# Appeal Processing

**Effective Date:** September 20, 2021

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***This can be referenced by all staff (JFO, DRC, DSA, Helpline)***

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I. OVERVIEW

This section describes information that every employee **must read before addressing an Appeal request**

**Purpose:**

- To ensure and guarantee the applicants the ability to request a review of a decision made by FEMA Individuals and Households Program (IHP). FEMA is required to provide applicants with a response to their appeal request within 90 days after the appeal is received.

**Who May Get Assistance?**

- Applicants who received a decision from FEMA and disagree with their decisions, which may include:
  - The amount or type of Housing Assistance (HA) and Other Needs Assistance (ONA) received;
  - FEMA decision to withdraw an application for FEMA disaster assistance;
  - The recovery of funds improperly awarded to the applicant;
  - The denial or a late application request for assistance;
  - The cancellation of an application due to a duplicate status;
  - The denial for Continued Rental Assistance; OR
  - Decisions related to Direct Housing.

**Documentation or Verification Needed:**

- The appeal letter MUST meet the following requirements:
  - Be in writing, typed or written;
  - Explain the reason for the appeal, i.e., additional Home Repair Assistance, denial for continued temporary housing, additional assistance with personal property (PP) items, etc.; AND
  - Be **signed** by hand or electronically, by the applicant, co-applicant, or third party authorized to appeal on their behalf.
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- For appeals by a third party, the applicant or co-applicant must also submit a signed statement authorizing the third party to appeal on their behalf or have a valid Written Consent on file for the third party with authorization to appeal, or represent the applicant at the time of inspection.

- If the appeal request is missing any of the above requirements, an Appeal Request Documentation (ADOC) letter must be generated and mailed requesting the missing information.
  - Signed estimates, bills, receipts, ledgers, contracts, etc. are NOT acceptable in lieu of an appeal letter.

- Although NOT required, FEMA suggests the applicant include individual identifiers when submitting their appeal request. For example, the registration number, last four digits of the social security number, or full name may help FEMA identify the file. The lack of an individual identifier is NOT a reason to deny the appeal request.

Other Items to Note:

- Appeal Process: Applicants who disagree with a FEMA eligibility decision may appeal the decision. FEMA reviews the applicant’s written appeal and documentation received from the applicant supporting the appeal. Upon review, FEMA either provides a written decision to the applicant or requests more information from the applicant. If FEMA upholds a decision on an appeal, FEMA’s decision is considered final and will generally NOT be reconsidered.

- Home Repair Assistance is NOT available to Landlords (LL) who DO NOT permanently reside in the damaged dwelling (DD). In addition, any available assistance is limited to the owner-occupied unit and NOT common areas.

- Applicants whose pre-disaster residence was a houseboat will NOT be required to obtain and maintain flood insurance for NFIP Insurable items, as these structures are Uninsurable under the NFIP.

- FEMA may provide financial assistance for components, such as:
  - Access and egress, including privately-owned roads, privately-owned bridges, and privately-owned dock; AND
  - Line items to restore a houseboat to a habitable state, NOT necessarily to return the houseboat to seaworthiness.
NOTE: For all disasters declared **AFTER** DR-4596-AL:
Eligible applicants are responsible to comply with conditions developed as a result of Environmental and Historic Preservation (EHP) compliance requirements and to obtain applicable Federal, state, local, territorial, and tribal (SLTT) permits prior to conducting work.

- FEMA DOES NOT accept multiple appeals for the same reason but may have to request additional information and conduct additional reviews as new information is received.

- Insured Applicants for DR-4563-AL and forward:
  - Applicants who stated they have applicable insurance coverage at the time of registration, will receive an **Insured – No Decision (INS)** letter.
    - Applicants accessing their online Disaster Assistance Center (DAC) account will view a “Not Approved” status.
  - These applicants will have 60 days from the date of the letter to provide their insurance documentation.
    - Applicants who DO NOT provide their insurance documentation within 60 days of the INS letter will automatically receive the **Ineligible Insured No Response (IINR)** letter. Once the applicant receives the IINR, they must include an appeal letter with any submission of insurance documents.
    - For this requirement, ACCESS the Communication screen and REVIEW whether the applicant has received the IINR letter.

- An applicant may appeal any HA or ONA determination by submitting an appeal letter with a verifiable estimate, bill, and or receipt within the following timeframes:
  - Initial eligibility determinations, except for INS and Has Flood Insurance (INSFI), must be appealed within 60 days from the date on the decision letter.
    - Applicants initially determined INS or INSFI have 12 months from the registration date to provide an insurance settlement or denial for review of RP and ONA assistance for the specific type of insurance, i.e. Homeowners, Flood, etc. For Temporary Housing, applicants will have the entire period of assistance (18 months) to submit their insurance documentation for review.
    - Upon receipt of insurance documents, PROCESS the assistance in FEMA Manual Determination.
If the applicant received an IINR letter, they must submit an appeal letter with their insurance documents.

The applicant will have 60 days from this second insurance eligibility determination to submit an appeal.

If an appeal request is submitted after the 60-day appeal period (unless submitted for IINR), the applicant will be asked to provide a verbal or written statement explaining the reason for the late appeal submission in addition to the appeal letter.

For disasters declared after DR-4605-WV, applicants may be eligible for Hazard Mitigation costs under IHP. These funds are intended for mitigation repairs like shingles designed to withstand winds of up to 116 mph, a heavier rubberized membrane to be applied before shingles, or a thicker sheathing material depending on the roof type; elevating a water heater or furnace; or relocating or elevating a main electrical panel.

The additional Hazard Mitigation funds will be automatically included in the appropriate line item amounts for Home Repair Assistance, except for furnace (awarded on appeal for actual furnace costs only) and are subject to the financial HA maximum.

Refer to Section C.5.a.ii.3, for additional information regarding processing appeals of a flood-damaged furnace, to include the additional Hazard Mitigation funds when appropriate.

The IA Training and Development Section has developed a guide that includes step-by-step instructions and reminders about navigating and using the tools in Web NEMIS. For additional information, refer to the Appeals – Reference Guide.

NOTE: Re-created letters due to a system error DO NOT extend the 60-day appeal period timeframe. REVIEW the date of the original decision to determine if an explanation of a potentially late appeal is required.
II. IMPORTANT INFORMATION

This section describes information that every employee must read before processing an Appeal.

Prior to Processing:

- For cases locked or under Program Management Section (PMS) or NCT review:
  - DO NOT process the Workpacket (WP) if the file contains indications of being Under Review and/or locked from further processing.
  - **SEND** an email for review to the HLP Helpdesk.
    - **INCLUDE** the following on the email:
      - **Subject Line:** DR #, Reg #, and a subject that includes 'Under Review'.
      - **Body:** A description of the request and list of processing actions pending.

- Prior to reviewing or discussing PP, **VERIFY** the ONA Option selection.
  - FEMA staff are authorized to process and discuss ONA in FEMA Option disasters.
  - In Joint Option disasters, only the state, territorial, or tribal government (STT) is authorized to process and discuss ONA eligibility; refer to Section III.E: Joint Option Disaster Information.
  - **Helpline Staff:** Refer to the [Helpline NPSC Caller Services Reference Guide](#) for additional information.

- For ONA questions in Joint Option disasters, provide the applicant the STT ONA Helpline number, which is listed on the NEMIS Disaster link.

Decision Sequence:
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- **Initial Decision:** The applicant is determined eligible or ineligible for Housing (HA) or ONA.

- **Appeal:** The applicant appeals the previous decision:

- **Final Decision:** No additional appeal requests are accepted after a final decision has been rendered.

**NOTE:** DO NOT process an appeal decision if you previously processed an Initial or Appeal decision for the same Category of assistance.

- **Individuals and Households Program (IHP) Maximum (system limit only):**
  - In an effort to minimize errors, the system will generate a popup if the total combined payment exceeds $100,000.
  - Total combined payments include (in any combination)
    - HA
    - ONA
    - Americans with Disabilities Act (ADA) related line items
  - Temporary housing and ADA related line items are NOT counted toward the financial HA and ONA maximums, so in rare instances an applicant’s total award may exceed $100,000.
    - If this happens, PLACE the case on Hold – Program Review.
    - EMAIL the IHP Helpdesk for assistance: fema-ihphelpdesk@fema.dhs.gov.

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- **INCLUDE** the following on the email:
  - **Subject Line:** DR #, Reg #, and a subject that includes ‘System Limit Exceeded’.
  - **Body:** A description of the request and list of processing actions pending.
    - The Program Management Section will have to authorize this payment.

- Pre-Disaster and Disaster-Caused ADA assistance reviews are only assigned to a limited group of SPU staff.
  - **DO NOT** process ADA RP/PP items unless specifically assigned.
  - If a workpacket (WP) with RP/PP ADA line items is identified outside of the FEMA Special Handling queue:

    - **When documents that meet the requirements listed in guidance are submitted, the following manual determinations and status codes will NOT require an appeal letter.**

    | Manual Determination Processing and Status Codes |
    |-----------------------------------------------|
    | ![Manual Determination Processing and Status Codes](image) |

    - **Table 1: Manual Determination Processing and Status Codes**

- If the applicant has been denied twice for the same reason (including the above codes), an appeal letter will be required.

**Disability and Communication Needs:**

- **Prior to processing,** REVIEW the **NEEDS TO DO** popup.
  - This popup will provide information on the applicant’s Disability and Communication Needs.
  - If the **NEEDS TO DO** link is **RED**:
- REVIEW the Disability and Communication Needs frame located on the Registrant Info screen for applicant's preferred communication.

- Refer to the Disability and Communication Needs SOP for guidance and procedures to accommodate communication needs and access and functional needs;

- If non-English speaking applicants require assistance, refer to the Language Line SOP;

- For assistance in performing outbound calls to applicants and third parties, refer to the Outbound Calls and Third Party Verification SOP for additional information.
III. PROCESS

A. Eligibility Verifications

Applicants must meet the eligibility criteria for each category of assistance in order to receive that assistance. Refer to the Processing Procedures Manual (PPM) for additional information.

B. Information Requests

1. If the applicant is missing essential documents to process the appeal decision, **GENERATE** one ADOC letter to request missing information, including an appeal letter. For additional information, refer to the Generate Customized Appeal Request Letters section of the Appeals - Reference Guide.

   a. If the information can NOT be obtained during the call or it will take longer than a day to supply:

   b. Once an applicant has been sent one ADOC request letter for the same reason and DOES NOT supply the necessary information, **PROCESS** the ineligible decision.

   a. Refer to Section D: Processing Ineligible Decisions for additional information.
3. Missing Verifiable Invoice(s)/Receipt(s);

   a. If the applicant is appealing for damages or losses that were present in the DD at the time of inspection, but NOT addressed in a previous inspection, no contractor or service technician’s estimate is required.

      i. The applicant MUST still have submitted a written and signed appeal letter.

      ii. REVIEW the previous inspection line item history, as well as the inspection comments to ensure that the item(s) appealed have not been previously addressed nor has the inspector commented on being NCD.

      iii. If the appealed item(s) has NOT been previously mentioned or addressed, REQUEST an appeal inspection. Refer to the Inspection Requests and Comparison SOP for additional information.

   b. If the previous inspection contradicts the applicant’s claim i.e., damage was NOT caused by the disaster, the item was NOT present in the DD;

   c. The applicant appeals for a higher quantity of the recorded line item; OR

   d. The inspection lists the item(s) as repairable and the applicant claims the item(s) was destroyed, or the applicant is requesting actual expenses for an approved item.

2. If the information CANNOT be obtained during the call verbally or it will take longer than a day to supply,
a. This includes requests for:

   i. Essential tools;

      1. Essential tools NOT recorded at the time of inspection, or occupational tools, even if they are recorded at the time of inspection.

   ii. Items that are recorded as Not Affected; AND

   iii. Replacement of items previously recorded as Repair.

b. If the required documents are missing with the appeal request:

5. For ONA Child Care Assistance;
C. Processing Eligible Assistance

1. Eligible Appeal Requests:

   a. If the applicant supplies an appeal that meets the requirements listed under Eligibility Verification; AND

   b. Meets the requirements listed for the category and type of appeal request:

      i. Items NOT previously identified during inspection, a request to increase the line item quantity, or degree of damage for rooms;

      ii. Increase from Repair, Clean and Inspect, or Unable to Test to Replace;

      iii. Paying Actual Costs – Wells, Furnaces, Septic Systems;

      iv. Rapid Damage Assessment (RDA);

      v. Ductwork;
vi. **Mold**;

vii. **Boats**;

viii. **Chimney**; OR

ix. Undeclared COD – Fire.

Refer to the Appendix for information on using the Eligibility Calculators.

**NOTE:** Some assistance categories have specific directions for processing Appeal assistance. **ACCESS** all available **Category**-specific information prior to processing.

2. Types of Appeal Requests: Item(s) NOT previously identified during inspection, a request to increase the line Item quantity, or degree of damage for rooms:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the appeal for an essential room or item that is eligible under FEMA’s assistance category, i.e., damage to essential bedroom, floor covering for a kitchen, etc.?</td>
<td>Yes/Unsure</td>
</tr>
<tr>
<td>2. Is there a contradiction between previous inspection information and the appeal request? i.e., the inspector specifically indicated the damage was NOT caused by the disaster; OR</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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The inspector identified the item(s) appealed by the applicant.

No/Unknown

3. Inspection Completed

FEMA Verified Loss (FVL) Increased
3. Personal Property (PP) Appeal Requests: PP Item(s) NOT previously identified during inspection, items recorded as Not Affected during inspection, or a higher degree of damage:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Is the appeal for an essential item eligible under FEMA’s assistance category, i.e., damage to essential appliance?</td>
</tr>
<tr>
<td></td>
<td>Yes/Unsure</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

Table 2: Types of Appeal Requests

FVL decreased or stayed the same
Change in verification requirements = Not Verified
2. Is there a contradiction between previous inspection information and the appeal request? I.e., the inspector specifically indicated the damage was NOT caused by the disaster; OR

The inspector identified the item(s) appealed by the applicant.

   Yes
   No/Unknown

3. The appeal includes estimates or receipts for an inspection recorded line item or room, at a higher degree of damage, i.e.:

   Repair X to Repair Y
   Repair Y to Replace Z

   No or call to the contractor unsuccessful
4. Inspection Completed

**FVL** increased

**FVL** decreased or stayed the same

Change in verification requirements = **Not Verified**
### 4. Processing from Repair to Replace

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the previous inspector record an associated line item with a degree of damage?</td>
<td>No</td>
</tr>
<tr>
<td>a. Repair</td>
<td>b. Clean and Repair</td>
</tr>
<tr>
<td>Refer to the <a href="#">Personal Property Assistance SOP</a> for approved line items.</td>
<td></td>
</tr>
<tr>
<td>2. Did the applicant submit a verifiable estimate or receipt?</td>
<td>Yes</td>
</tr>
<tr>
<td>3. <strong>CONFIRM</strong> if the requirement to repair or replacement is/was:</td>
<td>All Confirmed</td>
</tr>
<tr>
<td>a. Verified with an onsite inspection;</td>
<td></td>
</tr>
<tr>
<td>b. No longer functional as a direct result of the disaster;</td>
<td></td>
</tr>
<tr>
<td>c. Required and necessary for proper functioning equipment.</td>
<td></td>
</tr>
<tr>
<td>4. <strong>PROCESS</strong> the eligible award.</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** DO NOT use the [Eligibility Calculator](#) when processing [FEMA Review](#) or Actual Cost line items. It will result in an incorrect payment. Staff should calculate the assistance by inputting the...
appropriate numbers into their desktop calculator application available on all computers.

5. CALL the applicant and EXPLAIN the required
5. Paying Actual Costs – Wells, Furnaces, and Septic Systems

a. Applicants may appeal for the full cost of repair or replacement for the following:

**NOTE:** DO NOT use the Eligibility Calculator when processing FEMA Review or Actual Cost line items. It will result in an incorrect payment. Staff should calculate the assistance by inputting the appropriate numbers into their desktop calculator application available on all computers.

i. **Uninsurable Items:** Septic systems, wells, and well components.
   1. These items are eligible regardless of the cause of damage (COD) if the basic eligibility conditions are met for Home Repair Assistance.
   2. Applicants living within a Sanctioned Community (SC) or determined Non-Compliant with Flood Insurance Requirement (NCOMP) are eligible for Uninsurable items even when the COD is Flood if all other eligibility conditions are met.

ii. **Insurable Items:** Furnaces, heat pumps, boilers, and heating ventilation and air conditioner systems (HVAC)
   1. These items require an insurance comparison prior to determining eligibility. Refer to the Insurance Processing for HA and Personal Property SOP for additional information.
   2. Multiple heating sources (including multiple furnaces) are eligible if recorded during inspection as affected by the disaster and the contractor confirms associated costs.
   3. For disasters declared after DR-4605-WV with the COD Flood, if the applicant appeals for the actual cost of a flood-damaged furnace based on a receipt or estimate and a Service call line item is on file for the disaster damaged furnace:
      a. **ADD 4401 – Mitigation – Furnace, Elevate** to include with the furnace award.
b. Eligible expenses include, but are NOT limited to the estimated costs for:

   i. Unit;
   ii. Meeting current code requirements;
   iii. Required permits;
   iv. Labor;
   v. Removal;
   vi. Installation;
   vii. Disposal;
   viii. Ductwork to connect to other existing ducts; AND
   ix. Relevant Disaster Specific Amendments/addendums.

   **NOTE:** Air Conditioning (A/C) units that are NOT included in an HVAC are NOT eligible for actual costs.

c. Eligibility Requirements for items at actual cost:
Civil Action No. 5:21-cv-00071, 273_4/29

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a. If the submitted estimates/receipts DOES NOT specifically include this information, **CALL** the contractor to confirm the information and **ADD** a **Contact**.

2. Any of the **required line items** recorded by the FEMA inspector and associated to the Well.

   a. The applicant will be eligible for the actual cost of installing a new well.

3. Upon appeal, FEMA may pay the actual cost for drilling when a verified contractor’s estimate is on file.

e. If the applicant meets the requirements of the appeal request and the specific requirements for paying actual expenses, **PROCESS** the eligible **EHR/EHRZ** award:

   i. For additional information, refer to the Award a Line Item Based on Estimate/Receipt/Bill Substantiation Pay Actual Cost for a Line Item section of the **Appeals – Reference Guide**;

f. **Required deductions for prior awards**:

   i. **Wells and well components**.

      1. **DEDUCT** previous assistance paid for the repair or replacement of the Water Well components (See **Considerations for Well and Related Components**) present on the estimate/receipt. **DO NOT** deduct **Service Call** line items unless it is an exact duplication, i.e. the same **Service Call** line item is recorded in both inspections.

   ii. **Furnaces, heat pumps, boilers, and HVACS**:
7. If the applicant appeals for a water heater NOT previously recorded during inspection, REQUEST an appeal inspection. Refer to the Inspection Requests and Comparison SOP for additional information.

8. DO NOT deduct the ductwork recorded during inspection.

iii. Septic Systems

1. DEDUCT the assistance awarded from the previous inspections for the septic components. DO NOT deduct Service Call line items unless it is an exact duplication, i.e., the same Service Call line item is recorded in both inspections.

### 6. Rapid Damage Assessment (RDA) Appeals

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Was the applicant’s last inspection completed with RDA line items?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>2.</td>
<td>When the inspection returns:</td>
</tr>
</tbody>
</table>

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### 7. Ductwork Appeals

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the previous inspector record line item(s) 6453 Ductwork Clean &amp; Sanitize or 6454 Ductwork Replace?</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Is the ductwork in the appeal required to create a connection between a new furnace and an existing ductwork system?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td>2. What is the reason the ductwork is required?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Cleaning or replacement is required due to the disaster (one of the applicable CDS)</td>
</tr>
<tr>
<td></td>
<td>Replacement is NOT required due to the disaster (such as optional relocation, optional mitigation or it is usable)</td>
</tr>
<tr>
<td></td>
<td>RECORD the ductwork type and the number of LF as the contractor indicates.</td>
</tr>
<tr>
<td></td>
<td>END the call and</td>
</tr>
<tr>
<td>3. How many LF can be cleaned and how many ft. need to be replaced</td>
<td></td>
</tr>
</tbody>
</table>

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Table 5: Rapid Damage Assessment (RDA) Appeals
4. CALL the applicant and EXPLAIN the required information.

5. CALL the IHP Helpdesk

On average, ductwork is equal to one third (1/3) of the square footage (SF) of the home.

6. PROCESS the case.

Table 6: Ductwork Appeals
### 8. Mold Damage Appeals (For DR-4609-TN and forward)

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1. Is the appeal for disaster-caused mold growth in an essential room/area that is eligible under FEMA's assistance categories (i.e., damage to essential bedroom, floor covering for a kitchen, etc.)? | Yes/Unsure
| No |
| 2. Is there a contradiction between previous inspection information and the appeal request? i.e., the inspector specifically mentions the applicant stated mold damages, but the affected area has NO indication the damage was caused by the disaster; OR The inspector has already identified the mold growth affected room/area(s) appealed by the applicant. | Yes
| No/Unknown |
| 3. Inspection Completed | FVL Increased |

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### 9. Boat Appeals

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the previous inspector record line item [6600 Service Call – Boat]?</td>
<td>No</td>
</tr>
</tbody>
</table>

Table 7: Mold Damage Appeals

**FVIL** decreased or stayed the same

Assistance for the category was previously awarded
2. ADVISE the applicant to have the boat brought/towed to a dock or safe location for an inspector to enter and to submit an appeal request once the boat is safe to inspect.

<table>
<thead>
<tr>
<th>post_inspection_review</th>
<th>3. REVIEW and PROCESS the appeal inspection.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>D(7)(E)</td>
</tr>
<tr>
<td>Yes</td>
<td>D(7)(E)</td>
</tr>
<tr>
<td>Yes</td>
<td>D(7)(E)</td>
</tr>
<tr>
<td>Yes</td>
<td>D(7)(E)</td>
</tr>
</tbody>
</table>

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4. Did the applicant submit an appeal with a contractor’s estimate for costs to tow the boat to another location?

<table>
<thead>
<tr>
<th>Yes</th>
<th>6(k)(E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Table 8: Boat Appeals

10. Chimney Appeals

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the previous inspector record line item Chimney Clean &amp; Inspect (6862)</td>
<td>No</td>
</tr>
</tbody>
</table>
2. CALL the applicant and EXPLAIN the required information.

3. VERIFY with the contractor:
   a. The disaster caused the damage;
   b. The chimney(s) CANNOT be repaired;
   c. The length in LF of the area that needs to be repaired, removed, and replaced;
   d. If the applicant requires a metal liner and the chimney DOES NOT need to be replaced, the number of LF required;
   e. If the estimate includes flashing, if so, how much; AND
   f. Does the estimate include flashing or a chimney cap?

4. PROCESS the case for the assistance.

   ADD a Home Repair PND line with Appeal Asst Type.

   DO NOT use the Eligibility Calculator when processing FEMA Review or Actual Cost.

   Removing and replacing the chimney
   Repairing a portion of the chimney
   Metal chimney liner – chimney replacement NOT necessary
line items. It will result in an incorrect payment. Staff should calculate the assistance by inputting the appropriate numbers into their desktop calculator application available on all computers.

Table 97: Chimney Appeals

11. Appeal Request - Undeclared COD - Fire:

   a. Applicants may appeal when an undeclared COD of Fire is recorded by the inspector. They must submit a signed appeal letter and a copy of the Fire Department report indicating the fire was directly caused by the disaster.

      i. If the appeal letter or Fire Department report is missing, One call attempt is required.

      ii. If the Fire Department report confirms the fire was directly caused by the disaster, and the applicant has met all other eligibility verification requirements, **PROCESS** assistance as eligible.

      iii. If the Fire Department report DOES NOT confirm the fire was directly caused by the disaster, **PROCESS** as Appeal - Ineligible – Damage Not Caused by the Disaster (A-INDR) and **CALL** the applicant to explain the decision. One call attempt is required.

