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Threatening Phone Calls
Effective Date: June 10, 2021

THREATENING PHONE CALLS

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I. OVERVIEW

This section describes information that every employee **must** read ***before*** ***addressing*** Threatening Phone Calls.

Purpose:

- This Standard Operating Procedure (SOP) will supply staff with information on how to address a threatening phone call, a suicidal phone call, and assist callers that are undergoing a great deal of stress.

Other Items to Note:

- **TAKE** threatening phone calls very seriously.
 - All incidents must be reported to the Federal Protection Services Mega Center in Denver at 1-877-437-7411.
 - The employee that witnessed the incident or threat must report it immediately. The Federal Protection Services Mega Center will ensure that they get all pertinent information for the report and assign an Inspector. This will expedite responses and make it easier for Federal Protective Services (FPS) to contact the proper person involved.
 - If the threat is against an **inspector**, refer to [Section A.1](#) for additional information.
 - If the threat is to **commit suicide** OR **self-harm**, refer to [Section A.2](#) for additional information.
 - If the threat includes **other threats** such as bomb threats or threats toward public officials, FEMA staff, FEMA facilities, or other individuals, refer to [Section A.3](#) for additional information.
 - If the threat is received through **fax or mail**, refer to [Section A.4](#) for additional information.
- The National Processing Service Centers (NPSCs) have established procedures for documenting a bomb/telephone threat.
 - Supervisors/designated staff will work to document/save the threatening phone calls, including self-harm.
 - Refer to [Section A.3](#) for additional information.



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NOTE:

- Only calls placed/received through the IC Business Manager are recorded.
- Non-evaluated calls and screens will be retained and remain accessible within the system for a limited period of time.
- The following procedures will include instructions for supervisors completing evaluations on calls identified as security concerns. This process will ensure the calls/screens are retained in the IC Business Manager for call evaluation.



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II. PROCESS

A. Threatening Call Procedures

Complete the following procedures when encountering a threatening phone call.

1. Applicant/Caller threatens **Inspector**:

If an inspector is threatened during a phone call:

- i. **TREAT** all threats seriously;
- ii. **STAY** calm and **TRY** to keep the caller on the line as long as possible;
- iii. **LISTEN** to the caller and **LIMIT** interruptions;
- iv. DO NOT place the caller on hold;
- v. **NOTIFY** your Supervisor/Point of Contact (POC) immediately via email AND follow-up by utilizing Microsoft Teams, interoffice instant messaging, AND/OR signaling for assistance;
 1. If the call is disconnected prior to receiving a response, **FORWARD** all details of the call to your Supervisor/POC for any possible emergency response actions.
- vi. **USE** your best customer service, and without being forceful, **ATTEMPT** to obtain the following information:
 1. Applicant/Caller's name;
 2. Registration number (if applicable);
 3. Current Phone number/contact information for caller;
 4. Current Location or address of caller;
 5. Inspector name-if known;
 6. Inspector number-if known;
 7. Location or address of threatened inspector; AND
 8. Any other details regarding the threat.



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- vii. **PROVIDE** the caller's information to your Supervisor/POC if they have NOT already been listening;
- viii. **CONTACT** the Federal Protection Services Mega Center at 1-877-437-7411 to report the incident and details of the threat; AND
- ix. **ADD** a **Contact** to NEMIS (if applicable).
 - 1. **Summary:** (NPSC #) THREATENED INSPECTOR
 - 2. **Details:** Include all obtained information about the caller and actions taken to report the threat

2. Applicant/Caller threatens to **Commit Suicide** or **Self-Harm** during the Phone Call:

- a. If the applicant/caller states the following during the phone call:
 - i. "Nothing really matters anymore";
 - ii. "I won't be a problem much longer"; OR
 - iii. Any similar statement:
 - 1. **TREAT** all threats seriously;
 - 2. **STAY** calm and **TRY** to keep the caller on the line as long as possible;
 - 3. **LISTEN** to the caller and **LIMIT** interruptions;
 - 4. DO NOT place the caller on hold;
 - 5. **NOTIFY** your Supervisor/POC immediately via email AND follow-up by utilizing Microsoft Teams, interoffice instant messaging, AND/OR signaling for assistance;
 - a. If the call is disconnected prior to receiving a response, **FORWARD** all details of the call to your Supervisor/POC for any possible emergency response actions.
 - 6. **USE** your best customer service and without being forceful, **ATTEMPT** to obtain the following information:
 - a. Caller's name and Registration number, if applicable;
 - i. Once confirmed, **USE** the first name as many times as possible to build a relationship with the caller;
 - b. Current phone number/contact information of caller;



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- c. Current location or address of caller;
 - i. **ASK** the caller their current location or address, and if they are with anyone OR if they are in a public or private place.
- d. Immediacy of the threat;
 - i. **ASK** the caller if they are thinking about suicide.
- e. Ability to carry out threat;
 - i. **DETERMINE** if the caller has the means available to carry out the threat by asking:
 - 1. Have you thought about how you would commit suicide?
 - 2. Have you thought about when you would do it?
 - 3. Do you have what you planned to use available to you?
 - a. Means at hand include, but are NOT limited to:
 - i. Pills/Drugs;
 - ii. Guns;
 - iii. Knives; AND/OR
 - iv. Razor blades.
- f. If the caller DOES NOT provide enough information regarding how they can be contacted or located, **ENCOURAGE** them to contact the referrals in [Appendix A](#).
- 7. **PROVIDE** the caller's information to your Supervisor/POC if they have NOT already been listening;
- 8. **CONTACT** the Federal Protection Services Mega Center at 1-877-437-7411 to report the incident and details of the threat; AND
- 9. **ADD** a **Contact** in NEMIS (if applicable).
 - a. **Summary:** (NPSC #) SUICIDE/SELF-HARM THREAT
 - b. **Details:** Include all obtained information about the caller and actions taken to report the threat.



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3. Applicant/Caller Makes Other Threats:

- a. If the verbal threat includes bomb AND/OR death threats toward public officials, FEMA staff, FEMA facilities, or other individuals:
 - i. **TREAT** all threats seriously;
 - ii. **STAY** calm and **TRY** to keep the caller on the line as long as possible;
 - iii. **LISTEN** to the caller and **LIMIT** interruptions;
 - iv. **DO NOT** place the caller on hold;
 - v. **NOTIFY** your Supervisor/POC immediately via email AND follow-up utilizing Microsoft Teams, interoffice instant messaging, AND/OR signaling for assistance;
 - 1. If the call is disconnected prior to receiving a response, **FORWARD** all details of the call to your Supervisor/POC for any possible emergency response actions.
- b. **USE** your best customer service, and without being forceful, **ATTEMPT** to obtain the following information:
 - i. Caller's name;
 - ii. Registration number (if applicable);
 - iii. Current phone number/contact information;
 - iv. Current location or address of caller;
 - v. Location of threatened individual(s) or facility, e.g. Disaster Recovery Center (DRC), Joint Field Office (JFO), NPSC, etc.;
 - vi. Any other details regarding the threat, e.g. ability to carry out the threat OR if the caller has the means at hand to carry out the threat;
- c. **PROVIDE** the caller's information to your Supervisor/POC, if they have NOT already been listening;
- d. **CONTACT** the Federal Protection Services Mega Center at 1-877-437-7411 to report the incident and details of the threat;
- e. **ADD** a **Contact** in NEMIS (if applicable).
 - i. **Summary:** (NPSC #) BOMB/DEATH THREAT



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ii. **Details: Include** all obtained information about the caller and actions taken to report the threat.

f. **DOCUMENT** the call according to the procedures found in [Section B.1.](#)

4. Threats Received through Fax or Mail:

a. If the written threat includes bomb AND/OR death threats toward public officials, FEMA staff, FEMA facilities, or other individuals:

i. **TREAT** all threats seriously;

ii. **NOTIFY** your Supervisor/POC immediately via email AND follow-up utilizing Microsoft Teams, interoffice instant messaging, OR signaling for assistance;

iii. **FORWARD** all details of the threat to your Supervisor/POC for any possible emergency response actions.

1. **INCLUDE** the following information on the email:

a. Applicant/Sender name;

b. Registration number (if applicable);

c. Current phone number/contact information;

d. Current location or address of the applicant/sender;

e. Location of threatened individual(s) or facility (if available), e.g. DRC, JFO, NPSC, etc.;

f. Document ID; AND

g. Any other details regarding the threat.

iv. **CONTACT** the Federal Protection Services Mega Center at 1-877-437-7411 to report the incident and details of the threat.

v. **ADD a Comment** in NEMIS (if applicable).

1. **Summary:** (NPSC #) WRITTEN BOMB/DEATH THREAT

2. **Details: Include** all obtained information about the caller and actions taken to report the threat.

5. Recovering from the Incident



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- a. After the threat has been reported and in coordination with your Supervisor/POC:
 - i. **TAKE** some time to recover as these types of situations may be difficult to handle.
 - ii. **TALK** with the Supervisor/POC or stress manager, when available, to process the incident and regroup.
 - iii. The better you take care of yourself, the better you will be able to help the next caller.

B. Documenting the Call

1. Further documenting a Verbal **Bomb** or **Death Threat**:

- a. After concluding the call and notifying the required individuals, staff should determine if the recorded call is located in the **IC Business Manager** for retention and security purposes.
 - i. **SEARCH** for the call in **IC Business Manager**;
 1. It may take approximately 15 to 20 minutes for the call to be available for playback.
 - ii. **LOG INTO** the **IC Business Manager** from your desktop;



Figure 1: IC Business Manager Desktop

- iii. From the Main Page, **SELECT Interaction Recorder** on your left menu;

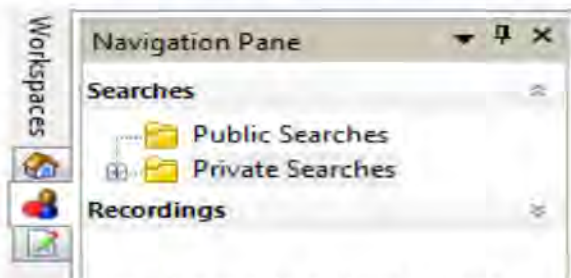


Figure 2: Home Page Search Function

- iv. **RIGHT CLICK** on the **Private Searches**:



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1. **CHOOSE New;** AND
2. **CHOOSE Recording Search;**

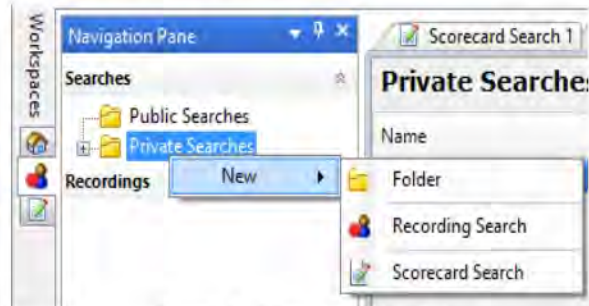


Figure 3: Recording Search

- v. A **Create Recording Search** box will appear:

1. **RIGHT CLICK** in the darker grey area:
 - a. **CHOOSE New Attribute;**
 - b. **CHOOSE Interactions;** AND
 - c. **CHOOSE User Name.**

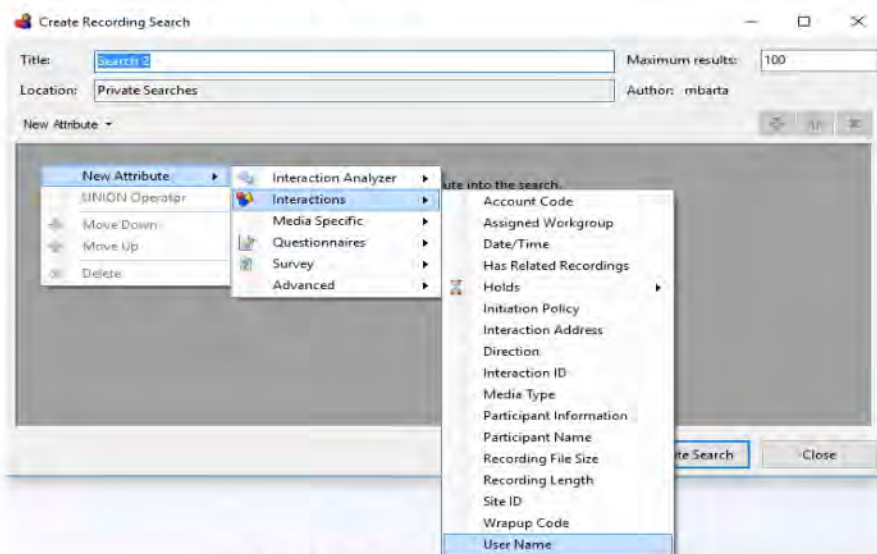


Figure 4: Create Recording Search

- vi. It will return to the **Create Recording Search** box;
1. A new **User Name** attribute will appear showing **Equal to** with a blank text box beside it.
 2. **TYPE** the user's full name in the blank text box.



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3. CHOOSE Create Search.

