**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 MessagingRemove need for SSN in the introduction |
| **Identification Personal** | Prefix Mr. or Mrs.Applicant First Name, Applicant MI, Applicant Social Security No.Applicant Last NameDate Of Birth: MM/DD/YYYYEmail AddressVerify Email | To start the registration process I will need your first name.Applicant First Name, Applicant MI, Applicant Last NamePreferred nameApplicant Social Security No.Date Of Birth: MM/DD/YYYYEmail AddressVerify Email | Change to placement Equity adjustmentAlign with streamline RICall 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 NoIf Yes, select all that apply: MobilityCognitive/Developmental Disabilities/Mental Health Hearing/SpeechVision Self-CareIndependent Living OtherPrefer 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 NoIf Yes, select all that apply: MobilityCognitive/Developmental DisabilitiesMental Health Hearing/SpeechVision Self-CareIndependent LivingOther | Change to placementMental Health is broken out from Cognitive/Developmental DisabilitiesAlign with streamline RICall 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 NumberCurrent PhonePhone NumberExt.NoteCell PhonePhone NumberAlternate PhonePhone NumberExt.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 assistancePrimary Phone NumberPrimary Phone NumberTypeNoteAlternate Phone NumberAlternate Phone NumberNote | Change to placement Align with streamline RICall Center Legacy updates |
| **Losses** | Do you have any of the following losses caused by the disaster?Was your home damaged?Yes, No, UnknownNot including Vehicles, was any of your personal property damaged?Yes, No, UnknownDid the disaster cause you to be without your essential utilities for 5 days or more? Yes, NoWere all of the vehicles in your household damaged and considered not drivable?Yes NoDo 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, UnknownIs this your primary residence where you live more than six months out of the year?Yes NoNot including Vehicles, was any of your personal property damaged?Yes, No, UnknownDo you have any essential utility needs?Yes NoDid the disaster cause you to be without your essential utilities for 3 or more days? Yes, NoAre your utilities out now?Yes NoDo you have trouble accessing your home? (Example Blocked Entry, damage to accessibility equipment like a ramp)Yes NoDo you have any vehicle Damage?Yes NoDo you have a need for food, clothing, shelter, gas, medication, or medical equipment?Yes NoDo you have any new or additional child care costs because of the disaster? Yes NoDo you have any lodging expenses (Example Hotel, Motel, etc.)Yes NoDid you get assistance with temporary lodging expenses from any other source?Yes NoDo you have MEDICAL expenses because of the disaster?Yes NoNo you have DENTAL expenses because of the disaster?Yes NoDo you have FUNERAL expenses because of the disaster?Yes NoMiscellaneous?Yes No | New questions addedChange to placement in primary residence, child care, medical, dental, and funeral questions.Change to timeframe for utilities out.Align with streamline RICall 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 areaNo, 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 placementCurrently able to get to your home question moved from 24 to 29.Instruction added for ease of use.Increased options Align with streamline RICall Center Legacy updates |
| **Dwelling** | New question | Do you have a need for help with moving and storage expenses after the disaster?Yes No | New QuestionAlign with streamline RICall Center Legacy updates |
| **Expenses** | Do you have MEDICAL expenses because of the disaster?Yes NoNo you have DENTAL expenses because of the disaster?Yes NoDo you have FUNERAL expenses because of the disaster?Yes No |  | Change to placementAlign with streamline RICall 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 NoAre any damaged vehicles covered by comprehensive (full coverage) insurance?Yes No | New questionsAlign with streamline RICall Center Legacy updates |