12. Items Recorded as Not Affected or Landlord Owned

   a. The applicant will initially be ineligible for assistance when the Degree of Damage for item(s) previously recorded is **Not Affected** or **Landlord Owned**.

      i. Supporting documents will be considered from applicants attempting to further justify or identify unmet needs.

      ii. A **Not Affected** degree of damage conveys:
1. The inspector reviewed the item(s) and determined disaster-caused damage DOES NOT exist.

2. The inspector did NOT see the items, and the surrounding evidence DOES NOT support the applicant’s claim of disaster-caused damage to the item(s).

3. The applicant stated undamaged PP were removed prior to inspection.

4. The applicant denies the inspector access to certain rooms in the dwelling.

   iii. Room damage will NOT be recorded if furnishings require minor cleaning that can be done by the applicant. Repairs are restricted to furniture that requires professional repair/cleaning techniques.

b. REQUEST an appeal inspection in cases where the documents received warrant the need for an additional onsite appeal inspection assessment. Refer to the Inspection Requests and Comparison SOP for additional information.

   i. The submission of verifiable documents includes, but is NOT limited to:

      1. Contractor’s estimates;

      2. LL statements;

      3. Appliance/furniture service center or repair technician receipts/statements; OR

      4. Declarative statements describing disaster-caused damage, a list of PP items damaged by the disaster, and if the item was removed prior to inspection, circumstances for the removal:

         a. Renters: When the LL removes the item(s) to perform clean-ups, debris removal, and/or repairs to the DD, a declarative statement from the LL can be accepted as verification of disaster-caused damage.

         b. Owners: A declarative statement should only be used if there are no other options to verify disaster-caused damages to personal property items.

   c. RECORD in the Inspection Request Comment special attention to specific item(s) or room type(s) the applicant has identified as having disaster-caused damage on appeal.
a. The applicant must submit documentation verifying the need for replacement of the item being requested.

b. The documentation submitted must be verifiable, meaning the document can be reviewed and authenticated by telephone.

c. Acceptable documentation for replacement requests will include:

   i. A verifiable estimate/receipt from a technician or service center with valid contact information.

d. Estimates/receipts must be accompanied by a statement from a technician or service center indicating disaster-caused damages have caused a requirement to replace the item(s).

   i. If all of the required information is available on the estimate or receipts (item inspected, damaged by disaster, etc.), a call to the contractor is NOT required.

e. Some situations can be resolved by performing a courtesy call to the contractor or service/repair technician.

   i. In any situation where the authenticity of the estimate/bill submitted is in question or additional information is needed to determine eligibility, CALL the service/repair technician. Otherwise, USE the submitted estimate/bill to determine eligibility.

   ii. If the full contact information for the service/repair technician is NOT available, it can be obtained by using the Yellow Pages, an Internet search provider, or by calling the applicant.

1. If the call attempt is SUCCESSFUL:

2. If the call attempt is UNSUCCESSFUL:
f. Example questions:
   i. Are repairs feasible?
   ii. Is the need for replacement because of damage caused by the disaster?

g. Once the need for replacement is confirmed, **PROCESS the Replacement line item amount**, regardless if any available receipts are less.

   i. The line item pricing **CANNOT** be exceeded.
   ii. **DEDUCT** the previous repair assistance. **DO NOT** deduct Service Call line items unless it is an exact duplication, i.e. the same Service Call line item is recorded in both inspections.
   iii. Refer to the **Appendix** for information on using the **Eligibility Calculators**.

14. Computer Line Item(s) 3021, 3640, and 3061

   a. When the only item in the appeal request is a **Personal Computer**, **Essential Computer**, or **ADA Computer** (line items 3061, 3021, or 3640) and the STT has **NOT** approved assistance for the item, **USE** the standard procedures for IOR - Ineligible Other Reason determinations.

      i. **USE** the following IOR Letter insert: **Ineligible - Unavailable Type of Assistance (IOR)**

      ii. Refer to the **Codes, Verifications, Request Letters, and Assistance Types SOP** for additional information.

15. Pre-Disaster ADA HA and/or PP Line Item Appeals Damaged by the Disaster (Worked by a limited group in SPU)

   a. If the applicant submits an appeal for standard HA/PP ADA line items **NOT** addressed in a previous inspection, **or for additional costs or expenses associated with the standard HA/PP ADA line items**, a review of the additional costs can be performed in observation of a medical verification requirement.

      i. Applicants may request assistance for the standard HA/PP ADA line item
by providing the following:

1. A written and signed statement from a medical provider verifying the applicant or household member required the item prior to the disaster; AND

2. An itemized bill, receipt, or estimate showing the repair or replacement cost of the item.

b. If the applicant's appeal is missing the medical verification requirement:

   c. PP ADA items:
      i. ADA-Accessible Bed;
      ii. ADA-Computer;
      iii. ADA-Accessible Raised Toilet Seat;
      iv. ADA-Accessible Refrigerator;
      v. ADA-Accessible Washer;
      vi. ADA-Shower Chair;
      vii. ADA-Visual/Vibrating Fire Signal;
      viii. ADA-Walker;
      ix. ADA-Wheel Chair; AND
      x. Advance TTY/TTY Telephone.

d. HA ADA items Pre-Disaster:
   i. ADA-Grab Bars; AND
   ii. ADA-Ramp;
   iii. Refer to Step 16.a.i for processing steps
16. ADA HA/Real Property Line Item Appeals Based on Disaster-Caused Injury or Disability (For DR-4609-TN and forward) (Worked by a limited group in SPU):

a. An applicant may submit an appeal for Disaster-Caused HA ADA line item(s) NOT addressed in a previous inspection, or for additional costs or expenses associated with the Disaster-Caused ADA line item(s).

i. Applicants MUST provide the following:

1. A signed Appeal letter;

2. A written and signed statement from a medical provider verifying the injury or illness was caused by the disaster; AND

   a. The medical or health care provider's contact information;

   b. Explanation that the injury or illness was caused by the disaster and limits one or more major life activity (i.e. seeing, walking, hearing, respiration, bending, etc.);

   c. The date of the disaster-caused injury or illness;

   d. The specific ADA RP item(s) required to address the household's access and functional need.

3. An itemized bill, receipt, or estimate for the Disaster-Caused ADA RP item(s) including installation or construction costs.

b. If the applicant's appeal is missing any of the verification requirements:

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2. Where will this item be located in/on the residence?

3. What are the measurements of the item(s) being installed?

4. What will be the cost of this installation?

d. Once the required documents have been verified,

1. Refer to Step 16.a.ii for additional processing steps.

17. Processing Steps for ALL ADA HA/Real Property/PP Line Item Appeals
(Worked by a limited group in SPU)

a. If the medical verification requirement has been met:

   i. To process Personal Property Assistance:
NOTE: DO NOT use the Eligibility Calculator when processing FEMA Review or Actual Cost line items. It will result in an incorrect payment. Staff should calculate the assistance by inputting the appropriate numbers into their desktop calculator application available on all computers.

ii. To process Home Repair Assistance (Pre-disaster and Disaster-Caused):
is an exact duplication, i.e. the same Service Call line item is recorded in both inspections.

c. Prior to processing, VERIFY if the FVL exceeds the financial HA or ONA maximum.

i. If the HA or ONA FVL DOES NOT exceed the financial HA or ONA maximum, the ADA and non-ADA items must be processed separately.

1. **PROCESS** all non-ADA items for payment first:

2. Once the processing of non-ADA line items has been completed:
ii. If the HA or ONA FVL DOES exceed the financial HA or ONA maximum:

1. **PROCESS** all non-ADA items for payment:

2. Once the processing of non-ADA line items has been completed:

   d. If an applicant has additional medically-required assistive devices NOT included in Section III.C.14.d-e above, they may request assistance to replace those items under the Medical and Dental Assistance category.

      i. There is no specified maximum amount for medical or dental category expenses other than the financial ONA maximum.

      ii. Refer to the Medical and Dental SOP for additional information.

**D. Processing Ineligible Decisions**
1. **USE** all standard ineligible decisions when processing appeal requests. Most letters will auto-generate once routed to **FEMA Ineligible** with the exception of letters with a requirement to select denial text insert.

   a. [Blank]

   b. [Blank]

   i. For example, if an applicant with IID and INI determinations only submits an insurance settlement or denial letter, **UPDATE** the insurance information in NEMIS, **MAKE** a new determination using the combo-wizard to address the insurance information received (such as A-INI) and the Home is Safe to Occupy (A-IID) determination under the same NEMIS Worksheet, and **ROUTE** to FEMA Ineligible.

2. Common appeal ineligible decisions, reasons for denial, and associated processing action:

   a. [Blank]

   b. [Blank]
3. For every type of ineligible decision:

4. For applicants who fail to meet basic criteria for eligibility and/or the appeal decision would remain the same regardless of any additionally supplied documents:

E. Joint Option Disaster Information (ONA Only)

1. If processing a Joint Option Disaster:

   a. ONA categories are only processed by the STT.
   
   b. FEMA staff is authorized to process HA categories.
2. If incoming mail generates a WP to a FEMA processing queue:
   a. **PROCESS** any outstanding issues within HA categories.
      i. If an additional WP is available in an STT queue such as State Manual Determination, State Appeal, or State Supervisor Review, NO further action for ONA is required.
      ii. If an additional WP is NOT available in an STT queue; AND
         1. There are no HA categories to address:
         2. There are HA categories to address:

**F. Exceptions**

**Exception Processing Sequences**

The chart below lists exceptions to the standard **Initial** to **Appeal** ineligible decision sequence. All other decisions follow the standard **Initial**, **Appeal**, to **Final decision**.

<table>
<thead>
<tr>
<th>Initial Decision</th>
<th>2nd Decision - Asst Type Initial/Reconsideration for PP If:</th>
<th>Appeal Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>HA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HA</td>
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<tr>
<td>PP</td>
<td></td>
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</tr>
<tr>
<td>PP</td>
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<td></td>
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</tbody>
</table>
Unique scenarios or circumstances NOT specifically identified within this Standard Operating Procedure (SOP) may arise.

1. If unable to determine eligibility using available SOPs, DSOPs or other posted information:
IV. EXAMPLES AND FAQs

Scenario 1: Damage to Secondary Home

An applicant was initially denied HA because her DD was identified as a secondary home at the time of registration. The applicant submitted an appeal letter two weeks after receiving her decision letter stating they required assistance to repair the home.

A review of the file confirms that this is a secondary home and used as a rental property.

Process:

| [Image] |

Result: Applicant processed with an AAFIN letter and WP routed to complete.

Scenario 2: Applicant submits the same documentation

An applicant was initially denied an appeal for additional HA because her damages were addressed in previous awards. The applicant submitted a different appeal letter with the same estimate that was already addressed as ineligible.

Process:

| [Image] |

Back to Top
Result: Applicant was mailed an ADOC to request additional information.

Scenario 3: RP Damages Not Addressed in Inspection Report

An applicant submitted an appeal letter 30 days after the date of the decision letter, appealing for more money to repair the damage to the plumbing and electrical systems of the DD.

1. A contractor’s estimate was included listing damage to plumbing and electrical items.

2. There were NO plumbing or electrical items recorded on the RP inspection.

3. There are no comments from the inspector indicating the plumbing or electrical items were NOT caused by the disaster or NOT functional prior to the disaster (NCD).

4. Since the inspection report DID NOT include the items and there were NO comments contradicting the damage, REQUEST an appeal inspection.

Process:
Scenario 4: RP Damages Identified as NCD in the Inspection Report

An applicant submitted an appeal 30 days after their decision for damage to plumbing and electrical items.

1. A contractor’s estimate was included listing damage to plumbing and electrical items.

2. There were NO plumbing or electrical items recorded on the RP inspection.

3. The inspector commented that the damage to the plumbing and electrical system was NOT caused by the disaster, NOT functioning prior to the disaster, or NCD.

4. Since the inspector indicated all areas identified in the appeal were NOT caused by the disaster, CALL the contractor (two call attempts) to verify the damage.

   a. VERIFY with contractor the:
Result: After confirmation that damage was caused by the disaster and NOT an upgrade, issued an appeal inspection to identify additional loss.

Scenario 5: Uninsurable RP Identified as NCD in the Inspection Report - Well

An applicant submitted an appeal within 60 days from the decision letter for a water well.
5. The contractor verified the damage costs and the inability to use public water service.

Process:

**NOTE:** DO NOT use the Eligibility Calculator when processing FEMA Review or Actual Cost line items. It will result in an incorrect payment. Staff should calculate the assistance by inputting the appropriate numbers into their desktop calculator application available on all computers.
Result: Confirmed damage with contractor, paid actual for well repair and DEDUCTED previous well related award.

Scenario 6: Verification Requirements Not Met

An applicant submitted an appeal for Home Repair Assistance within 60 days from the decision letter.

1. The inspector, documents on file, and NEMIS public records verification (Registration Status Code) DID NOT verify ownership.

2. The applicant DID NOT include any documents to support Ownership Verification.

3. An ADOC was NOT previously sent.

4. Since the applicant DID NOT submit ownership documents, GENERATE an ADOC requesting the missing information and Send letter to mail queue.

Process:
Scenario 7: Late Appeal without a Reason

An applicant submitted an appeal request for additional Home Repair Assistance funds more than 60 days from the decision letter.

1. A contractor's estimate was included.
2. There is NO explanation why the request is late (more than 60 days).
3. Since the applicant DID NOT include a reason for the late appeal in the appeal request or within a Comment/Contact, CALL the applicant to determine the reason.

Process:

Result: Missing supporting documents for appeal, generated ADOC, and ROUTE to Complete.
2. If the call is successful and a reason for the late appeal is given:

3. If contact with the applicant is unsuccessful:

**Result:** CALL the applicant to determine the reason for the late appeal. PROCESS if a reason is supplied and send an ADOC if unable to obtain a reason.
Scenario 8: Missing Appeal Letter

An applicant submitted a verifiable estimate from ABC Plumbers, which stated that the water heater in the DD required replacement within 60 days from the last decision.

1. The inspection included Water Heater, Repair.

2. The applicant DID NOT submit an appeal letter.

3. An ADOC with the Missing Appeal Letter insert was NOT previously mailed.

Process:

Result: Appeal request DID NOT include an appeal letter. GENERATE and MAIL an ADOC for the Missing Appeal Letter and CALL to EXPLAIN what is required on the letter.
Scenario 9: Appeal for Rental Assistance - Duplicate without Proof of Financial Responsibility

An applicant was initially denied initial Rental Assistance because another household member is the Head of Household (HOH) and received assistance for the entire household. The applicant submitted an appeal letter two weeks after receiving her decision letter stating she and the HOH had to separate after the disaster. A review of the file confirms the applicant has NOT submitted proof of pre-disaster financial responsibility for the damaged home.

Process:

Frequently Asked Questions:

1. What if an applicant with an IIDV decision sends in Identity Verification documents without an appeal letter?
2. What if the appeal DOES NOT include the applicant's signature?

3. When the applicant's appeal results in an eligible decision, does this give the applicant more time to appeal?

   a. Regardless of the language in the decision letter sent to the applicant, the applicant gets a new 60-day appeal deadline when, upon review of a previous decision:

      i. An ineligible decision becomes an eligible decision;

      ii. An eligible decision remains an eligible decision;

      iii. NO additional appeal time is granted for decisions when, upon review of a previous decision, the:

          1. Specific ineligible reason remains ineligible for the same reason.
4. If an applicant appeals beyond the 60-day timeframe and the staff chooses to send an ADOC for Additional information, should we process the response?

**NOTE:** Re-created letters due to a system error, DO NOT extend the 60-day appeal period timeframe. **REVIEW** the date of the original decision to determine if an explanation of a potentially late appeal is required.

5. **What are examples of circumstances to process appeals submitted after the 60-day deadline?**

Circumstances can include but are NOT limited to the following (supplied verbally or in writing):

**NOTE:** Although these examples are acceptable, this is NOT an inclusive list. If additional clarification is necessary during case review, **CALL** the IHP Helpdesk or **EMAIL** the appropriate Supervisor/POC for review and submission to the IHP Helpdesk for coordination.

6. **When there is an entry in the file referencing Congressional, what should I do?**
9. An applicant owns and lives in a condominium and is appealing for RP located on the exterior of his condominium. How do I process?

10. An applicant has missed two appointments with the inspector for an appeal inspection. They are requesting a third appointment. What inspection type should be used?

11. I have to send an ADOC. Other than creating the letter with the correct insert, what is required?
12. An applicant appeals for a PP item that was NOT listed on the inspection report or was listed as Not Affected. How do I process?

13. Shortly after a July disaster, an applicant appealed for their winter clothing that was destroyed. How is this processed?

14. An applicant's appeal includes a letter from their employer stating the applicant is responsible to pay for their uniforms and receipts for new uniforms. The inspection report DOES NOT include uniforms and the flood water level was 4 inches, is the applicant eligible?

15. How do I process an appeal for RP/PP when the applicant has some type of insurance?
ii. If a single line item on the inspection report is categorized as **Insured**:

iii. If the information is NOT in the file:

16. **How do I process an appeal for personal property when the applicant was previously determined ineligible because the personal property item was leased through a Lease-to-Own company, i.e. Rent-A-Center, Aaron’s, etc.?**

17. **A case was sent for an appeal inspection before the insurance documentation (settlement/denial) was added to the file. Once the inspection is returned, how is the case processed?**
18. How do I process an appeal for an item damaged by Tornado/Wind or Hail/Rain/Wind-Driven-Rain, e.g. roof; when the applicant has NOT submitted their HOI settlement or denial letter and the initial inspection only listed items damaged by flood?

19. If an applicant received an insurance settlement for damages that occurred prior to the disaster, but was unable to complete the repairs prior to the declared disaster; will they need to submit a new insurance settlement or denial letter?

20. What are the requirements when calling a third-party, e.g. contractor; to verify information?
21. Is the applicant required to submit estimates/receipts from a licensed contractor?

22. How do you remove a NFIRA requirement from a previous disaster when the applicant’s property has been remapped in a Flood Zone O?
23. How do you process an appeal to increase an RP line item (excluding furnace, well, or septic items) from repairable to replace?

Example:

a. Inspection included RP line item for water heater repair at $200.00.

b. Appeal submitted verifiable receipt for replacement of comparable water heater for $650.00 (maximum eligible amount).

i. Replacement line item is $700

1. Verification with the contractor that replacement is necessary, and damage is disaster-caused.

2. The applicant is eligible for a total of $650 for the water heater.
24. When an applicant submits an estimate/receipt for a furnace replacement and the unit includes an optional dehumidifier (which was also in the unit before the disaster), should the dehumidifier be paid as a part of the furnace or separated and paid under PP?

25. What are the processing procedures if there are changes in quantities of costly line item(s), e.g., furnace, water heater, boiler, etc.?

26. If an applicant is unable to meet with an inspector to complete an appeal inspection, e.g., missed inspection; what action should be taken by staff?
27. At the time of the appeal inspection, if an applicant advises the inspector they wish to withdraw the appeal, what action should be taken by the staff?

28. If an RP line item was paid for one COD after the initial inspection and a subsequent inspection returns with the same line item damaged by another COD; should it be paid again? Example: The initial inspection includes Pump Out (COD: SBU) and the subsequent inspection includes Pump Out (COD: Flood).

29. If an applicant submits multiple invoices for pump out, can they all be paid?

30. How do I process an appeal for a sump pump?
b. Sump pumps are processed under HA (eligible or ineligible).

i. If the applicant purchased a portable sump pump, **USE** the guidelines on the next page. **NOTE:** If you determine that the expense is eligible, **PROCESS** the amount on the receipt **NOT** to exceed the line item cost for Pump Out.

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<thead>
<tr>
<th>Reason Purchased</th>
<th>And HRR=</th>
<th>And Pump Out Line Item</th>
<th>Then</th>
</tr>
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<tbody>
<tr>
<td>Have on hand for future flooding</td>
<td>N/A</td>
<td>N/A</td>
<td>It is a mitigation item and denied under HA.</td>
</tr>
<tr>
<td>Pump water out of the home due to the disaster</td>
<td>Yes</td>
<td>Is Listed</td>
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<tr>
<td></td>
<td>Yes</td>
<td>Is NOT Listed</td>
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<tr>
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<td>No</td>
<td>N/A</td>
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</tbody>
</table>

Table 11: Paying for a Pump

31. **What letter should I send if I need additional information to process an appeal for Medical Assistance, Dental Assistance, Transportation Assistance, or Miscellaneous Other Items?**
32. Is a physician’s statement of medical need for a generator acceptable if it is dated outside the disaster incident period, e.g. a statement dated four years before the disaster?

33. If an estimate/receipt ONLY includes items NOT eligible under the IHP, e.g. swimming pool, shed, fence, etc.; is a verification call required?

34. If an applicant has already appealed once, can they appeal again?

35. Where should the applicant submit their appeal documentation?

a. Applicants may mail or fax their documents to FEMA. Additionally, they may upload their documents online through their Disaster Assistance Center (DAC) account. All documentation submitted to FEMA should include the applicant’s name, disaster number, registration number, and the last four digits of their social security number.

i. FEMA’s mailing address is:

FEMA – Individuals & Households Program
National Processing Service Center
P.O. Box 10055
Hyattsville, MD 20782-8055

ii. FEMA’s fax number is (800)827-8112. ADVISE the applicant to address their fax to: Attention: FEMA – Individuals & Households Program.
NOTE: All appeal requests must be submitted within 60 days of the date of the decision letter or include a reason why the appeal request was submitted late. This late request may be accepted verbally or in writing.
V. DEFINITIONS AND ACRONYMS

Definitions

**Appeal:** The method of applying for an official change to a previous determination through the submission of documents.

**FEMA Review:** Any review where FEMA has determined a previous decision was incorrect and sufficient information exists within NEMIS to change the decision or award amount. FEMA Review can also be used when Disaster Specific Operating Procedures exist.

**FEMA Verified Loss (FVL):** The total dollar amount of IHP eligible disaster-caused damage to real and personal property as verified by FEMA. The FVL represents the total potentially eligible damage. Due to insurance coverage, the financial Housing Assistance maximum, and other eligibility factors; an applicant may NOT ultimately receive assistance for their full FVL.

**Integrated Heating/Cooling System:** A combined system that includes heating and cooling components in one system, i.e., HVAC, boiler system with a water heater.

**Reconsideration:** A review of information and/or additional information that may identify an existing or continued unmet need.

**Signature:** A valid signature may be evidenced by any mark made by pen or pencil denoting the signer’s name or mark; a mark or name created and adopted through a software program such as Microsoft Word; adoption of an electronic signature that includes typing a name or mark at the end of an email; a digital image of a handwritten signature or mark; the click of an “I accept” button on an e-commerce site as his or her legal signature; or adoption of an electronic symbol, sound, or process that is attached to, or logically associated with, the document and executed by the applicant or his or her agent, with the intent to sign the document.