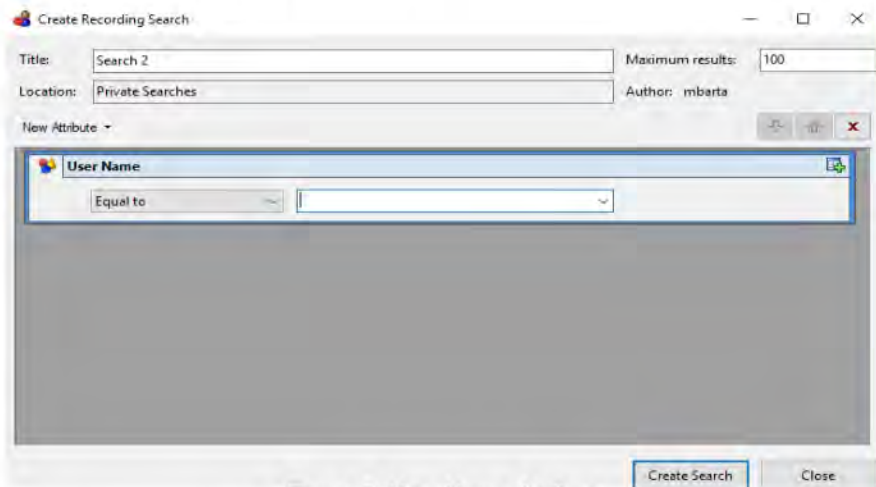


Figure 5: User Name Attribute

vii. A list of **Search Results** will appear to view on the right side of the **Search** panel.

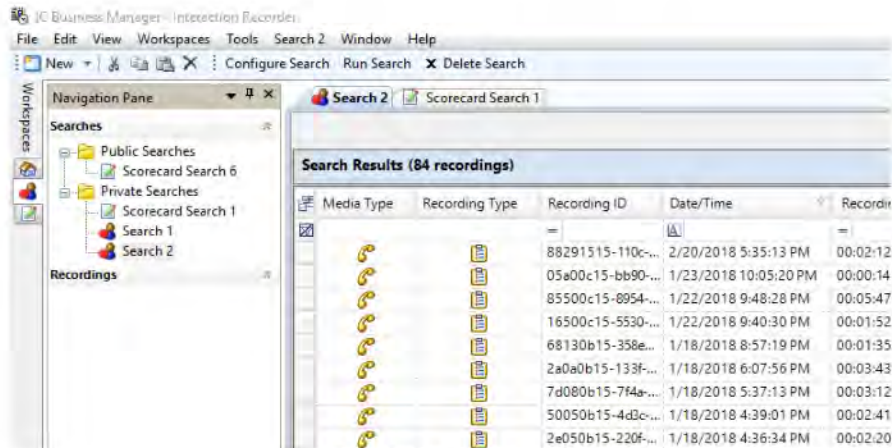


Figure 6: Search Results

viii. **CLICK** to choose the recording to be viewed:

1. **RIGHT CLICK** and **CHOOSE Open Recording** to view selected recording.



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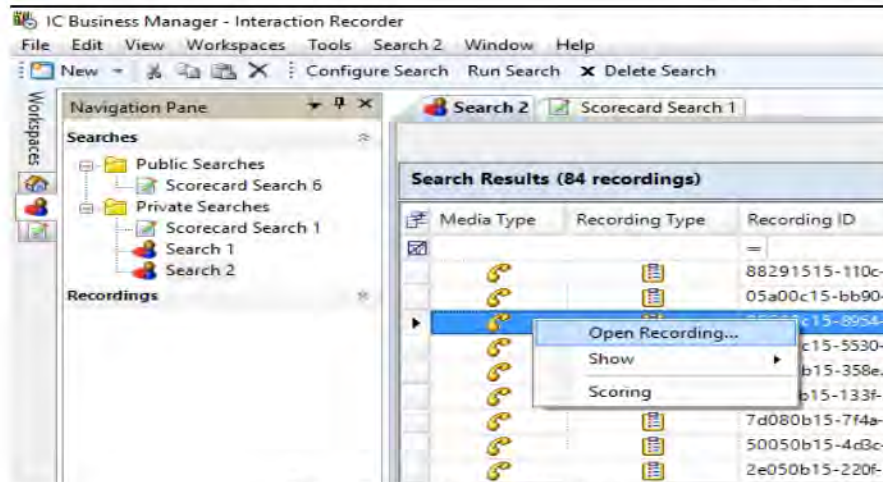


Figure 7: Opening a Recording

- ix. When the identified call is found, staff must document all details of the call to include:
 - 1. Recording ID;
 - 2. Interaction ID key;
 - 3. Date/Time; AND
 - 4. Applicants name registration ID number (if available).
- x. As a formality, **EMAIL** your Supervisor/POC with the call details and nature of the call.

2. Supervisors and POCs

- a. If the call was received using C3MP, **ADD** the security tag to the call/interaction in question; AND
- b. **NOTIFY** local security for immediate action .
 - i. Instructions for adding the **Security Tag**:
 - 1. **SEARCH** by:
 - a. Recording ID;
 - b. Interaction ID (first 10 digits of Interaction ID Key); OR
 - c. **SEARCH** by Agent and Date/Time



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- i. **SELECT** the call/interaction;
 - ii. **CLICK** on the **Tags** tab from **Details**;
 - iii. **SELECT Modify Tag**;
 - iv. **SELECT Security** from the existing tags in the drop down;
 - v. **CLICK Add Existing**; AND
 - vi. **CLICK Save Changes**.
- c. Once the call is saved, security will have access to play back the call and review any additional information that was documented.

C. Exceptions

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

1. If unable to determine an action using available SOPs, DSOPs, or other posted information:

- a. **CALL** the IHP Helpdesk ((b) (6) or the applicable extension number) or **EMAIL** the appropriate Supervisor/POC.
 - i. If after review by the IHP Helpdesk Specialist or Supervisor/POC and it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:
 1. **EMAIL** a request for clarification to the appropriate team via the Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov).



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III. APPENDIX A

A. Referral Information

Applicants/Callers that are suicidal or threatening self-harm but DO NOT have a plan should be referred to the following:

1. Disaster Distress Helpline at 1-800-985-5990;
 - a. For the deaf and hard of hearing, dial 1-800-846-8517 (TTY).
 - b. For Spanish, press #2.
2. National Suicide Prevention Lifeline at 1-800-273-8255;
3. Local mental health services; OR
 - a. Available in some metropolitan areas by dialing 211 or 311.
4. The American Red Cross at 1-866-438-4636.
 - a. For Spanish, dial 1-800-257-7575.
5. For additional referral information, refer to the NEMIS **DR Info** button, the Web NEMIS **Dstr** link, OR the [Disaster Specific Information](#) page for the correct disaster.



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IV. DEFINITIONS AND ACRONYMS

Acronyms

DRC	Disaster Recovery Center
DSOP	Disaster-Specific Operating Procedure
FEMA	Federal Emergency Management Agency
ID	Identification
IHP	Individuals and Households Program
JFO	Joint Field Office
NPSC	National Processing Service Center
SOP	Standard Operating Procedure



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TRANSFERRING REGISTRATIONS

ALL processing employees must read this section		
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I. IMPORTANT INFORMATION

This section describes information that every employee **must** read **before** **processing** Transferring Registrations.



Purpose:

- This Standard Operating Procedure (SOP) will assist staff in transferring a registration that was entered into an incorrect disaster into the appropriate open disaster.
- The open disaster can be a disaster in a different state or a separate disaster in the same state.

Prior to Processing:

- If a Helpline Agent received a call from an applicant stating a need to transfer their registration to another disaster, refer to the [Helpline NPSC Caller Services Reference Guide](#) for additional information.
- If the applicant requests that their registration be transferred to a disaster that has a closed registration period, the applicant must submit a written justification as to why the registration request was NOT completed prior to the registration end date (similar to the Late Registration process). **EMAIL** requests to reopen the registration period to the IHP Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov) for review.
- Personally Identifiable Information (PII)
 - General PII includes names, email addresses, home addresses (both Current Mailing Addresses (CMA) and Damaged Dwelling Address (DDA)), phone numbers, and Electronic Funds Transfer (EFT) routing numbers.
 - General PII may be disclosed to applicants/co-applicants only after they have met the requirements to gain access to the file; and, when requested by the applicant/co-applicant; i.e. the applicant asks staff to confirm the CMA on file.
 - Sensitive PII includes Social Security numbers (full or last 4), Driver License or State ID numbers, Passport ID numbers, Date of Birth, and EFT account numbers.



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- Sensitive PII may never be disclosed to applicants/co-applicants, regardless if they met the requirements to gain access to the file. Staff may only update sensitive PII after the applicant/co-applicant has met the requirements to gain access to the file; and, the information is provided to staff by the applicant/co-applicant. Staff should never provide the outdated information to the applicant/co-applicant.



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II. PROCESS

A. Transferring the Registration

Use these procedures to transfer a registration to another disaster.

1. The Disaster is in a Different State

- a. From **App Update Process**, review other disasters with open registration periods to verify that another registration has NOT been made in another disaster for the same applicant.
- b. **PERFORM** a search using the applicants/co-applicant name and Social Security Number (SSN) information.
 - i. If NO other registration for the applicant is found:
 1. **ACCESS** the existing registration.
 2. **REVIEW** the existing registration information from the **RI History**, (Information can be printed through the **Print Screen** feature). Make sure that the following information is included in the RI History:
 - a. Date of Loss
 - b. Household Composition
 - c. Damage Type
 - d. Electronic Funds Transfer (EFT) Information
 - i. If the **Registration Status** screen contains **ANY** high or low fraud risk stamps, DO NOT copy the EFT information to the new disaster. These applicants will be required to receive any eligible assistance by check.
 1. High risk and low risk stamps include:
 - a. **BANK_VRFN**;
 - b. **LTT_NDNCA**;
 - c. **EMU_TMR**;



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- d. **BANK_VRFN_CD;**
- e. **EMU_TMR_CD;**
- f. **BANK_VRFN_CD_HR;**
- g. **EMU_TMR_CD_HR;**
- h. **MDD_TMR;** AND
- i. **HRP_IDD.**

e. Date of Birth

3. **ADD** or **UPDATE** required information in the existing registration.

4. **ADD** a **Comment**:

a. **Comment Summary Line:** NPSC - TRANSFERRED APP FROM DR XXXX to DR XXXX.

b. **Comment Details:** This registration has been transferred from DR XXXX to DR XXXX. The applicant was registered in the current disaster because of, i.e., incident date, undeclared county, invalid incident, outside the filing deadline.

5. Refer to [Section A.5](#) for details on completing a new registration.

ii. If a registration for the applicant is found in the other disaster:

1. **UPDATE** the registration in the wrong disaster. Refer to [Section A.4](#). below; AND

2. **USE** the existing registration in the correct disaster for processing.

3. **CALL** the applicant and **COMPLETE** the verification process of all Personally Identifiable Information (PII) before giving access to the file and releasing information or general PII to the caller. **PROVIDE** the applicant with the correct registration and disaster numbers.

2. The Disaster is in the Same State

a. The Copy Registration (**Copy Rgsn**) function is used to transfer a registration to a different disaster within the same state.



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- b. This function records an entry in the **Events Log** on both registration indicating the data was copied from one disaster into another, along with the registration numbers.
- c. To copy a registration:
 - i. **OPEN** the Registration Intake to the Call Center (DAC) home screen;
 - ii. **SELECT** the **Copy Rgsn** button from the toolbar;
 - iii. **ENTER** the Registration Identification Number (**Rgsn Id**) or the **SSN**. If this information is NOT found, **SEARCH** by:
 - 1. Last name OR first name; OR
 - 2. Damaged Phone, State, or County;
 - iv. **REVIEW** the **Registration Status Box** and **VERIFY** it reads **VALID-REG**.
 - 1. **CLICK** on the **Search** button;
 - 2. **SELECT** the radio button for the correct registration;
 - 3. **CLICK** on the **Copy Rgsn** button;
 - v. From the pop-up, **SELECT** the radio button for the destination disaster;
 - vi. **CLICK** on the **OK** button; AND
 - vii. **SELECT OK** from the prompt: ***Are you sure you want to copy registration to disaster XXXX?***
- d. The Copy Registration pop-up will open and display the result of the transfer:
 - i. Copied Registration: Reg. ID and DR number.
 - ii. To new Registration: Reg. ID and DR number (**WRITE** down this information);
- e. The screen will display the final result of the transfer: Saved as Complete or Incomplete.
 - i. If incomplete, the unanswered fields and questions will be identified.
 - ii. Changes to the registration that happened after the initial registration (i.e., co-applicant information and name update) will have to be entered manually because the system DOES NOT transfer that information when copying.



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- f. To close the pop-up, **CLICK** on the red **X** in upper right-hand corner.

3. Accessing Incomplete Registrations

- a. To access the new registration, **CLICK** on the **Incomplete Registrations** button from the top tool bar of the DAC screen:
- SELECT** the Disaster Number (**Dstr Nr**) and **ENTER** the **Rgsn Id**;
 - CLICK** the **Search** button; AND
 - REVIEW** the registration for missing data and **EDIT** as necessary.

1. **ADD** a **Contact** or **Comment**:

- Summary Line**: NPSC- COPY REGISTRATION FROM DR XXXX TO DR XXXX
- Details**: Registration was copied to another disaster: from: DR XXXX, Reg ID xxxxxxxxxx to DR XXXX, Reg ID xxxxxxxxxx. State reason for move.

