**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/Registration for Disaster Assistance (Paper Form)

OMB Control No.: 1660-0002

Current Expiration Date: September 30, 2025

Collection Instrument(s): FF-104-FY-21-122 (formerly 009-0-1)

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| **Location** | **Current version** | Proposed Revision | Justification |
| **Form Name** | Application/Registration for Disaster Assistance | Application for Disaster Assistance | Calibrated Survivor Messaging |
| **1** | Mr. or Mrs. | 1. Name of Applicant (last, first, MI) | Change to numbering Equity adjustment |
| **2** | Name of Applicant (last, first, MI) | 2. Preferred name | Equity adjustment |
| **3** | Language | 3. Applicant Social Security No. | Change to numberingThe language question is removed, incorporated into question 6 options.Align with streamline RICall Center Legacy updates |
| **4** | Applicant Social Security No. | 4. Date Of Birth | Change to numbering |
| **5** | Date of Birth | 5. Email | Change to numbering |
| **6** | Email | 6. Do you have a disability or language need that requires an accommodation to interact with FEMA staff and/or access FEMA programs?Yes NoIf Yes, what do you need? (select all that apply) | Change to numbering |
| **7** | Do you have a disability or language need that requires an accommodation to interact with FEMA staff and/or access FEMA programs?Yes NoIf Yes, what do you need? (select all that apply) | 7. 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 LivingOtherPrefer Not to Answer | Change to numberingMental Health is broken out from Cognitive/Developmental DisabilitiesAlign with streamline RICall Center Legacy updates |
| **8** | 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 | 8. Did you have any disability-related assistive devices or medically required equipment/supplies/support services damaged, destroyed, lost, or disrupted because of the disaster?Yes NoIf Yes, select all that apply: | Change to numbering |
| **9** | Did you have any disability-related assistive devices or medically required equipment/supplies/support services damaged, destroyed, lost, or disrupted because of the disaster?Yes NoIf Yes, select all that apply: | 9. Primary Phone No:Phone Type:Note: | Change to numbering Align with streamline RICall Center Legacy updates |
| **10** | Damaged Dwelling Phone No. Cell Phone No. | 10. Alternate Phone No:Phone Type:Note: | Change to numbering Align with streamline RICall Center Legacy updates |
| **11** | Current Phone No. Alternate Phone No.Note: | 11. Damaged: Dwelling AddressStreet with No. Apt/Lot City State Zip  | Change to numbering Align with streamline RICall Center Legacy updates |
| **12** | Damaged: Dwelling AddressNo. Street Apt/Lot City, State, Zip County | 12. Do You: Own Rent | Change to numbering |
| **13** | Do You: Own Rent | 13. Mailing AddressSame as Damaged AddressStreet with No. Apt/Lot City State Zip In Care of: | Change to numbering Align with streamline RICall Center Legacy updates |
| **14** | Mailing AddressSame as Damaged AddressNo. Street. Apt/Lot City State Zip County | 14. Damage address county/parish/municipality \_\_\_\_\_\_ | New questionAlign with streamline RICall Center Legacy updates |
| **15** | Damage Type | No Change |  |
| **16** | Home Damage?Yes No Unknown | 16. Home Damage?Yes No UnknownPrimary Residency?Yes No | Primary Residency question moved up from 23 and incorporated into home damage question.Align with streamline RICall Center Legacy updates |
| **18** | Utilities Out 5 days or more?Yes No | 18. Essential Utility Needs?Yes NoUtilities Out 3 days or more?Yes NoUtilities out now?Yes No | New questions addedChange to timeframe for utilities out.Align with streamline RICall Center Legacy updates |
| **19** | New or additional child care costs?Yes No | 19. Access damage?Yes No | New Assessment QuestionAlign with streamline RICall Center Legacy updates |
| **20** | Level of Damage to Home or Personal Property: | 20. Vehicle Damage?Yes No | New Assessment QuestionAlign with streamline RICall Center Legacy updates |
| **21** | Current Location | 21. Need for food, clothing, shelter, gas, medication, or medical equipment?Yes No | New Assessment QuestionAlign with streamline RICall Center Legacy updates |
| **22** | Type of Home? | 22. New or additional childcare costs?Yes No | Change to numberingMoved from question 19 to 22Align with streamline RICall Center Legacy updates |
| **23** | Primary Residence? Yes No | 23. Lodging Expenses?Yes NoReceived Assistance with temporary lodging expenses?Yes No | Lodging Expenses are new questions.Align with streamline RICall Center Legacy updates |
| **24** | Currently able to get to your home?Yes No, due to mandatory evacuation No, due to damages to roads or bridges in the area | 24 Medical expenses? Yes NoDental Expenses? Yes NoFuneral Expenses? Yes No | Medical, Dental, and Funeral (Disaster Related Expenses) moved from question 26 to 24 and became yes or no questions only. Table removed.Align with streamline RICall Center Legacy updates |