Acronyms

- **AAFIN** - Final Appeal Letter
- **ADOC** - Appeal Request Documentation Letter
- **ALE** - Additional Living Expenses
- **CBRS** - Coastal Barrier Resources System
- **COD** - Cause of Damage
Appeal Processing
Effective Date: September 20, 2021

CRA  Clean and Removal Assistance
CSA  Clean and Sanitize Assistance
DD  Damaged Dwelling
EHR  Eligible – Home Repairs
EHRZ  Eligible – Home Repairs, Flood Insurance Required
FIT  Failed Income Test
FMR  Fair Market Rent
FVL  FEMA Verified Loss
GFIP  Group Flood Insurance Policy
HIS  Housing Inspection Services
HRR  Habitability Repairs Required
IHP  Individuals and Households Program
IMI  Ineligible Missed Inspection
INCI  Ineligible No Contact Inspection
JFO  Joint Field Office
NFIRA  National Flood Insurance Reform Act
ONA  Other Needs Assistance
OPA  Otherwise Protected Area
POC  Point of Contact
RI  Registration Intake
RP  Real Property
SBA  Small Business Administration
SC  Sanctioned Community
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>SFHA</td>
<td>Special Flood Hazard Area</td>
</tr>
<tr>
<td>SPU</td>
<td>Specialized Processing Unit</td>
</tr>
<tr>
<td>STT</td>
<td>State, territorial, or tribal government</td>
</tr>
<tr>
<td>WP</td>
<td>Workpacket</td>
</tr>
<tr>
<td>WVO</td>
<td>Withdrawn – Applicant Withdrawed Voluntarily</td>
</tr>
</tbody>
</table>
VI. RELATED GUIDANCE

Please refer to the following:

- **Standard Operating Procedures**
  - Codes, Verifications, Request Letters, and Assistance Types
  - Disability and Communication Needs
  - FEMA-IHP-Helpdesk
  - Flood Zones and Other Protected Areas
  - Home Repair Assistance
  - Identity Verification
  - Inspection Requests and Comparison
  - Insurance Processing for HA and Personal Property
  - Medical and Dental
  - Occupancy Verification
  - Outbound Calls and Third Party Verifications
  - Ownership Verification
  - Personal Property Assistance
  - Rental Assistance
  - Written Consent and Sharing Applicants Information

- **Resources**
  - Appeals – Reference Guide
  - Congressional Inquiries
  - Helpline NPSC Caller Services Reference Guide
  - Line Item Descriptions June 2020
Appeal Processing
Effective Date: September 20, 2021

- Preshift Notes
- Processing Procedures Manual (PPM)
VII. APPENDIX: ELIGIBILITY CALCULATORS

Real Property (RP) Eligibility Calculator

**NOTE:** Staff are NOT required to use the RP Eligibility Calculator. However, if they decide to use it, staff **must** follow the below instructions to ensure proper awards are being provided. Staff may also refer to the Appeals – Reference Guide for additional information.

Before using the RP Eligibility Calculator, **USE** the Edit link on the Real Property Line Items frame to make any needed adjustments to each line item, e.g. decrease or zero-out the HA Quantity amount, adjust the Insured/Not Insured status, adjust the COD, etc.

1. Observed and HA Quantity Amount Matches (Same COD):

2. Observed Amount GREATER than the HA Quantity Amount (Same COD):
3. More than one COD Recorded (e.g. Wind changed to Flood):
When more than one COD is recorded between inspections, an adjustment will be required when using the **RP Eligibility Calculator**.
4. **ADA Items Included in Inspection:**

All ADA and non-ADA items must be processed separately. Prior to using the **RP Eligibility Calculator**, **ENSURE** that all ADA items have been unselected on **Real Property Line Items** frame.

**USE** the instructions below to deduct the ADA eligible amount on the **RP Eligibility Calculator**.

iii. **On the Eligibility Summary frame, CLICK Calculate.**
Personal Property (PP) Eligibility Calculator

**NOTE:** Staff are NOT required to use the PP Eligibility Calculator. However, if they decide to use it, staff **must** follow the below instructions to ensure proper awards are being provided. Staff may also refer to the Appeals – Reference Guide for additional information.

Before using the PP Eligibility Calculator, **USE** the Edit link on the Personal Property Line Items frame to make any need adjustments to each line item, e.g. decrease or zero-out the Quantity amount, adjust the Insured/NOT Insured status, adjust the COD, etc.

1. **Observed and Quantity Amount Matches (Same COD):**
2. Observed Amount GREATER Than Quantity Amount (Same COD):
3. More than one COD Recorded (e.g. Wind changed to Flood):

When more than one COD is recorded between inspections, an adjustment will be required when using the PP Eligibility Calculator.
4. ADA Items Included in Inspection:
All ADA and non-ADA items must be processed separately. USE the instructions below to deduct the ADA eligible amount on the PP Eligibility Calculator.

a. On the Personal Property Line Items frame, CLICK Eligibility Calculator.

iii. On the Eligibility Summary frame, CLICK Calculate;

2. For the second inspection:
I. Overview

Purpose

***This can be referenced by all staff (JFO, DRC, DSA, Helpline)***

II. Important Information

***ALL processing employees must read this section***

- Prior to Processing
- Additional Information

III. Process

A. Eligibility Verifications
B. Under Review and Risk Codes
C. Non-Registration (NONREG) Status
D. Processing Eligible Assistance
E. Exceptions

IV. Examples and FAQs

- Applicant with flood insurance and approval decision = EHRZ

V. Definitions and Acronyms

- Definitions
- Acronyms

VI. Related Guidance

- Links to Related Guidance
I. OVERVIEW

This section describes information that every employee **must** read **before** addressing Ownership Verification.

**Purpose:**

- This Standard Operating Procedure (SOP) will assist processors in correcting Approval Queue Errors. If you are not assigned to the Approval Queue then there is not a need to reference this document.
II. IMPORTANT INFORMATION

This section describes information that every employee must read before processing Approval Queue Errors.

STOP

Prior to Processing:

- **CHECK** that all verification requirements were met for the category of assistance approved.

- **IDENTIFY** the errors noted in processing that are causing a delay in the FEMA Approval queue and make necessary corrections to complete the approval.

Additional Information:

- An Approval Queue Error message may pop up when processing batches.

- An error message indicates that an individual case CANNOT be approved as part of the batch.

- The popup will provide the reason for the error and action required for assistance to be approved.

- The sections below describe how to correct Approval Queue Errors so an award can be approved for payment.

**NOTE:** If an award amount is rejected, the case will be sent to FEMA Approval - Failed Batch Approvals.
III. PROCESS

A. Eligibility Verifications

If an approval decision was made without the necessary verification requirements listed below, the case will be rejected for payment and will need an approval queue error review:

1. Identity is verified (IDV_PASS). Refer to the Identity Verification SOP for additional information.

2. Eligible assistance is NOT fully covered by insurance. VERIFY one of the following is available within the file:
   a. NO insurance for the Cause of Damage (COD);
   b. A statement from the applicant that insurance DOES NOT exist for the category or COD;
   c. An insurance settlement indicating the assistance was NOT fully covered by insurance;
   d. An insurance denial letter; OR
   e. A Contact recording a successful courtesy call with the insurance provider to confirm insurance coverages.
      i. If a Contact is NOT in the file, ENTER a Comment for the Caseworker to complete the verification call to the insurance provider and Return to Sender.
   f. Refer to the Insurance Processing for HA and Personal Property SOP for specific insurance requirements, including how to remove an insurance type from the file.

3. Other applicable requirements for the category of assistance.
   a. Refer to the applicable SOP for specific verification requirements.

B. Under Review and Risk Codes

When performing an approval queue error review, staff must review the file to ensure there are NO High Risk or Low Risk codes, or that the case is not flagged as Under Review:

1. REVIEW the Current Mailing Address (CMA) on the Registrant Info screen.
   a. If the CMA says Under Review:
      i. EMAIL the IHP Helpdesk. The email must include:
1. **Subject Line:** Remove Under Review.

2. **Body:**
   a. Disaster number;
   b. Registration ID number; AND
   c. Applicants name.

   ii. **PLACE** the case on **Hold – IHP AG Review**.

2. **REVIEW** the **Registration Status** screen for High Risk and Low Risk codes.
   a. If one of the following High Risk codes; OR

   b. If two of the following Low Risk codes are present:

   c. **REVIEW** the **Info Control** screen to see if **Risk Status Cleared** is set as **Verified**.

   d. **REVIEW** the **Communication** screen or **Event History** for a **Comment** that says **PMS REVIEW = OK TO PROCESS**.

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ii. If the Comment is NOT in the file; EMAIL the IHP Helpdesk. The email must include:

iii. ENTER a Comment.

iv. PLACE the case on Hold – Program Review.

C. Non-Registration (NONREG) Status

A NONREG status occurs when an applicant registers for assistance after the filing deadline, the County/Parish/Municipality is NOT designated, the date of loss is outside the incident period, or the disaster-damaged residence address is a secondary residence.

2. If the Loss Date or Applied Date are NOT within the acceptable time periods, the county is NOT designated, the Primary status is set as No (Secondary); or the COD’s are NOT designated:
D. Processing Eligible Assistance

In the FEMA Approval - Failed Batch Approvals queue, an error message indicates that an individual case CANNOT be approved as part of the batch. The popup message will provide the reason for the error and the action required for the assistance to be approved.

1. Error indicates information or verification update:

   NOTE: The Specialized Processing Unit (SPU) is NOT responsible to make all processing corrections and may route the case back to the applicable processing queue to be corrected and routed back for approval.

2. WP flagged as Duplicate - Stop Processing Review Complete:
3. Requires Fulsome Letter: **IOR - Ineligible Other Reason** custom text has NOT been added:

4. Requires Fulsome Letter: **INI - Ineligible Insurance, INFI - Has Flood Insurance, and INO - Ineligible Other** decisions require a fulsome text selection:
5. **Assistance Type**: **Appeal** included in the WP with other **Assistance Types**, e.g. Initial, Reconsideration, or **FEMA Review**.
6. Over the financial Housing Assistance (HA) maximum or financial Other Needs Assistance (ONA) maximum:

   a. If the combination of working and approved funds for HA assistance categories is over the financial HA maximum, the payment will be rejected during Approval.
      i. Temporary Housing Assistance and ADA related line items are NOT counted toward the financial HA maximum.

   b. If the combination of working and approved funds for ONA assistance categories is over the financial ONA maximum, the payment will be rejected during Approval.
      i. ADA related line items are NOT counted toward the financial ONA maximum.

   c. To correct this type of error for any eligibility type:

   d. If the eligibility is related to flood damages and payment of Group Flood Insurance Policy (GFIP), REVIEW for the following errors:

7. Assistance routed to FEMA Approval NON-DRM with an Unverified Requirements description:
b. To correct this type of error:

8. Flood Insurance box NOT checked:

b. To correct this type of error:
9. Assistance routed with a pending (PND) eligibility code or ONA assistance category marked for deletion attached to the WP:

10. Insured items paid without entering an insurance settlement or denial letter description:
11. Lodging Expense Reimbursement (LER) over $120 per day:

12. Recoupment status – NPDL or NOD letter mailed:

   a. If the case has an active recoupment (NPDL letter mailed) for the approved assistance category, the payment will be rejected during the Approval process:
b. To correct this type of error:
14. Housing Operations Management Enterprise System (HOMES) P4 status:
15. Approved status = NO:

16. Current user made a previous eligibility decision:

17. ERFD status without THU lease in file:
18. Ineligible decision with award amount:

19. Withdrawn (WVO or WVOA) with award amount:
E. Exceptions

There may be unique scenarios NOT specifically identified within this SOP that may require additional assistance.

1. If unable to determine eligibility using available SOPs, DSOPs, or other posted information:
IV. EXAMPLES AND FAQs

Scenario 1: Applicant with flood insurance and Approval Decision = EHRZ

1. The applicant already has a flood insurance policy and is approved for Home Repair Assistance in flood zone A, V, or W. FEMA is unable to purchase a GFIP certificate on the applicant’s behalf since they already have an active flood insurance policy, therefore the Caseworker did NOT select the Flood Insurance box before routing the WP to FEMA Approval NON-DRM. This caused the payment to be rejected during the Approval process.
V. DEFINITIONS AND ACRONYMS

Definitions

Financial Housing Assistance Maximum: Financial assistance for Home Repair and Replacement Assistance for owner-occupied homes is limited to a maximum award amount, adjusted each fiscal year based on the Department of Labor Consumer Price Index for All Urban Consumers (CPI).

Financial Other Needs Assistance Maximum: Financial assistance for Other Needs Assistance Personal Property, Transportation, Moving and Storage, Medical and Dental, Funeral, Child Care, and Miscellaneous Items is limited to a maximum award amount, adjusted each fiscal year based on the Department of Labor CPI.

Flood Zone A: Areas subject to inundation by the one percent annual chance flood event generally determined using approximate methodologies. Because detailed hydraulic analyses have NOT been performed, no Base Flood Elevations (BFEs) or flood depths are shown. Mandatory flood insurance purchase requirements and floodplain management standards apply.

Flood Zone V: Areas along coasts subject to inundation by the one percent annual chance flood event with additional hazards associated with storm-induced waves. Because detailed hydraulic analyses have NOT been performed, no Base Flood Elevations (BFEs) or flood depths are shown. Mandatory flood insurance purchase requirements and floodplain management standards apply.

Flood Zone W: FLD ZN code “W” identifies damaged dwellings located in a regulatory floodway, zone AE as shown on the Flood Insurance Rate Maps (FIRM) and Digital Flood Insurance Rate Maps (DFIRM). A “Regulatory Floodway” means the channel of a river or other watercourse and the adjacent land areas that must be reserved in order to discharge the base flood without cumulatively increasing the water surface elevation more than a designated height. Mandatory flood insurance purchase requirements and floodplain management standards apply.

Acronyms

BFE Base Flood Elevation
DOB Duplication of Benefits
DSOP Disaster-Specific Operating Procedures
EHRZ Eligible Home Repair, Flood Insurance Required
ENCOMP Eligible One Month Non-Compliance
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>EPPZ</td>
<td>Eligible Personal Property, Flood Insurance Required</td>
</tr>
<tr>
<td>ER</td>
<td>Eligible Rental Assistance</td>
</tr>
<tr>
<td>ERCT</td>
<td>Eligible Recertification</td>
</tr>
<tr>
<td>ERFD</td>
<td>Eligible Readily Fabricated Dwelling</td>
</tr>
<tr>
<td>ERIA</td>
<td>Eligible Inaccessible</td>
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<tr>
<td>ERPLZ</td>
<td>Eligible Replacement Housing Flood Insurance Required</td>
</tr>
<tr>
<td>ERU</td>
<td>Eligible Utilities Out</td>
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<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<tr>
<td>GFIP</td>
<td>Group Flood Insurance Policy</td>
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<tr>
<td>HA</td>
<td>Housing Assistance</td>
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<td>HOMES</td>
<td>Housing Operations Management Enterprise System</td>
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<tr>
<td>HRR</td>
<td>Habitability Repairs Required</td>
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<tr>
<td>IHP</td>
<td>Individuals and Households Program</td>
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<tr>
<td>INI</td>
<td>Ineligible Insurance</td>
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<tr>
<td>INO</td>
<td>Ineligible Other</td>
</tr>
<tr>
<td>IOR</td>
<td>Ineligible Other Reason</td>
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<tr>
<td>LER</td>
<td>Lodging Expenses Reimbursement</td>
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<tr>
<td>NEMIS</td>
<td>National Emergency Management Information System</td>
</tr>
<tr>
<td>ONA</td>
<td>Other Needs Assistance</td>
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<tr>
<td>RA</td>
<td>Rental Assistance</td>
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<tr>
<td>SBA</td>
<td>Small Business Administration</td>
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<tr>
<td>SOP</td>
<td>Standard Operating Procedure</td>
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<td>THU</td>
<td>Temporary Housing Unit</td>
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<td>WP</td>
<td>Workpacket</td>
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Approval Queue Errors
Effective Date: June 25, 2021
VI. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures
  - Codes, Verifications, Request Letters, and Assistance Types
  - Continued Temporary Housing Assistance
  - GFIP Eligibility
  - Identity Verification
  - Insurance Processing for HA and Personal Property
  - Lodging Expense Reimbursement
# Medical and Dental

**Effective Date:** August 27, 2021

## I. Overview
- Purpose of Assistance
- Who May Get Assistance?
- What are Eligible Expenses?
- Documentation or Verification Needed
- Other Items to Note

***This can be referenced by all staff (JFO, DRC, DSA, Helpline)***

## II. Important Information

***ALL processing employees must read this section***

- Prior to Processing
  - Eligibility Verifications
  - Information Requests
  - Processing Eligible Assistance
  - Processing Ineligible Decisions
  - Joint Option Disaster Information (ONA Only)
  - Appeals
  - Exceptions

## III. Process
- Example of net insurance settlement entry
- Dental bill with co-payment
- Multiple medical bills from doctor and hospital
- Prescription loss with itemized bill
- Prescription loss with provider verification
- Deductible and co-payment
- Service animal loss

## IV. Examples and FAQs
- Definitions
- Acronyms

## Links to Related Guidance

- Links to Related Guidance

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I. OVERVIEW

This section describes information that every employee must read before addressing Medical/Dental Assistance.

Purpose of Assistance:

- To provide assistance for disaster-caused medical and dental expenses.

Who May Get Assistance?

- Individuals and households who sustained disaster-caused medical/dental injury, illness, or losses and:
  - Have no medical or dental insurance;
  - Are under-insured; OR
  - Received no assistance or only partial assistance from any other source.

What are Eligible Expenses?

- Eligible expenses include disaster-caused medical and dental expenses which meet the Individuals and Households Program (IHP) $50 minimum requirement and are associated with:
  - Disaster-caused injury or illness;
  - Pre-existing injury, disability, or medical condition aggravated by the disaster;
  - Loss of prescribed medication;
  - Loss or damage to medical/dental equipment or medically-required modified vehicle; AND
  - Medical or dental insurance deductible charges and co-payments (co-pay).
  - Service Animals:
    - Veterinary expenses for disaster-caused injuries for service animals;
    - Replacement and/or training costs for service animals; AND

NOTE: Financial assistance may be awarded for disaster-caused losses and needs for medical/dental items or services, including prescriptions.
Lost or damaged equipment that enables the service animal to fulfill its function, e.g., specialized leash, harness, or vest.

Documentation or Verification Needed:

- Identity Verified;
- An insurance settlement document, insurance denial letter, or a written and signed statement from the applicant indicating they DO NOT have Medical/Dental insurance;
- Disaster-caused damage/loss verification; AND
- Proof of expense, e.g., receipts, estimates, etc.

Other Items to Note:

- There is no specified maximum amount for medical or dental expenses other than the Financial Other Needs Assistance (ONA) Maximum.
- Medical and dental expenses are NOT U.S. Small Business Administration (SBA) dependent, and an SBA denial is NOT required prior to reviewing for assistance.
- Medically-required assistive devices, e.g., prosthetic limbs or hearing aids that are NOT identified as standard line items are processed under the Medical and Dental Assistance category.
  - An eligible award for any medically-required item is processed at actual cost but cannot exceed the Financial ONA Maximum.
  - For a full list of Americans with Disabilities Act (ADA) Real Property (RP) and Personal Property (PP) line items, refer to the Appeal Processing SOP.
- For DR-4609-TN and forward, an applicant may request assistance for a needed RP ADA-related items that are needed as a result of a disaster-caused injury or illness.
  - Eligible disaster-caused accessibility-related items are:
    - Grab bars;
    - Exterior ramp; AND
    - Paved path of travel to the primary residential entrance (for accessible entry and exit from the applicant's vehicle to their dwelling).
For applicants requesting assistance for ADA RP line items needed as a result of a disaster-caused injury or illness, see III.B.2.

The Training and Development Section has developed a guide that includes step-by-step instructions and reminders about navigating and using the tools in Web NEMIS. For additional information, refer to the Web NEMIS Initial Assistance Reference Guide.
II. IMPORTANT INFORMATION

This section describes information that every employee must read before processing Medical/Dental Assistance.

Prior to Processing:

- For cases locked or under Program Management Section (PMS) or NCT review:
  - DO NOT process the WP if the file contains indications of being Under Review and/or locked from further processing.
  - SEND an email for review to the IHP Helpdesk.

- Prior to reviewing or discussing medical and dental assistance, VERIFY the ONA Option selection.
  - FEMA staff is authorized to process and discuss ONA in FEMA Option disasters.
  - In Joint Option disasters, only the state, territorial, or tribal government (STT) is authorized to process and discuss ONA eligibility; refer to Section III.E: Joint Option Disaster Information.
  - Helpline Staff: Refer to the Helpline NPSC Caller Services Reference Guide for additional information.

- For ONA questions in Joint Option disasters, PROVIDE the applicant the STT ONA Helpline number, which is listed on the Web NEMIS Disaster Info (F8) link.

- Generators purchased after the disaster event due to a medical condition are processed under the Misc/Other category. Refer to the Generator SOP for additional information.
The Health Insurance Portability and Accountability Act of 1996 (HIPAA):

- Protects the confidentiality of a person's medical information;
- Establishes safeguards to protect the privacy of health information; AND
- Sets boundaries on the use and release of health records.

- In FEMA Option disasters, ADVISE the applicant of any outstanding verification requirements due to privacy or disclosure limitations when a courtesy call to a medical/dental provider is unsuccessful.

Sequence of Delivery

- ONA
  - Funeral Assistance, if there is a pending funeral review;
  - DO NOT hold/deduct funds when processing ADA item awards.
  - DO NOT delay processing other eligible funds to await a funeral decision.
- PP Assistance; AND
- All other categories, if funds are available under their respective maximum amount of assistance.

- Refer to the Financial HA and ONA Minimum and Maximum SOP for the full HA/ONA Sequence of Delivery.

Individuals and Households Program (IHP) Maximum (system limit only):

- In an effort to minimize errors, the system will generate a popup if the total combined payment exceeds $100,000.
- Total combined payments include (in any combination)
  - Housing Assistance (HA)
- ONA
- ADA related line items

Temporary housing and ADA related line items are NOT counted toward the financial HA and ONA maximums, so in rare instances an applicant’s total award may exceed $100,000.

- If this happens, PLACE the case on Hold – Program Review.

- The Program Management Section will have to authorize this payment.

- ADA assistance reviews are only assigned to a limited group of Specialized Processing Unit (SPU) staff.

  - DO NOT process ADA RP items unless specifically assigned.

  - If a WP with RP ADA line items is identified outside of the FEMA Special Handling queue:
III. PROCESS

A. Eligibility Verifications

To be eligible for Medical or Dental Assistance, an applicant must meet the following criteria:

1. Identity is verified (IDV_PASS) and ID Proofing is also verified (IDProof_Pass_LN) if an inspection has NOT been completed. Refer to the Identity Verification SOP for additional information.

2. The eligible loss, damage, or injury expense is NOT fully covered by insurance or any other source.

3. Conditions of eligibility: In addition to the verification items listed above, the applicant is required to meet additional conditions of eligibility with documents indicating the expense was caused by the disaster, that it is medically required, and the amount of the expense.

   a. For injury or illness, the two types of required documents include:

      i. Verification of treatment cost:

         1. Itemized bills, receipts, or estimates from the medical/dental provider or pharmacy.

      ii. A written and signed statement from a medical/dental provider that includes:

         1. The provider’s name, address, and telephone number;

            a. If the full contact information is NOT available, VERIFY the information by searching the yellow pages or Internet for the provider or by calling the applicant.

         2. The date of injury;

         3. List of disaster-caused medical/dental expenses, to include prescription medication, if any; AND

         4. Verification that the injury occurred as a direct result of the disaster.
NOTE: If the injury or illness requires long-term or ongoing treatment, additional required documents include:

- A medical/dental provider statement explaining the need and duration of medical care.

b. For loss of prescribed medication, the three types of required documents include:

i. Verification of prescription cost:
   1. Itemized bills, receipts, or estimates from the pharmacy showing the replacement cost of the prescribed medication.

ii. Verification of loss:
   1. With a FEMA inspection; OR
   2. A written and signed applicant statement:
      a. Includes the date of loss of the prescribed medication, AND
      b. An explanation of disaster-caused loss of the prescribed medication.

iii. Verification the prescription is medically required.
   1. A written and signed statement from medical/dental provider.
      a. Includes the prescribing provider’s name, address, and telephone number, AND
         i. If the full contact information is NOT available, VERIFY the information by searching the yellow pages or Internet for the provider or by calling the applicant.
         b. Verification that the applicant or a household member required the prescribed medication prior to the disaster.

c. For loss or damage of personal medical/dental equipment (e.g., cane, hearing aid, glasses, dentures, etc.) or medically-required modified vehicle; the three types of required documents include:

i. Verification of repair/replacement cost:
   1. Itemized bills, receipts, or estimates showing repair/replacement cost of the personal medical/dental equipment or medically-required modified vehicle.
a. If multiple items, e.g., glasses, are purchased as part of a deal, the lowest priced pair will be reimbursed.