4. Data Changes to Identify the Transferred Registration

- MODIFY** the applicant's last name in the original registration to reflect the change to another disaster.
- ACCESS** the **Registrant Info** screen;
- DOUBLE CLICK** in the **Registrant** frame;
- In the first name field, **ENTER** the Applicant's First Name; AND
- In the last name field, **ENTER: DR TRANSFER.**
- Example:
 - First name field**: JOHN
 - Last name field**: DR TRANSFER SMITH

5. Creating a New Registration



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- a. **CREATE** a new registration in the correct disaster using the information retrieved from the **RI History** of the previous registration.
 - i. If the Identity Proofing questions display, **SELECT Skip**.
- b. **ADD a Comment:**
 - i. **Summary Line:** NPSC TRANSFERRED REGISTRATION
 - ii. **Details:** This registration was transferred from DR XXXX. The applicant was NOT registered in the correct disaster because of (state reason, e.g., Incident Date/Undeclared County/Invalid Incident/Outside the Filing Deadline).
- c. Once the registration is completed, if there are documents in the original registration:
 - i. **E-MAIL** the FEMA Mailroom at [FEMA-IHP-MAILROOM](#) with the Subject Line, (NPSC#) TRANSFER DOCS TO CORRECT FILE to request that the document be transferred to the correct file and include the following details in the message:
 1. Disaster number;
 2. Registration number;
 3. Applicant's name;
 4. Indexed date; AND
 5. Doc#____needs to be transferred to:
 - a. Disaster number for correct file;
 - b. Registration number for correct file; AND
 - c. Applicant's name for correct file.
 - ii. **CALL** the **applicant** and **PROVIDE** them with the new registration and disaster number. **COMPLETE** the verification process of all PII before giving access to the file and releasing information or general PII to the caller. **PROVIDE** the applicant with the new registration and disaster number.
 - iii. In the original registration, **PERFORM** the following actions:
 1. **DELETE** all Pend lines; AND



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2. ROUTE to FEMA Complete.

B. Change Disaster Function

1. The **Change Disaster** function is used to transfer data from registrations stored in **DR 6500** to another active disaster declaration.

- a. This function is only used by Program Management's Systems Administration.
 - i. **CALL** the applicant to complete the registration and **COMPLETE** the verification process of all PII before giving access to the file and releasing information or general PII to the caller. **PROVIDE** the applicant with the new registration and disaster number.
- b. If a registration is found under DR 6500 **Incomplete Registrations**, **UPDATE** the **DR 6500** number selection to the active disaster number available, **COMPLETE** the registration, and **SAVE** as complete.
- c. If a complete registration is still available under DR 6500 instead of the active disaster, **EMAIL** FEMA-IHPHelpdesk@fema.dhs.gov, attention: Systems Administration requesting the transfer to the active disaster.

C. Exceptions

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

1. If unable to complete the transfer process using available SOPs, Disaster Specific Operating Procedures, or other posted information:

- a. **CALL** the IHP Helpdesk ((b) (6) or the applicable extension number) or **EMAIL** the appropriate Supervisor or Point of Contact (POC).
 - i. If after review by the IHP Helpdesk Specialist or Supervisor/POC it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:
 1. **EMAIL** a request for clarification to the appropriate team via the Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov).



III. 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).

Acronyms

APP	Applicant
DAC-CC RI	Disaster Assistance Center - Call Center Registration Intake
DR	Disaster
DRC	Disaster Recovery Center
DSA	Disaster Survivor Assistance
DSOP	Disaster Specific Operating Procedure
Dstr NR	Disaster Number
EFT	Electronic Funds Transfer
IHP	Individual and Households Program
NPSC	National Processing Service Center
POC	Point of Contact
Reg ID	Registration Identification Number
Rgsn Id	Registration Identification Number
RI	Registration Intake
SOP	Standard Operating Procedure
SSN	Social Security Number



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IV. RELATED GUIDANCE

Please refer to the following documents:

- Standard Operating Procedures
 - [DAC – Call Center RI](#)
- Resources
 - [Helpline NPSC Caller Services Reference Guide](#)



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Written Consent and Sharing Applicants Information
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WRITTEN CONSENT AND SHARING APPLICANTS INFORMATION

I. Overview	<ul style="list-style-type: none"> ■ Purpose 2 ■ Documentation or Verification Needed 2 ■ Other Items to Note 2 <p>***This can be referenced by all staff (JFO, DRC, DSA, Helpline)***</p>
II. Important Information	<p>***ALL processing employees must read this section***</p> <ul style="list-style-type: none"> ■ Prior to Processing 3
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I. OVERVIEW

This section describes information that every employee **must** read **before** **addressing** sharing applicant information.

Purpose

- This Standard Operating Procedure (SOP) explains the circumstances, requirements, and procedures to release an applicant's information to a third party.

Documentation or Verification Needed:

- FEMA must have a Written Consent or [Authorization for the Release of Information Under the Privacy Act](#) form from the applicant or co-applicant to release information to a third party.

NOTE: A Written Consent is an agreement allowing FEMA to share an applicant's disaster assistance records with someone other than the applicant or co-applicant.

- The Written Consent outlines the information FEMA is authorized to release and to whom.
- FEMA may accept a Power of Attorney (POA), Guardianship, or Conservatorship documentation from an applicant's/co-applicant's assigned third party if it meets the State law requirements where the applicant/co-applicant resides. Since these instruments have different restrictions, authorizations, or purposes than the Privacy Act, the submitted information must be coordinated further for program review and Office of the Chief Counsel (OCC) review and validation prior to sharing information or access to the applicant's file with the third party.

Other Items to Note:

- Applicants may use the [Authorization for the Release of Information Under the Privacy Act](#) form to request for a copy of their file to be mailed to their address of record with FEMA. Refer to the [Info Control](#) SOP for additional information.
- A Written Consent, [Authorization for the Release of Information Under the Privacy Act](#) form, POA, Guardianship, or Conservatorship document is NOT required when an individual calls to register on behalf of the applicant or when an applicant calls FEMA and requests a third party to speak on their behalf during the call.
 - During a call, the applicant/co-applicant **MUST** answer all verification questions before FEMA can release information to the third party;



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- Staff is authorized to release information to the third party that is either on another telephone line or the third party conferences the applicant/co-applicant into the call;
 - The applicant/co-applicant **MUST** remain on the line for the entire call.
- The third party can be present on the phone when the applicant/co-applicant supplies the verification information.

■ Third Party Inspection Requests

- If a displaced applicant/co-applicant states they are **NOT** able to meet with the inspector and wishes to authorize a third party to meet with the inspector, FEMA will require a Written Consent letter, a completed [Authorization for the Release of Information Under the Privacy Act](#) form, or a Power of Attorney, Guardianship, or Conservatorship document from the applicant to authorize a third party inspection.
- Inspectors will only meet with the applicant, co-applicant, or a designated third party to perform an inspection.
- The third party **MUST** be over the age of 18 in order to attend the inspection on the applicant's/co-applicant's behalf.



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II. IMPORTANT INFORMATION

This section describes information that every employee **must** read **before processing** sharing applicant information.



Prior to Processing:

- Prior to releasing information to a third party OR processing documents submitted on behalf of the applicant:
 - **CONFIRM** that a Written Consent, [Authorization for the Release of Information Under the Privacy Act](#) form, POA, Guardianship, or Conservatorship document is present in the applicant's file.
 - If the document is a Written Consent, **CONFIRM** it meets the requirements listed in [Section A. Verifications](#);
 - If the document is a POA, Guardianship, or Conservatorship, **CONFIRM** it has been reviewed and approved by OCC:
 - The **Release of Information Form** will be set as **Verified** in the **Info Control** screen; AND
 - A **Comment** in the **Events History** will detail what authorizations are granted and to whom.
 - Refer to [Section III.C.3](#) for additional information.
 - DO NOT release applicant's information to a third party without a valid Written Consent, [Authorization for the Release of Information Under the Privacy Act](#) form POA, Guardianship, or Conservatorship document unless the applicant/co-applicant is present during the call and provides consent.
 - DO NOT accept a Written Consent missing the requirements listed in [Section A. Verifications](#).
 - DO NOT accept an expired POA, Guardianship, or Conservatorship document.



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- If an applicant or authorized third party requests a copy of the FEMA file:
 - **CONFIRM** there is an [Authorization for the Release of Information Under the Privacy Act](#) form or a written request in file, and it meets the requirements listed in [Section A. Verifications](#).
 - **EMAIL** the [FEMA-IHP-Mailroom](#).
- Refer to the [Info Control SOP](#) for additional information.



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III. PROCESS

A. Verifications

To release an applicant's information, FEMA requires a Written Consent or [Authorization for the Release of Information Under the Privacy Act](#) form that specifically identifies the information to be released or a POA, Guardianship, or Conservatorship document from the applicant/co-applicant.

Third party inspection requests require a Written Consent letter that specifically identifies inspection as an issue that may be shared; or a POA, Guardianship, or Conservatorship document on file before the inspection can be issued.

The requirements for a POA, Guardianship, or Conservatorship document are different. Please refer to [POA, Guardianship, or Conservatorship section](#) for more information.

1. Written Consent Letters:

Written Consent used for the release of information or third party inspection must include the following requirements:

- a. Be in writing (handwritten or typed);
- b. **INCLUDE** the applicant's or co-applicant's full name, current address, date and place of birth;
- c. Be dated and [signed](#) by the applicant or co-applicant;
- d. **INCLUDE** some form of the following statement, "I declare under penalty of perjury that the foregoing is true and correct." OR be notarized;
- e. **INCLUDE** an individual identifier, i.e. the FEMA application number, current mailing address (CMA), current phone number (CPN), etc.;
- f. **SPECIFY** what information can be released to the third party, i.e. the entire case file, the current contact information, the amount of disaster assistance received, etc.; AND
- g. The individual must designate, identify, and name the individuals, entities, or organizations to which the disclosure is being consented. The consent must also list the actions that the third party can complete on behalf of the applicant, e.g. reissue of funds, complete the inspection, submit an appeal, etc.

2. [Authorization for the Release of Information Under the Privacy Act](#) Form:



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- a. **INCLUDE** the applicant's or co-applicant's full name, place of birth and date of birth;
- b. At least one selection for each item under **Section B**; AND
- c. The applicant or co-applicant's signature, CMA, printed name, and the date signed.
 - i. The Authorization for the Release of Information Under the Privacy Act form expires one year from the date of signing. **CONFIRM** the date of the signature has not expired.

NOTE: The registration ID number, **Section A** and **Section C** are optional for the form to be accepted. However, if an selection is made in **Section B**, at least one selection in **Section A** or **Section C** must be made for the form to be valid.

3. When the authorized third party contacts the Helpline for assistance, they must verify their name and all of the standard verification items for the applicant/co-applicant as outlined in the Helpline NPSC Caller Services Reference Guide.

B. Information Requests

FOLLOW the actions below to request a Written Consent or Authorization for the Release of Information Under the Privacy Act form.

1. If a Written Consent or Authorization for the Release of Information Under the Privacy Act form is NOT on file or is missing at least one of the requirements listed in Section A. Verifications:

- a. **GENERATE** and **MAIL** a **Request for Written Consent Letter (RWCL)**;
 - i. **SELECT Communication** screen;
 - ii. **CLICK Add** from **Outgoing Correspondence**;
 - iii. **CLICK Notification Letters** from **Available Letters**;
 - iv. **CLICK MISC**;
 - v. **SELECT Request for Written Consent Letter**;
 - vi. **CLICK Send letter to mail queue** if NOT marked;



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- vii. **CLICK Finish;**
- b. **CALL** the applicant to explain the requirements of the Written Consent or [Authorization for the Release of Information Under the Privacy Act](#) form. One call attempt is required;
- c. **PROCESS** any outstanding issues within IHP categories;
- d. **ADD** a **Comment**, or **Contact** during helpline call.

C. Granting Access of Information

1. The Written Consent or [Authorization for the Release of Information Under the Privacy Act](#) form meets all the verification requirements listed in [Section A. Verifications:](#)

- a. **ADD** a **Verification Requirement** item;
 - i. **SELECT** the **Info Control** screen;
 - ii. **CLICK Add;**
 - iii. **SELECT Release of information Form** from **Verification Requirement;**
 - iv. **ENTER** the name(s) of authorized individuals, organizations, etc. in the **Description** field;
 - v. **CLICK Save;**
 - vi. **SELECT** the **Release of Information Form** item from **Verification Requirements;**
 - vii. **CLICK Decision;**
 - viii. **SELECT Verified** from **Verification Status;**
 - ix. **SELECT** the applicable incoming correspondence from **Substantiation Received;**
 - x. **CLICK Save**
- b. **REVIEW/UPDATE/PROCESS** any outstanding issues within IHP categories;
- c. **ADD** a **Comment** detailing what authorizations are granted and to whom; AND



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- d. If a WP is available and all outstanding issues have been addressed, **ROUTE** to **FEMA Complete** or other specific queue approved by Supervisor/POC, Preshift, or other authorized source.

