

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)

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 numbering The language question is removed, incorporated into question 6 options. Align with streamline RI Call 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 No If 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 No If 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 No If Yes, select all that apply:	Change to numbering Mental Health is broken out from Cognitive/Developmental Disabilities Align with streamline RI Call Center Legacy updates

		Mobility Cognitive/Developmental Disabilities Mental Health Hearing/Speech Vision Self-Care Independent Living Other _____	
		Prefer Not to Answer	
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 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	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 No If 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 No If Yes, select all that apply:	9. Primary Phone No: Phone Type: Note:	Change to numbering Align with streamline RI Call Center Legacy updates
10	Damaged Dwelling Phone No. Cell Phone No.	10. Alternate Phone No: Phone Type: Note:	Change to numbering Align with streamline RI Call Center Legacy updates
11	Current Phone No.	11. Damaged: Dwelling Address	Change to numbering

	Alternate Phone No. Note:	Street with No. Apt/Lot City State Zip	Align with streamline RI Call Center Legacy updates
12	Damaged: Dwelling Address No. Street Apt/Lot City, State, Zip County	12. Do You: Own Rent	Change to numbering
13	Do You: Own Rent	13. Mailing Address Same as Damaged Address Street with No. Apt/Lot City State Zip In Care of:	Change to numbering Align with streamline RI Call Center Legacy updates
14	Mailing Address Same as Damaged Address No. Street. Apt/Lot City State Zip County	14. Damage address county/parish/municipality _____	New question Align with streamline RI Call Center Legacy updates
15	Damage Type	No Change	
16	Home Damage? Yes No Unknown	16. Home Damage? Yes No Unknown Primary Residency? Yes No	Primary Residency question moved up from 23 and incorporated into home damage question. Align with streamline RI Call Center Legacy updates
18	Utilities Out 5 days or more? Yes No	18. Essential Utility Needs? Yes No Utilities Out 3 days or more? Yes No Utilities out now? Yes No	New questions added Change to timeframe for utilities out. Align with streamline RI Call Center Legacy updates
19	New or additional child care costs? Yes No	19. Access damage? Yes No	New Assessment Question Align with streamline RI Call Center Legacy updates
20	Level of Damage to Home or Personal Property:	20. Vehicle Damage? Yes No	New Assessment Question Align with streamline RI Call Center Legacy

			updates
21	Current Location	21. Need for food, clothing, shelter, gas, medication, or medical equipment? Yes No	New Assessment Question Align with streamline RI Call Center Legacy updates
22	Type of Home?	22. New or additional childcare costs? Yes No	Change to numbering Moved from question 19 to 22 Align with streamline RI Call Center Legacy updates
23	Primary Residence? Yes No	23. Lodging Expenses? Yes No Received Assistance with temporary lodging expenses? Yes No	Lodging Expenses are new questions. Align with streamline RI Call 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 No Dental Expenses? Yes No Funeral 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 RI Call Center Legacy updates
25	Home/Personal Property Insurance Table with Insurance Company	25. Miscellaneous Expenses? Yes No	New Assessment Question Align with streamline RI Call 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 numbering Level of damage question moved from 20 to 26 Instruction added for ease of use Align with streamline RI Call Center Legacy

			updates
27	Disaster Related Vehicle Damage Table with options	27. Current Location (Select One)?	Change to numbering Current location question moved from 21 to 27 Instruction added for ease of use Align with streamline RI Call Center Legacy updates
28	Emergency Needs: Food, Medication, Durable Medical Equipment or Gas Shelter Clothing	28.Type of Home (Select One)?	Change to numbering Type of Home question moved from 22 to 28. Instruction added for ease of use. Align with streamline RI Call Center Legacy updates
29	Persons living in your home at time of disaster Table	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 area No, 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 numbering 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
30	Business Damages Household'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 Question Align with streamline RI Call Center Legacy updates
31	No. of Dependents (including yourself)	31 Home/Personal Property Insurance	Change to numbering Insurance moved from

		<p>Insurance Type</p> <p>Insurance Company Name</p>	<p>question 26 to 31. Keeps the same table.</p> <p>Align with streamline RI Call Center Legacy updates</p>
32	<p>Family's pre-disaster income before taxes are deducted \$</p> <p>Income not available</p>	<p>32 How many vehicles in your household?</p> <p>After the disaster, how many are drivable?</p> <p>Did any damaged vehicles have disability related accessibility features? Yes No</p> <p>Are any damaged vehicles covered by comprehensive (full coverage) insurance? Yes No</p>	<p>New questions Align with streamline RI Call Center Legacy updates</p>
33	<p>Electronic Funds Transfer Yes No</p> <p>Bank/Financial Institution Name Account Type: Checking Savings Routing No. (9 digits): Account No.:</p>	<p>33. Disaster Related Vehicle Damage</p> <p>Table with Options Vehicle Information Year Make Model</p> <p>Damaged? Drivable? Yes No Yes No</p> <p>Comprehensive Insurance? Yes No Liability Insurance? Yes No</p> <p>Insurance Company Name</p> <p>Registered? Yes No</p>	<p>Change to numbering Vehicle damage with table moved from question 27 to question 33</p> <p>Align with streamline RI Call Center Legacy updates</p>
34	<p>Correspondence language? English Spanish</p>	<p>34. Emergency Needs: Food, Medication, Durable Medical Equipment or Gas Shelter</p>	<p>Change to numbering Emergency Needs question moves from 28 to 34</p>

