







# Survivor Sheltering Assessment Tool v0.4



## v0.4 Testing for release to production

Date: XX-XX-XXXX

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## PAPERWORK BURDEN DISCLOSURE NOTICE FEMA Form 009-0-42

Public reporting burden for this data collection is estimated to average 10 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-NEW) NOTE: Do not send your completed form to this address.



# Sensitive Personally Identifiable Information Not Allowed (What is this?)

#### Intent

The purpose of this survey is to help FEMA understand how best it can support survivors as they transition out of temporary shelters. No information given will be used to determine eligibility for assistance. Eligibility for assistance will only be determined through the separate registration process. It is estimated that this survey will take 10 minutes to complete. Do you wish to continue?

Sheltering Assessment cannot be submitted until PRIVACY notice is accepted

## **PRIVACY Notice**

AUTHORITY: FEMA collects, uses, maintains, retrieves, and disseminates the records within this system under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), Pub. L. No. 93-288, as amended, 42 U.S.C. §§ 5121-5207; 6 U.S.C. §§ 776-77, 795; the Government

to recover disaster funds received erroneously, spent inappropriately, or through fraud as necessary and authorized by routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files Notice of System of Records, 78 Fed. Reg. 25,282 (Apr.30, 2013) and upon written request, by agreement or as required by law.

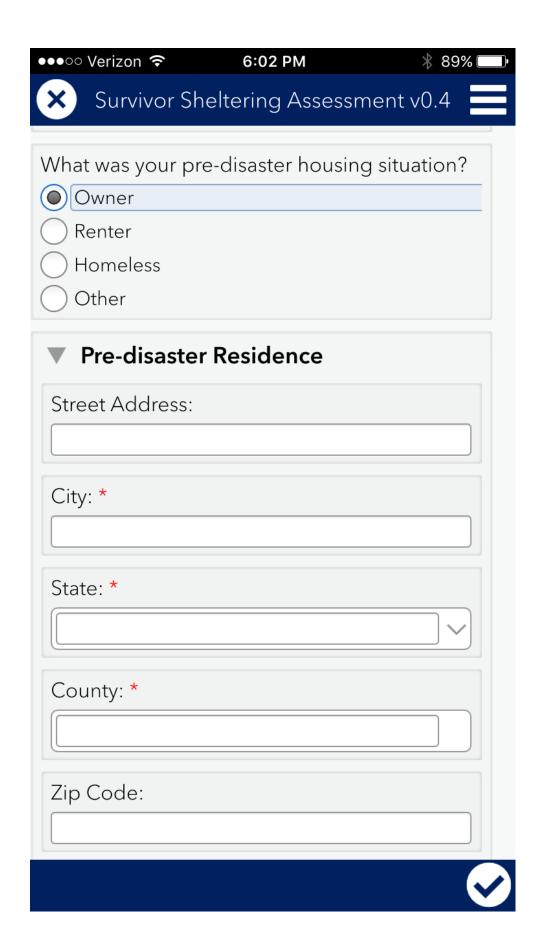
CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: The disclosure of information, on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

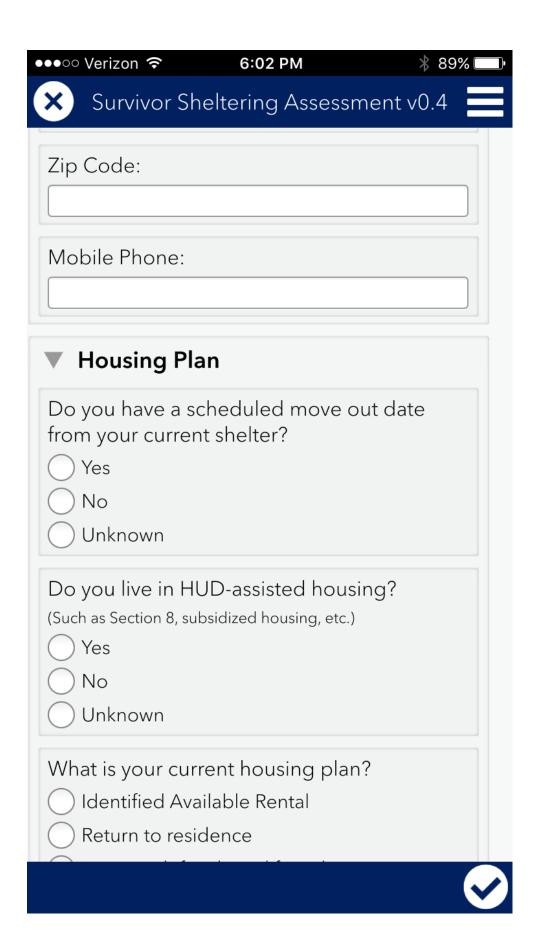
I accept the privacy statement *
Yes
A I Italia
Additional Notes
(Please DO NOT add any PII information)

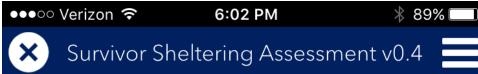
If appropriate, refer survivor to shelter services that may be beneficial to the survivor based upon information collected in this survey.



