

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

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 <hr/> 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

<p>Identification Phone Numbers</p>	<p>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.</p> <p>Damaged Dwelling Phone Phone Number Current Phone Phone Number Ext. Note Cell Phone Phone Number Alternate Phone Phone Number Ext. Note</p>	<p>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</p> <p>Primary Phone Number Primary Phone Number Type Note Alternate Phone Number Alternate Phone Number</p> <p>Note</p>	<p>Change to placement Align with streamline RI Call Center Legacy updates</p>
<p>Losses</p>	<p>Do you have any of the following losses caused by the disaster?</p> <p>Was your home damaged? Yes, No, Unknown</p> <p>Not including Vehicles, was any of your personal property damaged? Yes, No, Unknown</p> <p>Did the disaster cause you to be without your essential utilities for 5 days or more? Yes, No</p> <p>Were all of the vehicles in your household damaged and considered not drivable? Yes No</p> <p>Do you have any new or additional child care costs because of the disaster? Yes No</p>	<p>Do you have any of the following losses caused by the disaster?</p> <p>Was your home damaged? Yes, No, Unknown</p> <p>Is this your primary residence where you live more than six months out of the year? Yes No</p> <p>Not including Vehicles, was any of your personal property damaged? Yes, No, Unknown</p> <p>Do you have any essential utility needs? Yes No</p> <p>Did the disaster cause you to be without your essential utilities for 3 or more days? Yes, No</p> <p>Are your utilities out now?</p>	<p>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</p>

		<p>Yes No</p> <p>Do you have trouble accessing your home? (Example Blocked Entry, damage to accessibility equipment like a ramp) Yes No</p> <p>Do you have any vehicle Damage? Yes No</p> <p>Do you have a need for food, clothing, shelter, gas, medication, or medical equipment? Yes No</p> <p>Do you have any new or additional child care costs because of the disaster? Yes No</p> <p>Do you have any lodging expenses (Example Hotel, Motel, etc.) Yes No</p> <p>Did you get assistance with temporary lodging expenses from any other source? Yes No</p> <p>Do you have MEDICAL expenses because of the disaster? Yes No</p> <p>No you have DENTAL expenses because of the disaster? Yes No</p> <p>Do you have FUNERAL expenses because of the disaster? Yes No</p> <p>Miscellaneous? Yes No</p>	
Dwelling	<p>Are you currently able to get to your home? Yes, I am able to get to my home.</p> <p>I am unable to return to my home</p>	<p>Are you currently able to get to your home?</p> <p>Yes, I am able to get to and leave home.</p>	<p>Change to placement Currently able to get to your home question moved from 24 to 29.</p>

	<p>due to a mandatory evacuation.</p> <p>I am unable to return to my home because damages to the roads or bridges in the area prevent it.</p>	<p>No, I can't, due to flooding or damages to roads or bridges in the area</p> <p>No, I can't, due to damage of a privately owned road, bridge, or dock.</p> <p>No, I can't, due to my medical or accessibility features are damaged (such as a ramp or elevator, etc.)</p> <p>No, I can't, due to mandatory evacuation.</p>	<p>Instruction added for ease of use.</p> <p>Increased options</p> <p>Align with streamline RI Call Center Legacy updates</p>
Dwelling	New question	<p>Do you have a need for help with moving and storage expenses after the disaster?</p> <p>Yes No</p>	<p>New Question Align with streamline RI Call Center Legacy updates</p>
Expenses	<p>Do you have MEDICAL expenses because of the disaster? Yes No</p> <p>No you have DENTAL expenses because of the disaster? Yes No</p> <p>Do you have FUNERAL expenses because of the disaster? Yes No</p>		<p>Change to placement Align with streamline RI Call Center Legacy updates</p>
Vehicle Damages	<p>Were any of the vehicles covered by comprehensive insurance? Yes No</p>	<p>How many total vehicles does your household have? (This should include only vehicles that were drivable before the disaster.)</p> <p>After the disaster, how many are drivable?</p> <p>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</p> <p>Are any damaged vehicles covered</p>	<p>New questions Align with streamline RI Call Center Legacy updates</p>

		by comprehensive (full coverage) insurance? Yes No	
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