2. Includes the name, address, and telephone number of service provider.
   
a. If the full contact information is NOT available, VERIFY the information by searching the yellow pages or Internet for the provider or by calling the applicant.

ii. Verification of loss/damage:
   
1. With a FEMA inspection, OR

2. Written and signed applicant statement.
   
a. Includes the date of loss of the medical/dental equipment or medically-required modified vehicle, AND

b. An explanation that the loss/damage of personal medical/dental equipment or medically-required modified vehicle occurred as a result of the disaster.

iii. Verification that the equipment is medically required:
   
1. Written and signed medical/dental provider statement that includes:
   
a. The provider’s name, address, and telephone number, AND
   
   i. If the full contact information is NOT available, VERIFY the information by searching the yellow pages or Internet for the provider or by calling the applicant.

b. Explanation that the applicant or a household member required the personal medical/dental equipment, or medically-required modified vehicle prior to the disaster, unless the equipment is needed as a result of a disaster-caused injury.

NOTE: An applicant may request assistance for medically-required vehicle modifications under the Medical and Dental Assistance, if the damaged vehicle included those modifications that exceed the Transportation Assistance maximum for repair or replacement amount.

Refer to the Transportation and Second Vehicle Requests SOP for additional information.
d. Required documentation verifying the loss or injury of a service animal includes all the following:

i. A written and signed statement by the applicant, medical provider, or veterinary provider verifying the service animal’s loss or injury was caused by the disaster.

ii. A written and signed statement from a medical provider verifying the applicant or household member required the service animal for a disability prior to the disaster.

iii. A statement from the applicant, medical provider, or other representative explaining the type of task or work performed by the service animal.

iv. Itemized bills, receipts, or estimates showing expenses related to the service animal’s loss or injury.

4. Insurance Statement and Document Verification: Table 1 identifies documentation required for medical/dental expenses with or without the existence of an insurance policy.

Table 1: Insurance document and statement verification chart

a. If the applicant DOES NOT have insurance:
ii. A written statement indicating insurance coverage DOES NOT exist is needed.

b. If medical or dental insurance is recorded during RI and the applicant verbally requests an insurance type be removed (having no insurance policy for the loss/expense):

   i. A written and signed statement from the applicant indicating they DO NOT have insurance and a request to remove the applicable insurance type(s) is needed.

c. For insured applicants

   i. Insurance documents or verbal confirmation with the insurance company or medical/dental provider is needed.

d. If the applicant attempts to provide insurance settlement/denial information verbally:

   i. DO NOT accept verbal confirmation from the applicant.

e. If the applicant HAS both medical and dental insurance coverage:

   i. Medical expense: Insurance documents or verbal confirmation with the medical insurance company or medical provider is needed.

   ii. Dental expense: Insurance documents or verbal confirmation with the medical AND dental insurance company or dental provider is needed.

f. If the applicant HAS insurance, but it did NOT cover all medical or dental expenses:

   i. REVIEW copies of insurance settlements or denial letters submitted to identify unmet needs.

B. Information Requests

1. Medical and Dental requests for information letters:

   a. A Request for Information (RFI) letter will be sent either automatically or manually generated to obtain medical/dental information:

      i. If the applicant registers for medical/dental assistance only;

      ii. The applicant calls the FEMA Helpline to request medical/dental assistance;
iii. The inspection identifies a medical/dental unmet need NOT recorded at the time of registration; OR

iv. The initial RFI has NOT been generated and the required information for processing is missing.

b. If generating the RFI manually:

i. Refer to the Medical or Dental Assistance Basic Processing Steps section of the Web NEMIS Initial Assistance Reference Guide for additional information.

c. If generating the RFI for requests involving service animals:

i. CALL the applicant, PROVIDE details of the information required for service animal request according to Section III.A.4.d. above.

NOTE: Step-by-step instructions on how to create an RFI can be found in Codes Verifications Request Letters and Assistance Types SOP.

2. ADA RP Line Items Based on Disaster-Caused Injury or Disability (Not present on home pre-disaster) for DR-4609-TN and forward:

a. If an RFI has NOT previously been sent and an applicant is requesting assistance for ADA items due to an injury or disability that happened as a result of the disaster for the following items:

i. Grab bars

ii. Exterior Ramp

iii. Paved path of travel to the primary residential entrance.
3. ID Proofing (IDP) failures (IDProof_Fail_LN or IDProof_Error_LN), IDProof_Pend, or IDProof_Skip):
   
a. When IDP failures occur, categories that can be traditionally processed without an inspection cannot be addressed until identity documents are received.

b. An IDP letter will be sent, either automatically or manually generated, to obtain identity information when:
   
i. The applicant registers for medical/dental assistance only; OR
   
ii. An inspection is NOT required.

4. When the applicant is NOT insured or is under-insured, some situations can be resolved by performing a courtesy call to the medical/dental or insurance providers. If partial information from the medical/dental provider is received after the initial RFI letter has been generated:
   
a. **CALL** the provider to clarify information such as:
      
i. Injury or illness caused by the disaster;
      
ii. Loss of prescribed medication;
      
iii. Long-term treatment options; OR
      
iv. Loss or damage of personal medical/dental equipment or medically-required modified vehicle.
b. If the call attempt is **SUCCESSFUL**:


d. Example questions:

   i. Was the injury or illness caused by the disaster?
   
   ii. What is the total amount(s) billed to the patient/applicant?

   **NOTE:** DO NOT accept verbal confirmation of medical, dental, or medication loss from the applicant.

C. Processing Eligible Assistance

1. **Unmet Need Verification** - To determine what the applicant has paid and/or continues to owe for the medical/dental services or expense:
2. **Reminder** - When calculating the unmet need:

   a. **USE** the bill/estimate to calculate the eligible payment, **NOT** solely the insurance settlement.
      
      i. Verbal confirmation from the insurance provider is **NOT** acceptable in absence of bills or estimates.

   b. A medical/dental provider’s bill may be adjusted/reduced by the insurance company when the insurance provider calculates the expense or charges allowed under contract.
      
      i. Insurance statements traditionally display this adjusted amount or true service cost as the allowable expense or amount. FEMA will pay the actual cost billed to the applicant (the applicant’s responsibility) and **NOT** the adjusted/true service cost.

   c. An applicant can receive medical/dental assistance for their unmet need even if the insurance payment to the medical or dental provider is **greater than the Financial ONA Maximum**.

   d. If multiple charges and/or deductions are present on medical bills and a determination cannot be made for the amount the applicant owes, **COMPLETE** a courtesy call to the provider for clarification.
      
      i. Refer to **Verification Calls** for additional processing information.

   e. If medical/dental insurance was added at the time of registration and the applicant submits a written/signed statement indicating they **DO NOT** have insurance (with a request to remove the applicable insurance), **DELETE** the insurance type in NEMIS and **PROCESS** as **NOT** insured.

   f. Medical/dental insurance proceeds are generally paid directly to the provider, and the applicant **DOES NOT** receive payments from their medical/dental insurance company.

   g. **IN the event an applicant receives funds directly from any source:**
1. Refer to the Medical or Dental Assistance Basic Processing Steps section of the Web NEMIS Initial Assistance Reference Guide and Section IV. Examples and FAQs for additional information.

2. Examples on how to calculate an unmet need can be found in Processing Scenarios.

3. Setting Info Control Verification Requirements:

   a. Homeowner’s Insurance
      i. **SET** to **Verified** when:

   b. Medical/Dental Expenses
      i. **D(X)(E)

   c. Medical/Dental Statement of Condition
      i. **D(X)(E)

   d. Signature Obtained
      i. **D(X)(E)

   e. Health Insurance for Medical/Dental
      i. **SET** to **Verified** When:

   f. Identity Verification
4. Medical/Dental awards:

a. If the applicant meets the required eligibility verifications and has an unmet medical/dental need that exceeds the IHP $50 minimum award threshold;

NOTE: IHP $50 minimum award requirement and combination of awards:

- If the applicant's initial award or combination of awards totals $50 or more (regardless of the category of assistance), the applicant is eligible for IHP assistance.
- For example, if EMED = $20 and EDTL = $40, the eligible award amount = $60.

D. Processing Ineligible Decisions
1. Common ineligible decisions - Further information on applicable ineligible codes and reasons for denial are detailed below:
ii. Missing insurance information.

2. If more than one ineligible reason applies, **SELECT** the eligibility code that best applies and **COMPLETE** all call attempts to explain the multiple denial reason:

   a. Example: The medical claim/loss was NOT caused by the disaster (INDR) and the total medical expense is below the $50 IHP Minimum (IID).

E. Joint Option Disaster Information (ONA Only)

1. If processing a Joint Option Disaster:

   a. ONA categories are only processed by the STT.

   b. FEMA staff is authorized to process HA categories.

2. If incoming mail generates a WP to a FEMA processing queue:
F. Appeals

Medical and Dental Appeals are processed using standard appeal procedures. Refer to the Appeal Processing SOP for more information.

G. Exceptions

There may be unique scenarios NOT specifically identified within this SOP that may require additional assistance.

1. If unable to determine eligibility using available SOPs, Disaster Specific Operating Procedures, or other posted information:

   **NOTE:** Two scenarios identified in Medical/Dental Assistance request:

   - An item or service within the medical/dental claim or expense appears to be an upgrade.
   
   - A request for assistance with long-term or ongoing treatment when:
     
     o The facility where an applicant received treatment such as chemotherapy or dialysis was destroyed by the disaster and the applicant now travels to another location to receive treatment.
IV. EXAMPLES AND FAQs

Example of net insurance settlement entry:

1. UPDATE the Insurance Policy frame on the Assistance screen in the rare event an applicant receives funds directly from the insurance provider or any other source such as voluntary agencies. Refer to the Medical or Dental Assistance Basic Processing Steps section of the Web NEMIS Initial Assistance Reference Guide for additional information.

Processing Scenarios

The following process scenarios are examples where the applicant met all verification and eligibility requirements:

Scenario 1: Dental bill with co-payment

During the disaster event, water seeped into the applicant’s home and caused the applicant to fall and injure three front teeth.

1. The dental bill for services is $2,500.00; the applicant paid a co-pay of $40.00, so the total dental bill is $2,540.00.

2. The net dental insurance settlement is $1,750.00, and the applicant’s medical insurance denied the claim.

3. COMPARE the total dental bill to the net insurance settlement to determine the unmet need.

<table>
<thead>
<tr>
<th>Total Dental Expenses</th>
<th>Net Insurance Settlement</th>
<th>Applicant’s Unmet Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist’s Bill = $2,500.00</td>
<td>$1,750.00</td>
<td>$2,540.00 - $1,750.00 = $790.00</td>
</tr>
<tr>
<td>Co-Pay = $40.00</td>
<td>Total Ins. = $1,750.00</td>
<td>Total Unmet Need: $790.00</td>
</tr>
<tr>
<td>Total = $2,540.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Dental bill with co-payment calculation

Result: PROCESS Dental Assistance (EDTL) in the amount of $790.00

Scenario 2: Multiple doctor/hospital medical bills

The disaster caused debris to fall on an applicant causing injury resulting in a hospital visit and subsequent treatment. The charge for medical services totaled $5,500.00.

1. The hospital bill is $4,900.00, and the applicant paid a co-pay of $100.00.
a. For these services, the net medical insurance settlement is $4,900.00.

2. The bill from the applicant’s primary care doctor for a follow-up visit totaled $480.00, and the applicant paid a co-payment of $20.00.

   a. For these services, the net medical insurance settlement is $480.00.

3. **COMPARE** the total medical expenses from the hospital and doctor against the total net insurance settlements to determine if there is an unmet need.

<table>
<thead>
<tr>
<th>Total Medical Expenses</th>
<th>Net Insurance Settlement</th>
<th>Applicant’s Unmet Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Bill = $4,900.00</td>
<td>$4,900.00</td>
<td>$5,000.00 – $4,900.00 = $100.00</td>
</tr>
<tr>
<td>Co-Pay = $100.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor’s Bill = $480.00</td>
<td>$480.00</td>
<td>$500.00 – $480.00 = $20.00</td>
</tr>
<tr>
<td>Co-Pay = $20.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total = $5,500.00</td>
<td>Total Ins. = $5,380.00</td>
<td>Total Unmet Need: $120.00</td>
</tr>
</tbody>
</table>

**Table 4: Multiple medical bills from doctor and hospital calculation**

**Result:** PROCESS medical assistance (EMED) in the amount of $120.00.

**NOTE:** When clarification of multiple charges and/or deductions calculated on medical/dental bills is required, CALL the doctor's office or health care provider to clarify the amount owed by the applicant.

- Refer to the Outbound Calls and Third Party Verifications SOP for additional information.

**Scenario 3: Prescription loss with itemized bill**

The disaster destroyed applicant’s necessary medication. The charge for medication totaled $200.00.

1. The prescription expenses are $150.00, and the applicant paid a $50.00 co-pay.

2. The net medical insurance settlement is $150.00.

3. **COMPARE** the total prescription expense to the net insurance settlement to determine the unmet need.
Scenario 4: Prescription loss with provider verification

The disaster destroyed the applicant’s medication. The charge for medication totaled $50.00.

1. As proof of expense, the applicant only submitted a receipt showing what they were required to pay for the medicine.

2. The prescription cost is unknown with a $50.00 co-pay. The provider confirmed the applicant’s responsibility is the co-pay.

3. In this example, the applicant’s co-pay is the unmet need.

Scenario 5: Deductible and co-payment

Chemicals and contaminants from flooding in the applicant’s home caused the applicant to become ill, resulting in a doctor’s visit and treatment. The charge for medical services and prescriptions totaled $5,050.00.

1. The applicant paid a $500.00 deductible during the primary doctors’ visit and a separate $150.00 co-pay charge at the pharmacy for medications.

2. The net medical insurance settlement is $4,400.00.

3. **COMPARE** the total medical expenses from the doctor and pharmacy against the total net insurance settlements to determine if there is an unmet need.
Table 7: Deductible and Co-payment calculation

<table>
<thead>
<tr>
<th>Total Medical Expenses</th>
<th>Net Insurance Settlement</th>
<th>Applicant's Unmet Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted Doctor’s Bill = $4,400.00</td>
<td>$4,400.00</td>
<td>$5,050.00 – $4,400.00 = $650.00</td>
</tr>
<tr>
<td>Deductible payment = $500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-pay for prescriptions = $150.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total = $5,050.00</td>
<td>Total Ins. = $4,400.00</td>
<td>Total Unmet Need: $650.00</td>
</tr>
</tbody>
</table>

**Scenario 6: Service animal loss**

The applicant’s service animal passed away as a direct result of a declared flooding incident.

1. As proof of expense, the applicant submits a receipt and estimate showing the cost of a new animal (includes paperwork) and training schedule.

2. A call to the training facility confirms they intentionally separate the training schedule as part of their program in order to confirm the animal will be compliant with the applicant’s needs and can continue forward to advance/final stages.

<table>
<thead>
<tr>
<th>Total Expenses</th>
<th>Applicant’s Unmet Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of new animal (including paperwork fees)</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Cost of training schedule 1 (analysis and basics)</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Cost of training schedule 2 and 3 (continuation and final training)</td>
<td>N/A</td>
</tr>
<tr>
<td>Total Unmet Need: $3,500.00, Table 8: Service animal loss</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** In this example, the applicant will initially be responsible for the cost of the animal and the first training schedule.

- If the animal passes the first training course(s), the applicant can request continued medical assistance for the remaining training schedule.

- **CALL** the applicant to explain the process of initial and continued assistance. **ADVISE** the applicant to return a call to Helpline so a workpacket can be created when the training facility is ready to advance the animal to additional training courses/schedules.
V. DEFINITIONS AND ACRONYMS

Definitions

Call Attempt: One call attempt to all available numbers to clarify/request information or discuss eligibility determinations. (If the full contact information is NOT available, it can be obtained by using the yellow pages, an Internet search provider, or by calling the applicant.)

Co-payment: A co-payment or co-pay is a fixed amount for a covered service paid by a patient to the provider.

Deductible: The deductible is the amount of money that must be paid out of pocket by a patient to the medical provider before an insurance company will pay any expenses.

Financial Other Needs Assistance Maximum: Financial assistance for ONA PP, Transportation, Moving and Storage, Medical and Dental, Funeral, Child Care, and Miscellaneous Items is limited to a maximum award amount, adjusted each fiscal year based on the Department of Labor Consumer Price Index for All Urban Consumers (CPI).

HIPPA: HIPAA stands for Health Insurance Portability and Accountability Act of 1996. The Act protects the confidentiality of a person’s medical information. It sets boundaries on the use and release of health records and establishes safeguards to protect the privacy of health information.

Net Settlement: For the medical and dental categories, a net settlement is the amount paid directly to a medical provider after any applicable adjustments, deductibles, and co-payment deductions.

Service Animal: IHP assistance for service animals is limited to service dogs and miniature horses that perform a qualified task for a person with a disability, as defined by the ADA of 1990. A service animal must be required because of a disability and perform a functional task for the applicant or a member of the household. IHP assistance is NOT available for therapy animals or emotional support animals.

Signature: A valid signature may be evidenced by any mark made by pen or pencil denoting the signer’s name or mark; a mark or name created and adopted through a software program such as Microsoft Word; adoption of an electronic signature that includes typing a name or mark at the end of an email; a digital image of a handwritten signature or mark; the click of an “I accept” button on an e-commerce site as his or her legal signature; or adoption of an electronic symbol, sound, or process that is attached to, or logically associated with, the document and executed by the applicant or his or her agent, with the intent to sign the document.
**Supplemental Award:** Additional financial support when the applicant is initially determined eligible for a medical/dental assistance award.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
</tr>
<tr>
<td>DRM</td>
<td>Disaster Recovery Manager</td>
</tr>
<tr>
<td>EDTL</td>
<td>Eligible Dental</td>
</tr>
<tr>
<td>EMED</td>
<td>Eligible Medical</td>
</tr>
<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
</tr>
<tr>
<td>HA</td>
<td>Housing Assistance</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act of 1996</td>
</tr>
<tr>
<td>IDV_PASS</td>
<td>A NEMIS Registration Status Code that Identifies a Contractor Has Confirmed/Passed the Applicant’s Identity Verification Requirement</td>
</tr>
<tr>
<td>IHP</td>
<td>Individuals and Households Program</td>
</tr>
<tr>
<td>IID</td>
<td>Ineligible Due to Minimal or No Medical/Dental Needs Required</td>
</tr>
<tr>
<td>IINS</td>
<td>Ineligible Due to Insurance Coverage</td>
</tr>
<tr>
<td>INDR</td>
<td>Ineligible Damages Not Disaster Related</td>
</tr>
<tr>
<td>INSS</td>
<td>Ineligible Insufficient or No Substantiation Submitted</td>
</tr>
<tr>
<td>IOR</td>
<td>Ineligible Other Reason</td>
</tr>
<tr>
<td>NEMIS</td>
<td>National Emergency Management Information System</td>
</tr>
<tr>
<td>ONA</td>
<td>Other Needs Assistance</td>
</tr>
<tr>
<td>POC</td>
<td>Point of Contact</td>
</tr>
<tr>
<td>PP</td>
<td>Personal Property</td>
</tr>
<tr>
<td>RFI</td>
<td>Request for Information</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>RI</td>
<td>Registration Intake</td>
</tr>
<tr>
<td>RP</td>
<td>Real Property</td>
</tr>
<tr>
<td>SBA</td>
<td>Small Business Administration</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard Operation Procedure</td>
</tr>
<tr>
<td>STT</td>
<td>State, Territorial, or Tribal Government</td>
</tr>
<tr>
<td>WP</td>
<td>Workpacket</td>
</tr>
</tbody>
</table>
VI. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures
  - Appeal Processing
  - Codes Verifications Request Letters and Assistance Types
  - Financial HA and ONA Maximum and Minimum Awards
  - Generator
  - Outbound Calls and Third Party Verifications

- Resources
  - Helpline NPSC Caller Services Reference Guide
  - Web NEMIS Initial Assistance Reference Guide
# MISCELLANEOUS OTHER ITEMS

## I. Overview
- Purpose of Assistance
- Who May Get Assistance?
- What Are Eligible Expenses?
- Basic Documentation or Verification Needed
- Other Items to Note

***This can be referenced by all staff (JFO, DRC, DSA, Helpline)***

## II. Important Information
- Prior to Processing
- Limitations and Exclusions

A. Eligibility Verifications
B. Information Requests
C. Processing Eligible Assistance
D. Processing Ineligible Assistance
E. Joint Option Disaster Information (ONA Only)
F. Appeals
G. Exceptions

***ALL processing employees must read this section***

## III. Process
- How to create an IOR letter
- Misc/Other Item = Eligible
- Misc/Other Item Appeal = Ineligible
- Previous Misc/Other Item awards
- Misc/Other Item = Eligible - Due to safety need
- Misc/Other Item = Ineligible - Not primary residence
- Multiple Misc/Other Item = Added at time of inspection

## IV. Examples and FAQs
- Definitions
- Acronyms

## V. Definitions and Acronyms

## VI. Related Guidance
- Links to Related Guidance
I. OVERVIEW

This section describes information that every employee must read before addressing Miscellaneous Other Item Assistance.

Purpose of Assistance:

■ To reimburse for eligible items purchased or rented after the incident to assist with the applicant’s disaster recovery, such as gaining access to the property or assisting with cleaning efforts.

Who May Get Assistance?

■ Individuals and households who, as a direct result of a major disaster or emergency, have disaster-caused miscellaneous other (Misc/Other) item expenses and are unable to meet such expenses or needs through other means.

NOTE: The state, territorial, and tribal governments have the ability to add or remove items at the beginning of the disaster.

What are Eligible Expenses?

■ Eligible expenses may include disaster-caused costs associated with:
  
  ● Carbon monoxide detector;
  
  ● Chainsaw;
    ▪ Refer to Special Chainsaw Requirements for additional information.
  
  ● Dehumidifier;
  
  ● Generator;
    ▪ Refer to the Generator Standard Operating Procedures (SOP) for additional information.
  
  ● Humidifier;
  
  ● Weather radio; AND
  
  ● Smoke detector (one per damaged floor). A courtesy call may be required if more than one item is requested and an inspection is NOT completed.

■ REVIEW the Disaster Specific Information page for a complete list of eligible items in each disaster. The standard list of eligible items may vary and some items may NOT be eligible in every disaster.
Basic Documentation or Verification Needed:

- Identity verified;
- Occupancy verified; AND
- Proof of expense.

Other Items to Note:

- The Misc/Other item category is limited by the Financial Other Needs Assistance (ONA) Maximum.
- Eligibility for reimbursement of Misc/Other items will be determined based on onsite inspection and/or submitted documentation.
- Assistance for Misc/Other items is traditionally limited to applicants occupying their primary residence in a declared disaster area.
  - Applicants reporting a non-primary residence will NOT be referred to ONA for Misc/Other item expenses. Refer to Section III. D: Processing Ineligible Decisions for additional information.
- For additional information on approved Misc/Other items and specific eligibility criteria, Refer to the Inspection Guidelines and Addendums frame and the Summary Information box located on the Disaster Specific Information page for the appropriate disaster.
- An item that is NOT approved for the disaster is determined ineligible upon initial request.
- When an inspection is assigned to address Housing Assistance (HA) or ONA categories, Inspection Services will ask the applicant if he/she has incurred an expense or has purchased Misc/Other items.
  - If the applicant requests assistance with Misc/Other items, the inspector will record the standard Misc/Other information for disaster-specific items.
    - Approved Misc/Other items will continue to be eligible under the ONA provision of the Individuals and Households Program (IHP).
    - Inspectors will NOT ask the applicant any questions in regard to child care assistance during the inspection.
- Applicants requesting only Misc/Other items at time of RI will be determined a non-referral (NONREF) for HA and ONA categories of assistance.
FEMA

Miscellaneous Other Items
Effective Date: September 17, 2021

- Additional processing will NOT occur until the applicant submits documentation for the expense or calls the FEMA Helpline to request assistance with these items.