Survivor Sheltering Assessment v0.4  I accept the privacy statement *  Yes  Shelter Name: *  Have you registered for FEMA assistance? *  Yes  No  Registration Number: (Insert 9 digit Registration ID, if no ID then leave blank)  Last Name: *
Shelter Name: *  Have you registered for FEMA assistance? *  Yes  No  Registration Number: (Insert 9 digit Registration ID, if no ID then leave blank)
Shelter Name: *  Have you registered for FEMA assistance? *  Yes  No  Registration Number: (Insert 9 digit Registration ID, if no ID then leave blank)
Have you registered for FEMA assistance? *  Yes No  Registration Number: (Insert 9 digit Registration ID, if no ID then leave blank)
Have you registered for FEMA assistance? *  Yes No  Registration Number: (Insert 9 digit Registration ID, if no ID then leave blank)
Yes No  Registration Number: (Insert 9 digit Registration ID, if no ID then leave blank)
Yes No  Registration Number: (Insert 9 digit Registration ID, if no ID then leave blank)
Registration Number: (Insert 9 digit Registration ID, if no ID then leave blank)
Registration Number: (Insert 9 digit Registration ID, if no ID then leave blank)
(Insert 9 digit Registration ID, if no ID then leave blank)
(Insert 9 digit Registration ID, if no ID then leave blank)
Last Name: *
Last Name: *
Last Name: *
First Name: *
What was your pre-disaster housing situation?
Owner
Renter
Homeless

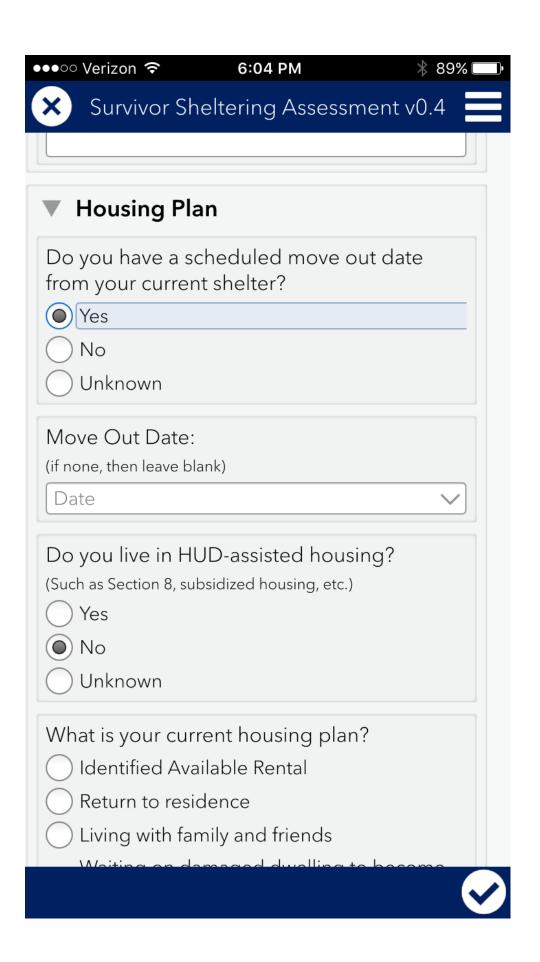


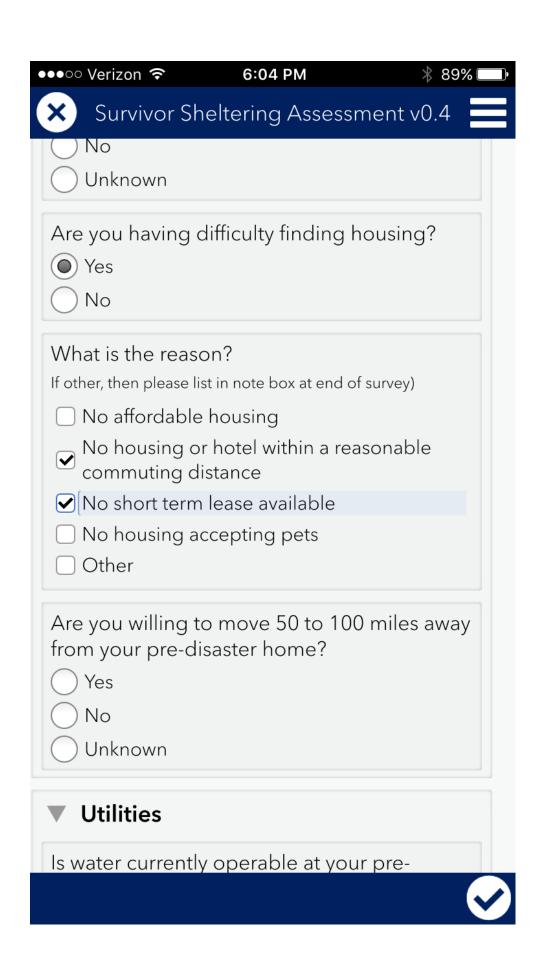




▼ Housing Plan
Do you have a scheduled move out date from your current shelter?  Yes  No  Unknown
Do you live in HUD-assisted housing? (Such as Section 8, subsidized housing, etc.)  Yes  No  Unknown
What is your current housing plan?
Return to residence
Living with family and friends
Waiting on damaged dwelling to become accessible
Is your home inaccessible?
Yes
No