2. Assistance with verifying a Written Consent or [Authorization for the Release of Information Under the Privacy Act](#) form validity:

- a. **CONFIRM** that the Written Consent or [Authorization for the Release of Information Under the Privacy Act](#) form has been **Verified** by reviewing the **Info Control** screen and the **Events History**:
 - i. If the **Release of Information Form** is set as **Verified** in the **Info Control** screen:
 - 1. A **Comment** in the **Events History** will detail what authorizations are granted and to whom.
 - ii. If the **Release of Information Form** is NOT set as **Verified** in the **Info Control** screen:
 - 1. **CONFIRM** that the Written Consent or [Authorization for the Release of Information Under the Privacy Act](#) form meets all the verification requirements listed in [Section A. Verifications](#):
 - a. If the Written Consent or [Authorization for the Release of Information Under the Privacy Act](#) form meets all the verification requirements, **FOLLOW** the steps in [Section C. Granting Access of Information](#);
 - b. If the Written Consent or [Authorization for the Release of Information Under the Privacy Act](#) form DOES NOT meet the verification requirements, **FOLLOW** the steps in [Section B. Information Requests](#); AND
 - c. **SET** the **Release of information Form** as **Not Verified** on the **Info Control** screen.
 - i. **ADD** a **Comment** detailing the Written Consent or [Authorization for the Release of Information Under the Privacy Act](#) form is unacceptable to release any information and that a **RWCL** letter has been generated and mailed.
- b. If assistance is needed in determining the validity of a Written Consent or [Authorization for the Release of Information Under the Privacy Act](#) form, **CALL** the IHP Helpdesk through the **IC Public Contacts** tab in **C3MP**, or, **DIAL** (b) (6).



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- i. If the IHP Helpdesk is closed, **EMAIL** them [IHP Helpdesk](#) and **INCLUDE** the following information:
 1. Disaster and registration number;
 2. Applicant name;
 3. Document ID numbers for items that need review; AND
 4. A brief description of the request.

NOTE: The IHP Helpdesk will assist in determining the validity of the documents; however, staff are responsible for updating NEMIS.

3. Assistance with verifying a POA, Guardianship, or Conservatorship validity:

- a. **CONFIRM** that the POA, Guardianship, or Conservatorship document has been reviewed and approved by OCC:
 - i. The **Release of Information Form** will be set as **Verified** in the **Info Control** screen; AND
 - ii. A **Comment** in the **Events History** will detail what authorizations are granted and to whom.
- b. If the **Release of Information Form** is NOT set as **Verified** in the **Info Control** screen:
 - i. **EMAIL** the [IHP Helpdesk](#) or the appropriate Supervisor/POC.
 1. The Coordination Unit will coordinate with OCC to determine the validity of the documentation.
 - ii. If the third party is appealing on behalf of the applicant, or requesting an inspection:
 1. **PLACE** the case on **Hold, Current User**.
- c. Once the review is completed, the Coordination Unit will:
 - i. **SET** the **Info Control** verification as **Verified** or **Not Verified** based on the final determination from OCC;



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- ii. **ADD a Comment** detailing the POA, Guardianship, or Conservatorship document is acceptable or NOT acceptable to release any information and to whom based on the final determination from OCC.

4. Third party access to files for deceased applicants:

- a. POA, Guardianship, or Conservatorship documents are NOT acceptable for deceased applicants.
- b. The IHP Helpdesk will determine if the third party can access a deceased applicant's file, what information can be released, and what actions can be taken by the authorized third party. The IHP Helpdesk will contact the third party for additional clarification if necessary.
- c. If a third party has submitted documentation to FEMA to request access to the deceased applicant's file:
 - i. **VERIFY** if the IHP Helpdesk has granted authorization to release information to the third party, by reviewing the **Info Control** screen and the **Events History**;
 - 1. The **Release of Information Form** will be set as **Verified** in the **Info Control** screen; AND
 - 2. A **Comment** in the **Events History** will detail what authorizations are granted and to whom. **NOTE:** The **Comment** will be identified as coming from Program Management or PMS.
 - a. If the IHP Helpdesk has granted access to the third party:
 - i. **ASSIST** accordingly exercising extra caution before releasing any information;
 - ii. **PROCESS** any outstanding issues within IHP categories; AND
 - iii. **ADD a Contact/Comment** when applicable.
 - iv. If a WP is available and all outstanding issues have been addressed, **ROUTE to FEMA Complete** or other appropriate queue as instructed by Supervisor/POC, Preshift, or other authorized source.
 - b. If the IHP Helpdesk has NOT granted access to the third party:
 - i. DO NOT release any information from the deceased applicant's file and **SEARCH** for the following documents:



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1. A copy of the deceased's death certificate; a document from the state, territorial, or tribal government officials certifying the death of the applicant; or a copy of the will, testament, or official estate executor certificate; AND
 2. A copy of verifiable identification, i.e. state-issued driver's license or ID card, United States Passport, Military issued identification, etc., from the third party requesting access.
- ii. If documents are in file:
1. **CALL** the IHP Helpdesk with an explanation of the request and documents received. The IHP Helpdesk will review the request and determine if the documents are acceptable to provide access to the third party. Staff will update the file with the verification status based on the determination made by the IHP Helpdesk.
 2. If the IHP Helpdesk is closed, **PLACE** the WP on **Hold - Current User**, and **EMAIL** a request to the [IHP Helpdesk](#). **INCLUDE** the following information:
 - a. Disaster number;
 - b. FEMA registration number;
 - c. Applicant's name;
 - d. Description of the request; AND
 - e. Name and contact information of the person(s) and institution requesting access.
 3. **REVIEW/UPDATE/PROCESS** any outstanding issues within IHP categories; AND
 4. **ADD** a **Contact/Comment** when applicable.
 5. After review, the IHP Helpdesk will **EMAIL** the Staff member with their determination. The Staff member will **UPDATE** the file with the verification status based on the determination made by the IHP Helpdesk.
- iii. If documents are NOT in file:



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1. If on Helpline, **ADVISE** the third party to submit the documentation listed previously in an attempt to gain access to the information in file;
2. If on casework, **CALL** the third party to request the documents required in an attempt to gain access to the information in file. One call attempt is required;
3. **PROCESS** any outstanding issues within IHP categories;
4. **ADD** a **Contact/Comment** when applicable; AND
5. If a WP is available and all outstanding issues have been addressed, **ROUTE** to **FEMA Complete** or other appropriate queue as instructed by Supervisor/POC, Preshift, or other authorized source.

D. Denying Access of Information

When a Written Consent, [Authorization for the Release of Information Under the Privacy Act](#) form, POA, Guardianship, or Conservatorship document DOES NOT meet the requirements to access the file, **ENSURE** the **Release of information Form** is set as **Not Verified** on the **Info Control** screen.

1. The Written Consent or [Authorization for the Release of Information Under the Privacy Act](#) form submitted to access the file is NOT acceptable.
 - a. DO NOT release any information from the applicant's file to any unauthorized individuals/organizations;
 - b. **ADD** a **Comment** in NEMIS:
 - i. **Summary:** NPSC# RELEASE OF INFORMATION DECLINED
 - ii. **Details:** **INCLUDE** the document number, the reason the document is unacceptable, and which items were NOT included in the Written Consent or [Authorization for the Release of Information Under the Privacy Act](#) form.
 - c. If on casework, **CALL** the applicant to clarify the missing information and/or discrepancies with the document. One call attempt is required.
 - i. **ADD** a **Contact** describing the details of the call.

2. If the POA, Guardianship, or Conservatorship document submitted to access the file was NOT accepted by OCC.



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- a. **DO NOT** release any information from the applicant's file to any unauthorized individuals/organizations;
- b. **ADD a Contact** in NEMIS:
 - i. **Summary:** NPSC# ACCESS DENIED
 - ii. **Details:** The POA, Guardianship, or Conservatorship document was NOT approved by the Office of the Chief Counsel. Third party access to the file is denied.
 - iii. **INCLUDE** any general information discussed.

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, Disaster Specific Operating Procedures, or other posted information:

- a. **CALL** the IHP Helpdesk at (b) (6) or the applicable extension number, or **EMAIL** the appropriate Supervisor or POC.
 - i. If after review by the IHP Helpdesk or Supervisor/POC it is determined additional clarification is required, the IHP Helpdesk or Supervisor/POC will:
 1. **EMAIL** a request for clarification to the appropriate team via the Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov).



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IV. EXAMPLES AND FAQs

The following process scenarios assume the Written Consent, [Authorization for the Release of Information Under the Privacy Act](#) form or POA, Guardianship, or Conservatorship document meets all verification requirements.

Scenario 1 – Releasing an applicant’s information to a third party (Written Consent)

1. FEMA received a Written Consent from a county or voluntary agency and all requirements are met; AND
2. A representative from the county or voluntary agency calls the FEMA Helpline and makes all verifications to access the applicant’s file.
 - a. **RELEASE** only the information the applicant/co-applicant specified in the Written Consent;
 - b. **RELEASE** only the information specified by the applicant/co-applicant to the individual, agency, or organization listed in the Written Consent; AND
 - c. **ADD a Contact.**

Result: **RELEASE** only the information specified in the Written Consent and only to the authorized individual, agency, or organization.

Scenario 2 – Releasing an applicant’s information to a third party ([Authorization for the Release of Information Under the Privacy Act](#) form)

1. FEMA received an [Authorization for the Release of Information Under the Privacy Act](#) form from a county or voluntary agency and all requirements are met; AND
2. A representative from the county or voluntary agency calls the FEMA Helpline and makes all verifications to access the applicant’s file.
 - a. **RELEASE** only the information specified by the applicant/co-applicant to the individual, agency, or organization listed in the [Authorization for the Release of Information Under the Privacy Act](#) form; AND
 - b. **ADD a Contact.**



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Result: RELEASE only the information specified in the **Authorization for the Release of Information Under the Privacy Act** form and only to the authorized individual, agency, or organization.

Scenario 3 – POA, Guardianship, or Conservatorship documents submitted without a Written Consent

1. POA, Guardianship, or Conservatorship documents have different restrictions, authorizations or purposes that can have contradictions with the Privacy Information Act and Federal Regulations.
2. POA, Guardianship, or Conservatorship documents are written and represented differently depending on the state they are originated.
 - a. **ACCEPT** a POA, Guardianship, or Conservatorship as a valid Written Consent only if it was reviewed and approved by OCC;
 - i. The **Release of Information Form** will be set as **Verified** on the **Info Control** screen; AND
 - ii. A **Comment** in the **Events History** will detail what authorizations are granted and to whom.
 - b. DO NOT accept a POA, Guardianship, or Conservatorship document if it was NOT approved by OCC.
 - i. The **Release of Information Form** will be set as **Not Verified** on the **Info Control** screen; AND
 - ii. A **Comment** in the **Events History** will detail the results of the determination from OCC.
 - c. If the **Release of Information Form** is NOT recorded on the **Info Control** screen;
 - i. Refer to [Section III.C.3](#) for additional information.
 - d. DO NOT accept a POA, Guardianship, or Conservatorship document if the applicant is deceased.
 - i. Refer to [Section III.C.4](#) for additional information.



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Result: ACCEPT the POA, Guardianship, or Conservatorship if it has been reviewed and approved by OCC; OR

DO NOT accept a POA, Guardianship, or Conservatorship if it has NOT been reviewed and approved by OCC or if the applicant is deceased.

Frequently Asked Questions:

1. **I have a caller stating they are a relative of an elderly applicant and want to check the status on the case; however, there are no documents in the file giving permission to release the information. Is it ok to give the information?**
 - a. Yes, if the applicant/co-applicant is present, verifies the required information to access the file, and provides verbal permission to speak with the relative. This type of authorization is **ONLY** valid for one-time access and the applicant/co-applicant **MUST** remain on the line for the entire call.
 - b. If the applicant/co-applicant is unable to verify the required information to access the file, or they **DO NOT** remain on the line for the entire call; **DO NOT** release information to the relative.
2. **Do individuals that register on behalf of an elderly applicant have permission to continue to access the file after the registration has been completed?**
 - a. No, registering another person on their behalf **DOES NOT** automatically grant permanent access to the file. The person who filed the registration would need to have a valid Written Consent letter or [Authorization for the Release of Information Under the Privacy Act](#) form; or a POA, Guardianship, or Conservatorship document that has been reviewed and approved by OCC on file.



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V. DEFINITIONS AND ACRONYMS

Definitions

Call Attempt: A call attempt to all available numbers to clarify/request information or discuss eligibility determinations.

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.

Third party: An individual, entity, or organization to which the disclosure is being consented.

Acronyms

CMA	Current Mailing Address
DDA	Damaged Dwelling Address
DRC	Disaster Recovery Center
DSA	Disaster Survival Assistance
JFO	Joint Field Office
POA	Power of Attorney
POC	Point of Contact
RWCL	Request for Written Consent Letter
SOP	Standard Operating Procedure
WP	Workpacket



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VI. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures
 - [Info Control](#)
- Resources
 - [Helpline NPSC Caller Services Reference Guide](#)



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Call Connect Procedures
Effective Date: April 12, 2021

CALL CONNECT PROCEDURES

I. Overview	■ Purpose	2
	■ Other Items to Note	2
	This can be referenced by all staff (JFO, DRC, DSA, Helpline)	
II. Process	A. Call Connect Procedures	3
	B. IHP Helpdesk	4
	C. SBA Transfer Procedures for all Businesses, Non-Profits, Homeowners and Renters	5



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Call Connect Procedures
Effective Date: April 12, 2021

I. OVERVIEW

This section describes information that every employee **must** read ***before addressing*** Call Connect Procedures.

Purpose:

- This Standard Operating Procedure (SOP) will supply staff with information on how to address call connect procedures.

Other Items to Note:

- Inbound International calls cannot be transferred.
- DO NOT perform a warm transfer between 844-684-6333 (FEMA COVID-19 Funeral Assistance) and 800-621-3362 (FEMA Disaster Assistance).
- A warm transfer within FEMA Disaster Assistance (i.e. workgroups in C3MP) is completed by:
 - Introducing the caller to the receiving agent
 - Confirming to the receiving agent if the caller has verified all information
 - Providing the registration number
 - Outlining the topic of the call
 - Closing the conversation with the caller
 - Exiting the call
- All changes in this document must be made in coordination with the TXNPSC CCTS Section.
- When you transfer a call outside of FEMA (for example the SBA), the disclosure statement, "**This call may be monitored and recorded for quality assurance purposes**" must be provided to the person to whom the call is transferred to.



