Act of 1993 (Pub. L. 103-62), as amended, and the GPRA Modernization Act of 2010 (Pub. L. 111-352); Executive Order (EO) 12862, “Setting Customer Service Standards”; and its March 23, 1995 Memorandum addendum, “Improving Customer Service”; Executive Order 13411 “Improving Assistance for Disaster Victims”; Executive Order 13571 “Streamlining Service Delivery and Improving Customer Service”; and the related June 13, 2011 Memorandum “Implementing Executive Order 13571 on Streamlining Service Delivery and Improving Customer Service.”

**PRINCIPAL PURPOSE(S):** DHS/FEMA collects this information to measure Individual Assistance applicants’ customer satisfaction with FEMA services.

## **ROUTINE USES:**

## This information is used for the principal purpose noted above. Summary and/or aggregate survey results and analysis may be shared with Congress and the Government Accountability Office; however, no Personally Identifiable Information (PII) will be shared externally, except as allowed under the routine uses published in System of Records Notice DHS/FEMA-008 - Disaster Recovery Assistance Files, 78 FR 25282 (April 30, 2013), or as required by law. The Department's system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>.

**DISCLOSURE:** The disclosure of information on this form is strictly voluntary and will assist FEMA in making improvements to its Individual Assistance program; failure to provide the information requested will not impact an individual’s ability to qualify for or receive FEMA Individual Assistance. Questions regarding this form may be submitted via email to [FEMA-Program-Survey@fema.dhs.gov](mailto:FEMA-Program-Survey@fema.dhs.gov).

**Introduction**

Hello, I'm calling from FEMA, the Federal Emergency Management Agency. My name is \_\_\_ and my PIN is \_\_\_\_\_. May I please speak with [Applicant NAME].

*If applicant is not currently available:* What would be a better time to call back? Thank you for your time and have a good day/evening. *(Enter call back date/time disposition)*

(Interviewer note: The FEMA applicant is the only person that can complete this questionnaire. We will schedule and use indefinite call backs when someone other than the applicant answers. Definite call backs will be used if the applicant requests a different date/time. This is a longitudinal survey and we must talk to the same person for each of the 4 interviews.)

*If respondent declines to talk or is no longer available for contact: Thank you for your time and have a good day/evening. (Enter decline disposition)*

*If yes:* FEMA is looking for ways to improve disaster recovery services. A long-term recovery study is being conducted over the next 18 months. Understanding how the disaster affected you and continues to impact your household and community will help identify areas where FEMA can improve.

Would you volunteer to participate in today’s interview which will take approximately 15 to 20 minutes and three additional interviews over the next 18 months?

*If no:* Thank you for your time and have a good day/evening. *(Offer call back and enter date and time if appropriate or enter decline disposition.)*

*If yes:* These questions comply with the Privacy Act of 1974 and have been approved by the Office of Management and Budget under number 1660-0130. Your answers will not affect the outcome of your application for FEMA assistance. This call may be monitored and/or recorded for quality assurance.

**OVERALL RECOVERY**

This survey is related to the [Disaster Type] that occurred in [Disaster Month, Disaster Year]. Please think about your current circumstances compared to prior to the disaster. Using a scale of **1** **(Strongly Disagree)** to **5** **(Strongly Agree),** please indicate your level of agreement with each statement.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1**  **Strongly Disagree** | **2** | **3** | **4** | **5**  **Strongly Agree** | **Don’t know or No opinion** |
| 1. I have a safe and livable place to stay. | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 2. I have necessary personal property like furniture, appliances, and clothing. | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 3. My household income is at the same or a higher level than prior to the disaster. | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 4. My household expenses are at the same level as prior to the disaster. | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 5. My current stress level is high. | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 6. Community resources and services are available to me. | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |

Using a scale of **1 (Not at all Recovered)** to **5** **(Completely Recovered)**, how would you rate your household’s…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1**  **Not at all Recovered** | **2** | **3** | **4** | **5**  **Completely Recovered** |
| 7. Overall level of recovery | ◘ | ◘ | ◘ | ◘ | ◘ |

**SHELTERING AND TEMPORARY HOUSING**

The next questions relate to **sheltering and temporary** **housing** **during the first days and weeks** after the disaster.

8. Which one of the following best describes **where you stayed immediately after** the disaster?

◘ In my home

◘ With family or friends

◘ At a public shelter

◘ In a hotel or motel

◘ In a car

◘ Other (Specify 50 characters)

9. Which one of the following best describes where you are currently living or staying?

◘ Same residence as prior to the disaster

◘ New purchased residence

◘ New rented residence without FEMA-funded rental assistance

◘ New rented residence with FEMA-funded rental assistance

◘ FEMA-provided hotel or motel

◘ FEMA-provided travel trailer or mobile home

◘ Living with family or friends

◘ Institutional setting like a hospital, group home

◘ Homeless as a result of the disaster

◘ Other

(Programmer Note: If Q9 response = Same residence as prior to the disaster go to Q10, if New purchased residence or New rented residence without FEMA rental assistance go to Q13 else go to Q17)