| **25** | Home/Personal Property InsuranceTable with Insurance Company | 25. Miscellaneous Expenses?Yes No | New Assessment QuestionAlign with streamline RICall Center Legacy updates |
| **26** | Disaster Related Expenses (uninsured or under-insured)Table with Insurance Company | 26. Level of Damage to Home or Personal Property (Select One): | Change to numberingLevel of damage question moved from 20 to 26Instruction added for ease of useAlign with streamline RICall Center Legacy updates |
| **27** | Disaster Related Vehicle DamageTable with options | 27. Current Location (Select One)? | Change to numberingCurrent location question moved from 21 to 27Instruction added for ease of useAlign with streamline RICall Center Legacy updates  |
| **28** | Emergency Needs: Food, Medication, Durable Medical Equipment or Gas Shelter Clothing | 28.Type of Home (Select One)? | Change to numberingType of Home question moved from 22 to 28.Instruction added for ease of use.Align with streamline RICall Center Legacy updates |
| **29** | Persons living in your home at time of disasterTable | 29. Currently able to get to your home (Select One)?Yes, able to get to and leave home.No, due to flooding or damages to roads or bridges in the areaNo, due to damage of a privately owned road, bridge, or dock.No, due to my medical or accessibility features are damaged (such as a ramp or elevator, etc.)No, due to mandatory evacuation | Change to numberingCurrently 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 |
| **30** | Business DamagesHousehold’s source of income is self-employment? Yes No Own a business or rental property affected by the disaster? Yes No | 30. Need for Moving and Storage Expenses after the disaster?Yes No | New QuestionAlign with streamline RICall Center Legacy updates |
| **31** | No. of Dependents (including yourself) | 31 Home/Personal Property InsuranceInsurance TypeInsurance Company Name | Change to numberingInsurance moved from question 26 to 31.Keeps the same table.Align with streamline RICall Center Legacy updates |
| **32** | Family’s pre-disaster income before taxes are deducted $Income not available | 32 How many vehicles in your household?After the disaster, how many are drivable?Did any damaged vehicles have disability related accessibility features?Yes NoAre any damaged vehicles covered by comprehensive (full coverage) insurance?Yes No | New questionsAlign with streamline RICall Center Legacy updates |
| **33** | Electronic Funds Transfer Yes No Bank/Financial Institution NameAccount Type:Checking Savings Routing No. (9 digits):Account No.:  | 33. Disaster Related Vehicle Damage Table with OptionsVehicle Information Year Make ModelDamaged? Drivable?Yes No Yes NoComprehensive Insurance?Yes NoLiability Insurance?Yes NoInsurance Company NameRegistered?Yes No | Change to numberingVehicle damage with table moved from question 27 to question 33Align with streamline RICall Center Legacy updates |
| **34** | Correspondence language?English Spanish | 34. Emergency Needs: Food, Medication, Durable Medical Equipment or Gas Shelter Clothing | Change to numberingEmergency Needs question moves from 28 to 34Align with streamline RICall Center Legacy updates |
| **35** | Traditional postal mail or electronic notification?Postal Mail Email | 35. Persons living in your home at time of disasterLast Name, First Name, MI, Relationship, Social Security Number (App and Co-App)Age | Change to numberingOccupant Table moved from Question 29 to 35.Align with streamline RICall Center Legacy updates |
| **36** | Receive text messaging updates? Yes No Mobile Phone No. Agree to text messaging terms? Yes No | 36. FinancialHousehold’s source of income is self-employment? Yes No Own a business or rental property affected by the disaster?Yes No | Change to numberingMove Business Damage question from 30 to 36 and rename FinancialAlign with streamline RICall Center Legacy updates |
|  |  | 37. No. of Dependents (including yourself) | Change to numberingDependents moved from question 31 to 37Align with streamline RICall Center Legacy updates |
|  |  | 38. Family’s pre-disaster income before taxes are deducted $Income not available | Change to numberingIncome moved from question 32 to 38Align with streamline RI |
|  |  | 39. Electronic Funds Transfer Yes No Bank/Financial Institution Name: Account Type:Checking Savings Routing No. (9 digits):Account No.:  | Change to numberingEFT question moved from 33 to 39Align with streamline RICall Center Legacy updates |
|  |  | 40. Correspondence language?English Spanish | Change to numberingCorrespondence question changed from 34 to 40. Align with streamline RICall Center Legacy updates |
|  |  | 41. Traditional postal mail or electronic notification?Postal Mail Email | Change to numberingMail question changed from 35 to 41Align with streamline RICall Center Legacy updates |