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Call Connect Procedures
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II. PROCESS

A. Call Connect Procedures

Complete the following procedures when transferring phone calls:

1. Interaction Desktop – Transferring to Workgroups

- a. **PLACE** the call in **My Interactions** on **Hold**.
- b. **CLICK Transfer**.
- c. Type the first letter of the workgroup and **SELECT Workgroup** from the drop-down from the **Enter the name or number dial** search engine box.
- d. **USE Transfer** when there are NO agents available (Cold Transfer), and the next agent available will receive the call.
- e. **USE Consult** when there are agents available (Warm Transfer).
- f. **SELECT Caller** to reconnect to the caller.
- g. **SELECT Both** and introduce the caller (Warm Transfer).
- h. **SELECT Transfer Now** to complete the transfer.

NOTE: DO NOT transfer applicants to individual users.

2. Call Connect Numbers

- a. 90002-Transfer/Consult to **CTHA Helpline**. **INSERT** the name or number of the Call Connect line in the **Enter a name or number to dial** search engine box.
- b. 90017-Transfer/Consult to **Helpline**. **INSERT** the name or number of the Call Connect line in the **Enter a name or number to dial** search engine box.
- c. 90033-Transfer/Consult from Regular Helpline to **Recoup Helpline**. **INSERT** the name or number of the Call Connect line in the **Enter a name or number to dial** search engine box.
- d. 90043-Transfer/Consult from Helpline to **Registration Intake**. **INSERT** the name or number of the Call Connect line in the **Enter a name or number to dial**



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search engine box. (Agent taking the registration must read the Privacy Act Notice).

- e. (800) 232-4636 -Transfer to **Centers for Disease Control (CDC) and Prevention. INSERT** the number in the **Enter a name or number to dial** search engine box.
- f. (844) 684-6333 -Transfer to **FEMA COVID-19 Funeral Assistance** from the **IC Public Contacts** tab.
- g. (800) 427-4661-Transfer/Consult to **National Flood Insurance Program (NFIP)** from the **IC Public Contacts** tab.
- h. (800) 659-2955-Transfer/Consult to **Small Business Administration (SBA)** from the **IC Public Contacts** tab.
- i. (800) 745-0243 -Transfer/Consult to **ESD IHD ITS - Internet Helpdesk (IHD).** **INSERT** the number in the **Enter a name or number to dial** search engine box.
- j. (888) 826-3127- Transfer/Consult to **Treasury** from the **IC Public Contacts** tab.

NOTE: Refer to the Language Line SOP for information regarding calls requiring a language in which the agent is not fluent.

B. IHP Helpdesk

1. Procedures - IHP Helpdesk

- a. **PLACE** the call in **My Interactions** on **Hold**.
- b. **CALL** IHP-Assistance Group (IHP AG) from the **IC Public Contacts** tab.
- c. When done speaking with IHP AG, **DISCONNECT** the call and **GO** back to the caller on hold.
- d. The **Caller** button reconnects you to the caller.

NOTE: DO NOT transfer any applicant to the IHP Helpdesk.



FEMA

Call Connect Procedures
Effective Date: April 12, 2021

C. SBA Transfer Procedures for all Businesses, Non-Profits, Homeowners and Renters

1. Procedures - SBA

- a. **ADVISE** the applicant you will transfer them to the SBA for further assistance.
- b. Prior to transferring the call to the SBA, **PROVIDE** contact information at 1-800-659-2955 or 1-800-877-8339 (TTY), or email SBA at disastercustomerservice@sba.gov.
- c. If the applicant has any questions after reviewing the SBA documentation, they can contact the SBA number included in their application packet.
- d. Advise the applicant you will transfer them directly to the SBA (Cold Transfer).
- e. **SELECT Transfer** button.
- f. **ENTER** the SBA number (800-659-2955) in the **Transfer To** box and **CLICK Enter** button on keyboard.
- g. **SELECT Transfer** button to release the call.

Busy Signals:

- C3MP - **SELECT** the **Cancel** button twice to disconnect the call and reconnect with the caller.
- Traditional - **PRESS **9** to disconnect busy tone, then **PRESS *7** to reconnect with caller.



FEMA

Civil Rights Issues
Effective Date: October 5, 2020

CIVIL RIGHTS ISSUES

I. Overview	■ Purpose	2
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	■ Examples of Civil Rights Issues	2
	■ Alleged Discrimination	3
	This can be referenced by all staff (JFO, DRC, DSA, Helpline)	
II. Important Information	*** ALL processing employees must read this section ***	
	■ Before reporting a Civil Rights issue to the OER	4
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Civil Rights Issues
Effective Date: October 5, 2020

I. OVERVIEW

This section describes information that every employee **must** read ***before addressing*** Civil Rights issues.

Purpose:

- This document provides procedures for FEMA staff to follow when addressing potential Civil Rights violations against applicants.

Civil Rights and the Office of Equal Rights (OER)

- Civil Rights laws protect individuals from discrimination against:
 - Race;
 - Color;
 - Religion;
 - Sex;
 - Nationality;
 - Disability;
 - Age;
 - Economic status; AND
 - Sexual orientation.
- The OER is responsible for enforcing Civil Rights laws and regulations that ensure non-discrimination in the delivery of services and benefits to disaster survivors.

Examples of Civil Rights Issues

- Civil Rights issues include but are NOT limited to the following:
 - A FEMA contractor makes racially insensitive remarks or sexually harasses an applicant;
 - An applicant receives a smaller Housing Assistance (HA) or Other Needs Assistance (ONA) grant than their neighbor and believes it is due to their race, sex, etc.;

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- A Disaster Recovery Center (DRC) is located in an area where one racial or ethnic group DOES NOT feel comfortable entering;
- A DRC is located in a building that is NOT handicap accessible; OR
- Information about FEMA assistance is NOT available in a language other than English when a large number of residents within the disaster area speak other languages.

Alleged Discrimination

- FEMA staff is responsible for providing specific and detailed information, as reported by the applicant, to the OER when an applicant alleges a Civil Rights violation.

- If the alleged Civil Rights violation happened to the applicant in person or by telephone:

- **REPORT** any alleged Civil Rights violation perpetrated by FEMA staff and FEMA contractor's staff.
 - DO NOT suggest the possibility of discrimination to the applicant or try to direct the applicant towards a Civil Rights complaint if the applicant DOES NOT state one.
 - DO NOT refuse to provide the OER's telephone number if the applicant insists on speaking directly to an Equal Rights Officer. The applicant may call OER at (202) 646-3535.
 - Refer to [Section A. Reporting a Civil Rights Issue to the OER](#) for additional information.

NOTE: Applicants DO NOT file a formal complaint by calling the FEMA Helpline or by speaking with FEMA staff in person.

ADVISE applicants they must file a formal complaint directly with the OER in order for their Civil Rights complaint to be addressed.



FEMA

Civil Rights Issues
Effective Date: October 5, 2020

II. IMPORTANT INFORMATION

This section describes information that every employee **must** read ***before addressing*** Civil Rights issues.



Before reporting a Civil Rights issue to the OER:

- All allegations of Civil Rights violations must be reported to the [Civil Rights Office](#) immediately.
 - DO NOT email or provide any information of a Civil Rights complaint to the local on-site Equal Rights Specialist.
 - The Civil Rights Office is a direct link with the OER Headquarters.
- Privacy issues are involved when reporting a Civil Rights violation to the OER and the identity of a complainant must be protected.
 - DO NOT enter any details about the complaint when adding a **Comment** or a **Contact** in the National Emergency Management Information System (**NEMIS**) or Web NEMIS.



FEMA

Civil Rights Issues
Effective Date: October 5, 2020

III. PROCESS

A. Reporting a Civil Rights Issue to the OER

1. If an applicant reports an alleged Civil Rights violation in person or by telephone:

a. FEMA staff will:

i. **EMAIL** the information to the [Civil Rights Office](#); OR

NOTE: In the email, **INCLUDE** all the specific details, descriptive and factual statements provided by the applicant.

ii. **EMAIL** the information to a Supervisor/Point of Contact (POC), and **REQUEST** the information be forwarded if the email CANNOT be sent directly.

1. **INCLUDE** the following information:

a. **Subject Line:** Civil Rights Complaint

b. Applicant's name;

c. Address;

d. Phone Number;

e. Registration ID number;

f. Disaster Number; AND

g. A summary of the issue or complaint. Refer to [Section IV. Examples and FAQs](#) for additional information.

iii. **ASSIST** the applicant with any other requests regarding the Individuals and Households Program (IHP);

iv. **ADD** a **Contact**; AND

1. **WRITE** the following information in the **Summary** line:

a. (Facility Name/Number) FORWARDED TO OER

2. DO NOT enter any information about the Civil Rights complaint in the **Details** box.

v. **PROCESS** any outstanding issues in the applicant's file.

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2. If the Civil Rights complaint is made via correspondence such as a mailed letter, fax, document uploaded electronically:

a. FEMA staff will:

i. **LOOK** for the following indications:

1. "I think FEMA was unfair to me in processing my claim, and I think that woman who was looking through my file didn't like Hispanics. I could tell it from her expression"; AND
2. Any indication, such as the use of the word "discrimination", etc., that might lead one to consider that a Civil Rights violation may have occurred.

ii. **SEND** the correspondence to the OER by fax to (202) 646-4320; OR

iii. **EMAIL** the **Document ID** number in NEMIS to the [Civil Rights Office](#);

1. **INCLUDE** the **Subject Line**: Civil Rights Complaint; AND
2. **INDICATE** whether the email was prompted by a service representative's previous review of documents in the NEMIS file or the applicant called and asked to review the documents.

iv. **ASSIST** the applicant with any other requests regarding the IHP contained in the correspondence;

v. **ADD** a **Comment**; AND

1. **WRITE** the following information in the **Summary** line:
 - a. (Facility Name/Number) FORWARDED TO OER
2. **DO NOT** enter any information about the Civil Rights complaint in the **Details** box.

vi. **PROCESS** any outstanding issues in the applicant's file.

IV. EXAMPLES AND FAQs

Frequently Asked Questions:

1. **How can I find out what the applicant wants?**

- a. **LISTEN** to what the applicant is saying; AND
- b. **ASK** open-ended questions;
 - i. Refer to the following scenarios for appropriate responses:
 - 1. **Applicant says: I want to make a complaint. I think FEMA discriminated against me.**
 - a. **SAY:** I'm sorry to hear that.
 - b. **ASK:** Why do you believe FEMA discriminated against you? Please tell me more so I can get all the details and pass the information on to the appropriate staff.
 - 2. **Applicant says: I'm calling about my money from FEMA. I didn't get as much as other people on this block with the same damages. It's discrimination, pure and simple.**
 - a. **SAY:** I'm sorry to hear that.
 - b. **ASK:** Please tell me more so I can get all the details and pass the information on to the appropriate staff.

2. **What should my email to OER include?**

- a. **USE** the **Subject Line:** Civil Rights Complaint; AND
- b. **PROVIDE** OER with all the specific details given by the applicant. **DO NOT** record the details of the complaint in NEMIS.
 - i. Refer to the following examples of useful statements:
 - 1. The applicant stated she received a smaller award than her neighbor because she is a single mother and believes she is being discriminated against.
 - 2. The applicant reports there were NO Spanish speaking FEMA staff at the DRC. Therefore, she could NOT get the information she needed and believes this is a violation of her Civil Rights.

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3. The applicant believes he DID NOT receive an adequate IHP grant. He claims this was due to his race.
- ii. **GATHER** specific details when the applicant makes the following statements that DO NOT provide useful information:
 1. **Applicant says: The inspector was rude.**
 - a. **SAY:** I am sorry to hear that.
 - b. **ASK:** What did the inspector do to make you think that? Why do you think the inspector acted that way?"
 2. **Applicant says: I am very upset and feel that FEMA is discriminating against me.**
 - a. **SAY:** I am sorry to hear that.
 - b. **ASK:** Why do you believe you were discriminated against?"
 3. **Applicant says: The person who took my registration had a real attitude.**
 - a. **SAY:** I am sorry to hear that.
 - b. **ASK:** "What did they do or say that made you upset?



V. DEFINITIONS AND ACRONYMS

Acronyms

DRC	Disaster Recovery Center
DSA	Disaster Survivor Assistance
HA	Housing Assistance
IHP	Individuals and Households Program
JFO	Joint Field Office
NEMIS	National Emergency Management Information System
OER	Office of Equal Rights
ONA	Other Needs Assistance
POC	Point of Contact
SOP	Standard Operating Procedure



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Congressional Inquiries
Effective Date: April 19, 2018

CONGRESSIONAL INQUIRIES

I. Overview	■ Purpose ***This can be referenced by all staff (JFO, DRC, DSA, Helpline)***	2
II. Important Information	***ALL processing employees must read this section*** ■ Prior to Processing	3
III. Process	A. Processing Congressional Inquiries	4



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Congressional Inquiries
Effective Date: April 19, 2018

I. OVERVIEW

This section describes information that every employee **must** read ***before addressing*** a Congressional Inquiry.