10. Have repairs been completed to make your residence safe and livable?

◘ Yes

◘ No

(Programmer Note: If Q 10 response = Yes go to Q19, If Q10 response = No and Owner Renter UDF = Owner go to Q11, If Q 10 response = No and Owner Renter UDF = Renter go to Q12)

11. Which of the following are primary causes for delays in completing your home repairs? [Select all that apply.] (Homeowners)

* Lack of money
* Insurance settlement
* FEMA financial assistance
* Lack of time
* Lack of contractors and/or materials
* Medical or disability reasons
* FEMA information and processes were too complicated

(Programmer Note: Go to Q19)

12. Which of the following are primary causes for the repairs not being completed by your landlord? [Select all that apply.] (Renters)

* Lack of money to make repairs
* Lack of contractors to do repair work
* Lack of materials needed for the repairs
* Landlord does not plan to make repairs
* Other or don’t know

(Programmer Note: Go to Q16)

13. Is your new permanent residence located in:

◘ The same community where you lived prior to the disaster

◘ A different community but in the same state as you lived prior to the disaster

◘ A different state

(Programmer Note: If Q13 response = The same community where you lived prior to the disaster go to Q16 else go to Q14)

14. Will you be moving back to your pre-disaster community?

◘ Yes

◘ No

(Programmer Note: If Q14 response = No go to Q15 else go to Q16)

15. Why are you not planning to move back to your pre-disaster community? (200 Characters)

16. As a result of the disaster, **are your current housing costs**:

◘ The same

◘ Less or

◘ More than prior to the disaster

(Programmer Note: Go to Q19)

17. Do you expect to have a safe and livable permanent residence in:

◘ Less than two months

◘ Three to four months

◘ Five to six months

◘ More than six months

◘ Don’t know

18. Which of the following are primary causes for the delay in having a permanent residence? [Select all that apply.]

* Lack of money
* Insurance settlement denied, delayed or insufficient
* FEMA financial assistance denied, delayed or insufficient
* Lack of time
* Lack of contractors and/or materials
* Medical or disability reasons
* Lack of affordable housing
* Loans from bank or SBA were denied or delayed
* Lack of access to community services like schools, hospitals, etc.
* Unable to obtain permits, inspections, zoning
* Do not need to seek a permanent residence

19. Did you have (If Owner Renter UDF = Owner say [Homeowner’s] or if = Renter say [Renter’s]) insurance in effect at the time of the disaster?

◘ Yes

◘ No

(Programmer Note: Q19 response = No go to Q20 else go to Q22)

20. Which one of following best represents the reason you did not have insurance at the time of the disaster?

◘ Could not afford the premium

◘ Unable to find a company willing to provide coverage

◘ Had coverage but it was cancelled

◘ Didn’t know I needed it

◘ Other (Specify 200 characters)

21. Have you obtained insurance since the disaster?

◘ Yes

◘ No

(Programmer Note: Go to Q26)

Using a scale of **1 (Strongly Disagree)** to **5 (Strongly Agree)** please indicate your level of agreement with each statement.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1**  **Strongly Disagree** | **2** | **3** | **4** | **5**  **Strongly Agree** |
| 22. My insurance covered my losses. | ◘ | ◘ | ◘ | ◘ | ◘ |
| 23. The amount paid by insurance was not enough. | ◘ | ◘ | ◘ | ◘ | ◘ |
| 24. I received the insurance settlement on time. | ◘ | ◘ | ◘ | ◘ | ◘ |
| 25. I did or will update my insurance to improve coverage. | ◘ | ◘ | ◘ | ◘ | ◘ |

**FINANCIAL AND NON-FINANCIAL ASSISTANCE**

Using a scale of **1 (Strongly Disagree)** to **5 (Strongly Agree)** please indicate your level of agreement with each statement.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1**  **Strongly Disagree** | **2** | **3** | **4** | **5**  **Strongly Agree** | **Not Applicable or No opinion** |
| 26. My friends and family were helpful in my recovery. | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 27. Local community groups and organizations were helpful. | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 28. My bank and other financial institutions were helpful. | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 29. I found local community resources to assist me. | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |

Please think about programs or services that helped in your disaster recovery. Using a scale of **1 (Not at all Helpful)** to **5** **(Very Helpful)** please rate the helpfulness of each of the following or respond with **Does Not Apply** if you did not use.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1**  **Not at all Helpful** | **2** | **3** | **4** | **5**  **Very Helpful** | **Does Not Apply** |
| 30. US Department of Agriculture Disaster Supplemental Nutrition Assistance Program (SNAP) | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 31. Local food banks | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 32. Aging services | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 33. Assistance for individuals with disabilities | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 34. Animal/pet health services | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 35. Consumer protection services | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 36. Women, Infants & Children program (WIC) | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 37. Disaster legal services | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 38. Veterans services | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 39. Crisis counseling | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |

40. Did you need any other types of services, but were unable to find resources?

◘ Yes

◘ No

Programmer Note: If Q40 response = Yes go to Q 41 else go to Q42.)