|  |  | 42. Receive text messaging updates? Yes No Mobile Phone No. Agree to text messaging terms? Yes No | Change to numberingText messaging question moved from 36 to 42Align with streamline RICall Center Legacy updates |
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| **Application for Disaster Assistance Instructions** | Application/Registration for Disaster Assistance | Application for Disaster Assistance | Calibrated Survivor Messaging |
| **Application for Disaster Assistance Instructions** | No introduction to instruction | It’s important you understand that your application becomes a legal document. FEMA may use external sources to verify the accuracy of the information you enter. | Legal notice - Align with streamline RI |
| **Application for Disaster Assistance Instructions** | No Assessment Section | **Assessment Section:** **What Help do you Need:** * Home or Property damage
	+ Home Damage,
	+ Personal Property Damage
	+ Vehicle Damage
* Other Expenses
	+ Funeral or reburial expenses
	+ Lodging expenses
	+ Medical or dental expenses
	+ New or extra childcare expenses
	+ Miscellaneous Item expenses
* Emergency Needs
	+ Food, clothing, shelter, gas, medication, or medical equipment
	+ Essential utilities
	+ Home access
* Business
* Unemployment
 | Align with streamline RIAdditional information to assist with assessment, and need to complete an applicationEase of use. |
| **Application for Disaster Assistance Instructions** | No Referral Section | **Referrals****Do NOT complete an application for Business Needs ONLY**You may be able to get assistance from the U.S. Small Business Administration (SBA) for business losses.Provide referrals to ‘SBA Disaster Assistance’ for Business ONLY. **Do NOT complete an application for Unemployment Needs ONLY.** You may be able to get assistance from your state’s unemployment office.Provide referrals to the ‘Career One Stop’ Unemployment program for your state.For other needs outside of FEMA Individuals and Households Program (IHP) Assistance contact 211/United Way referral. | Align with streamline RIInstructions added for ease of use. |
| **Application for Disaster Assistance Instructions** | No Primary/Secondary Information | **Is this your primary home or secondary home?*** Primary – live more than 6 months out of the year
* Secondary – vacation or second home

Secondary Home – for some assistance FEMA can only provide assistance for your primary home.You may continue with your application. | Align with streamline RIInformational Ease of Use |
| **Application for Disaster Assistance Instructions** | No Representative PII warning | **Representative:** As a FEMA representative, you must take steps to ensure that you protect what you collect. Physically secure hard copies of documents containing PII in a locked file drawer, cabinet, or safe. Do not leave documents with PII unattended on printers, fax machines, copiers, or desktops. Crossshred paper containing PII; do not recycle or place in garbage containers. | Align with standard privacy standards. At a DRC or field location care must be taken to protect PII/SPII |
| **Application for Disaster Assistance Instructions** | No intro to instructions | **Instructions for completing the application****Representative:** Complete the Record Information ensuring you have the correct disaster number and date of loss.Complete Personal Information | Improved instructions for ease of use |
| **Application for Disaster Assistance Instructions** | Check Mr. or Ms. to properly address correspondence. | 1. Enter the last name, first name, and middle initial of applicant. Enter JR, SR, III, etc. following the last name if applicable. If the application is for Funeral ONLY, enter the name of the person responsible for the funeral expenses. | Change to numberingQuestion numbers shift with changesRemove Mr/MsRemove business only wording.Align with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 2. Enter the last name, first name, and middle initial of applicant. Enter JR, SR, III, etc. following the last name if applicable. If the registration is for Business ONLY, enter the business owner’s name or representative (not the business name). If the registration is for Funeral ONLY, enter the name of the person responsible for the funeral expenses. | 2. Enter the applicant’ preferred name. | Change to numberingAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 3. Enter the language applicant speaks. If the applicant speaks English, leave blank.4. Enter applicant's Social Security Number (SSN). If the applicant does not have an SSN but has a dependent child with an SSN, enter the child’s SSN and information in fields 1-5. If the registration is for Business ONLY, enter the responsible party’s SSN, to be used only as an identifier. If the registration is for Funeral ONLY, enter the SSN of the person responsible for the funeral expenses. | 3. Enter applicant's Social Security Number (SSN). If the applicant does not have an SSN but has a dependent child with an SSN, enter the child’s SSN and information in fields 1-5. If the application is for Funeral ONLY, enter the SSN of the person responsible for the funeral expenses. | Change to numberingQuestion numbers shift with changesRemove language.Remove Business only wordingAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 5. Enter applicant’s date of birth | 4. Enter applicant’s date of birth. | Change to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 6. Enter applicant’s e-mail address, if available. | 5. Enter applicant’s e-mail address, if available. | Change to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | No Section division7. Accommodation or assistance may include, but is not limited to, sign language interpreter, Braille, large print, accessible electronic format, or materials in a language other than English. FEMA programs may include, but are not limited to, home inspection, town hall meetings, access to a Disaster Recovery Centers, or accessible temporary housing (if eligible). Check Yes or No accordingly.. If Yes, check all needs that apply. | Language Information6. Accommodation or assistance may include, but is not limited to, sign language interpreter, Braille, large print, accessible electronic format, or materials in a language other than English. FEMA programs may include, but are not limited to, home inspection, town hall meetings, access to a Disaster Recovery Centers, or accessible temporary housing (if eligible). Check Yes or No accordingly.. If Yes, check all needs that apply. | Ease of useChange to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | No Section division8. The Americans with Disabilities Act (ADA) defines disability as "a physical or mental impairment that substantially limits one or more of the major life activities of such individual." 42 USC 12102(2) (A). If the applicant or household member has such a disability, check Yes. If Yes, check all that apply or Prefer Not to Answer.9. If the applicant or household member had any disability-related assistive devices or medically required equipment/supplies/support services damaged, destroyed, lost or disrupted because of the disaster, check Yes and check all that apply. | Other Needs Information7. The Americans with Disabilities Act (ADA) defines disability as "a physical or mental impairment that substantially limits one or more of the major life activities of such individual." 42 USC 12102(2) (A). If the applicant or household member has such a disability, check Yes. If Yes, check all that apply or Prefer Not to Answer.8. If the applicant or household member had any disability-related assistive devices or medically required equipment/supplies/support services damaged, destroyed, lost, or disrupted because of the disaster, check Yes and check all that apply. | Ease of useChange to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | No Section division | Phone NumbersRepresentative: If the applicant uses a video relay service (VRS), captioned telephone (CTS), or other service, give FEMA the number for that service. | Ease of useImproved instructions |
| **Application for Disaster Assistance Instructions** | 10. Damaged Dwelling Phone: Beginning with the area code, enter the phone number used at the damaged dwelling at the time of the disaster, even if the number is not currently working. If there was no home phone at the time of the disaster, enter a cell phone or current phone number. Cell Phone: Enter applicant’s cell phone number if applicable | 9. Primary Phone: Beginning with the area code, enter the phone number used at the damaged dwelling at the time of the disaster and enter the type of phone. Use the Note field if specific contact information is needed. | Change to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 11. Current Phone: Enter the current phone number where the applicant can be reached. Alternate Phone: Enter an alternate phone number where FEMA can reach the applicant or leave a message, if applicable. Use the Note field if specific contact information is needed (i.e. family member’s phone number, neighbor, minister, etc.). | 10, Alternate Phone: Enter an alternate phone number and type of phone where FEMA can reach the applicant or leave a message, if applicable. Use the Note field if specific contact information is needed (i.e. family member’s phone number, neighbor, minister, etc.). | Change to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | Section Division | Address | Ease of use |