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○ No
Unknown
Are you having difficulty finding housing?
Yes
No
What is the reason?
If other, then please list in note box at end of survey)
☐ No affordable housing
No housing or hotel within a reasonable commuting distance
☐ No short term lease available
✓ No housing accepting pets
Other
What type of pet(s) are you currently responsible for?
A :II:
Are you willing to move 50 to 100 miles away from your pre-disaster home?
Yes
○ No
Unknown

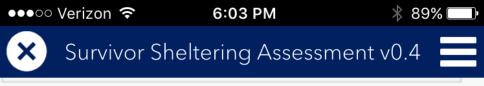
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Is your home ina	accessible?	
Yes		
○ No		
Unknown		
Are you having of Yes  No	difficulty finding	housing?
Are you willing to from your pre-d  Yes  No	to move 50 to 10 isaster home?	0 miles away
Unknown		
<b>▼</b> Utilities		
Is water currentl disaster home?	y operable at you	ur pre-
Yes		
No		
Unknown		
ls electricity curr	rently operable a	t vour pre-

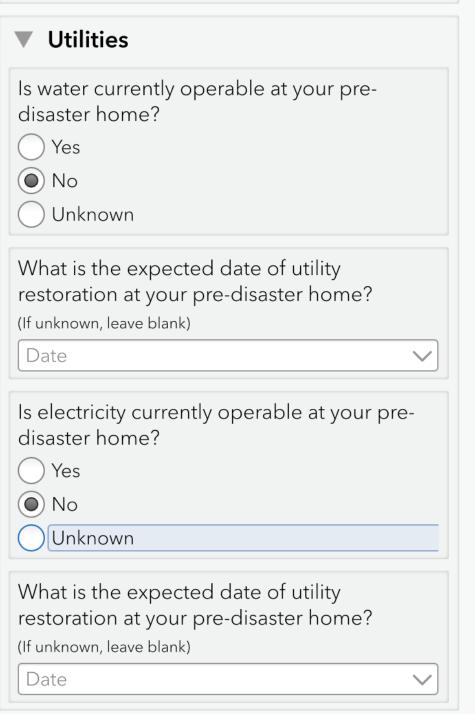
Survivor Sheltering Assessment v0.4
Unknown
What is your current housing plan?  Identified Available Rental  Return to residence  Living with family and friends  Waiting on damaged dwelling to become accessible
Is your home inaccessible?  Yes  No  Unknown
What is the cause of inaccessibility?  Flooding  Road Closures  Unknown
Are you having difficulty finding housing?  O Yes  No
What is the reason?

<b>5</b> 5u	rvivor Sheltering Assessment v0.4
<b>▼</b> Utili	ities
	currently operable at your pre-
	home?
Yes	
○ No	
Unki	nown
ls electr	ricity currently operable at your pre-
disaster	home?
O Yes	
O No	
O Unk	nown
▼ Oth	er Needs
-	need specialized medical
eamore	
equipm	DIG. SOUCOLL MODILITY SECOSCIDILITY OF IT YOU TOOK
(For exam	ple: Sensory, mobility, accessibility, etc. If yes, then in note box at end of survey)
(For exam	
(For examplease list	

Do you need funds to move household









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Do you need funds to move household belongings?
Yes
No
Unknown
Do you need voluntary agencies to assist with removing debris or mud out of your pre-disaster home?  (If homeless, select "No")  Yes
○ No
Unknown
How many adults are in your immediate family?
(Immediate family includes significant other, children and extended family who were in the household or homeless with the survivor prior to the disaster. If none, then leave blank)
How many children are in your immediate

How many children are in your immediate family?

(Immediate family includes significant other, children and extended family who were in the household or homeless



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How many children are in your immediate family?  (Immediate family includes significant other, children and extended family who were in the household or homeless with the survivor prior to the disaster. If none, then leave blank)	
Do you have transportation issues that prevent you from meeting with an inspector?  Yes  No  Unknown	
Do you consent to share information with other agencies that may be of assistance?  Yes  No	٢
Additional Notes (Please DO NOT add any PII information)	
If appropriate, refer survivor to shelter services that may be beneficial to the survivor	

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blank)	
Do you have transportation issues that prevent you from meeting with an inspector Yes  No Unknown	or?
What issues do you have with your primary transportation?	,
No transportation available	
<ul><li>Primary transportation requires repairs</li><li>Unreliable transportation</li></ul>	
Do you consent to share information with ot agencies that may be of assistance?  Yes  No	ther
Additional Notes (Please DO NOT add any PII information)	
If appropriate refer curviver to shelter	

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		portation issues neeting with an		
ager		share informatio be of assistance		
	itional Notes e DO NOT add any f	PII information)		
•	•	r survivor to she e beneficial to t		

based upon information collected in this

survey.

