**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: Application for Disaster Assistance

OMB Control No.: 1660-0002

Current Expiration Date: September 30, 2025

Collection Instrument(s): FF-104-FY-21-123 (formerly 009-0-1T), Tele-Registration

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| **Location** | **Current version** | Proposed Revision | Justification |
| **Introduction** | Service Rep: May I have your Social Security Number? |  | Calibrated Survivor Messaging  Remove need for SSN in the introduction |
| **Identification Personal** | Prefix  Mr. or Mrs.  Applicant First Name, Applicant MI, Applicant Social Security No.  Applicant Last Name  Date Of Birth: MM/DD/YYYY  Email Address  Verify Email | To start the registration process I will need your first name.  Applicant First Name, Applicant MI, Applicant Last Name  Preferred name  Applicant Social Security No.  Date Of Birth: MM/DD/YYYY  Email Address  Verify Email | Change to placement  Equity adjustment  Align with streamline RI  Call Center Legacy updates |
| **Identification Other Needs** | 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, select all that apply: Mobility  Cognitive/Developmental Disabilities/Mental Health Hearing/Speech  Vision Self-Care  Independent Living Other  Prefer Not to Answer | 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, select all that apply:  Mobility  Cognitive/Developmental Disabilities  Mental Health  Hearing/Speech  Vision Self-Care  Independent Living  Other | Change to placement  Mental Health is broken out from Cognitive/Developmental Disabilities  Align with streamline RI  Call Center Legacy updates |
| **Identification**  **Phone Numbers** | 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.  Damaged Dwelling Phone  Phone Number  Current Phone  Phone Number  Ext.  Note  Cell Phone  Phone Number  Alternate Phone  Phone Number  Ext.  Note | 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  Primary Phone Number  Primary Phone Number  Type  Note  Alternate Phone Number  Alternate Phone Number  Note | Change to placement Align with streamline RI  Call Center Legacy updates |
| **Losses** | Do you have any of the following losses caused by the disaster?  Was your home damaged?  Yes, No, Unknown  Not including Vehicles, was any of your personal property damaged?  Yes, No, Unknown  Did the disaster cause you to be without your essential utilities for 5 days or more?  Yes, No  Were all of the vehicles in your household damaged and considered not drivable?  Yes No  Do you have any new or additional child care costs because of the disaster?  Yes No | Do you have any of the following losses caused by the disaster?  Was your home damaged?  Yes, No, Unknown  Is this your primary residence where you live more than six months out of the year?  Yes No  Not including Vehicles, was any of your personal property damaged?  Yes, No, Unknown  Do you have any essential utility needs?  Yes No  Did the disaster cause you to be without your essential utilities for 3 or more days?  Yes, No  Are your utilities out now?  Yes No  Do you have trouble accessing your home? (Example Blocked Entry, damage to accessibility equipment like a ramp)  Yes No  Do you have any vehicle Damage?  Yes No  Do you have a need for food, clothing, shelter, gas, medication, or medical equipment?  Yes No  Do you have any new or additional child care costs because of the disaster?  Yes No  Do you have any lodging expenses (Example Hotel, Motel, etc.)  Yes No  Did you get assistance with temporary lodging expenses from any other source?  Yes No  Do you have MEDICAL expenses because of the disaster?  Yes No  No you have DENTAL expenses because of the disaster?  Yes No  Do you have FUNERAL expenses because of the disaster?  Yes No  Miscellaneous?  Yes No | New questions added  Change to placement in primary residence, child care, medical, dental, and funeral questions.  Change to timeframe for utilities out.  Align with streamline RI  Call Center Legacy updates |
| **Dwelling** | Are you currently able to get to your home?  Yes, I am able to get to my home.  I am unable to return to my home due to a mandatory evacuation.  I am unable to return to my home because damages to the roads or bridges in the area prevent it. | Are you currently able to get to your home?  Yes, I am able to get to and leave home.  No, I can’t, due to flooding or damages to roads or bridges in the area  No, I can’t, due to damage of a privately owned road, bridge, or dock.  No, I can’t, due to my medical or accessibility features are damaged (such as a ramp or elevator, etc.)  No, I can’t, due to mandatory evacuation. | Change to placement  Currently able to get to your home question moved from 24 to 29.  Instruction added for ease of use.  Increased options  Align with streamline RI  Call Center Legacy updates |
| **Dwelling** | New question | Do you have a need for help with moving and storage expenses after the disaster?  Yes No | New Question  Align with streamline RI  Call Center Legacy updates |
| **Expenses** | Do you have MEDICAL expenses because of the disaster?  Yes No  No you have DENTAL expenses because of the disaster?  Yes No  Do you have FUNERAL expenses because of the disaster?  Yes No |  | Change to placement  Align with streamline RI  Call Center Legacy updates |
| **Vehicle Damages** | Were any of the vehicles covered by comprehensive insurance?  Yes No | How many total vehicles does your household have? (This should include only vehicles that were drivable before the disaster.)  After the disaster, how many are drivable?  Did any damaged vehicles have disability related accessibility features? (i.e., wheelchair lifts and ramps, pedal or seat belt extenders, hand control and steering devices, etc.)  Yes No  Are any damaged vehicles covered by comprehensive (full coverage) insurance?  Yes No | New questions  Align with streamline RI  Call Center Legacy updates |