| **Application for Disaster Assistance Instructions** | 12. Enter the full physical street address exactly as it appears on a utility bill. Do not use any abbreviations, do not enter a “#” symbol and do not enter a PO Box or general delivery address. | 11. Enter the full physical street address where the damage occurred, including the house, or building number, street name and any apartment or lot number (exactly as it appears on a utility bill). Do not use any abbreviations, do not enter a “#” symbol, and do not enter a PO Box or general delivery address. | Change to numberingQuestion numbers shift with changesInstructions for ease of use.Align with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 13. If the applicant is named on the deed, or applicant maintains the home, pays no rent and pays taxes (if applicable) or has lifetime occupancy rights while not holding the legal title to the home, check Own. Check Rent if the applicant does not meet any of the ownership criteria, even if the applicant pays no rent. | 12. If the applicant is named on the deed, or applicant maintains the home, pays no rent and pays taxes, or has lifetime occupancy rights while not holding the legal title to the home, check Own. If the applicant does not meet any of the ownership criteria, even if the applicant pays no rent, check Rent. | Change to numberingQuestion numbers shift with changesSpacing in sentence for ease of useReadabilityAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 14. Check Same as Damaged Address, if applicable. If different, enter the address where the applicant is currently receiving mail. A PO Box or general delivery address may be used. | 13. Check Same as Damaged Address, if applicable. If different, enter the address where the applicant is currently receiving mail. A PO Box or general delivery address may be used. If mail is received in care of another person, add that person’s name. | Change to numberingQuestion numbers shift with changesInstructions ease of useAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | No separate county/parish/municipality question before | 14. Enter the county/Parish/Municipality where the damage occurred. | Align with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | No Section Division or instruction to representative | LossesRepresentative: Only record losses or needs of the applicant in the following section  | Ease of useInstructions Align with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 15. Check all damage types that apply. Other may include explosion, drought, riot, etc |  |  |
| **Application for Disaster Assistance Instructions** | 16. Check Yes if the applicant’s home was damaged by the disaster. Check No if no damage to the applicant’s home or if the applicant is applying for Business, Transportation, or Funeral ONLY. Check Unknown if the applicant is unsure of the damage to the home23. Check Yes if the affected home is the applicant’s primary residence (where the applicant lives more than 6 months of the year, listed the address on their Federal Tax Return, or files a homestead exemption at the address). Check No if the affected home is a secondary residence or vacation home, or if the registration is Business, Transportation, or Funeral ONLY. | 16. Check Yes if the applicant’s home was damaged by the disaster. Check No if no damage to the applicant’s home or if the applicant is applying forTransportation or Funeral ONLY. Check Unknown if the applicant is unsure of the damage to the home.If Home damage selection is Yes, or Unknown, check Yes if the affected home is the applicant’s primary residence (where the applicant lives more than 6 months of the year, listed the address on their Federal Tax Return, or files a homestead exemption at the address). Check No if the affected home is a secondary residence or vacation home, or if the application Transportation or Funeral ONLY | Align with streamline RI, Call Center Legacy updatesQuestion 23 Primary Residence moved up to be incorporated with question 16.Remove Business only information |
| **Application for Disaster Assistance Instructions** | 17. Check Yes if the applicant had personal property damage (i.e. appliances, clothing, and/or furniture). Check No if no damage to the applicant’s personal property, or if the applicant is applying for Business, Transportation, or Funeral ONLY. Check Unknown if the applicant is unsure of personal property damage. | 17. Check Yes if the applicant had personal property damage (i.e. appliances, clothing, and/or furniture). Check No if no damage to the applicant’s personal property, or if the applicant is applying for Transportation or Funeral ONLY Check Unknown if the applicant is unsure of personal property damage. | Align with streamline RI, Call Center Legacy updatesRemove Business only information |