- The IA and Training Development section has developed a guide that includes step-by-step instructions and reminders about navigating and using the tools in Web NEMIS. For additional information, refer to the Web NEMIS Initial Assistance Reference Guide.
II. IMPORTANT INFORMATION

This section describes information that every employee must read before processing ONA Miscellaneous Other Items.

Prior to Processing:

- For cases locked or under Program Management Section (PMS) or NCT review:
  - DO NOT process the Workpacket (WP) if the file contains indications of being Under Review and/or locked from further processing.
  - SEND an email for review to the IHP Helpdesk.

- Prior to reviewing or discussing Misc/Other item assistance, VERIFY the ONA Option selection.
  - FEMA staff are authorized to process and discuss ONA in FEMA Option disasters.
  - In Joint Option disasters, only the state, territorial, or tribal government (STT) is authorized to process and discuss ONA eligibility. Refer to Section E: Joint Option Disaster Information for additional information.
  - Helpline Staff: Refer to the Helpline NPSC Caller Services Reference Guide for additional information.

- For ONA questions in Joint Option disasters, PROVIDE the applicant the STT ONA Helpline number, which is listed on the NEMIS Disaster Info (F8) link.

- Sequence of Delivery
  - ONA
    - Funeral Assistance, if there is a pending funeral review;
• DO NOT hold/deduct funds when processing Americans with Disabilities Act (ADA) item awards.

• DO NOT delay processing other eligible funds to await a funeral decision.

■ Personal Property (PP) Assistance; AND

■ All other categories, if funds are available under their respective maximum amount of assistance.

• Refer to the Financial HA and ONA Maximum and Minimum Awards SOP for the full HA/ONA Sequence of Delivery.

■ IHP Maximum (system limit only):

• In an effort to minimize errors, the system will generate a popup if the total combined payment exceeds $100,000.

■ Total combined payments include (in any combination)

  • HA

  • ONA

  • ADA related line items

• Temporary housing and ADA related line items are NOT counted toward the financial HA and ONA maximums, so in rare instances an applicant’s total award may exceed $100,000.

■ If this happens, PLACE the case on Hold – Program Review.
ADA assistance reviews are only assigned to a limited group of Specialized Processing Unit (SPU) staff.

- DO NOT process ADA RP items unless specifically assigned.
- If a WP with RP ADA line items is identified outside of the FEMA Special Handling queue:

Limitations and Exclusions:

- If an applicant owned the eligible Misc/Other item(s) prior to the disaster and the item(s) was damaged by the disaster, the item(s) will be recorded as PP items and will only be processed if eligible under the PP assistance. Refer to the Personal Property Assistance SOP.

- If the applicant has been referred to the Small Business Administration (SBA) and the same item is listed during inspection under both categories, the applicant must be referred to ONA from the SBA for PP to receive assistance and will be ineligible for assistance for the post-disaster purchase under Misc/Other assistance.

- Assistance for Misc/Other Items is limited to the amount established for the item by the STT on the ONA Administrative Option Selection form.
III. PROCESS

A. Eligibility Verifications

To be eligible for Misc/Other Item assistance, an applicant must meet the following criteria:

1. Identity is verified (IDV_PASS) and ID Proofing (IDP) is also verified (IDProof_Pass_LN) if an inspection has NOT been completed. Refer to the Identity Verification SOP for additional information.

2. The Damaged Dwelling (DD) is the applicant’s Primary Residence. Refer to the Occupancy Verification SOP for additional information.

3. Verifiable receipt of purchase, rental, or lease viewed during inspection or available in submitted documentation.

4. Misc/Other line items recorded during inspection or identified for reimbursement through submitted documents will be considered uninsured, and no further insurance verification is necessary.
   a. Insurance has no impact on Misc/Other items eligibility when provided under Misc/Other.

5. When multiple applicants reside in the same pre-disaster DD and are classified as roommates or boarders, eligibility criteria is based on the item quantity max/limit and the inspection results.
   a. A household member could be eligible if the owner, head of household or Landlord has NOT met the item quantity max/limit for the damaged miscellaneous item.
   b. The inspection will distinguish items individually-owned by the applicant, Landlord, roommates or boarders.
      i. Refer to the Duplicate Investigation and Resolution Processing SOP for additional information

6. If purchased after the disaster the applicant is not required to provide insurance settlement.

7. The expense must be a direct result of the disaster.

8. If approved for the disaster, the item must have been purchased or rented within 30 days after the incident start date or up to the last day of the incident period, whichever is greater.
a. If the incident period is greater than 30 days, the applicant has the full incident period to purchase, rent, or lease the Misc/Other item.

b. If the incident period is 30 days or less, the incident start date is the first day of the 30 day window to acquire these items.

i. Assistance beyond 30 days from the incident start date can be provided if the applicant indicates a safety or sanitary need continued as a result of the disaster with a submitted statement.

9. Applicants must provide an itemized receipt or equipment rental agreement for eligible expenses.

B. Information Requests

1. A Request for Information (RFI) letter will be sent to request documentation when one of the following occurs:

a. The required documentation is NOT available at the time of inspection or an inspection was NOT issued; OR

b. The assistance is requested through a Helpline call or submitted documentation after an inspection has occurred.

2. To generate the RFI manually:

   c. Refer to the Miscellaneous/Other Basic Processing Steps section of the Web NEMIS Initial Assistance Reference Guide for additional information.

3. IDP failures (IDProof_Fail_LN, IDProof_Error_LN, IDProof_Pend, or IDProof_Skip):

   a. When IDP failures occur, categories that can be traditionally processed without an inspection cannot be addressed until identity documents are received.
b. An IDP letter will be sent, either automatically or manually generated, to obtain identity information when:
   
i. The applicant registers for Misc/Other only; OR
   
ii. An inspection is NOT required.

c. GENERATE and MAIL the IDP letter as a companion to the RFI.
   
i. The IDP letter is available in English and Spanish.

C. Processing Eligible Assistance

1. Applicants with Completed Inspections:
   
a. If already inspected, double check to assure the inspector did not record the same Misc/Other Item.
      
i. If the same Misc/Other item is recorded in the inspection as damaged PP refer to the Personal Property SOP for additional information.

2. Child care assistance:
   
a. The assistance for child care expenses is reviewed under the Misc/Other Category.
      
i. Refer to the Child Care Assistance SOP for additional information.

b. If the applicant is determined to be eligible or ineligible for reimbursement of a Misc/Other item and the RFI for Child Care Assistance is required, the WP with the Misc/Other item(s) determination can be split to FEMA Approval NON-DRM or FEMA Ineligible.

1. The letter will only address information regarding child care expenses. It will NOT include any information regarding assistance with Miscellaneous/Other items. Processing of Child Care Assistance is based on the submission of documentation by the applicant as a result of the RFI.
ii. Refer to the Miscellaneous/Other Basic Processing Steps section of the Web NEMIS Initial Assistance Reference Guide for additional information.

3. Specific chainsaw requirements:

   a. 

   b. 

   c. 

   **NOTE:** Chainsaw assistance is available for owners and renters.

4. Inspections, and the eligibility review sequence:

   a. If an applicant requests assistance for Misc/Other items and an open inspection is in the field, a new WP will be placed in the FEMA Manual Determination queue for review of incoming documents and the potential for duplicating payments exists.

   b. To avoid duplicating benefits, the following steps should be taken:
5. If the applicant submits the required documentation, identifies the need for the items(s) during the eligible timeframe, and meets all verifications and conditions of eligibility in Section III. A:
6. **Misc/Other** item assistance awards:

**NOTE:** For all processing actions, as long as all items are addressed before the final route, they can be completed in any order.

i. **ROUTE** to FEMA Approval NON-DRM when there is a combination of eligible and ineligible determinations.

d. Refer to the Miscellaneous/Other Basic Processing Steps section of the Web NEMIS Initial Assistance Reference Guide for additional information.
D. Processing Ineligible Decisions

USE all standard ineligible decisions when processing requests for Misc/Other item assistance.

1. Ineligible determinations and reasons for denial include:

a. **INPR – Ineligible – Not Primary Residence**
   
i. Applicants residing in a secondary residence will NOT traditionally be eligible for Misc/Other item expenses or be referred to ONA for Misc/Other item expenses. Refer to Section G: Exceptions for additional information.
   
   ii. If an IHP referral occurs, the applicant will receive the INPR Ineligible Determination.

1. If the information submitted DOES NOT meet the requirements for extenuating circumstances, such as medical and emergency access needs (Refer to Section G: Exceptions), the applicant can be determined ineligible for assistance with the use of the appropriate IOR – Ineligible Other Reason letter and text.

b. **IOR - Unavailable Type of Assistance** (Refer to Section IV) for the following reasons:
   
i. Item(s) were owned prior to the disaster as PP;
   
   ii. Item(s) were purchased outside of the eligibility timeframe. Refer to Section A: Eligibility Verifications for additional information; OR
   
   iii. For DR-4605-WV and prior: Home Repair Assistance was provided for line items 5741 Debris Removal and/or 5742 Tree(s) Removal; OR
   
   iv. An ineligible expense is identified according to disaster-specific information.

c. **IISS – Ineligible Insufficient Substantiation Submitted**
   
i. Applicant did NOT submit required documentation.

2. Processing actions required for every type of ineligible decision:
E. Joint Option Disaster Information (ONA Only)

1. If processing a Joint Option Disaster:
   a. ONA categories are only processed by the STT.
   b. FEMA staff are authorized to process HA categories.

2. If incoming mail generates a WP to a FEMA processing queue:

F. Appeals

ONA Miscellaneous Other Items Appeals are processed using standard appeal procedures. Refer to the Appeal Processing SOP for more information.

G. Exceptions
There may be unique scenarios NOT specifically identified within this SOP that may require additional assistance.

1. If an applicant residing in a secondary residence at the time of the disaster submits an appeal with supporting documentation to indicate the expense is necessary for medical purposes or in the case of a chainsaw to restore emergency access:

2. If unable to determine eligibility using available SOPs, DSOPs, or other posted information:
IV. EXAMPLES AND FAQs

How to create an IOR letter with a letter text insert

1. Generating an IOR letter with the following letter text insert: “FEMA has determined your request is NOT an eligible expense for assistance within FEMA’s Individuals and Households Program.”

**NOTE:** When entering custom text, **ENSURE** the font remains at Times New Roman, size 10.

The following process scenarios are examples if the applicant met all verification and eligibility requirements.
Scenario 1: MISC OTHER ITEM = ELIGIBLE

An applicant submitted documentation for Misc/Other item purchases following a completed inspection, where no disaster-caused Misc/Other item expenses were verified or recorded and prior to any eligibility letter for the Misc/Other category being received. If the documentation submitted, combined with the inspection report, justifies the Misc/Other item expense:

a. Example:

   i. If the receipt for the Misc/Other item was dated more than 30 days after the incident start date but within the incident period, the request would be considered for eligibility.

   ii. Due to continued flooding, the disaster incident period was open for almost 4 months, from June 1st until September 14th. The applicant’s home was NOT affected by the flooding until August 5th and was inspected August 9th. The inspection report indicated HRR = Yes.

   ii. The applicant submitted a signed receipt for a dehumidifier dated August 21st. The cost was less than the given line item amount, and all verification requirements were met.

Scenario 2: MISC OTHER ITEM APPEAL = INELIGIBLE

After inspection, an applicant submitted documentation for Misc/Other item purchases and the total amount of the receipts for purchased Misc/Other items (regardless of items included) is less than or equal to the amount of Misc/Other item assistance that was auto-determined. The staff would:
V. DEFINITIONS AND ACRONYMS

Definitions

Financial Other Needs Assistance Maximum: Financial assistance for Other Needs Assistance PP, Transportation, Moving and Storage, Medical and Dental, Funeral, Child Care, and Miscellaneous Items is limited to a maximum award amount, adjusted each fiscal year based on the Department of Labor Consumer Price Index for All Urban Consumers (CPI).

Personal Property: Items traditionally identified as eligible under ONA PP, e.g. clothing, household items, furnishings or appliances, tools, computers, and uniforms.

Primary Residence: The dwelling where the applicant normally lives during the major portion of the calendar year, the dwelling that is required because of proximity to employment, or the dwelling where the applicant moved to live in on a permanent basis after a major disaster event occurred.

Acronyms

ADA  Americans with Disabilities Act
CPI  Consumer Price Index
DR  Disaster Recovery
DRC  Disaster Recovery Center
DSA  Disaster Survivor Assistance
DSOP  Disaster-Specific Operating Procedure
EHR  Eligible Home Repair
FEMA  Federal Emergency Management Agency
HA  Housing Assistance
IDV_PASS  Identity Verification Passed
IHP  Individuals and Households Program
IISS  Ineligible Insufficient Substantiation Submitted
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>INPR</td>
<td>Ineligible Not Primary Residence</td>
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<tr>
<td>IOR</td>
<td>Ineligible Other Reason</td>
</tr>
<tr>
<td>JFO</td>
<td>Joint Field Office</td>
</tr>
<tr>
<td>MISC</td>
<td>Miscellaneous</td>
</tr>
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<td>NEMIS</td>
<td>National Emergency Management Information System</td>
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<tr>
<td>NONREF</td>
<td>Non-Referral</td>
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<tr>
<td>ONA</td>
<td>Other Needs Assistance</td>
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<tr>
<td>PND</td>
<td>Pending</td>
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<td>POC</td>
<td>Point of Contact</td>
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<tr>
<td>PP</td>
<td>Personal Property</td>
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<tr>
<td>RFI</td>
<td>Request for Information</td>
</tr>
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<td>RI</td>
<td>Registration Intake</td>
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<td>SBA</td>
<td>Small Business Administration</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard Operating Procedure</td>
</tr>
<tr>
<td>STT</td>
<td>State, Territorial, or Tribal Government</td>
</tr>
<tr>
<td>WP</td>
<td>Workpacket</td>
</tr>
</tbody>
</table>
VI. RELATED GUIDANCE

Please refer to the following:

■ Standard Operating Procedures
  ● Appeal Processing
  ● Child Care Assistance
  ● Codes Verifications Request Letters and Assistance Types
  ● Duplicate Investigation and Resolution Processing
  ● Financial HA and ONA Maximum and Minimum Awards
  ● Funeral Assistance
  ● Generator
  ● Identity Verification
  ● Occupancy Verification
  ● Personal Property Assistance

■ Resources
  ● Disaster Specific Information Page
  ● Helpline NPSC Caller Services Reference Guide
  ● Web NEMIS Initial Assistance Reference Guide
Moving and Storage
Effective Date: August 27, 2021

I. OVERVIEW

This section describes information that every employee **must** read before addressing ONA Moving and Storage Assistance.

**Purpose of Assistance:**

- To assist owners and renters with disaster-caused expenses incurred on or after the incident period start date to move and store essential personal property (PP) to prevent additional damage and return or move the items to their primary residence.

**Who May Get Assistance?**

- Owners and renters who, as a direct result of a major disaster or emergency, have uninsured or underinsured moving and storage needs and are unable to meet such expenses or needs through other means.

**What are Eligible Expenses?**

Eligible expenses include costs associated with:

- Costs for commercial moving labor;
- Moving truck rental fee;
- Fuel for the rental vehicle;
- Cost for tape and boxes;
- Commercial storage unit fees (any commercially available storage unit separate from the damaged home); AND
- Associated sales taxes.

**Basic Documentation or Verification Needed:**

- Identity verified;
- Lack of Insurance, Settlement, or Denial letter;

**The eligible costs may include:**

Costs incurred on or after the incident period start date to move and/or store essential PP in a storage unit or temporary housing unit to prevent further damage while repairs are being made and return them to the applicant’s primary residence.

Costs to move essential PP to the applicant’s new primary residence, if applicable.

**NOTE:** An applicant’s primary residence may have changed from their pre-disaster primary residence. This DOES NOT impact eligibility.
FEMA

- Occupancy verified;
- Disaster-caused damage/loss verification; AND
- Proof of expense(s).

Other Items to Note:

- There is NO specified maximum amount for moving and storage expenses other than the financial Other Needs Assistance (ONA) maximum.
- The essential PP considered under Moving and Storage Assistance are the items traditionally identified as eligible under ONA - PP. Refer to the Personal Property Assistance SOP for additional information.
- FEMA may provide assistance with eligible moving and storage expenses from the incident period start date through the Individuals and Households Program (IHP) financial closure date or up to the financial ONA maximum, whichever comes first.
- Each roommate and boarder may be eligible for Moving and Storage Assistance.
- The IA Training and Development Section has developed a guide that includes step-by-step instructions and reminders about navigating and using the tools in the Web NEMIS. For additional information, refer to the Web NEMIS Initial Assistance Reference Guide.
II. IMPORTANT INFORMATION

This section describes information that every employee must read before processing ONA Moving and Storage Assistance.

Prior to Processing:

- For cases locked or under Program Management Section (PMS) or NCT review:
  - DO NOT process the Workpacket (WP) if the file contains indications of being Under Review and/or locked from further processing.
  - EMAIL the IHP Helpdesk.

- Prior to reviewing or discussing ONA moving and storage assistance, VERIFY the ONA Option selection.
  - FEMA staff are authorized to process and discuss ONA in FEMA Option disasters.
  - In Joint Option disasters, only the state, territorial, or tribal government is authorized to process and discuss ONA eligibility. Refer to Section III.E: Joint Option Disaster Information.
  - Helpline Staff: Refer to the Helpline NPSC Caller Services Reference Guide for additional information.
    - For ONA questions in Joint Option disasters, PROVIDE the applicant the state, territorial, or tribal government ONA Helpline number, which is listed on the NEMIS Disaster Info (F8) link.

- Damage to essential PP items stored away from the primary residence at the time of the disaster may be eligible for assistance under ONA.
Staff reviewing losses associated with eligible essential PP stored elsewhere at the time of the disaster will be addressed as PP item losses (EPP). Refer to the Personal Property Assistance SOP for additional information.

**NOTE:** Flood Insurance policies generally cover moving expenses up to $1,000 to prevent flood losses but DO NOT offer coverage for any storage costs.

- The following expenses are ineligible:
  - Costs associated with the moving or storage of non-essential PP, such as recreational equipment or items that are NOT typically eligible under the PP category;
    - For example, recreational items such as a folding camper, fishing gear, canoes, or jet skis.
  - Costs incurred prior to the disaster as a preventative measure;
  - Costs covered by another source (e.g., insurance);
  - Expenses for essential PP that is permanently moved out of the damaged pre-disaster residence and will NOT be returned to the applicant’s primary residence or to the applicant’s new primary residence; AND
  - Locks, optional insurance fees, administrative fees, late fees and security deposits listed on applicant’s receipts, bills, or estimates.

- Sequence of Delivery
  - ONA
  - Funeral Assistance, if there is a pending funeral review:
    - DO NOT delay processing other eligible funds to await a funeral decision.
  - Personal Property Assistance; AND
- All other categories, if funds are available under their respective maximum amount of assistance.

- Refer to the Financial HA and ONA Maximum and Minimum Awards SOP for the full HA/ONA Sequence of Delivery.

- IHP Maximum (system limit only):
  - In an effort to minimize errors, the system will generate a popup if the total combined payment exceeds $100,000.
    - Total combined payments include (in any combination):
      - HA
      - ONA
      - ADA related line items
  - Temporary housing and ADA related line items are NOT counted toward the financial HA and ONA maximums, so in rare instances an applicant's total award may exceed $100,000.
  - If this happens, PLACE the case on Hold – Program Review.
    - EMAIL the IHP Helpdesk for assistance.
    - INCLUDE the following on the email:
      - Subject Line: DR #, Reg #, and a subject that includes 'System Limit Exceeded'.
      - Body: A description of the request and list of processing actions pending.
    - The PMS will have to authorize this payment.

- ADA assistance reviews are only assigned to a limited group of Specialized Processing Unit (SPU) staff.
  - DO NOT process ADA RP items unless specifically assigned.
III. Process

A. Eligibility Verifications

To be eligible for Moving and Storage Assistance, an applicant must meet the following criteria:

1. Identity is verified (IDV_PASS). Refer to the Identity Verification SOP for additional information;

2. The Damaged Dwelling (DD) is the applicant’s primary residence. Refer to the Occupancy Verification SOP for additional information;

3. Eligible assistance may NOT duplicate any insurance settlement the applicant may have received for the type of damage to their home, e.g. RP/PP for owners or PP for renters;

   a. Homeowners and Renters Insurance policies DO NOT generally cover moving and storage expenses.

      i. An insurance settlement or denial letter is NOT required prior to an eligible payment. However, if an insurance declaration or an itemized structure or content settlement is available on file; REVIEW the document(s) received to VERIFY if any special allowances include coverage for moving and storage expenses.

   b. Flood insurance policies generally cover moving expenses up to $1,000 if the individual is moving the items to prevent flood losses but DOES NOT offer coverage for any storage costs. When flood damage occurs:

      i. Verification of flood insurance coverage is required for moving expenses only.

      ii. Flood insured or non-compliant (NCOMP) applicants are eligible for moving expenses in excess of $1,000 and all storage fees if all other criteria are met. Refer to the Flood Zones and Other Protected Areas SOP for additional information.

4. [Blank]
i. If Rental Assistance is provided to the applicant or there is evidence on file the applicant is forced to relocate as a result of the disaster; e.g. confirmed Landlord or contractor statement; Moving and Storage Assistance may be provided.

5. Verification of moving and/or storage expenses are on file; AND

a. Verifiable receipts, bills, or estimates within the eligible period of assistance with the name, address, and telephone number of the provider.

i. If the full contact information is NOT available, staff may perform a Google search to locate the missing information. If unsuccessful, CALL the applicant to obtain the required information. One call attempt is required.

6. Applicant’s written statement. This statement must include:

a. The applicant or co-applicant’s signature with the date;

b. The reason(s) moving and storage expenses were required;

c. A description of the essential PP items being stored or moved;

d. Information indicating essential PP is being stored to prevent further damage; AND

e. Information indicating the essential PP will be returned to the applicant’s primary residence or moved to the applicant’s new primary residence.

i. An eligible primary residence includes the applicant’s pre-disaster primary residence or a new primary residence.

1. Eligible expenses may also include the costs to move and/or store essential PP directly in a storage unit or a temporary housing unit to prevent further damage while repairs are being made and return them to the applicant’s primary residence once repairs are complete. The applicant must include this information in their statement to be eligible.

B. Information Requests

1. A Request for Information (RFI) letter will be sent (either automatically or manually) to obtain the required information:

a. When the applicant registers for moving and storage expenses;

b. A request is identified through Helpline; OR
c. The initial RFI has NOT been generated and required information for processing is missing.

2. To manually generate the RFI:

3. Making outbound clarification calls:

   ii. If the information provided in the applicant's written statement is unclear or insufficient to process the case, CALL the applicant and CLARIFY the information.
C. Processing Eligible Assistance

1. Applicant meets all verification requirements:
2. Applicant has a continuing need for Moving and Storage Assistance:

D. Processing Ineligible Decisions

**USE** all standard ineligible decisions when processing requests for Moving and Storage Assistance. **PROCESS** all denial decisions with the **Category** Moving/Storage and the applicable **Asst Type** and **Eligibility Code** selections or selections.

1. Common ineligible determinations, reasons for denial, and associated letter processing actions (If necessary) include:
2. Processing actions required for every type of ineligible decision:
E. Joint Option Disaster Information (ONA Only)

1. If processing a Joint Option Disaster:
   a. ONA categories are only processed by the state, territorial, or tribal government.
   b. FEMA staff is authorized to process Housing Assistance (HA) categories.