		Clothing	Align with streamline RI Call Center Legacy updates
35	Traditional postal mail or electronic notification? Postal Mail Email	35. Persons living in your home at time of disaster Last Name, First Name, MI, Relationship, Social Security Number (App and Co-App) Age	Change to numbering Occupant Table moved from Question 29 to 35. Align with streamline RI Call Center Legacy updates
36	Receive text messaging updates? Yes No Mobile Phone No. Agree to text messaging terms? Yes No	36. Financial Household's source of income is self-employment? Yes No Own a business or rental property affected by the disaster? Yes No	Change to numbering Move Business Damage question from 30 to 36 and rename Financial Align with streamline RI Call Center Legacy updates
		37. No. of Dependents (including yourself)	Change to numbering Dependents moved from question 31 to 37 Align with streamline RI Call Center Legacy updates
		38. Family's pre-disaster income before taxes are deducted \$ Income not available	Change to numbering Income moved from question 32 to 38 Align with streamline RI
		39. Electronic Funds Transfer Yes No Bank/Financial Institution Name: Account Type: Checking Savings	Change to numbering EFT question moved from 33 to 39 Align with streamline RI Call Center Legacy

		Routing No. (9 digits): Account No.:	updates
		40. Correspondence language? English Spanish	Change to numbering Correspondence question changed from 34 to 40. Align with streamline RI Call Center Legacy updates
		41. Traditional postal mail or electronic notification? Postal Mail Email	Change to numbering Mail question changed from 35 to 41 Align with streamline RI Call Center Legacy updates
		42. Receive text messaging updates? Yes No Mobile Phone No. Agree to text messaging terms? Yes No	Change to numbering Text messaging question moved from 36 to 42 Align with streamline RI Call Center Legacy updates
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: <ul style="list-style-type: none"> Home or Property damage <ul style="list-style-type: none"> Home Damage, Personal Property 	Align with streamline RI Additional information to assist with assessment, and need to complete an

		<ul style="list-style-type: none"> Damage <ul style="list-style-type: none"> o Vehicle Damage • Other Expenses <ul style="list-style-type: none"> o Funeral or reburial expenses o Lodging expenses o Medical or dental expenses o New or extra childcare expenses o Miscellaneous Item expenses • Emergency Needs <ul style="list-style-type: none"> o Food, clothing, shelter, gas, medication, or medical equipment o Essential utilities o Home access • Business • Unemployment 	<p>application Ease of use.</p>
<p>Application for Disaster Assistance Instructions</p>	<p>No Referral Section</p>	<p>Referrals</p> <p>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.</p> <p>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.</p> <p>For other needs outside of FEMA Individuals and Households Program (IHP) Assistance contact 211/United Way referral.</p>	<p>Align with streamline RI</p> <p>Instructions added for ease of use.</p>

Application for Disaster Assistance Instructions	No Primary/Secondary Information	<p>Is this your primary home or secondary home?</p> <ul style="list-style-type: none"> • Primary – live more than 6 months out of the year • Secondary – vacation or second home <p>Secondary Home – for some assistance FEMA can only provide assistance for your primary home. You may continue with your application.</p>	<p>Align with streamline RI</p> <p>Informational Ease of Use</p>
Application for Disaster Assistance Instructions	No Representative PII warning	<p>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.</p>	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	<p>Instructions for completing the application</p> <p>Representative: Complete the Record Information ensuring you have the correct disaster number and date of loss.</p> <p>Complete Personal Information</p>	Improved instructions for ease of use
Application for Disaster Assistance Instructions	Check Mr. or Ms. to properly address correspondence.	<p>1.</p> <p>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</p>	<p>Change to numbering</p> <p>Question numbers shift with changes</p> <p>Remove Mr/Ms</p> <p>Remove business only wording.</p>

		ONLY, enter the name of the person responsible for the funeral expenses.	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 numbering Align 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 numbering Question numbers shift with changes Remove language. Remove Business only wording Align 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 numbering Question numbers shift with changes Align with streamline RI, Call Center Legacy updates
Application for Disaster	6. Enter applicant's e-mail address, if available.	5. Enter applicant's e-mail address, if available.	Change to numbering Question numbers shift

Assistance Instructions			with changes Align with streamline RI, Call Center Legacy updates
Application for Disaster Assistance Instructions	<p>No Section division</p> <p>7. 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.</p>	<p>Language Information</p> <p>6. 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.</p>	<p>Ease of use</p> <p>Change to numbering</p> <p>Question numbers shift with changes</p> <p>Align with streamline RI, Call Center Legacy updates</p>
Application for Disaster Assistance Instructions	<p>No Section division</p> <p>8. 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.</p> <p>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.</p>	<p>Other Needs Information</p> <p>7. 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.</p> <p>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.</p>	<p>Ease of use</p> <p>Change to numbering</p> <p>Question numbers shift with changes</p> <p>Align with streamline RI, Call Center Legacy updates</p>