| **Application for Disaster Assistance Instructions** | 18. Check Yes if the applicant has been without essential utilities for at least 5 days. Check No if the applicant has essential utilities or were without them for less than 5 days | 18. Check Yes if the applicant has essential utility needs. Check Yes if the applicant has been without essential utilities for 3 days or more. Check Yes if the utilities are out now (time of application) | Align with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | New Question | 19. Check Yes if the applicant has trouble accessing the home. (Example: Blocked Entry, or damage to accessibility equipment like a ramp) | Align with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | New Question | 20. Check Yes if the applicant has vehicle damage. | Align with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | New Question | 21. Check Yes if the applicant has a need for food, clothing, shelter, gas, medication, or medical equipment. | Align with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 19. Check Yes if the applicant has increased financial burden due to new or additional child care costs. Check No if the applicant does not have child care costs or child care costs have not increased. | 22. Check Yes if the applicant has any new or additional childcare costs because of the disaster.  | Change to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | New Question | 23. Check Yes if the applicant has any lodging expenses (Example: Hotel, Motel, etc.)If Yes, did the applicant get assistance with temporary lodging expenses from any other source. | Align with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 26. If the applicant incurred uninsured or under-insured medical, dental, and/or funeral expenses as a direct result of the disaster, check Yes for each applicable expense category. If the applicant had insurance for the expense, list the insurance company name. | 24. Check Yes if the applicant has any Medical expenses as a result of the disaster.Check Yes if the applicant has any Dental expenses as a result of the disaster.Check Yes if the applicant has any Funeral expenses as a result of the disaster. **Representative**: If the applicant has any disaster caused funeral expenses include the deceased in the Occupants tab with the relationship ‘deceased’. The social security and date of birth is needed for the deceased. | Change to numberingQuestion numbers shift with changesChange in question format |
| **Application for Disaster Assistance Instructions** | New Question | 25. Check Yes if the applicant has any Miscellaneous expenses as a result of the disaster. (Example; Dehumidifier, chainsaw, etc) | Align with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 20. Check the level of disaster damage to applicant’s home and/or personal property that best applies based on the provided options. | 26. If the applicant reports home or personal property damages, check the level of disaster damage to applicant’s home and/or personal property that best applies based on the provided options. | Change to numberingQuestion numbers shift with changesImproved instructions for ease of use |
| **Application for Disaster Assistance Instructions** | 21. Check the location where the applicant is currently living or staying. | 27. Check the location where the applicant is currently living or staying | Change to numberingQuestion numbers shift with changes |
|  | 22. Check the residence type for which the applicant is applying. | 28. Check the residence type for which the applicant is applying. | Change to numberingQuestion numbers shift with changes |
| **Application for Disaster Assistance Instructions** | 23. Check Yes if the affected home is the applicant’s primary residence (where the applicant lives more than 6 months of the year, listed the address on their Federal Tax Return, or files a homestead exemption at the address). Check No if the affected home is a secondary residence or vacation home, or if the registration is Business, Transportation, or Funeral ONLY. | Became question 19, aligned with home damage. | Align with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 24. Check Yes if the residence does not have restricted access, applicant is able to both get to and leave the home, or if the registration is Business, Transportation, or Funeral ONLY. If the applicant is unable to access the home, check the appropriate reason. Check No, due to mandatory evacuation if the residence is inaccessible due to mandatory evacuation. Check No, due to damages to roads or bridges in the area if the residence is inaccessible due to damage caused by the disaster. | 29. Check Yes if the applicant is able to both get to and leave the home, or if the application is Transportation, or Funeral ONLY. If the applicant is unable to access the home, check the reason. | Change to numberingQuestion numbers shift with changesAdditional optionsAlign with streamline RI, Call Center Legacy updatesPlain languageRemove Business only |