2. If incoming mail generates a WP to a FEMA processing queue:

F. Appeals

Moving and Storage appeals are processed using standard appeal procedures. Refer to the Appeal Processing SOP for more information.

G. Exceptions

There may be unique scenarios NOT specifically identified within this SOP that may require additional assistance.
1. If unable to determine eligibility using available SOPs, Disaster Specific Operating Procedures, or other posted information:
IV. EXAMPLES AND FAQs

The following process scenarios examples assume the applicant meets all verification and eligibility requirements.

Scenario 1: Receipt post-dates the incident period start date

1. Incident period start date: 08/11/20

<table>
<thead>
<tr>
<th>Moving Initial Date</th>
<th>Moving Final Date</th>
<th>Storage Start Date</th>
<th>Storage End Date</th>
<th>Eligible Dates</th>
</tr>
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<tbody>
<tr>
<td>08/15/20</td>
<td>10/15/20</td>
<td>08/15/20</td>
<td>10/15/20</td>
<td>08/15/20 through 10/15/20</td>
</tr>
</tbody>
</table>

Initial Moving  | Final Moving  | Storage   |
$105.00 (with tax)| $105.00 (with tax)| $210.00 (two months) |

Eligible Expense: $420.00

Result: PROCESS EMS to the applicant for $420.00.

Scenario 2: Receipt pre-dates the incident period start date

1. Incident period start date: 08/11/20.
2. Initial Moving Expense: $105.00 (with tax).
3. Final Moving Expense: $105.00 (with tax).
4. Storage Expense: $210.00 (two months).

<table>
<thead>
<tr>
<th>Moving Initial Date</th>
<th>Moving Final Date</th>
<th>Storage Start Date</th>
<th>Storage End Date</th>
<th>Eligible Dates</th>
<th>Ineligible Dates</th>
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</thead>
<tbody>
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<td>08/09/20</td>
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<td>08/09/20</td>
<td>10/15/20</td>
<td>08/11/20 through 10/15/20</td>
<td>08/09/20 through 08/10/20</td>
</tr>
</tbody>
</table>

Initial Moving  | Final Moving  | Storage   |
$0.00            | $105.00         | $203.00    |

Eligible moving amount = $105.00

Eligible storage dates and amount = 8/11/20 to 10/15/20 ($3.50 x 58 days = $203.00)

Total Eligible Expense: $308.00

Table 1: Eligible period of assistance

Table 2: Eligible period of assistance
Result: PROCESS EMS to the applicant for $308.00. The applicant is NOT eligible for the initial moving expense ($105.00) because it was prior to the incident period.

Scenario 3 - DD in CBRS

1. Incident period start date: 08/11/20.

2. Initial Moving Expense: $275.00 (with tax).

3. Final Moving Expense: $300.00 (with tax).

4. Storage Expense: $180.00 (two months).

### Eligible Period of Assistance

<table>
<thead>
<tr>
<th>Moving Initial Date</th>
<th>Moving Final Date</th>
<th>Storage Start Date</th>
<th>Storage End Date</th>
<th>Eligible Dates</th>
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<table>
<thead>
<tr>
<th>Initial Moving</th>
<th>Final Moving</th>
<th>Storage</th>
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<tbody>
<tr>
<td>$275.00 (with tax)</td>
<td>$300.00 (with tax)</td>
<td>$180.00 (two months)</td>
</tr>
</tbody>
</table>

Total Eligible Expense: $755.00

Result: PROCESS the Moving and Storage request as ineligible ICBRA. The applicant’s pre-disaster primary residence is located in a CBRS Unit.
V. DEFINITIONS AND ACRONYMS

Definitions

Call Attempt: One call attempt to all available numbers to clarify/request information or discuss eligibility determinations (If the full contact information is NOT available, it can be obtained by using the yellow pages, an internet search provider, or by calling the applicant)

Financial Other Needs Assistance Maximum: Financial assistance for ONA PP, Transportation, Moving and Storage, Medical and Dental, Funeral, Child Care, and Miscellaneous Items is limited to a maximum award amount, adjusted each fiscal year based on the Department of Labor Consumer Price Index for All Urban Consumers (CPI).

Personal Property: Items also known as essential personal property, traditionally identified as eligible under ONA Personal Property; e.g. clothing, household items, furnishings, appliances, tools, computers, or uniforms.

Primary Residence: The dwelling where the applicant normally lives during the major portion of the calendar year or the dwelling where the applicant moved to live in on a permanent basis after a major disaster event occurs.

Signature: A valid signature may be evidenced by any mark made by pen or pencil denoting the signer’s name or mark; a mark or name created and adopted through a software program such as Microsoft Word; adoption of an electronic signature that includes typing a name or mark at the end of an email; a digital image of a handwritten signature or mark; the click of an “I accept” button on an e-commerce site as their legal signature; or adoption of an electronic symbol, sound, or process that is attached to, or logically associated with, the document and executed by the applicant or their agent, with the intent to sign the document.

Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ADA</td>
<td>Americans with Disabilities Act</td>
</tr>
<tr>
<td>CBRS</td>
<td>Coastal Barrier Resource System</td>
</tr>
<tr>
<td>DD</td>
<td>Damaged Dwelling</td>
</tr>
<tr>
<td>DOB</td>
<td>Duplication of Benefits</td>
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<tr>
<td>DR</td>
<td>Disaster</td>
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<td>DRC</td>
<td>Disaster Recovery Center</td>
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<tr>
<td>Abbreviation</td>
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<tr>
<td>DSA</td>
<td>Disaster Survivor Assistance</td>
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<td>DSOP</td>
<td>Disaster-Specific Operating Procedure</td>
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<td>EMS</td>
<td>Eligible Moving and Storage</td>
</tr>
<tr>
<td>EPP</td>
<td>Eligible Personal Property</td>
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<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<td>FIT</td>
<td>Failed Income Test</td>
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<td>HA</td>
<td>Housing Assistance</td>
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<tr>
<td>HAPP</td>
<td>Home/Personal Property</td>
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<td>HRR</td>
<td>Habitability Repairs Required</td>
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<td>IDV_PASS</td>
<td>Identity Verification Passed</td>
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<td>INSS</td>
<td>Ineligible No Substantiation Submitted</td>
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<td>IOR</td>
<td>Ineligible Other Reason</td>
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<tr>
<td>JFO</td>
<td>Joint Field Office</td>
</tr>
<tr>
<td>NCOMP</td>
<td>Non-compliant with Flood Insurance Requirement</td>
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<td>NEMIS</td>
<td>National Emergency Management Information System</td>
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<td>WP</td>
<td>Workpacket</td>
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</tbody>
</table>
VI. RELATED GUIDANCE

Please refer to the following:

- **Standard Operating Procedures**
  - Appeal Processing
  - Codes, Verifications, Request Letters, and Assistance Types
  - Financial HA and ONA Maximum and Minimum Awards
  - Flood Zones and Other Protected Areas
  - Funeral Assistance
  - Identity Verification
  - Occupancy Verification
  - Personal Property Assistance
  - Rental Assistance

- **Resources**
  - Disaster Specific Information
  - Helpline NPSC Caller Services Reference Guide
  - Web NEMIS Initial Assistance Reference Guide
GFIP Eligibility

Effective Date: May 27, 2021

I. Overview

- Purpose of Assistance
- Who May Get Assistance?
- What are Eligible Expenses?
- Documentation or Verification Needed
- Other Items to Note

***This can be referenced by all staff***
(JFO, DRC, DSA, Helpline)

II. Important Information

***ALL employees must read this section***

- Prior to Processing

III. Process

- Eligibility Verifications
- Information Requests
- Processing Eligible Assistance
- Processing Ineligible Decisions
- Joint-Option Disaster Information (ONA Only)
- Appeals
- Exceptions

IV. Examples and FAQs

- Example 1 - GFIP eligibility for owner
- Example 2 - GFIP eligibility for renter

V. Definitions and Acronyms

- Definitions
- Acronyms

VI. Related Guidance

- Links to Related Guidance
Purpose of Assistance:

- To assist in reducing future expenses from floods, FEMA purchases Group Flood Insurance Policy (GFIP) certificates, administered by the National Flood Insurance Program (NFIP), for applicants who are required to purchase and maintain flood insurance but may not otherwise be able to purchase a flood insurance policy.

   - In Joint and State Option disasters, the state, territorial, or tribal government (STT) directly purchases the GFIP as part of their administration of ONA.

Who May Get Assistance?

- Homeowners and renters who meet the conditions of eligibility and may not otherwise be able to purchase a flood insurance policy.

What are Eligible Expenses?

- FEMA may directly purchase a GFIP certificate for eligible applicants who have not previously received the same type of assistance in a previous disaster.

   - No funds are paid directly to applicant.

Documentation or Verification Needed:

- The applicant:
  - Is referred to Other Needs Assistance (ONA) through a Small Business Administration (SBA) referral or is referred to ONA due to a failed income test (SBA = FIT);
  - Does not have an established requirement to maintain flood insurance due to a previous FEMA award;
  - Has met standard verification requirements and is eligible for insurable home or personal property damages caused by flood;
GFIP Eligibility
Effective Date: May 27, 2021

- Has no pre-existing coverage and the home/property can be insured;
- Has available funds under the Financial Other Needs Assistance (ONA) Maximum; AND
- Resided in a damaged dwelling located in a flood zone A, V, or W.

Other Items to Note:

- The cost of the GFIP certificate is deducted from the applicant’s financial ONA maximum.
- Applicants who accept a disaster loan from the SBA during the disaster in which a flood insurance requirement is set must carry flood insurance for the term of the loan and are not eligible for a FEMA-purchased GFIP certificate.
- Although an applicant may initially qualify for a GFIP based on the guidance below, upon review the policy may not be purchased due to the individual not meeting the requirements for a policy. This may include but is not limited to:
  - The flood damage was to an item that cannot be insured by GFIP.
  - The applicant did not meet the requirements for a GFIP in an Otherwise Protected Area (OPA).
  - Even if a GFIP was not purchased by FEMA, the applicant may be responsible to purchase and maintain a flood insurance policy with their own funds if they have a National Flood Insurance Reform Act (NFIRA) requirement.
II. IMPORTANT INFORMATION

This section describes information that every employee must read before processing GFIP Eligibility.

Prior to Processing:

- The Federal Insurance and Mitigation Administration (FIMA) has increased the amount of coverage for an individual GFIP certificate:
  - The maximum amount of coverage for a GFIP is equal to the HA and ONA maximum grant provided by FEMA.
  - The increased coverage limits will apply to all policies issued for an emergency or major disaster declaration issued on or after August 1, 2017.
- Beginning August 1, 2019, the premium for a GFIP will increase from $600 to $2,400.
- Prior to reviewing or discussing personal property assistance, verify the ONA Option selection.
  - FEMA staff are authorized to process and discuss ONA in FEMA Option disasters.
  - In Joint Option disasters, only the STT is authorized to process and discuss ONA eligibility; refer to Section III.E: Joint Option Disaster Information.
- Helpline staff: Refer to Section E of the Helpline NPSC Caller Services Reference Guide for additional information.
- For ONA questions in Joint Option disasters, provide the applicant the STT ONA Helpline number, which is listed on the NEMIS Disaster Information DR Info button or the Web NEMIS Disaster Info (F8) link.
- Sequence of Delivery
  - Other Needs Assistance (ONA)
    - Funeral Assistance, if there is a pending funeral review;
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- DO NOT hold/deduct funds when processing ADA item awards.
- DO NOT delay processing other eligible funds to await a funeral decision.
  - Personal Property Assistance; AND
  - All other categories, if funds are available under their respective maximum amount of assistance.
- Refer to the Financial HA and ONA Minimum and Maximum SOP for the full HA/ONA Sequence of Delivery.
III. PROCESS

A. Eligibility Verifications

To be eligible for a GFIP certificate, an applicant must meet the following criteria:

1. FEMA verifies that damage to the applicant’s property is caused by flooding and the damaged items are insurable (Insured - I, Not Insured - NI) under NFIP (excludes Uninsurable - UI items);

2. The applicant does not have flood insurance coverage at the time of the disaster;

3. The applicant’s damaged residence is located in an SFHA (flood zone A, V, or W);

4. The applicant’s damaged residence is not located in a sanctioned community, CBRS area, or OPA;

5. The applicant does not have a previous requirement to maintain flood insurance as a condition of receiving IHP assistance or the applicant returned prior assistance (EHRZ, ERPLZ, or EPPZ) within 30 days of the award determination letter;

6. The applicant is referred to ONA as a result of a failed income test (SBA = FIT) or as a result of their SBA loan eligibility determination. Refer to the SBA Referrals SOP for additional information;

7. The applicant is eligible for Home Repair (EHRZ), Replacement Housing (ERPLZ), or Personal Property (EPPZ) assistance, prompting the requirement to maintain flood insurance on the damaged residence;

8. If the damaged residence is a travel trailer, the unit is on a permanent foundation (Travel Trailer-Permanent Foundation; line item 6920). Refer to Home Repair Assistance SOP for additional information; AND

   NOTE: Applicants who own or rent travel trailers on non-permanent foundations are not eligible for a GFIP.

9. Refer to the examples of GFIP eligibility for additional information.

B. Information Requests

There are no manual letter requests for the GFIP eligibility process.

C. Processing Eligible Assistance

1. General eligibility information
a. A GFIP certificate provides three years of flood insurance coverage for Real Property/Structure and/or Personal Property/Contents.

i. Beginning August 1, 2019, $2,400 will be withheld (by NEMIS) from the financial ONA maximum, and used for the purchase of a GFIP certificate on behalf of the applicant.

1. Applicants that are referred to ONA after SBA review who have less than $2,400 available in ONA funds will not have a FEMA purchased policy and will be responsible for purchasing a policy on their own.

2. Renters: Although FEMA withholds $2,400 from the available ONA funds, a policy will not be purchased unless the applicant contacts FEMA within six months from the date of the eligibility letter to indicate they will be returning to the Damaged Dwelling Address (DDA).

ii. The GFIP certificate coverage amount is equal to the amount of financial assistance that can be provided by FEMA.

1. The coverage amount is the combined Financial Housing Assistance (HA) and ONA Maximum currently available under IHP.

2. For owners, the GFIP includes coverage for both Real Property/Structure and Personal Property/Contents.

iii. A certificate holder may increase their flood coverage amount by purchasing a standard flood insurance policy prior to the expiration of the GFIP certificate.

b. Applicants are required to obtain and maintain a standard flood insurance policy after the expiration of a GFIP certificate to remain compliant with NFIRA.

c. The duration of a NFIRA flood insurance requirement is different for owners and renters.

i. Owners: The requirement to purchase and maintain flood insurance is for the lifetime of the home/address, even if the damaged dwelling is replaced with a new construction.

1. If ownership is subsequently transferred to another individual or party, conveyance of the requirement is the responsibility of the homeowner.

2. If a property is later remapped and no longer determined to be in a designated SFHA, the flood insurance requirement will no longer apply.
Renters: The requirement to purchase and maintain flood insurance is for the period of time the renter resides at the DDA.

1. If the renter relocates to a new address: The requirement is lifted from that individual/household as long as they do not return to the DDA.
   a. The flood insurance policies are not transferable to subsequent renters of the DDA and cannot be transferred to the applicant’s new rental address.

2. If the renter does not relocate: The Eligible Personal Property (EPP), Flood Insurance Required (EPPZ) letter insert advises the applicant to contact FEMA within six months from the date of the eligibility letter to request FEMA purchase a GFIP policy on their behalf if they are going to remain at the pre-disaster DDA.
   a. Letter Insert Text: If you remain at the damaged home address, you may contact FEMA within six months of the date of this letter to receive additional information on flood insurance and request that FEMA purchase a Group Flood Insurance Policy on your behalf. If you do not contact FEMA or choose not to purchase and maintain flood insurance, you will not be eligible for certain FEMA assistance if another flood disaster damages your property.

3. Renters may notify FEMA of their intent to return to their DDA by calling the FEMA Helpline or by written correspondence within six months from the date of the eligibility letter.

4. Renters are responsible to purchase and maintain a flood insurance policy if they return to their pre-disaster DDA and do not request the purchase of a GFIP by FEMA within the six-month timeframe.
   a. A GFIP certificate cannot be purchased for renters after the expiration of the six-month timeframe.

NOTE: Each roommate and boarder may be eligible for a GFIP for their personal property if they return to the unit.

2. Eligibility payments
   a. Owner and renter awards:
      i. If the applicant is eligible for a GFIP certificate; AND
3. Info Control verification requirement for renters:

   a. If a renter notifies FEMA of their return or intent to return to the pre-disaster DDA within six-month of their eligibility decision:

4. Adding the Info Control Renter Requested GFIP verification:

   a. For all staff, including helpline: The following describes the process of updating the Renter Requested GFIP verification to Verified.

   i. To update the Renter Requested GFIP verification:
ii. **ADD a Comment**, and include the following:

b. **For casework staff after the NEMIS Comment is completed:**

D. **Processing Ineligible Decisions**

There are no ineligible determinations for the GFIP eligibility process.

E. **Joint-Option Disaster Information (ONA Only)**

1. If processing a Joint Option Disaster:
   
   a. ONA categories are only processed by the STT.
If incoming mail generates a Workpacket (WP) to a FEMA processing queue:

a. REVIEW/PROCESS any outstanding issues within HA categories.

F. Appeals

GFIP eligibility appeals are processed using standard appeal procedures. Refer to the Appeal Processing SOP for more information.

G. Exceptions

There may be unique scenarios not specifically identified within this SOP that may require additional assistance.

1. If unable to determine eligibility using available SOPs, Disaster-Specific Operating Procedures, or other posted information:
IV. EXAMPLES AND FAQs

The following are examples of GFIP eligibility.

Example 1 - GFIP eligibility for owner

1. During the disaster event, flood water damaged the applicant’s home and personal property. The applicant/owner is eligible for home repairs and was referred to SBA. The applicant has not completed a disaster loan application (SBA = HAPP).

Example 2 - GFIP eligibility for renter

1. During the disaster event, flood water damaged the applicant’s personal property. The applicant/renter is eligible for personal property and was not referred to SBA (SBA = FIT). A month after the initial EPPZ award, the applicant provided a statement indicating they will return to the damaged dwelling address once home repairs are completed by the landlord.
V. DEFINITIONS AND ACRONYMS

Definitions

**Coastal Barrier Resources System (CBRS) Unit:** Areas that were relatively underdeveloped at the time of their designation within the CBRS. System Units are predominantly compromised of privately owned areas, though they may also contain areas that are held for conservation and/or recreation. Most new Federal expenditure and financial assistance, including Federal flood insurance, are prohibited within System Units.

**Financial Housing Assistance Maximum:** Financial assistance for Home Repair and Replacement Assistance for owner-occupied homes is limited to a maximum award amount, adjusted each fiscal year based on the Department of Labor Consumer Price Index for All Urban Consumers (CPI).

**Financial Other Needs Assistance Maximum:** Financial assistance for Other Needs Assistance Personal Property, Transportation, Moving and Storage, Medical and Dental, Funeral, Child Care, and Miscellaneous Items is limited to a maximum award amount, adjusted each fiscal year based on the Department of Labor CPI.

**ONA Referred:** An applicant who has failed the SBA income test (SBA = FIT) or is referred to ONA as a result of their SBA loan eligibility determination. Refer to the SBA Referrals SOP for additional information.

**SBA Income Test:** The Small Business Administration Income Test is performed to identify Disaster Home and/or Renter Loan consideration. Households with incomes below the established income level will be referred directly to Other Needs Assistance within the Individuals and Households Program. Refer to SBA Referrals SOP for additional information.

**Flood Zone A:** Areas subject to inundation by the one-percent-annual-chance flood event generally determined using approximate methodologies. Because detailed hydraulic analyses have not been performed, no Base Flood Elevations (BFEs) or flood depths are shown. Mandatory flood insurance purchase requirements and floodplain management standards apply.

**Flood Zone V:** Areas along coasts subject to inundation by the one-percent-annual-chance flood event with additional hazards associated with storm-induced waves. Because detailed hydraulic analyses have not been performed, no Base Flood Elevations (BFEs) or flood depths are shown. Mandatory flood insurance purchase requirements and floodplain management standards apply.

**Flood Zone W:** FLD ZN code “W” identifies damaged dwellings located in a regulatory floodway, zone AE as shown on the Flood Insurance Rate Maps (FIRM) and Digital Flood Insurance Rate Maps (DFIRM). A “Regulatory Floodway” means the channel of a river or
other watercourse and the adjacent land areas that must be reserved in order to discharge the base flood without cumulatively increasing the water surface elevation more than a designated height. Mandatory flood insurance purchase requirements and floodplain management standards apply.

**Sequence of Delivery:** The sequence of delivery establishes the order in which IHP assistance is provided to the disaster survivors.

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### Acronyms

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<thead>
<tr>
<th>Acronym</th>
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<td>CBRS</td>
<td>Costal Barrier Resources System</td>
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<td>COD</td>
<td>Cause of Damage</td>
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<td>DDA</td>
<td>Damaged Dwelling Address</td>
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<td>DRC</td>
<td>Disaster Recovery Center</td>
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<td>DSA</td>
<td>Disaster Survivor Assistance</td>
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<td>EHRZ</td>
<td>Eligible Home Repairs, Flood Insurance Required</td>
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<td>ERPLZ</td>
<td>Eligible Replacement Housing, Flood Insurance Required</td>
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<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<td>GFIP</td>
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<td>HA</td>
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<td>NEMIS</td>
<td>National Emergency Management Information System</td>
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<td>NFIP</td>
<td>National Flood Insurance Program</td>
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<td>Abbreviation</td>
<td>Description</td>
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<td>NFIRA</td>
<td>National Flood Insurance Requirement Act</td>
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<td>ONA</td>
<td>Other Needs Assistance</td>
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<tr>
<td>OPA</td>
<td>Otherwise Protected Area</td>
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<td>POC</td>
<td>Point of Contact</td>
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<td>SBA</td>
<td>Small Business Administration</td>
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<td>SFHA</td>
<td>Special Flood Hazard Area</td>
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<td>SOP</td>
<td>Standard Operating Procedure</td>
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<td>STT</td>
<td>State, Territorial, or Tribal Government</td>
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<td>WP</td>
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VI. RELATED GUIDANCE

Please refer to the following documents:

- Standard Operating Procedures
  - Flood Zones and Other Protected Areas
  - Funeral Assistance
  - Home Repair Assistance
  - SBA Referrals

- Resources
  - Helpline NPSC Caller Services Reference Guide
# Personal Property Assistance

**Effective Date:** September 17, 2021

## I. Overview
- Purpose of Assistance
- Who May Get Assistance?
- What are Eligible Expenses?
- Documentation or Verification Needed
- Other Items to Note

*** This can be referenced by all staff ***

(JFO, DRC, DSA, Helpline)

*** ALL processing employees must read this section ***

## II. Important Information
- Prior to Processing
- CBRA Zones and Sanctioned Communities
- NFIRA Compliance
- Flood Damages and Flood Mapping
- IHP Minimum
- Sequence of Delivery
- Individuals and Households Program (IHP) Maximum (system limit only)

## III. Process

### A. Eligibility Verifications
### B. Information Requests
### C. Processing Eligible Assistance
### D. Processing Ineligible Decisions
### E. Joint Option Disaster Information
### F. Appeals
### G. Exceptions

## IV. Examples and FAQs
- Determining the Need for Appliances
- Standard Personal Property Line Items
- Frequently Asked Questions

## V. Definitions and Acronyms
- Definitions
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## VI. Related Guidance
- Links to Related Guidance

## VII. Appendix
- Personal Property (PP) Eligibility Calculator
I. OVERVIEW

This section describes information that every employee must read before addressing Personal Property Assistance.