Purpose:

- This document describes the review, processing, and actions performed by the FEMA Program Management Section to address inquiries and escalated reviews requested by Congressional representatives, White House referrals, and/or FEMA leadership.

Other Items to Note:

- Elected officials may contact FEMA on behalf of their constituents to inquire about disaster assistance. These requests are received via mail and are known as Congressional Inquiries.
- Congressional Inquiries may originate from a variety of public offices, including those of Governors, State Legislators, and members of the U.S. Senate and House of Representatives.
- The Individuals and Households Program's (IHP) Program Management Section (PMS) reviews all cases in which a Congressional Inquiry has been received.
 - When reviewing a case with a Congressional Inquiry, PMS will ensure all categories of IHP assistance are addressed at the time of the Congressional review.
 - PMS may also coordinate casework resolution with SPU staff.
 - Once a congressional review is complete, a PMS NEMIS Comment will reflect the final resolution and standard processing may proceed as the file is no longer under congressional review.
 - If the applicant submits documents after the congressional review is completed, staff will continue to process unmet needs following standard procedures without the need to contact the IHP-Helpdesk.



FEMA

Congressional Inquiries
Effective Date: April 19, 2018

II. IMPORTANT INFORMATION

This section describes information that every employee **must** read ***before processing*** a Congressional Inquiry.



Prior to Processing:

- Caseworkers must review cases before processing to verify that the case is not under review for a Congressional Inquiry.
 - Cases with a Congressional Inquiry can be identified via Comments in the Events Log, a written inquiry from an elected official in the Correspondence tab, or a Workpacket (WP) in the FEMA Supervisor Congressional subqueue.
- Caseworkers must not process, resolve, or make any determinations on an applicant's case which is under review by PMS for a Congressional Inquiry.



III. PROCESS

A. Processing Congressional Inquiries

If staff identifies there is a Congressional Inquiry/Document on file, they should take the following steps:

1. **REVIEW** the **Events Log/History** for a NEMIS Comment indicating the Congressional Review was completed or is pending Program Management Section (PMS) staff review. Example comment summary lines:
 - a. Summary line: PMS Congressional Review Pending:
 - i. If a PMS NEMIS Comment is available and it indicates the Congressional Inquiry/Review is **pending**, **PLACE** the case on hold under **IHP AG Review**.
 - b. Summary line: PMS Congressional Review Complete:
 - i. If a PMS NEMIS Comment is available and it indicates the Congressional Inquiry/Review was **completed**, **REVIEW** the dates on the existing WP.
 1. If the WP was generated **after** the congressional review was **completed**, **COMPLETE** a review of all outstanding issues.
 2. If the WP was generated **before** the congressional review is **completed**, **ROUTE** workpackets outside of the **FEMA Supervisor Congressional Subqueue** to **FEMA Complete**.
2. If a congressional document has been scanned into the file and a FEMA Supervisor Congressional WP **and** PMS Congressional Review Comments (Completed or Pending) **are not** available, **CALL** the IHP Helpdesk ((b) (6)).
 - a. The IHP Helpdesk will advise staff of the need to create a WP for Congressional Review:
 - i. **ADD** a **Comment** and **ROUTE** the **WP** to **FEMA Supervisor Congressional Subqueue**.
 - b. If IHP Helpdesk is unavailable by phone,
 - i. **SEND** an email to the [IHP Helpdesk](#) with the following information:
 1. The applicant's name;
 2. The Registration ID Number and Disaster Number; AND
 3. A brief description of why a case review for a Congressional Inquiry may be necessary.



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Congressional Inquiries
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- ii. **PLACE** the **WP** on hold under **IHP AG Review**.
3. **DO NOT** create workpackets solely on **Events Log/History** - NEMIS Comments entries. A Congressional document must be available in file for review.



FEMA

Duplicate Investigation and Resolution Processing

Effective Date: October 27, 2021

DUPLICATE INVESTIGATION AND RESOLUTION PROCESSING

I. Overview	<ul style="list-style-type: none"> ■ Purpose 2 ■ Other Items to Note 2 <p>***This can be referenced by all staff (JFO, DRC, DSA, Helpline)***</p>
II. Important Information	<p>** ALL employees must read this section **</p> <ul style="list-style-type: none"> ■ Prior to Processing 5 ■ Eligibility Criteria 6
III. Process	<ul style="list-style-type: none"> A. Eligibility Verifications 8 B. Information Requests 8 C. Processing Eligible Assistance 10 D. Processing Ineligible Decisions 17 E. Joint Option Disaster Information (ONA Only) 22 F. Appeals 23 G. Exceptions 24
IV. Examples and FAQs	<ul style="list-style-type: none"> ■ Duplicate Investigation Processing 25 ■ Example Scenario 1 25 ■ Example Scenario 2 27 ■ Frequently Asked Questions 29
V. Definitions and Acronyms	<ul style="list-style-type: none"> ■ Definitions 30 ■ Acronyms 31
VI. Related Guidance	<ul style="list-style-type: none"> ■ Links to related documents 33



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Duplicate Investigation and Resolution Processing Effective Date: October 27, 2021

I. OVERVIEW

This section describes information that every employee **must** read ***before addressing*** Duplication of Benefits Review.

Purpose:

- Prevent, correct, OR avoid duplication of benefits (DOB) to ensure quick and uninterrupted delivery of Individuals and Households Program (IHP) assistance to eligible individuals and households.
- Avoid recoupment actions by preventing improper payments to individuals or households with the available means or sources to satisfy their disaster-caused expenses or serious needs.
- For the purpose of this document, eligibility with categories of assistance or expenses is defined according to the duplicate (DUP) status of the household member who is requesting IHP assistance, the information the applicant voluntarily provides to FEMA, OR the information recorded during inspection.

NOTE: FEMA may NOT provide IHP assistance when any other source has already provided such assistance OR when such assistance is available from any other source.

Other Items to Note:

- During the registration intake (RI) process, FEMA looks for specific types of data matches to identify DUP registrations in the following fields:
 - Applicant and co-applicant social security numbers (SSN);
 - Damaged phone number (DPN);
 - Damaged dwelling address (DDA); AND
 - Electronic funds transfer (EFT) information.
- Duplicate Investigation (**DUP Invest**) reviews occur via:
 - Manual **DUP Invest** processing in Web NEMIS: An available processing option in all disasters, OR
 - Auto-Resolve DUP: An automation script available in most disasters. Auto-Resolve DUP DO NOT resolve applicant/co-applicant DUP, these registrations are skipped for manual DUP Invest processing. Refer to the [Disaster Specific Information](#) webpage to determine if Auto-Resolve DUP is enabled in a particular disaster.

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- **DUP Invest** Processing: Registrations with data matches become part of a DUP group along with other registrations matching the exact data types e.g., DPN, DDA, EFT, OR SSN. These registrations require a review and decision of the duplicate types before processing can continue.
- During **DUP Invest** review the linked registrations are given a manual DUP status:
 - **No DUP - Continue Processing** (NO DUP): The information in the registration DOES NOT match any other registration or the applicant is identified as the Head of Household (HoH) and eligible for assistance. These registrations can be processed via auto-determination events and will NOT stop for **Duplicate Resolution (DUP Res)** review.
 - Even after a NO DUP status, manual duplicate review may be required if the duplicate status is manually changed, the duplicate data fields are edited, OR if another applicant with matching data completes a new registration.
 - **Possible Duplicate** (POSS DUP) - DOB Required: The duplicate status could NOT be resolved during the **DUP Invest** processing. Additional OR post-inspection information is necessary to determine the applicant's eligibility. These registrations are reviewed in the **DUP Res Queue** every time before any payments are made.
 - **Exact Duplicate** (Exact DUP) - Stop Processing and Cancel Registration: The registration is an exact match to another. These registrations are usually completed by the same person, their spouses, OR by a household member unaware that another registration was completed earlier.
 - Once the **DUP Invest** review is complete, the DUP group is automatically updated reflecting one of two possible status:
 - **Unresolved:** Default status of linked registrations in need of **DUP Invest** review. A registration continues to be unresolved when linked to another unresolved DUP group.
 - **Resolved:** Registrations resolved and issued a DUP status, for example, NO DUP.
 - The DUP status may remain unresolved if the registration is linked to another DUP group requiring DUP Invest review.
- **Duplicate Resolution** processing:
 - Registration linked as **POSS DUP** and **Exact DUP** stop in the **Duplicate Resolution** queue for eligibility review before a payment is approved.
 - Staff processing DUP Resolution workpackets (WP) are responsible to review the linked registrations and determine the eligibility of the applicant.

Duplicate Investigation and Resolution Processing Effective Date: October 27, 2021



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II. IMPORTANT INFORMATION

This section describes information that every employee **must** read ***before processing*** Duplication of Benefits Review.



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 returned and the reissue of funds, **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 a Joint Option disaster, **PROVIDE** the applicant with the STT ONA Helpline number listed on the **Disaster Info (F8)** link.
- Registrations with an unresolved duplicate status CANNOT be accessed or updated. This can also occur when a data change links two or more applicants at any point of the registration's life cycle. A DUP Invest review is required to clear the links before processing can occur.

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- When a DUP household member requires an inspection, review the DUP Invest status and make sure it is set to POSS DUP, this status allows the WP to stop in **DUP Res**. This is necessary when:
 - The registration is locked in **DUP Invest** for DUPCHECK and an inspection is required, OR
 - A data change generates a Dup that resulted in a link after a previous DUP was resolved.
 - DO NOT update the WP duplicate status to NO DUP before requesting an inspection, this is because the WP will skip the **DUP Res Queue** and could result in an improper payment.

Eligibility Criteria:

- Temporary Housing Assistance:
 - Financial Assistance: Only one applicant within the household is eligible for Rental Assistance (**ER**) AND/OR Lodging Expenses Reimbursement (LER). Refer to section [III. F. Appeals](#) if another household member is also requesting financial Housing Assistance.
- An unresolved DUP status prevents the automated processing of Expedited Assistance, Transitional Sheltering Assistance (TSA), AND other automation scripts.

DO NOT use this guidance to determine eligibility with Multifamily Roads and Bridges.

■ Sequence of Delivery

- Housing Assistance (HA)
 - Temporary Housing Assistance, if eligible; AND
 - Home Repair Assistance or Home Replacement Assistance.
- Other Needs Assistance (ONA)
 - Funeral Assistance, if there is a pending funeral review;
 - **SPLIT/ROUTE** the Funeral pending (PND – Pending) line to the **FEMA** or **State Funeral** queue for processing by designated staff. Refer to the [Funeral Assistance SOP](#) for additional information.

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- When moving to the next eligible award in the sequence, if necessary, **ADJUST** the eligible award by one full Funeral Assistance maximum amount to ensure funds are available for funeral expenses.
- 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 Assistance decision.
- Personal Property Assistance; AND
- All other categories, if funds are available under their respective maximum amount 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
 - ADA related line items
 - Temporary Housing Assistance 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.
 - **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.



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III. PROCESS

A. Eligibility Verifications

Applicants must meet the following criteria

1. Identity verification passed (**IDV_PASS**) through registration Intake or submitted documentation [Identity Verification SOP](#).
2. The damage dwelling (DD) is the applicant's primary residence. Refer to the [Occupancy Verification](#) SOP for additional information;
 - a. DO NOT call the Landlord to verify Occupancy; documents must be submitted.
 - b. For some types of ONA, occupancy may NOT be required, e.g. Transportation Assistance, Medical Assistance, etc.
 - c. For Home Repair Assistance, the DD is owned by the applicant or co-applicant. Refer to [Ownership Verification](#) SOP for additional information.
3. Eligible damage is NOT fully covered by insurance. Verify one of the following:
 - a. There are no insurance types listed for the Cause of Damage (COD) identified;
 - b. The available insurance(s) DOES NOT provide Additional Living Expenses (ALE) coverage for the COD identified;
 - c. Insurance document(s) demonstrates the applicant is under-insured or denied assistance, e.g. Temporary Housing and/or Contents; for the applicable COD; OR
 - d. The net insurance settlement for the structure and/or content for the applicable COD is less than the financial HA and/or ONA Maximums and less than the applicable [FEMA Verified Loss \(FVL\)](#).
4. The applicant is a Small Business Administration (SBA) = Failed Income Test (FIT) or is an ONA referral after SBA review for Personal Property Assistance and Transportation Assistance. Refer to the [SBA Referrals](#) SOP for additional information.

B. Information Requests

1. Duplicate Investigation:

- a. No request letters OR phone calls are required during the DUP Investigation process.

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2. Duplicate Resolution; If there is insufficient information to make a determination:

- a. **CALL** the applicant, co-applicant, or authorized third party to clarify questions about:
 - i. Occupancy of recorded household members;
 - ii. Personal Property (PP) items or rooms; OR
 - iii. Living arrangements of the household members.
 1. Proof of Occupancy can only be verified through submitted documentation showing the applicant occupied the DD at the time of the disaster, NOT through verbal verification. Refer to the [Occupancy Verification](#) SOP for additional information.
- b. If clarification was obtained based on courtesy call and current information in the file following [Section C](#).
 - i. **ADD a Contact** to the file with the details of the conversation. **CONTINUE** processing.
- c. If clarification was NOT obtained based on courtesy call and current information in the file:
 - i. **ADVISE** applicant to submit further substantiation following [Section C.1.a](#)
 - ii. **PROCESS** ineligible decision following [Section D](#).
 - iii. **ADD a Contact** to the file

NOTE: DO NOT discuss information or details about other household members OR linked files that are NOT listed in the applicant's registration.