| **Application for Disaster Assistance Instructions** | New Question | 30. Check Yes if the applicant needs help with moving and storage expenses after the disaster. | Align with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 25. List all insurance types the applicant held at the time of the disaster for the home and/or personal property, including but not limited to sewer backup, earthquake, and/or flood, and the insurance company name. Check I have no insurance for my home or personal property if there was no insurance coverage for the home or personal property losses. | 31. List all types of insurance the applicant held at the time of the disaster for the home and/or personal property, including but not limited to sewer backup, earthquake, and/or flood, and the insurance company name. Check I have no insurance for my home or personal property if there was no insurance coverage for the home or personal property losses. | Change to numberingQuestion numbers shift with changesPlain languageSentence spacing for ease of use |
| **Application for Disaster Assistance Instructions** | New Question | 32. If the applicant had vehicle damages, how many vehicles does the household have, only include those that were drivable before the disaster? How many were drivable after the disaster. Did any of the damaged vehicles have disability related accessibility features (Example: Wheelchair lifts and ramps, pedal or seat belt extenders, hand control and steering devices, etc.)Did any of the damaged vehicles have disability related accessibility features (Example: Wheelchair lifts and ramps, pedal or seat belt extenders, hand control and steering devices, etc.)Were any of the damaged vehicles covered by comprehensive (full coverage) insurance? | Align with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 27. Enter all vehicles owned by the applicant or anyone in the household. Year: Enter the year the vehicle was manufactured. Make: Enter the vehicle make. Model: Enter the vehicle model. Damaged: Check Yes or No to indicate if the vehicle was damaged by the disaster (if unknown, check No). Drivable: Check Yes or No to indicate if the vehicle is currently drivable (if unknown, check No). Comprehensive Insurance: Check Yes or No to indicate if the vehicle is covered by comprehensive insurance. Liability Insurance: Check Yes or No to indicate if the vehicle is covered by liability insurance (if unknown, check No). Enter the insurance company name if the vehicle is covered by comprehensive or liability insurance. Registered: Check Yes or No to indicate if the vehicle is registered. | 33. Enter all vehicles owned by the applicant or anyone in the household. Year: Enter the year the vehicle was manufactured. Make: Enter the vehicle make. Model: Enter the vehicle model. Damaged: Check Yes or No to indicate if the vehicle was damaged by the disaster (if unknown, check No). Drivable: Check Yes or No to indicate if the vehicle is currently drivable (if unknown, check No). Comprehensive Insurance: Check Yes or No to indicate if the vehicle is covered by comprehensive insurance. Liability Insurance: Check Yes or No to indicate if the vehicle is covered by liability insurance (if unknown, check No). Enter the insurance company name if the vehicle is covered by comprehensive or liability insurance. Registered: Check Yes or No to indicate if the vehicle is registered. | Change to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 28. Check each emergency need (essential items for day-to-day existence). Emergency needs do not include stored food. | 34. Check each emergency need (essential items for day-to-day existence). Emergency needs do not include stored food. | Change to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | Section Division | **Occupants** | Ease of Use |
| **Application for Disaster Assistance Instructions** | 29. Enter the information for the applicant and all persons who considered the home to be their primary residence at the time of the disaster, whether or not they are related to the applicant. Include the SSN for only the applicant and co-applicant (if applicable). | 35. Enter the information for the applicant and all persons who considered the home to be their primary residence at the time of the disaster, whether or not they are related to the applicant. Include the SSN for only the applicant and co-applicant (if applicable). Representative: If there are funeral expenses, include the deceased name, SSN, and date of birth. | Change to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updatesImproved instructions |
| **Application for Disaster Assistance Instructions** | 30. Check Yes or No to indicate whether the household’s primary source of income is from self-employment. Check Yes or No to indicate whether the applicant owns or represents a business or rental property affected by the disaster. | 36. Check Yes or No to indicate whether the household’s primary source of income is from self-employment. Check Yes or No to indicate whether the applicant owns or represents a business or rental property affected by the disaster. | Change to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updates  |