Application for Disaster Assistance Instructions	No Section division	Phone Numbers Representative: If the applicant uses a video relay service (VRS), captioned telephone (CTS), or other service, give FEMA the number for that service.	Ease of use Improved 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 numbering Question numbers shift with changes Align 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 numbering Question numbers shift with changes Align 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 “#”	Change to numbering Question numbers shift with changes Instructions for ease of use. Align with streamline RI, Call Center Legacy updates

		symbol, and do not enter a PO Box or general delivery address.	
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.	<p>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.</p> <p>If the applicant does not meet any of the ownership criteria, even if the applicant pays no rent, check Rent.</p>	<p>Change to numbering Question numbers shift with changes</p> <p>Spacing in sentence for ease of use Readability</p> <p>Align with streamline RI, Call Center Legacy updates</p>
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.	<p>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.</p>	<p>Change to numbering Question numbers shift with changes</p> <p>Instructions ease of use</p> <p>Align with streamline RI, Call Center Legacy updates</p>
Application for Disaster Assistance Instructions	No separate county/parish/municipality question before	<p>14. Enter the county/Parish/Municipality where the damage occurred.</p>	Align with streamline RI, Call Center Legacy updates
Application for Disaster Assistance Instructions	No Section Division or instruction to representative	<p>Losses</p> <p>Representative: Only record losses or needs of the applicant in the following section</p>	<p>Ease of use Instructions</p> <p>Align with streamline RI, Call Center Legacy updates</p>
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	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- Transportation or Funeral ONLY. Check Unknown if the applicant is unsure of the damage to the home.	<p>Align with streamline RI, Call Center Legacy updates</p> <p>Question 23 Primary Residence moved up to be incorporated with question 16.</p>

	<p>home</p> <p>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.</p>	<p>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).</p> <p>Check No if the affected home is a secondary residence or vacation home, or if the application Transportation or Funeral ONLY</p>	Remove Business only information
Application for Disaster Assistance Instructions	<p>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.</p>	<p>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.</p>	<p>Align with streamline RI, Call Center Legacy updates</p> <p>Remove Business only information</p>
Application for Disaster Assistance Instructions	<p>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</p>	<p>18. Check Yes if the applicant has essential utility needs.</p> <p>Check Yes if the applicant has been without essential utilities for 3 days or more.</p> <p>Check Yes if the utilities are out now (time of application)</p>	Align with streamline RI, Call Center Legacy updates
Application for Disaster Assistance Instructions	New Question	<p>19. Check Yes if the applicant has trouble accessing the home. (Example: Blocked Entry, or</p>	Align with streamline RI, Call Center Legacy updates

		damage to accessibility equipment like a ramp)	
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 numbering Question numbers shift with changes Align 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	Change to numbering Question numbers shift with changes Change in question format

		birth is needed for the deceased.	
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 numbering Question numbers shift with changes Improved 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 numbering Question 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 numbering Question 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.	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 numbering Question numbers shift with changes Additional options Align with streamline RI, Call Center Legacy updates

	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.		Plain language Remove 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 numbering Question numbers shift with changes Plain language Sentence 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	Align with streamline RI, Call Center Legacy updates

		<p>vehicles have disability related accessibility features (Example: Wheelchair lifts and ramps, pedal or seat belt extenders, hand control and steering devices, etc.)</p> <p>Were any of the damaged vehicles covered by comprehensive (full coverage) insurance?</p>	
Application for Disaster Assistance Instructions	<p>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.</p>	<p>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.</p>	<p>Change to numbering Question numbers shift with changes</p> <p>Align with streamline RI, Call Center Legacy updates</p>
Application for Disaster Assistance Instructions	<p>28. Check each emergency need (essential items for day-to-day existence). Emergency needs do not include stored food.</p>	<p>34. Check each emergency need (essential items for day-to-day existence). Emergency needs do not include stored food.</p>	<p>Change to numbering Question numbers shift with changes</p> <p>Align with streamline</p>

			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).	<p>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).</p> <p>Representative: If there are funeral expenses, include the deceased name, SSN, and date of birth.</p>	<p>Change to numbering Question numbers shift with changes</p> <p>Align with streamline RI, Call Center Legacy updates</p> <p>Improved instructions</p>
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.	<p>Change to numbering Question numbers shift with changes</p> <p>Align with streamline RI, Call Center Legacy updates</p>
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.	<p>Change to numbering Question numbers shift with changes</p> <p>Align with streamline RI, Call Center Legacy updates</p>
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	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	<p>Change to numbering Question numbers shift with changes</p> <p>Align with streamline RI, Call Center Legacy updates</p> <p>Improved instructions</p>

	assistance). If the applicant is "living off savings, family, or friends," enter the approximate amount they receive yearly.	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.	
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 numbering Question numbers shift with changes Align 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 numbering Question numbers shift with changes Align 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	Change to numbering Question numbers shift with changes Align with streamline RI, Call Center Legacy updates Improved instructions

		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.	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.	