41. Please briefly describe the type of service you needed, were unable to find. (200 characters)

**EMOTIONAL RECOVERY**

Disasters often create stress and emotional fatigue.

42. Which of the following were the most stressful for you? [Select all that apply.]

* Financial impact
* Living conditions
* Separation from family and friends
* Health issues
* Exhaustion
* Dealing with insurance
* Dealing with FEMA assistance
* Loss of, or a decrease in, the ability to live independently

43. After the disaster did you seek crisis counselling from any of the following? [Select all that apply.]

* FEMA crisis counselling
* Other government counselling services
* Community provided counselling
* Faith-based counselling
* Financial counselling
* Other (Specify100 characters)

**FEMA SERVICES AND ASSISTANCE**

Using a scale of **1 (Strongly Disagree)** to **5 (Strongly Agree),** please indicate your level of agreement with each statement. FEMA provided:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1**  **Strongly Disagree** | **2** | **3** | **4** | **5**  **Strongly Agree** |
| 44. Easy to understand information | ◘ | ◘ | ◘ | ◘ | ◘ |
| 45. Easy access to online and telephone services | ◘ | ◘ | ◘ | ◘ | ◘ |
| 46. Simple processes and procedures | ◘ | ◘ | ◘ | ◘ | ◘ |
| 47. Information in my preferred language | ◘ | ◘ | ◘ | ◘ | ◘ |
| 48. Assistance that met my expectations | ◘ | ◘ | ◘ | ◘ | ◘ |

Using a scale of **1 (Strongly Disagree)** to **5 (Strongly Agree)**, please indicate your level of agreement with each statement. FEMA financial assistance:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1**  **Strongly Disagree** | **2** | **3** | **4** | **5**  **Strongly Agree** |
| 49. Arrived in a reasonable amount of time | ◘ | ◘ | ◘ | ◘ | ◘ |
| 50. Was an important part of my recovery | ◘ | ◘ | ◘ | ◘ | ◘ |
| 51. Helped meet my disaster related needs | ◘ | ◘ | ◘ | ◘ | ◘ |

Programmer Note: If Q51 response = 1, 2, or 3 go to Q52 else go to Q53.)

52. Which of the following best describes areas where FEMA financial assistance did not meet your disaster related needs? [Select all that apply.]

* Home repairs
* Rental financial assistance
* Personal property
* Childcare expenses
* Medical, dental or funeral expenses
* Disability related repairs or improvements
* Other (Specify 50 characters)

53. What could FEMA have done to better meet your disaster related needs? (500 characters)

**COMMUNITY RECOVERY**

This section of the survey is about **community recovery** and uses a scale of **1 (Strongly Disagree)** to **5 (Strongly Agree).** Please indicate your level of agreement with each statement or you may also respond with **Not Applicable** or **Don’t Know.**  I now have normal access and availability to:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **1**  **Strongly Disagree** | **2** | **3** | **4** | **5**  **Strongly Agree** | **Not Applicable or Don’t Know** |
| 54. Child and day care services | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 55. Educational institutions like schools, colleges | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 56. Public transportation |  |  |  |  |  |  |
| 57. Care for pets, service and support animals | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 58. Businesses like grocery, department stores, pharmacies | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 59. Medical services, doctors, dentists, hospitals, home healthcare, personal assistance services | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 60. Senior centers | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 61. Emergency services like fire, EMS, police | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 62. Local government offices and services | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 63. Community organizations and faith-based groups | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 64. Streets, roads, bridges | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |
| 65. Entertainment and recreation | ◘ | ◘ | ◘ | ◘ | ◘ | ◘ |

66. What additional services and assistance do you need? (300 characters)

**DEMOGRAPHICS**

We are almost finished. The only remaining questions are for demographic purposes.

67. Is your gender…

◘ Female

◘ Male

◘ Other (e.g., transgender, nonbinary, or gender variant)

◘ Prefer not to answer

68. Is your marital status…

◘ Never married

◘ Married or living with partner

◘ Separated

◘ Widowed

◘ Divorced

◘ Prefer not to answer

69. Is your current employment status…

◘ Employed for wages

◘ Self-employed

◘ Unemployed

◘ Homemaker

◘ Student

◘ Retired

◘ Prefer not to answer

70. Which one of the following best describes your highest level of formal education?

◘ Did not complete high school

◘ High school graduate / GED

◘ Some college

◘ Associate degree

◘ Bachelor’s degree

◘ Master’s degree

◘ Doctoral degree

◘ Prefer not to answer

71. Are You Hispanic or Latino?(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

◘Yes

◘ No

72. Please select the racial category or categories that you most closely identify with. Select as many as apply.

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or Other Pacific Islander
* White
* Prefer not to answer

**CLOSING**

The information you provided today is extremely important in helping improve recovery in future disasters. We will check back with you in about six months to see how your recovery is progressing. Thank you for your time.