| **Application for Disaster Assistance Instructions** | 31. Enter the number of dependents, including the applicant and those listed as dependents on their Federal Tax Return. | 37. Enter the number of dependents, including the applicant and those listed as dependents on their Federal Tax Return. | Change to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 32. Enter the pre-disaster household annual gross income (the total household income before any deductions are subtracted, including income from welfare, child support, stocks, interest, and/or annuities. DO NOT include food stamps or HUD Section 8 assistance). If the applicant is "living off savings, family, or friends," enter the approximate amount they receive yearly. | 38. Enter the pre-disaster household annual gross income (the total household income before any deductions are subtracted, including income from welfare, child support, stocks, interest, and/or annuities. DO NOT include food stamps or HUD Section 8 assistance). If the applicant is "living off savings, family, or friends," enter the approximate amount they receive yearly. Enter whole dollars only, no symbols or decimal points. | Change to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updatesImproved instructions |
| **Application for Disaster Assistance Instructions** | 33. If the applicant is found eligible for FEMA assistance and would like funds directly deposited into their bank account, check Yes. If Yes, enter the name of the applicant's financial institution, their 9-digit routing number (the 9-digit number that appears in the lower left corner of a check), the account type, and the applicant's account number (found at the bottom of a check immediately after the routing number). NOTE: Applicant’s name must be on the account. | 39. If the applicant is found eligible for FEMA assistance and would like funds directly deposited into their bank account, check Yes. If Yes, enter the name of the applicant's financial institution, their 9-digit routing number (the 9-digit number that appears in the lower left corner of a check), the account type, and the applicant's account number (found at the bottom of a check immediately after the routing number). NOTE: Applicant’s name must be on the account. | Change to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | 34. Check the language in which the applicant prefers to receive FEMA correspondence. | 40. Check the language in which the applicant prefers to receive FEMA correspondence. | Change to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updates |
| **Application for Disaster Assistance Instructions** | Section Division | **Correspondence** | Ease of Use |
| **Application for Disaster Assistance Instructions** | 35. Check the form of communication through which the applicant prefers to receive FEMA correspondence. | 41. Check the form of communication through which the applicant prefers to receive FEMA correspondence.**Representative:** If the applicant chooses to receive email updates, they will not receive any postal mail. They must have a disaster assistance account at DisasterAssistance.gov to receive email updates. Verify the email address entered in field 6. | Change to numberingQuestion numbers shift with changesAlign with streamline RI, Call Center Legacy updatesImproved instructions for ease of use |
| **Application for Disaster Assistance Instructions** | 36. Text messaging is an optional service. Check Yes if the applicant wants to receive text message status alerts in addition to e-mail or postal mail. If Yes, enter the mobile phone number through which the applicant would like to receive text messages. Check Yes or No to indicate if the applicant agrees to the terms of text messaging (FEMA text messages do not replace postal mail or e-mail; FEMA’s text messaging number is 4FEMA [43362]. Please note you may also receive a text message from a FEMA inspector to schedule an appointment for your inspection; Standard text message rates apply.). | 42. Text messaging is an optional service. Check Yes if the applicant wants to receive text message status alerts in addition to e-mail or postal mail. If Yes, enter the mobile phone number through which the applicant would like to receive text messages. Check Yes or No to indicate if the applicant agrees to the terms of text messaging (FEMA text messages do not replace postal mail or e-mail; FEMA’s text messaging number is 4FEMA [43362]. Please note you may also receive a text message from a FEMA inspector to schedule an appointment for your inspection; Standard text message rates apply.). |  |
| **Application for Disaster Assistance Instructions** | No instruction to capture demographic questions | **Representative:** Capture demographic information on the FEMA Form FF-256-FY-21-100- Equity Demographics Questions. | Improved instructions for ease of use |
| **Application for Disaster Assistance Instructions** | 37. Enter any comments. | 43. Enter any comments. |  |
| **Application for Disaster Assistance Instructions** | 38. Enter name of the FEMA representative filling out the form. | 44. Enter name of the FEMA representative filling out the form. |  |