Purpose of Assistance:

- The Federal Emergency Management Agency (FEMA) may provide financial assistance under the Other Needs Assistance (ONA) provision of the Individuals and Households Program (IHP) to repair or replace personal property (PP) damaged or destroyed because of a disaster.

Who May Get Assistance?

- Owners and renters who have disaster-caused expenses or serious needs for essential PP NOT provided by or available from another source, such as insurance.

What are Eligible Expenses?

Eligible expenses include costs associated with the repair and replacement of PP items that fall within the following categories:

- Appliances;
- Clothing;
- Room Furnishings;
- Essential Tools; AND
- Accessible Items.

Documentation or Verification Needed:

- Identity Verified;
- Occupancy Verified;
- Small Business Administration (SBA) non-referral or is an ONA referral after SBA review;
Disaster-caused damage/loss verified;

An insurance settlement document, insurance denial letter, or NO content/PP insurance;

Damaged Dwelling (DD) is NOT in a Coastal Barrier Resources System (CBRS), also known as Coastal Barrier Resources Act (CBRA) zones; AND

If the Cause of Damage (COD) is flood:
  o The DD is NOT in a Sanctioned Community (SC); AND
  o The applicant is compliant with the National Flood Insurance Reform Act (NFIRA) regulations.

Other Items to Note:

The PP category is limited by the financial ONA maximum.

Appliances: Assistance is based on the number and type of household appliances in need of repair or replacement. Applicants may receive assistance for two appliances that serve a similar purpose or function, e.g., a range and microwave.

Clothing: Assistance is based on a set dollar amount per person intended to provide up to seven days of clothing needs and the number of occupants requiring clothing, as recorded during FEMA inspection. FEMA defines an essential need for clothing if existing clothing has been destroyed, is physically gone, e.g., blown away, or contaminated by chemicals or sewer backup as a result of disaster. FEMA expects applicants to clean clothing soaked by wind-driven rain, seepage, or flood waters. Stored clothing is generally NOT eligible for assistance.

Room Furnishings: Assistance is based on the level of damage to furnishings within specific rooms of the residence as recorded during FEMA inspection. The rooms must be one of the four types required to meet the needs of a typical household: kitchen, living room, bathroom, or bedroom.

Essential Tools: Assistance is based on a need to replace disaster-damaged essential tools, supplies, equipment, items required by an employer as a condition of employment, or required for education. This includes disaster-damaged tools and equipment, or other items required for a specific trade or profession, NOT provided or supplied by the employer. Tools, uniforms, computers, supplies, or other items used for self-employment are NOT eligible for IHP assistance.

Accessible (Americans with Disabilities Act [ADA]) Items: FEMA also provides assistance for damaged PP items required for applicants with disabilities. Refer to Section III.C.8, for additional information.
The IA Training and Development Section has developed a guide that includes step-by-step instructions and reminders about navigating and using the tools in Web NEMIS. For additional information, refer to the Web NEMIS Initial Assistance Reference Guide.
II. IMPORTANT INFORMATION

This section describes information that every employee must read before processing Personal Property Assistance.

STOP

Prior to Processing:

- For cases locked or under Program Management Section (PMS) or NCT review:
  - DO NOT process the WP if the file contains indications of being Under Review and/or locked from further processing.
  - SEND an email for review to the IHP Helpdesk.
    - INCLUDE the following on the email:
      - Subject Line: DR #, Reg #, and a subject that includes ‘Under Review’.
      - Body: A description of the request and list of processing actions pending.

- Prior to reviewing or discussing Personal Property Assistance, VERIFY the ONA Option selection.
  - FEMA staff is authorized to process and discuss ONA in FEMA Option disasters.
  - In Joint Option disasters, only the state, territorial, or tribal government (STT) is authorized to process and discuss ONA eligibility; refer to Section III.E: Joint Option Disaster Information.
  - Helpline Staff: Refer to the Helpline NPSC Caller Services Reference Guide for additional information.

- For ONA questions in Joint Option disasters, PROVIDE the applicant the STT ONA Helpline number, which is listed on the NEMIS Disaster Info (F8) link or found in the Summary Information box located on the online Disaster Specific page.

CBRA Zones and Sanctioned Communities:
NFIRA Compliance:

- When flood damage occurs: Review the NFIRA Compliance (NFIRA Compliance: Yes/No) information prior to processing Home Repair Assistance, Home Replacement Assistance, or Personal Property Assistance. Refer to the Flood Zones and Other Protected Areas SOP for additional information.

Flood Damages and Flood Mapping:

- Review the Flood Zone information (FldZn: O, A, V, W, or blank) when flood damages are recorded.

- **SUBMIT** specific case information to FEMA-IHP-Flood-Mapping-Team for assistance when:
  - Flood damages for insurable items (Insured or Not Insured) and the flood zone information is blank (unmapped);
  - Flood damages for insurable items where there is an NFIRA Maintenance requirement in a flood zone O; OR
  - Flood damages for insurable items with any conflicts between the flood zone and NFIRA database.

- Only dwellings with flood damage identified by the inspector are required to be flood mapped. Dwellings without flood damage can be processed without sending an email to FEMA-IHP-Flood-Mapping Team.

IHP Minimum:

- A $50.00 IHP minimum award amount must be met before an initial assistance award is processed. Once the IHP minimum is met under Housing Assistance (HA), ONA, or a combination of the two, subsequent awards can be processed at any amount.

Sequence of Delivery:

- Other Needs Assistance (ONA)
  - Funeral Assistance, if there is a pending funeral review;
DO NOT hold/deduct funds when processing ADA item awards.

DO NOT delay processing other eligible funds to await a funeral decision.

- Personal Property Assistance; AND
- All other categories, if funds are available under their respective maximum amount of assistance.
- Refer to the Financial HA and ONA Minimum and Maximum SOP for the full HA/ONA Sequence of Delivery.

**Individuals and Households Program (IHP) Maximum (system limit only):**

- In an effort to minimize errors, the system will generate a popup if the total combined payment exceeds $100,000.

- Total combined payments include (in any combination):
  - HA;
  - ONA; AND
  - ADA related line items.

  - Temporary housing and ADA related line items are NOT counted toward the financial HA and ONA maximums, so in rare instances an applicant's total award may exceed $100,000.

  - If this happens, PLACE the case on "Hold – Program Review".
Subject Line: DR #, Reg #, and a subject that includes ‘System Limit Exceeded’.

Body: A description of the request and list of processing actions pending.

- The Program Management Section will have to authorize this payment.

- ADA assistance reviews are only assigned to a limited group of Specialized Processing Unit (SPU) staff.

  - DO NOT process ADA RP items unless specifically assigned.

  - If a WP with RP ADA line items is identified outside of the FEMA Special Handling queue:

Disability and Communication Needs:

- Prior to processing, REVIEW the NEEDS TO DO popup.

  - This popup will provide information on the applicant or household’s Disability and Communication Needs.

  - If the NEEDS TO DO link is RED:

    - REVIEW the Disability and Communication Needs frame located on the Registrant Info screen for applicant’s preferred communication.

      - Refer to Disability and Communication Needs for guidance and procedures to accommodate communication needs and access and functional needs;

      - If non-English speaking applicants requires assistance, refer to the Language Line SOP;

      - For assistance in performing outbound calls to applicants and third parties, refer to the Outbound Calls and Third Party Verification SOP for additional information.
III. PROCESS

A. Eligibility Verifications

To be eligible for Personal Property Assistance, an applicant must meet the following criteria:

1. Identity is verified (IDV_PASS). Refer to the [Identity Verification] SOP for additional information.

2. The DD is the applicant’s Primary Residence and Occupancy is verified. Refer to the [Occupancy Verification] SOP for additional information.

3. PP is referred to ONA: SBA non-referral (SBA = FIT - Failed Income Test) or ONA referral after SBA review.
   a. Refer to the [SBA Referrals] SOP for a description of SBA Codes and IHP referral information. Also, refer to Section IV. Frequently Asked Questions for additional information.

4. Disaster-caused repair or replacement damage/loss is verified through inspection or verifiable estimate, receipt, bill, or invoice.

5. Eligible damage is NOT fully covered by insurance. VERIFY one of the following:
   a. No insurance listed in NEMIS for the COD;
   b. The net insurance settlement for the content for the applicable COD is less than the financial ONA maximum and less than the applicable PP line item(s);
   c. A denial letter for the applicable COD; OR
   d. Insurance document or denial letter indicating NO content/PP coverage.
      i. Refer to the [Insurance Processing for HA and Personal Property] SOP for additional information, including specific requirements for adding insurance settlements to NEMIS.

6. The DD is NOT in a CBRA Zone, DD in CBRA: No;

7. If the COD is Flood:
   a. The DD is NOT in a SC, Sanctioned Comm: No; AND
   b. The applicant is compliant with the NFIRA regulations.
i. Refer to the Flood Zones and Other Protected Areas SOP for additional information.

B. Information Requests

1. PP Requests for Information (RFI) and Appeal Document (ADOC) letters are generated manually:

   a. RFI letter option:

   ![RFI Letter]

   **NOTE:** When the RFI letter is generated, **CALL** the applicant to **INFORM** them of the eligibility criteria, documents, and statements required for review.

   b. ADOC letters:

   i. Frequently used PP ADOC letter options:

   1. **Essential Tools**
   2. **Stored Personal Property**
   3. **Missing Contractor Estimate**
   4. **Missing Contractor Contact Info**

   ii. Refer to the Appeal Processing SOP for a complete list of ADOC letters and options for appeal.

C. Processing Eligible Assistance

1. General Processing Information

   a. In addition to the Eligibility Verifications in Section III.A., the following conditions of eligibility must be met in order to receive Personal Property Assistance:

   i. The item needs to be repaired or replaced.
ii. The occupant(s) of the household has an unmet disaster-caused need for the damaged item.

1. FEMA may NOT provide assistance when there is an additional unaffected item in the applicant’s possession or is available to the household.

iii. The item was owned and being used by occupants of the household.

1. FEMA DOES NOT provide assistance for furnishings and/or appliances:
   a. Provided by a Landlord;
   b. Leased from a company, e.g. Rent-A-Center, Aaron’s, or other third party; OR
   c. Used by guests and relatives who were NOT members of the pre-disaster household.

b. When determining the amount of eligible assistance to meet a household’s needs:

ii. Appliance line item damage levels are identified as:

1. Repair; OR
2. Replace.

C. Assistance for PP items is based on the line item pricing available in NEMIS.

i. NEMIS line item pricing or dollar amounts are based on national pricing index levels provided by a FEMA contractor.

1. NEMIS line item pricing can vary by ZIP Code.

ii. DO NOT modify the pricing provided by the contractor.

iii. DO NOT calculate Personal Property Assistance according to actual cost.
d. Each line item will display a line item quantity max/limit.

e. 

f. When multiple applicants reside in the same pre-disaster DD and are NOT classified as roommates or boarders, the owner or head of household will be considered responsible for the PP up to the quantity max/limit.

i. However, an occupant could be eligible if the owner, head of household, or Landlord has NOT met the item quantity max/limit for the damaged item or room.

ii. The inspection will distinguish items owned by the applicant, Landlord, other occupants, or boarders.

iii. Refer to the Duplicate Investigation and Resolution Processing SOP for additional information.

2. Inspection PP Loss Verifications

a. During any initial, FEMA correction, reinspect, or appeal the FEMA inspection will associate one of two loss verifications for each line item recorded.

i. The two loss verifications types are identified as:

1. Verbal, damage supports claim

2. Viewed during inspection

a. Items previously identified as Not Verified, Losses Not Supported by Damages are identified as Not Affected and the loss verification is recorded as Viewed During Inspection.

b. When PP line items are recorded, the associated loss verification description is present in the Loss Verified field of the Inspection History link. VIEW the Personal Property/Other Misc frame. The following describe the two inspection loss verification types.

i. Verbal, Damage Supports Claim
1. The inspector could NOT see the damaged PP items, but surrounding evidence/damage supports the applicant’s claim that the disaster caused the loss.

   a. The inspector may record PP line items with the appropriate degree of damage when surrounding evidence of damage for appliances and rooms is identified.

ii. Viewed During Inspection

   1. PP items were viewed, and the appropriate degree of damage for each item is recorded.

   2. The Viewed During Inspection option may also include items with NO degree of damage and are identified as Not Affected in the Degree field.

3. Appliances

   a. If appliances are provided by the Landlord, they will be recorded as Landlord Owned.

   ii. The inspection report can also identify age-related line items damaged by the disaster, such as infant items.

   iii. Assistance for appliance items will NOT be denied based on similarity of purpose or function.

      1. For example, if an inspection records both a microwave and a stove as damaged, both items may be eligible for assistance, regardless if the appliances serve a similar purpose.

   b. Assistance for appliances is determined from a single inspection report and based on need.

      i. The need for an appliance is based on the line item Limit vs. the number/quantity of Not Affected, Insured, or Landlord Owned items.

      1. The line item Limit represents the number/quantity of that type of appliance required to meet the needs of a household.
c. Assistance may be provided for generators when the inspection lists the item as damaged and it was owned by the applicant prior to the disaster event. Refer to the Generator SOP for additional information.

d. Computers that are used for general purposes are identified as line item 3061 Personal Computer.

i. The Computer - Personal Computer line item 3061 is generally NOT an eligible item and will NOT be available for selection in NEMIS when it is NOT approved for processing unless a DSOPs exists.

4. Clothing

a. 

b. Clothing replacement assistance is based on the NEMIS line item pricing, regardless of age and gender.

c. The clothing line item quantity limit is set at 10, unless DSOPs exist.

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e. Clothing is often provided by voluntary agencies; however, such clothing is expendable and is NOT considered a duplication of benefits.

f. Assistance for clothing will be provided to the applicant and household occupants based on need. Need is determined by the occupant quantity vs. the number of required clothing, as recorded by the inspection.

g. Assistance for clothing is determined by the number of household occupants who require clothing (# Required Clothes), as recorded at the time of inspection.

i. If correcting/increasing the number of items previously awarded;

5. Room Furnishings

a. Room assistance is based on a single inspection report, need, and the level of damage (Degree of Damage) to furnishings within specific rooms of the residence.

i. The four types of eligible rooms under PP are Kitchen, Living Room, Bathroom, and Bedroom.

1. Rooms include household items and furnishings such as beds, towels, sheets, etc.

2. DO NOT add or process any other room type available in NEMIS unless DSOPs exist.

3. DO NOT delete rooms added at the time of inspection, even if the applicant does not qualify for assistance, e.g. quantity limit.

ii. The degree of damage for rooms includes Not Affected, Landlord Owned, Repair (X), Repair (Y), or Replace (Z).

1. Furnishings supplied by a Landlord or by other applicants within the household are recorded as Landlord owned.
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a. Rooms furnished by the Landlord or other non-dependent occupants are ineligible.

iii. The need for a room is based on the line item Limit vs. the number/quantity of Not Affected, Insured, or Landlord Owned items.

iv. **Bedrooms**: The number of occupied bedrooms is recorded at the time of inspection.

1. Eligibility is based on:
   a. 
   b. 
   c. 

2. On appeal, the applicant can request assistance for additional occupied bedrooms if the actual number of occupied bedrooms exceeds the room quantity limit set in NEMIS (added manually).

v. The item limit for Kitchen, Living Room, and Bathroom is one, unless disaster specific guidance indicates otherwise. This limit represents the number of rooms required to meet the needs for a typical household.

vi. Assistance for rooms will NOT be awarded for individual items such as couches, beds, linens, etc., but according to Degree of Damage recorded on the inspection report:

1. Repair X: 25 percent of Replace;
2. Repair Y: 50 percent of Replace; OR
3. Replace Z: 100 percent.

vii. In the event the inspection indicates two of the same room types are damaged and there is only a need for one, the lesser of the two Degrees of Damage recorded will be processed for payment.

viii. If the Not Affected, Insured, or Landlord Owned item(s) meet(s) the room quantity limit, the applicant will then be ineligible for assistance for that room type.

ix. If the combination of damaged, Not Affected, Insured, or Landlord Owned rooms DOES/DO NOT meet the quantity limit, the applicant may be awarded assistance for the room type at the minimum amount of assistance to meet the need.

x. Furniture or losses located in non-essential rooms will NOT be eligible for assistance, unless the room is determined eligible based on need.

1. Example: An applicant with mobility issues requests repair assistance for a damaged bedroom or bathroom located on the first floor, having NO access to the rooms available on the second level of the structure.

a. When mobility issues or extenuating circumstances exist, the applicant can submit an appeal statement describing the essential need for the specific room, along with any medical/ADA-related documents.

b. Extenuating circumstances are evaluated on a case-by-case basis. Refer to Section G: Exceptions for assistance in determining the applicant’s eligibility.

6. Essential Tools

a. Essential/Occupational tools consist of disaster-damaged tools, supplies, equipment, or other items required by an employer as a condition of employment OR required for education.

b. Essential tools are found in the Personal Property/Other Misc frame. There are four items currently available:

i. Computer - Essential: The 3640 Computer - Essential line item is recorded when the applicant is required to provide a computer by either the employer or school as a condition of employment or educational course, including home schooling, college, or trade school programs.
1. If the **3640 Computer - Essential** line item is NOT available under the **Personal Property/Other Misc** frame, the applicant will be ineligible for this line item.

   ii. **School Books/Supplies**: The line item is recorded according to damages to school books/supplies when the applicant is responsible for replacement of the items. This line item refers to a full set.

       1. This includes equipment and supplies required for educational courses, including home schooling, college, or trade school programs.

   iii. **Uniforms**: The line item is recorded to address damaged uniforms (to include specialized/protective clothing) required for school or work when the applicant is responsible for replacement of the uniforms. This line item refers to a full set.

       1. Uniforms that are saturated by wind-driven rain, seepage, or flood waters are expected to be cleaned by the applicant, e.g. by a washing machine, dry cleaning, etc.

       2. The uniforms must be destroyed, physically gone, or contaminated by chemicals, sewer backup, etc. in order to be eligible.

   **NOTE:** When **Computer - Essential, School Books/Supplies**, or **Uniforms** is recorded through an onsite inspection, additional documents are NOT required.

   iv. **Occupational Tools**: Tools and/or equipment required by an employer as a condition of employment OR items required as a condition of an applicant's or occupant's education.

       1. This includes tools and equipment required for a specific trade or profession.

       2. The line item DOES NOT have a NEMIS line item pricing amount and will be paid based on receipts NOT to exceed $799.99.

       3. When the **Occupational Tools** is recorded through an onsite inspection, the following additional documents are required:

           a. A statement from the employer that includes a list of required tools, uniforms, or equipment and that the applicant is required to provide them as a condition of employment. This must be on company letterhead;
i. An itemized estimate, bill, or receipt showing the replacement cost of the item and, if available, a statement of the potential place of purchase that the damage was disaster-caused; AND

ii. A written and **signed** statement from the applicant explaining the damage was disaster-caused.

c. **Essential Tools - ADOC:** Upon initial or appeal review, the following are required supporting documents for manual review if the item(s) was NOT identified through inspection but the applicant has submitted required information/statements from employer or school.

   i. A statement from the employer that includes a list of required tools, uniforms, or equipment and that the applicant is required to provide them as a condition of employment. This must be on company letterhead.

   ii. A statement on school letterhead documenting the computer or book(s) is required as a condition of education, and the school DOES NOT provide access to the item for use outside of class, such as a school computer lab.

   iii. An itemized estimate, bill, or receipt showing the replacement cost of the item and, if available, a statement of the potential place of purchase that the damage was disaster-caused.

   iv. A written and **signed** statement from the applicant explaining the damage was disaster-caused.

d. **Essential tools award amount(s):**

   i. **Computer (3640), School Books/Supplies, and Uniforms award(s):**

      1. If the line item is available for use/selection in NEMIS, and a dollar amount is available on the line item or under **Summary Information** on the **Disaster Specific Information** page;
e. **Ineligible Items:**

   i. Tools and equipment are ineligible if the applicant is self-employed. In this situation, the tools and equipment would be considered a business expense.

   ii. Tools used specifically for home or personal vehicle repairs are ineligible. If an item used for self-employment is supplied by an employer, educational institution, or used for hobbies and recreational purposes, it will NOT be recorded and is NOT eligible for assistance.

   iii. Uniforms that can be cleaned using standard methods, such as a washing machine or dry cleaning.

7. **Inspection Returns with Undeclared COD - Fire:**
8. ADA PP Line Items

a. ADA assistance reviews are only assigned to a limited group of SPU staff.
   i. DO NOT process ADA PP line items unless specifically assigned.
   ii. If a workpacket with PP ADA line items is identified outside of the FEMA Special Handling queue:

b. ADA line items are used to address PP that is specific to applicants with disabilities. These line items are only recorded when they are owned pre-disaster.

c. The ADA item list includes:
   i. ADA-Accessible Bed;
   ii. ADA-Accessible Raised Toilet Seat;
   iii. ADA-Accessible Refrigerator;
   iv. ADA-Accessible Washer;
   v. ADA-Computer;
vi. ADA-Shower Chair;

vii. ADA-Visual/Vibrating Fire Signal;

viii. ADA-Walker;

ix. ADA-Wheel Chair; AND

x. Advance TTY/TDY Telephone.

d. If an applicant’s inspection reflects an ADA refrigerator or washer and an equivalent standard line item, the ADA appliance(s) will be processed on the award.

e. An applicant may be eligible for an ADA bed and PP line items for twin beds up to the quantity limit to meet the household needs. The household needs are based on the number of occupants in the occupied bedrooms at the time of inspection.

f. An applicant may be eligible for an ADA-accessible raised toilet seat and an RP toilet line item award up to the quantity limit.

g. ADA-Computer line item 3021: Recorded when required for use by the applicant or occupant with disabilities.

i. If an ADA computer is approved for the disaster and processed manually, USE the NEMIS line item amount, regardless if any available receipts are less.

h. When FEMA Verified Loss (FVL) DOES NOT exceed the financial ONA maximum:

i. The ADA and Non-ADA line items must be processed separately.

1. Refer to the Appendix for information on using the Eligibility Calculator.

ii. PROCESS all Non-ADA line items for payment first. SPU must SELECT:
iii. Once the processing of Non-ADA line items has been completed:

When the FVL exceeds the Financial HA Maximum:

i. **PROCESS** all Non-ADA line items for payment first.

ii. Once the processing of Non-ADA line items has been completed:
9. Stored Essential PP

a. Damage to essential PP items stored away from the primary residence at the time of the disaster may be eligible for assistance under the ONA program.

b. Additional Verification Requirements:

   i. In addition to the standard requirements in Section III.A, the following verifications must be confirmed:

      1. Lack of or insufficient insurance coverage for contents or PP including the following:

         a. Storage facility insurance.

         b. Homeowner’s or renter’s insurance for covered perils.

         c. Flood insurance when flood damages occur.

      2. Verification of essential PP damage by inspection or through submission of supporting documents.

   NOTE: The occupancy verification is NOT required when the essential PP is stored away from the primary residence, e.g., storage facility.

   c. Information Requests

      i. Applicants who register for damages to stored PP only will be initially identified as Non-Referral (NONREF). The address and location where the PP was stored will be listed as the damaged dwelling address or within comments.

      ii. After registration, all of the following information must be provided to support the request for stored Personal Property Assistance:
1. A signed, written explanation describing the need for repair or replacement of essential PP, including a reason why the items were stored;

2. Proof of the intent to move the items into a primary residence, such as a lease for a rental property the applicant is going to move into, documents indicating a closing date for a home purchased, or other documents that indicate the intent to move with a move-in date;

3. If the applicant owns similar items that were NOT affected by the disaster at the current housing location;

4. The address of the storage location;

5. An itemized list of essential PP losses; AND

6. A copy of all insurance settlement approval or denial letters for the storage unit or primary residence that may cover the losses. If NO insurance, a statement indicating insurance coverage DOES NOT exist.

iii. GENERATE the PP - Personal Property RFI letter when:

1. A statement or information provided is incomplete for a review of PP stored elsewhere based on the documentation requirements in Section III.C.9.c.ii.