3. Insurance Verification:

- a. When the applicant is NOT insured or is under-insured, some situations can be resolved by performing a courtesy call to the insurance provider.
 - i. **CALL** the insurance provider and **ASK**:
 1. Status of the claim;
 2. Type of coverage; AND



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3. Settlement information.
- ii. If the call attempt is Successful:
 1. **OBTAIN** the required information from the insurance provider;
 2. **RECORD** the response(s) in NEMIS; AND
 3. **CONTINUE** processing.
- iii. If the call attempt is Unsuccessful:
 1. **REVIEW** all other verification requirements and documents received;
 2. **CALL** the applicant, provide details of information required from the insurance provider; AND
 3. **PROCESS** the PP determination as **IINS** - Ineligible due to Insurance Coverage.

C. Processing Eligible Assistance

1. Temporary Housing Assistance

- a. Temporary Housing Assistance is only provided to the applicant identified as the Head of Household (HoH).
 - i. A roommate or boarder can obtain Temporary Housing Assistance separate from the HoH if they can demonstrate a commercial relationship OR formal agreement. These can be supported by one of the following:
 1. Pre-disaster rent receipts, cancelled checks, or money orders for the damaged dwelling;
 2. Pre-disaster lease, landlord's statement, or rental agreement for the damaged dwelling; or
 3. Pre-disaster major utility bills (water, electricity, or gas) in the roommate's or boarder's name for service at the damaged dwelling.
- b. Separated households: The individual roommate or boarder must submit a written appeal explaining the extenuating circumstances preventing them from relocating with the household, along with supporting documentation.
 - i. Extenuating circumstances include, for example the HoH could NOT secure a housing unit with the required amount of bedrooms, relocated to another

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- state, or moved out of the area hindering the ability to go to work, take the children to daycare, or obtain medical care.
- ii. A separated household member can obtain Temporary Housing Assistance but is expected to reunite with the household.
- c. The eligible types of assistance include:
- i. Rental Assistance;
 - ii. Lodging Expenses;
 - iii. Transitional Shelter Assistance; OR
 - iv. Expedited Awards for Housing Assistance (if available).
- d. **REVIEW** the linked registrations and determine which applicant is the HoH. **USE** the [Duplicate Resolution Matrix table](#) for additional information.
- e. On the **Process Case** screen:
- i. **UPDATE** the routing destination of the pending lines associated to the DUP Res review;
 - ii. **REVIEW** the Comment Status selection(s) indicating the applicant's duplicate status in relation to each linked registration, and update if needed;
 - iii. **GENERATE a Comment**;
 - 1. **ADD** custom comment information, if any, to the **User Comment** area.
 - iv. **UPDATE** the **WP Duplicate Status** to **Not Duplicate Per DOB Review**; AND
 - v. **SELECT Continue**.
- f. On the **Case Review** screen, **REVIEW** the information, and **SELECT Submit**.
- g. On the **Next Processing Action** screen:
- i. **CLICK** on **Process a Linked Registrant's workpacket**, if any, and **SELECT** which **Linked Registrant Name** to process; OR
 - ii. **CLICK** on the **Continue Processing in DUP Resolution** to process the next registration; OR
 - iii. NOT selecting any of the above will exit the user from the **Duplicate Resolution Queue**; AND
 - iv. **SELECT Continue**.

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NOTE: Temporary Housing Assistance may be available to more than one household member upon Appeal. Please revert to Section F. Appeals for additional information.

2. Continued Temporary Housing Assistance

- a. Applicants who relocated separately from the HoH due to the disaster may be eligible for Continued Temporary Housing Assistance (CTHA) if they meet the eligibility criteria. Once the household members reunite, the CTHA will continue under the HoH application up to the 18 month period of assistance, plus one additional month when utilized for a security deposit.
- b. The Rental Assistance and Lodging Expense Reimbursement awarded to the separated household member is NOT deducted from the HoH. Only the HoH is eligible for additional categories of IHP Assistance.
- c. On the **Process Case** screen:
 - i. **UPDATE** the routing destination of the pending lines associated to the DUP Resolution review;
 - ii. **REVIEW** the Comment Status selection(s) indicating the applicant's duplicate status in relation to each linked registration, and update if needed;
 - iii. **GENERATE a Comment**;
 1. **ADD** custom comment information, if any, to the **User Comment** area.
 - iv. **UPDATE** the **WP Duplicate Status** to **Not Duplicate Per DOB Review**; AND
 - v. **SELECT Continue**.
- d. On the **Case Review** screen, **REVIEW** the information, and **SELECT Submit**.
- e. On the **Next Processing Action** screen:
 - i. **CLICK** on **Process a Linked Registrant's workpacket**, if any, and **SELECT** which **Linked Registrant Name** to process; OR
 - ii. **CLICK** on the **Continue Processing in DUP Resolution** to process the next registration; OR
 - iii. NOT selecting any of the above will exit the user from the **Duplicate Resolution Queue**; AND
 - iv. **SELECT Continue**.

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3. Home Repair Assistance and Home Replacement Assistance

- a. Home Repair Assistance is available to the owner identified as the HoH. Home Repair Assistance is NOT available to landlords who DO NOT permanently reside in the damaged dwelling. In addition, any available assistance is limited to the owner-occupied unit and NOT the common areas (e.g. elevators in condominiums). Special considerations must be made when two or more household members are requesting Home Repair Assistance. Identify the HoH in the following order of preference:
 - i. Insurance: The insured applicant or the registration with the most complete insurance information.
 - ii. SBA Referral: The registration with an open SBA referral.
 - iii. Returned Inspection: The first registration returning from inspection to NEMIS.
- b. **REVIEW** the linked registrations and determine which applicant is the HoH. **USE** [the Duplicate Resolution Matrix table](#) for additional information.
- c. On the **Process Case** screen:
 - i. **UPDATE** the routing destination of the pending lines associated to the DUP Resolution review;
 - ii. **REVIEW** the Comment Status selection(s) indicating the applicant's duplicate status in relation to each linked registration, and update if needed;
 - iii. **GENERATE a Comment**:
 1. **ADD** custom comment information, if any, to the **User Comment** area.
 - iv. **UPDATE** the **WP Duplicate Status** to **Not Duplicate Per DOB Review**; AND
 - v. **SELECT Continue**.
- d. On the **Case Review** screen, **REVIEW** the information, and **SELECT Submit**.
- e. On the **Next Processing Action** screen:
 - i. **CLICK** on **Process a Linked Registrant's workpacket**, if any, and **SELECT** which **Linked Registrant Name** to process; OR
 - ii. **CLICK** on the **Continue Processing in DUP Resolution** to process the next registration; OR

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- iii. NOT selecting any of the above will exit the user from the **Duplicate Resolution Queue**; AND
- iv. **SELECT Continue.**

NOTE: Cross-Disaster Duplication of Benefits, Please refer to the [Cross Disaster Processing SOP](#) for processing of assistance in states with consecutive declarations.

4. Personal Property Assistance

- a. Personal Property Assistance is provided to the HoH.
- b. Roommates and boarders may be eligible for individually-owned PP items under a separate application.
 - i. The combined applications CANNOT exceed the maximum quantity limit for the specific item in the household e.g. one refrigerator per household, one per occupant in the bedroom, clothing one per person, etc.
 - ii. Refer to [Section D. Processing Ineligible Decisions](#) if another applicant was previously identified as the HoH and eligible for same PP items.
 - iii. Refer to the [Personal Property Assistance](#) SOP for information regarding the PP quantity limits.
- c. **REVIEW** the linked registrations and determine which applicant is the HoH. **USE** the [Duplicate Resolution Matrix table](#) for additional information.
- d. On the **Process Case** screen:
 - i. **UPDATE** the routing destination of the pending lines associated to the DUP Resolution review.
 - ii. **REVIEW** the Comment Status selection(s) indicating the applicant's duplicate status in relation to each linked registration, and update if needed;
 - iii. **GENERATE a Comment**;
 - 1. **ADD** custom comment information, if any, to the **User Comment** area.
 - iv. **UPDATE** the **WP Duplicate Status** to **Not Duplicate Per DOB Review**; AND
 - v. **SELECT Continue.**
- e. On the **Case Review** screen, **REVIEW** the information, and **SELECT Submit.**
- f. On the **Next Processing Action** screen:

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- i. **CLICK** on **Process a Linked Registrant's workpacket**, if any, and **SELECT** which **Linked Registrant Name** to process; OR
- ii. **CLICK** on the **Continue Processing in DUP Resolution** to process the next registration; OR
- iii. NOT selecting any of the above will exit the user from the **Duplicate Resolution Queue**; AND
- iv. **SELECT Continue**.

5. Transportation Assistance

- a. Assistance is available to individuals and households NOT covered by insurance, or other sources, whose cars were damaged as a result of a declared disaster, while in a declared area.
 - i. An applicant who is NOT a household member may request assistance with a damaged vehicle using an address that creates a DUP. This commonly occurs when the vehicle is affected by the disaster at public parking spaces, in public roads, or when the vehicle was parked in front of a private residence.
 1. **PROCESS** the eligible payment once it is confirmed the linked registration is NOT part of the household, different damaged dwelling.
- b. The damaged vehicle is owned (or registered) by the applicant, co-applicant, or household member who DOES NOT have a separate FEMA registration.
 - i. If more than one vehicle exists, refer to the [Transportation and Second Vehicle Requests](#) SOP for additional information.
- c. On the **Process case** screen:
 - i. **UPDATE** the routing destination of the pending lines associated to the DUP Resolution review;
 - ii. **REVIEW** the Comment Status selection(s) indicating the applicant's duplicate status in relation to each linked registration, and update if needed;
 - iii. **GENERATE a Comment**; AND
 1. **ADD** custom comment information, if any, to the **User Comment** area.
 - iv. **UPDATE** the **WP Duplicate Status** to **Not Duplicate Per DOB Review**;
 - v. **SELECT Continue**.

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- d. On the **Case Review** screen, **REVIEW** the information, and **SELECT Submit**.
- e. On the **Next Processing Action** screen:
 - i. **CLICK** on **Process a Linked Registrant's workpacket**, if any, and **SELECT** which **Linked Registrant Name** to process; OR
 - ii. **CLICK** on **Process a Linked Registrant's workpacket**, if any, or **Continue Processing in DUP Resolution** to process the next registration; OR
 - iii. NOT selecting any of the above will exit the user from the **Duplicate Resolution Queue**; AND
 - iv. **SELECT Continue**.

6. Funeral Assistance

- a. The Specialized Processing Unit (SPU) is responsible to coordinate eligibility of Funeral Assistance with the Region.
- b. If a registration for assistance with Funeral expenses is found in the DUP Res queue, **SEND** an email to the [FEMA-IHP-Specialized-Processing-Unit](#).

7. Miscellaneous Other Expenses, Medical Assistance, Dental Assistance, and Child Care Assistance

- a. Roommates and boarders are eligible for these categories if the eligibility requirements for the category of assistance are met.

D. Processing Ineligible Decisions

1. Eligibility codes for processing denials

- a. **USE** the following eligibility codes for processing DUP ineligible decisions:
 - i. **IAW** – Ineligible Same Address;
 - ii. **A-IAW** – Appeal Same Address;
 - iii. **IDUPA** – Ineligible Duplicate Registration;
 - iv. **IDUPL** – Duplicate Losses Awarded Under Another Application; OR

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- v. **ILDOBR** - If the WP stops for manual review with an auto-generated ILDOBR decision, **UPDATE** the ILDOBR determination to IAW or IDUPA/IDUPL depending on case review, and any other available ineligible reasons; OR if the applicant is eligible; delete the ILDOBR and **PROCESS** all other decisions.

2. Temporary Housing Assistance

- a. Once the HoH has been identified, all other residents of the household including roommates and boarders are ineligible for assistance.
 - i. **USE** the ineligibility code **IAW** – Ineligible Same Address, or **A-IAW** if the applicant was previously issued an **IAW** decision and the appeal CANNOT overturn the previous decision.
- b. If the applicant is listed as the co-registrant (co-reg) in the HoH registration:
 - i. **USE IDUPA** – Ineligible Duplicate Registration
- c. On the **Process Case** screen:
 - i. **UPDATE** the routing destination of the pending lines associated to the DUP Resolution review;
 - ii. **REVIEW** the Comment Status selection(s) indicating the applicant's duplicate status in relation to each linked registration, and update if needed;
 - iii. **GENERATE a Comment**;
 - 1. **ADD** custom comment information, if any, to the **User Comment** area.
 - iv. **UPDATE** the **WP Duplicate Status** to **Not Duplicate Per DOB Review**; AND
 - v. **SELECT Continue**.
- d. On the **Case Review** screen, **REVIEW** the information, and **SELECT Submit**.
- e. On the **Next Processing Action** screen:
 - i. **CLICK** on **Process a Linked Registrant's workpacket**, if any, and **SELECT** which **Linked Registrant Name** to process; OR
 - ii. **CLICK** on **Continue Processing in DUP Resolution** to process the next registration; OR
 - iii. NOT selecting any of the above will exit the user from the **Duplicate Resolution Queue**; AND

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iv. **SELECT Continue.**

3. Continued Temporary Housing Assistance

- a. Applicants who CANNOT demonstrate a separate relocation, pre-disaster financial responsibility, OR formal agreement are NOT eligible for CTHA. **PROCESS** these applicants as Ineligible **IAW – Ineligible Same Address**.
- b. On the **Process case** screen:
 - i. **UPDATE** the routing destination of the pending lines associated to the DUP Resolution review;
 - ii. **REVIEW** the Comment Status selection(s) indicating the applicant's duplicate status in relation to each linked registration, and update if needed;
 - iii. **GENERATE a Comment**;
 - 1. **ADD** custom comment information, if any, to the **User Comment** area.
 - iv. **UPDATE the WP Duplicate Status to Not Duplicate Per DOB Review.**
 - v. **SELECT Continue.**
- c. On the **Case Review** screen, **REVIEW** the information, and **SELECT Submit**.
- d. On the Next Processing Action screen:
 - i. **CLICK on Process a Linked Registrant's workpacket**, if any, and **SELECT** which **Linked Registrant Name** to process; OR
 - ii. **CLICK on Process a Linked Registrant's workpacket**, if any, or **Continue Processing in DUP Resolution** to process the next registration; OR
 - iii. NOT selecting any of the above will exit the user from the **Duplicate Resolution Queue**; AND
 - iv. **SELECT Continue.**

4. Home Repair Assistance and Home Replacement Assistance

- a. Once an eligible payment has been issued to a household member, all other applicants within the household CANNOT receive Home Repair Assistance or Home Replacement Assistance.
- b. **USE IDUPA – Ineligible Duplicate Registration** for duplicate registrations requesting Home Repair Assistance or Home Replacement Assistance.