2. There is NOT enough evidence to support an essential need for the items or information within the required documents could NOT be confirmed.

d. Determining the Essential Need for PP Items Stored Elsewhere

i. Once the applicant submits the required documentation (Section III.C.9.c.ii.), a review of PP items listed by the applicant and the essential need to repair or replace those items will be performed.

1. Essential PP items are those that are:

   a. Typically eligible under the PP category; and

   b. Stored temporarily and required to occupy or transition into a new housing unit; and

   c. NOT duplicated with available appliances and furnishings owned by the applicant in their current housing unit. Eligible quantity limits, such as one living room per household, will be observed.
ii. There may be situations where the applicant has NO expectancy of returning to the primary residence and utilizing stored PP. These cases should NOT be referred for inspection and are determined ineligible.

e. Inspection Requests

i. When the applicant supplies the required information listed in Section III.C.9.c.ii., has NO insurance coverage, and the items are identified as essential, staff will:

ii. Initial Inspections will NOT address essential stored PP items and are NOT requested for this process.

iii. There may be times when an individual has damages at the primary residence and PP losses at a storage unit location OR an initial inspection was incorrectly generated for a non-primary residence location, e.g. storage unit.
1. On Appeal: When the applicant supplies the required information listed in Section III.C.9.c.ii., has NO insurance coverage, and the items are identified as essential, staff will follow the same process described in Section III.C.9.e.i.

f. Processing Stored Personal Property Assistance

   i. Complete Inspections will list the damaged essential PP items within the inspection comments, including the degree of damage observed.

   a. For a list of approved items, refer to the Standard Personal Property Line Items for additional information.

      i. Clothing in storage will generally NOT be eligible for assistance because the applicant will typically have sufficient essential clothing outside of the storage unit.

   b. If multiple site inspections have occurred and there are damaged items listed in the primary residence and a separate storage location, it is important for staff to identify the quantity of items a household can receive (listed as the maximum quantity).

      i. Example: An inspection recorded a living room as Not Affected at the primary residence and included a comment for a living room replacement from the inspection to the storage facility. Because the standard quantity limit for living rooms is limited to one per household, the applicant would NOT qualify for the additional living room damaged in storage.

   ii. If the inspection is unable to verify the essential PP was located in a storage unit or non-commercial location, additional information should be requested from the applicant (Section III.C.9.c.ii.), such as a verifiable pre-disaster storage unit lease, inventory, or written agreement to confirm the applicant did in fact house items in the specified location.

1. The inspection report should generally confirm if there was disaster-caused damage at the location specified by the applicant.

   a. Assistance can only be considered if:

      i. The inspection has generally confirmed disaster-caused damage at the location specified by the applicant.
ii. Documentation from another source (or storage facility management) can identify/confirm the specific items listed were damaged and removed from the location after the disaster.

b. When acceptable documents from another source complete the required item loss verification, the caseworker can continue to process eligibility or follow the process described in Section G: Exceptions if a clarification of other eligibility criteria is required.

iii. Once all of the applicable PP line items have been added, USE the EPP - Eligible Personal Property eligibility code.

1. All cases with items damaged by flood (regardless of the eligibility code used) will need to be flood mapped prior to payment. EMAIL the registration number and address information to the FEMA-IHP-Flood-Mapping-Team in order to complete the flood mapping process.

2. FEMA will NOT purchase a Group Flood Insurance Policy (GFIP) for a temporary location; therefore, the EPPZ - Eligible Personal Property, Flood Insurance Required decision will NOT generally be used.

   a. If the flood damage occurred at a primary residence (repairs being made and PP was stored onsite) or a residence structure on a permanent foundation the applicant intends to occupy, the eligible EPPZ code will be used.

iv. The following case scenarios are processed as appeals:

1. The applicant received a PP decision letter without an inspection for stored PP.

2. The applicant received an initial inspection for damage to the primary residence and a PP decision, such as IID or INPR and the inspection DID NOT record PP damage.

   a. REVIEW inspection comments for any information regarding stored PP.

3. The applicant (with an initial inspection and eligibility determination) was transitioning into a new primary residence and had damages to essential PP located in storage.
a. Refer to the Flood Zones and Other Protected Areas SOP and the GFIP Eligibility SOP or specific eligibility information.

11. Calculating the Net Insurance Settlement

a. The net settlement is the amount paid directly to an individual from the insurance company after any applicable deductions for depreciation, adjustments, deductibles, and monies required to be paid directly to a lien holder, e.g., mortgage company.

b. Refer to the Insurance Processing for HA and Personal Property SOP for additional information.

12. Personal Property Assistance Awards

a. If an applicant meets the verification requirements listed under Eligibility Verifications;

b. Is NFIRA compliant;
   i. Refer to the Flood Zones and Other Protected Areas SOP for additional information.

c. The DD is NOT in an SC, SC: No; AND

d. The DD is NOT in a CBRA Zone, DD in CBRA: No;

e. Refer to the Personal Property Assistance Basic Processing Steps section of the Web NEMIS Initial Assistance Reference Guide for additional information.

NOTE: For all processing actions, as long as all items are addressed before the final route, they can be completed in any order.

D. Processing Ineligible Decisions

USE all standard ineligible decisions when processing requests for Personal Property Assistance. PROCESS all denial decisions with the Category PP, the applicable Assistance Type (Asst Type), and Eligibility Code selection or selections.

1. Common ineligible decisions, reasons for denial, and associated letter processing actions (if necessary):
Personal Property Assistance
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a. **INI – Ineligible – Ineligible Insurance OR IINSF – Flood Insurance only, Inspection completed**
   i. The net settlement is greater than the financial ONA maximum;
   ii. The net settlement is greater than the FVL for the PP line item(s); OR
   iii. The applicant has NOT supplied an insurance settlement or denial letter and is insured for the COD.

b. **INONV – Ineligible Occupancy Not Verified**
   i. The applicant has NOT verified occupancy for the DD.

c. **ISC – Ineligible Sanctioned Community**
   i. The DD is in an SC.

d. **ICBRA – Damaged Dwelling located in CBRA**
   i. The DD is in a CBRA.

e. **IOVR – Ineligible Over Program Maximum**
   i. The applicant has received the financial ONA maximum amount.

f. **NCOMP – Non-Compliant**
   i. The applicant is non-compliant with NFIRA flood insurance requirements.

g. **IOR – Ineligible Other Reason**
   i. The applicant is ineligible for assistance, and an appropriate ineligible decision is NOT available for the following:
      1. PP items,
      2. Stored essential PP items, OR
      3. Essential tool items.
   ii. **USE** the following IOR letter insert:
      1. **Ineligible – Unavailable Type of Assistance (IOR)**
iii. Refer to the Codes, Verifications, Request Letters, and Assistance Types SOP for additional information.

h. IID – Ineligible (Minimal or NO Personal Property Needs Required)
   i. There are NO disaster-caused losses identified for the PP category; OR
   ii. The total initial (combined HA and ONA) award is below the $50.00 mimimum IHP award amount. There is NO mimimum for subsequent awards.

2. For every type of ineligible decision:

3. If more than one ineligible reason applies, SELECT the eligibility code that best applies and COMPLETE a call attempt to explain the multiple denial reason.
   a. Example: The applicant has insurance (IINS) and the total initial (combined HA and ONA) award is below the $50.00 mimimum IHP award amount (IID).

E. Joint Option Disaster Information (ONA Only)

1. If processing a Joint Option Disaster:
   a. ONA categories are only processed by the STT.
b. FEMA staff is authorized to process HA categories.

2. If incoming mail generates a Workpacket (WP) to a FEMA processing queue:

F. Appeals

Personal Property Assistance appeals will follow the standard appeal process. Refer to the Appeal Processing SOP for additional information.

1. General Appeal Review Overview

   a. All conditions of eligibility required for initial eligibility apply to appeal, including observance of the maximum quantity and line items paid within a prior award.

   b. ONA PP appeals are reviewed on a case-by-case basis and require a full review prior to making a determination.

   c. In addition to submitted documentation, consider the following to determine if the applicant’s appeal is justified by an initial or subsequent inspection report:

      i. Inspection comments;
ii. Rooms/appliances under review for unmet needs;

iii. Rooms/appliances recorded on previous inspection report(s);

iv. The COD;

v. Water level (if applicable);

vi. The loss verification type;

vii. Additional information as needed.

viii. The item location by room and floor level.

d. A determination of eligibility can be processed based on information available from the inspection report, documentation, and clarifying courtesy calls (if needed). Determine if one or more of the following must be performed:

i. A courtesy call to the applicant, contractor, insurance company, or service center technician.

ii. A request for additional information, e.g. RFI or ADOC.

iii. A request for an inspection.

G. Exceptions

There may be unique scenarios NOT specifically identified within this SOP that may require additional assistance.

1. If unable to determine eligibility using available SOPs, DSOPs, or other posted information:
IV. EXAMPLES AND FAQs

Effective Date: September 17, 2021
Table 1: Standard PP Line Items

<table>
<thead>
<tr>
<th>Item</th>
<th>Awarded Based On</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appliances</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. PP appliance line items previously owned by the applicant may be awarded based on the verified need (quantity) recorded by the inspector and the degree of damage up to:</td>
</tr>
<tr>
<td></td>
<td>i. The maximum household limit, e.g. one refrigerator;</td>
</tr>
<tr>
<td></td>
<td>ii. The number of pre-disaster occupants who need or require use of the item; OR</td>
</tr>
<tr>
<td></td>
<td>iii. One item per occupied bedroom (1:1 ratio).</td>
</tr>
<tr>
<td></td>
<td>b. Prior to processing Personal Property Assistance, REVIEW and RESOLVE any linked cases. Refer to the Duplicate Investigation and Resolution Processing SOP for additional information.</td>
</tr>
<tr>
<td></td>
<td>c. Some appliances are listed under PP and Miscellaneous/Other Items. These items can only be awarded under one category.</td>
</tr>
<tr>
<td></td>
<td>i. If the item was owned before the disaster and it was damaged, it will be awarded as Personal Property Assistance.</td>
</tr>
<tr>
<td></td>
<td>ii. If the item was purchased after the disaster, it will be awarded as a Miscellaneous/Other Item.</td>
</tr>
<tr>
<td></td>
<td>iii. If the item is listed under both categories and the applicant has been referred to the SBA, they will NOT receive assistance for the item unless they are referred back to ONA for Personal Property Assistance.</td>
</tr>
</tbody>
</table>

2. Living Room
a. Limit of standard living rooms that may be awarded = 1 per household.

b. Any room furnished with standard living room furnishings will be recorded as a living room with the appropriate cause and level of damage, regardless of whether the applicant refers to it as a living room, family room, den, etc.

c. Applicants who have damage to what they call their living room will NOT receive assistance for this room if they have another room with similar furnishings.

3. Bedroom

a. Limit of standard bedrooms that may be awarded = the number of occupied bedrooms per household (system set up with the maximum default of six but additional rooms can be paid).

b. The bedroom line item includes an allowance for a queen bed for two occupants.

c. A twin bed line item (3310) is added with the appropriate level of damage for each additional person occupying the bedroom (ex. additional child) or having a separate damaged bed. This line item is found under Appliances PP.

d. For example, three children, each with their own bed, occupy a bedroom, and all the furnishings were destroyed. The line item for one Bedroom Replace (which includes all the standard items listed above) and line item for Twin Bed Replace with a quantity of one will be recorded.

4. Bathroom

a. Limit of Standard Bathroom that may be awarded = 1 per household.

b. Applicants who have damage to a standard bathroom will initially NOT receive assistance for this room if they have another bathroom that is Not Affected.

5. Dining Room

a. IHP assistance for a standard dining room is NOT available at this time. However, assistance is available for line item 3700 Dining Table and Chairs for 4 Persons if the inspection report identifies this damage.

b. The limit of line item 3700 that may be awarded = 1 per household.

c. This line item is found under Appliances PP.

6. ADA Line Items

a. Limit of each item = 1 per household with the exception of the ADA flashing fire alarm (see above).
b. In cases where more than one item may be required for the household, **CALL** the IHP Helpdesk (if available) or **SUBMIT** an email to the appropriate supervisor or POC for review for an exception review. If it is determined additional clarification is required, an email will be submitted to the IHP Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov) for assistance.

**Frequently Asked Questions**

**SBA and Income Documents Voluntarily Submitted**

1. **Does an income document voluntarily submitted by the applicant affect their SBA or ONA referral status?**
V. DEFINITIONS AND ACRONYMS

Definitions

**Call Attempt:** One call attempt to all available numbers to clarify/request information or discuss eligibility determinations. (If the full contact information is NOT available, it can be obtained by using the Yellow Pages, an Internet search provider, or by calling the applicant.)

**Extenuating Circumstances:** Personal circumstances outside of an applicant's control and have or are likely to have a significant impact on the performance of a chore, activity, or duty, e.g. business travel, serious health conditions, mourning, etc.

**FEMA Verified Loss (FVL):** The total dollar amount of IHP eligible disaster-caused damage to real and personal property as verified by FEMA. The FVL represents the total potentially eligible damage, but due to insurance coverage, the financial Housing Assistance maximum, and other eligibility factors; an applicant may NOT ultimately receive assistance for their full FVL.

**Financial Housing Assistance Maximum:** Financial assistance for Home Repair Assistance and Home Replacement Assistance for owner-occupied homes is limited to a maximum award amount, adjusted each fiscal year based on the Department of Labor Consumer Price Index for All Urban Consumers (CPI).

**Financial Other Needs Assistance Maximum:** Financial assistance for Other Needs Assistance, Transportation, Moving and Storage, Medical and Dental, Funeral, Child Care, and Miscellaneous Items is limited to a maximum award amount, adjusted each fiscal year based on the Department of Labor CPI.

**Flood Zone A:** Areas subject to inundation by the 1-percent-annual-chance flood event generally determined using approximate methodologies. Because detailed hydraulic analyses have NOT been performed, NO base flood elevations (BFE) or flood depths are shown. Mandatory flood insurance purchase requirements and floodplain management standards apply.

**Flood Zone V:** Areas along coasts subject to inundation by the 1-percent-annual-chance flood event with additional hazards associated with storm-induced waves. Because detailed hydraulic analyses have NOT been performed, NO BFEs or flood depths are shown. Mandatory flood insurance purchase requirements and floodplain management standards apply.

**Flood Zone W:** FLD ZN code “W” identifies damaged dwellings located in a regulatory floodway, zone AE as shown on the Flood Insurance Rate Maps (FIRM) and Digital Flood Insurance Rate Maps (DFIRM). A “Regulatory Floodway” means the channel of a river or other watercourse and the adjacent land areas that must be reserved in order to discharge...
the base flood without cumulatively increasing the water surface elevation more than a designated height. Mandatory flood insurance purchase requirements and floodplain management standards apply.

**Net Settlement:** The amount paid directly to an individual from the insurance company after any applicable deductions for depreciation, adjustments, deductibles, and monies required to be paid directly to a lien holder, e.g., mortgage company; or provider, e.g., healthcare provider.

**ONA Referred:** An applicant who has failed the SBA income test (SBA = FIT) or is referred to ONA as a result of their SBA loan eligibility determination. Refer to the SBA Referrals SOP for additional information.

**Personal Property (PP):** Items traditionally identified as eligible under ONA PP, e.g., clothing, household items, furnishings, appliances, tools, computers, and uniforms. Refer to the Insurance Processing for HA and Personal Property SOP for additional information.

**SBA Dependent Category:** SBA-dependent ONA includes PP and transportation assistance.

**SBA Income Test:** The SBA income test is performed to identify disaster home and/or renter loan consideration. Households with incomes below the established income level will be referred directly to ONA within the IHP. Refer to the SBA Referrals SOP for additional information.

**Signature:** A valid signature may be evidenced by any mark made by pen or pencil denoting the signer’s name or mark; a mark or name created and adopted through a software program such as Microsoft Word; adoption of an electronic signature that includes typing a name or mark at the end of an email; a digital image of a handwritten signature or mark; the click of an “I accept” button on an e-commerce site as his or her legal signature; or adoption of an electronic symbol, sound, or process that is attached to, or logically associated with, the document and executed by the applicant or his or her agent, with the intent to sign the document.

**Verifiable:** A receipt or statement with the name, address, and telephone number of the provider or official that includes sufficient information explaining the incurred costs or information for processing. See Section III.B. for additional information regarding missing or incomplete information.

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**Acronyms**

- **ADA** Americans with Disabilities Act
- **ADOC** Appeal Documentation Request
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BFE</td>
<td>Base Flood Elevation</td>
</tr>
<tr>
<td>CBRA</td>
<td>Coastal Barrier Resources Act</td>
</tr>
<tr>
<td>CBRS</td>
<td>Coastal Barrier Resources System</td>
</tr>
<tr>
<td>COD</td>
<td>Cause of Damage</td>
</tr>
<tr>
<td>CPI</td>
<td>Consumer Price Index</td>
</tr>
<tr>
<td>DAC</td>
<td>Disaster Assistance Center</td>
</tr>
<tr>
<td>DD</td>
<td>Damaged Dwelling</td>
</tr>
<tr>
<td>DR</td>
<td>Disaster</td>
</tr>
<tr>
<td>DRC</td>
<td>Disaster Recovery Center</td>
</tr>
<tr>
<td>DSA</td>
<td>Disaster Survivor Assistance</td>
</tr>
<tr>
<td>DSOP</td>
<td>Disaster-Specific Operating Procedure</td>
</tr>
<tr>
<td>EHRZ</td>
<td>Eligible Home Repair, Flood Insurance Required</td>
</tr>
<tr>
<td>EPP</td>
<td>Eligible Personal Property</td>
</tr>
<tr>
<td>EPPZ</td>
<td>Eligible Personal Property – Flood Insurance Required</td>
</tr>
<tr>
<td>ERPL</td>
<td>Eligible Replacement Housing</td>
</tr>
<tr>
<td>ERPLZ</td>
<td>Eligible Replacement Housing – Flood Insurance Required</td>
</tr>
<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
</tr>
<tr>
<td>FIT</td>
<td>Failed Income Test</td>
</tr>
<tr>
<td>FVL</td>
<td>FEMA Verified Loss</td>
</tr>
<tr>
<td>GFIP</td>
<td>Group Flood Insurance Policy</td>
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<td>HA</td>
<td>Housing Assistance</td>
</tr>
<tr>
<td>HAPP</td>
<td>SBA Home/PP</td>
</tr>
<tr>
<td>ICBRA</td>
<td>Damaged Dwelling Located in CBRA</td>
</tr>
<tr>
<td>Abbreviation</td>
<td>Description</td>
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<tr>
<td>IDV_PASS</td>
<td>Identity Verification Pass</td>
</tr>
<tr>
<td>IHP</td>
<td>Individuals and Households Program</td>
</tr>
<tr>
<td>IID</td>
<td>Ineligible Minimal or No Personal Property Needs Required</td>
</tr>
<tr>
<td>IINSF</td>
<td>Flood Insurance Only, Inspection Completed</td>
</tr>
<tr>
<td>INI</td>
<td>Ineligible has Insurance</td>
</tr>
<tr>
<td>INONV</td>
<td>Ineligible - Occupancy Not Verified</td>
</tr>
<tr>
<td>IOR</td>
<td>Ineligible Other Reason</td>
</tr>
<tr>
<td>IOVR</td>
<td>Ineligible Over Program Maximum</td>
</tr>
<tr>
<td>ISC</td>
<td>Ineligible Sanctioned Community</td>
</tr>
<tr>
<td>JFO</td>
<td>Joint Field Office</td>
</tr>
<tr>
<td>NCOMP</td>
<td>Non-compliant with Flood Insurance Requirement</td>
</tr>
<tr>
<td>NCT</td>
<td>National Coordination Team</td>
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<td>NEMIS</td>
<td>National Emergency Management Information System</td>
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<td>NFIRA</td>
<td>National Flood Insurance Reform Act</td>
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<td>NONREF</td>
<td>Non-Referral</td>
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<td>ONA</td>
<td>Other Needs Assistance</td>
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<td>PMS</td>
<td>Program ManagementSection</td>
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<td>Pending</td>
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<td>POC</td>
<td>Point of Contact</td>
</tr>
<tr>
<td>PP</td>
<td>Personal Property</td>
</tr>
<tr>
<td>RFI</td>
<td>Request for Information</td>
</tr>
<tr>
<td>RI</td>
<td>Registration Intake</td>
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</tbody>
</table>
SBA  Small Business Administration
SC   Sanctioned Community
SFHA Special Flood Hazard Area
SOP  Standard Operating Procedure
STT  State, territorial, or tribal government
TTY/TDY Teletypewriter
WP   Workpacket

Effective Date: September 17, 2021
VI. RELATED GUIDANCE

Please refer to the following:

- **Standard Operating Procedures**
  - Appeal Processing
  - Codes, Verifications, Request Letters, and Assistance Types
  - Duplicate Investigation and Resolution Processing
  - Financial HA and ONA Maximum and Minimum Awards
  - Flood Zones and Other Protected Areas
  - Funeral Assistance
  - Generator
  - GFIP Eligibility
  - Home Repair Assistance
  - Identity Verification
  - Insurance Processing for HA and Personal Property
  - Occupancy Verification
  - SBA Referrals

- **Resources**
  - Disaster Specific Information
  - Helpline NPSC Caller Services Reference Guide
  - Web NEMIS Initial Assistance Reference Guide
VII. APPENDIX: ELIGIBILITY CALCULATORS

Personal Property (PP) Eligibility Calculator

NOTE: Staff are NOT required to use the PP Eligibility Calculator. However, if they decide to use it, staff must follow the below instructions to ensure proper awards are being provided. Staff may also refer to the Web NEMIS Appeals Reference Guide for additional information.

Before using the PP Eligibility Calculator, USE the Edit link on the Personal Property Line Items frame to make any need adjustments to each line item, e.g. decrease or zero-out the Quantity amount, adjust the Insured/NOT Insured status, adjust the COD, etc.

1. Observed and Quantity Amount Matches (Same COD):

2. Observed Amount GREATER Than Quantity Amount (Same COD):
a. On the **Personal Property Line Items** frame, **CLICK Eligibility Calculator**.

iii. On the **Eligibility Summary** frame, **CLICK Calculate**;
3. More than one COD Recorded (e.g. Wind changed to Flood):

When more than one COD is recorded between inspections, an adjustment will be required when using the PP Eligibility Calculator.

2. For the second inspection:

iii. On the Eligibility Summary frame, CLICK Calculate;
4. **ADA Items Included in Inspection:**

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<tr>
<th>b(7)(E)</th>
</tr>
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</table>

iii. On the **Eligibility Summary** frame, CLICK **Calculate**;

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<thead>
<tr>
<th>b(7)(E)</th>
</tr>
</thead>
</table>

**Observed Amount** for each inspection, AND
b. **CLICK** the **Adjustment** link on each inspection and **ENTER** the amount you calculated for that inspection.

i. If entering an adjustment for an **Underpayment**, **ENTER** a negative (-) symbol in front of each entry in the **Adjustment** link.

ii. If entering an adjustment for an **Overpayment**, a negative (-) symbol is **NOT** required.

2. For the second inspection:

a. **CLICK** the **Adjustment** link and **ENTER** the total eligible ADA amount.

i. A negative (-) symbol **must** be added in front of each entry in the **Adjustment** link.

3. **CLICK** Calculate.

4. **CLICK** Save.

iv. **REVIEW** the **Final Pending Eligible Amount** to ensure it is correct;

v. **ENSURE** the **Do Not Add to Calculator** box is **NOT** checked;

vi. **ENTER** a **Comment** in the **Notes** field to explain your calculations;

vii. **CLICK** Save; **AND**

viii. **CLICK** Close.