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- c. On the **Process case** screen:
 - i. **UPDATE** the routing destination of the pending lines associated to the DUP Resolution review;
 - ii. **REVIEW** the Comment Status selection(s) indicating the applicant's duplicate status in relation to each linked registration, and update if needed;
 - iii. **GENERATE a Comment**; AND
 - 1. **ADD** custom comment information, if any, to the **User Comment** area.
 - iv. **UPDATE** the **WP Duplicate Status** to **Not Duplicate Per DOB Review**.
 - v. **SELECT Continue**.
- d. On the **Case Review** screen, **REVIEW** the information, and **SELECT Submit**.
- e. On the **Next Processing Action** screen:
 - i. **CLICK** on **Process a Linked Registrant's workpacket**, if any, and **SELECT** which **Linked Registrant Name** to process; OR
 - ii. **CLICK** on **Process a Linked Registrant's workpacket**, if any, or **Continue Processing in DUP Resolution** to process the next registration; OR
 - iii. NOT selecting any of the above will exit the user from **the Duplicate Resolution Queue**; AND
 - iv. **SELECT Continue**.

5. Personal Property Assistance

- a. Personal Property Assistance is provided to the HoH.
- b. Roommates and boarders may be eligible for individually-owned PP items under a separate application.
 - i. The combined applications CANNOT exceed the maximum quantity limit for the specific item in the household e.g. one refrigerator per household, one bed per occupied room, clothing one per person, etc.
 - ii. Refer to the [Personal Property Assistance](#) SOP for information regarding the PP quantity limits.
- c. When the duplicated PP (maximum quantity limit) was awarded to the HoH, and/or other household member(s) are pending a decision from the Small

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Business Administration or Insurance, **USE IDUPL – Duplicate Losses Awarded under another Application.**

- i. If the inspection report includes PP items that were NOT awarded to other household members, update the duplicated PP items to zero, and **PROCESS** the line items NOT recorded or awarded to other household members.
- d. On the **Process case** screen:
 - i. **UPDATE** the routing destination of the pending lines associated to the DUP Resolution review;
 - ii. **REVIEW** the Comment Status selection(s) indicating the applicant's duplicate status in relation to each linked registration, and update if needed;
 - iii. **GENERATE a Comment; AND**
 1. **ADD** custom comment information, if any, to the **User Comment** area.
 - iv. **UPDATE** the **WP Duplicate Status** to **Not Duplicate Per DOB Review**;
 - v. **SELECT Continue.**
- e. On the **Case Review** screen, **REVIEW** the information, and **SELECT Submit.**
- f. On the **Next Processing Action** screen:
 - i. **CLICK** on **Process a Linked Registrant's workpacket**, if any, and **SELECT** which **Linked Registrant Name** to process; OR
 - ii. **CLICK** on **Process a Linked Registrant's workpacket**, if any, or **Continue Processing in DUP Resolution** to process the next registration; OR
 - iii. NOT selecting any of the above will exit the user from the **Duplicate Resolution Queue; AND**
 - iv. **SELECT Continue.**

6. Transportation Assistance

- a. Assistance with a damaged vehicle is available when the damaged vehicle is owned (or registered) by the applicant, co-applicant, or household member who DOES NOT have a separate FEMA registration.
 - i. The DUP registration is NOT eligible for assistance when the assistance for the damaged vehicle was already issued to another applicant.

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1. **USE IDUPL – Duplicate Losses Awarded Under Another Application.**

b. On the **Process case** screen:

- i. **UPDATE** the routing destination of the pending lines associated to the DUP Resolution review;
- ii. **REVIEW** the Comment Status selection(s) indicating the applicant's duplicate status in relation to each linked registration, and update if needed;
- iii. **GENERATE a Comment; AND**
 1. **ADD** custom comment information, if any, to the **User Comment** area.
- iv. **UPDATE** the **WP Duplicate Status** to **Not Duplicate Per DOB Review**;
- v. **SELECT Continue.**

c. On the **Case Review** screen, **REVIEW** the information, and **SELECT Submit.**

d. On the **Next Processing Action** screen:

- i. **CLICK** on **Process a Linked Registrant's workpacket**, if any, and **SELECT** which **Linked Registrant Name** to process; OR
 - ii. **CLICK** on **Process a Linked Registrant's workpacket**, if any, or **Continue Processing in DUP Resolution** to process the next registration; OR
 - iii. NOT selecting any of the above will exit the user from the **Duplicate Resolution Queue**; AND
 - iv. **SELECT Continue.**
- e. Refer to the [Transportation and Second Vehicle Requests](#) SOP for additional information about second vehicle requests.

7. Funeral Assistance

- a. The Specialized Processing Unit (SPU) is responsible to coordinate eligibility of Funeral Assistance with the Region.
- b. If a registration for assistance with Funeral expenses is found in the DUP Res queue, **SEND** an email to the [FEMA-IHP-Specialized-Processing-Unit](#).

E. Joint Operation Disaster Information (ONA Only)

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1. If processing a Joint Option Disaster:

- a. ONA categories are only processed by the STT.
- b. FEMA staff is authorized to process Housing Assistance (HA) categories.

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

- a. **REVIEW/PROCESS** any outstanding issues within HA categories.
 - i. If an additional WP is available in a state, territorial, or tribal queue, no further action for ONA is required.
 - ii. If an additional WP is NOT available in a state, territorial, or tribal queue; AND
 - 1. There are no HA categories to address:
 - a. **ROUTE** the existing WP to the **State Manual Determination** queue.
 - 2. There are HA categories to address:
 - a. On the **Confirmation** screen, **SELECT** the appropriate **Routing** location for all HA categories;
 - b. **SELECT State Manual Determination** for all ONA categories; AND
 - c. **CLICK Submit**.

F. Appeals

1. Independent Household

- a. Appeals for independent household: The applicant appeals and states the households live in the same dwelling, or share the common areas, but are independent from each other, e.g. two families living in the same house. These applicants are required to demonstrate a pre-disaster financial responsibility before obtaining Temporary Housing Assistance.
 - i. An applicant can demonstrate financial responsibility with one of the following documents:
 - 1. Pre-disaster rent receipts, cancelled checks, or money orders for the damaged dwelling;

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2. Pre-disaster lease, landlord's statement, or rental agreement for the damaged dwelling; or
 3. Pre-disaster major utility bills (water, electricity, or gas) in the roommate's or boarder's name for service at the damaged dwelling.
- b. If proof of financial responsibility is NOT in the file, **GENERATE** an **Appeal Request Documentation (ADOC)** letter with the **Separate Household** insert.
- i. If an **ADOC** was previously requested, **PROCESS** the ineligible decision and **USE A-IAW – Appeal Same Address**.

2. Separate Relocation

- a. If the applicant was unable to relocate with the household, the applicant is required to submit an appeal letter explaining the extenuating circumstances that prevented the household from relocating together.
- b. If a letter of explanation is NOT in the file, **GENERATE** an **ADOC** letter with the **Missing Separate Relocation Letter** insert.
- i. If an **ADOC** was previously requested, **PROCESS** the ineligible decision and **USE A-IAW – Appeal Same Address**.

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 Operation Procedures (DSOP), or other posted information:

- a. **CALL** the IHP Helpdesk ((b) (6) or the applicable extension number) or **EMAIL** the appropriate Supervisor or Point of Contact (POC).
- i. If after review by the IHP Helpdesk Specialist or Supervisor/POC it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:
 1. **EMAIL** a request for clarification to the appropriate team via the Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov).



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IV. EXAMPLES AND FAQs

Duplicate Investigation Processing

The NPSC Training module for Duplicate Investigation is available from [this link](#).

Scenario 1 – Duplicate Investigation Decision Matrix

Step	Question:	If / Then:		Duplicate Status would be:	Comment Summary line:	Standard Auto-generated Comment Detail:
1.	Are applicants applying for the same damaged dwelling?	No , then continue to next column. Yes , continue with Step 2.	For all cases	Not Duplicate: Continue Processing	# NO DOB W/I.D. #	Dup Status: RI/Status Information: Dup Type: SBA/IDV/INS status: Inspection Results:
					For Multiples of 4 or more: # NO DOB W/MULTIPLES – DUP GROUP #	Justification with multiples (ex: Damaged Address)
2.	Is the same person listed as Registrant on one application and Registrant or Co-Registrant on the other?	Yes , then continue to next column. No , then continue with Step 3.	Most processed case or SBA referral	Not Duplicate: Continue Processing	# NO DOB W/I.D. #	Dup Status: RI/Status Information: Dup Type: SBA/IDV/INS status: Inspection Results:
			Least processed case or ONA referral	Exact Duplicate: Stop Processing and Cancel Application	# EXACT DUP W/I.D. #	Dup Status: RI/Status Information: Dup Type: SBA/IDV/INS status: Inspection Results:
3.	Are they all owners?	Yes , then continue to next column. No , then continue with Step 4.	Insured applicant, SBA referral, most complete or completed inspection (first returned if both are inspected)	Not Duplicate: Continue Processing	# NO DOB W/I.D. #	Dup Status: RI/Status Information: Dup Type: SBA/IDV/INS status: Inspection Results

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Step	Question:	If / Then:		Duplicate Status would be:	Comment Summary line:	Standard Auto-generated Comment Detail:
			Least complete or NOT inspected (last returned if both are inspected)	Possible Duplicate: Link for DOB Review	# POSS DUP W/I.D.#	Dup Status: RI/Status Information: Dup Type: SBA/IDV/INS status: Inspection Results
4.	Is one applicant an owner?	Yes , then continue to next column. No , then continue with Step 5.	Owner,	Not Duplicate: Continue Processing	# NO DOB W/I.D.#	Dup Status: RI/Status Information: Dup Type: SBA/IDV/INS status: Inspection Results:
			Renter/ Unknown ownership status	Possible Duplicate: Link for DOB Review	# POSS DUP W/I.D.#	Dup Status: RI/Status Information: Dup Type: SBA/IDV/INS status: Inspection Results:
			EXCEPTION #1: If owner DOES NOT occupy the residence then:	Renter: Not Duplicate: Continue Processing	# NO DOB W/I.D.#	Dup Status: RI/Status Information: Dup Type: SBA/IDV/INS status: Inspection Results:
					For Multiples of 4 or more; # NO DOB W/MULTIPLES – DUP. GROUP #	Justification with multiples (ex: Damaged Address)
				Owner: Possible Duplicate: Link for DOB Review	# POSS DUP W/I.D.#	Dup Status: RI/Status Information: Dup Type: SBA/IDV/INS status: Inspection Results:
5.	Are they all renters?	Yes , then continue to next column.	For all cases	Possible Duplicate: Link for DOB Review	# POSS DUP W/I.D.#	Dup Status: RI/Status Information: Dup Type: SBA/IDV/INS status: Inspection Results:

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Step	Question:	If / Then:		Duplicate Status would be:	Comment Summary line:	Standard Auto-generated Comment Detail:
					For Multiples of 4 or more: # Poss DUP W/MULTIPLES – DUP GROUP #	Justification with multiples (ex: Damaged Address)

Table 1: Duplicate Investigation Decision Matrix

Scenario 2 – Duplicate Resolution Decision Matrix - Determining the HoH for Duplicate Cases

Step	Question	If / Them	Registration Situation	Summary Line	Comment Text
1	Do both apps live in the same damaged dwelling?	No , continue to next column. Yes , continue with Step 2.	For both cases	# DUP RES = (HA/ONA ELIGIBILITY)	App Status = No DOB w/ (Registration Number) (Dup Type)
2	Is the registrant the same person on both applications?	Yes , continue to next column. No , continue with Step 3.	Insured app, most processed case, or SBA referral	# DUP RES = (HA/ONA ELIGIBILITY)	App Status = No DOB w/ (Registration Number) (Dup Type)
			Least processed case, uninsured, or ONA referral	# DUP RES = (HA/ONA ELIGIBILITY)	App Status = Cancel Exact Dup w/ (Registration Number) (Dup Type)
3	Is one of the registrations WVO, INCI, or INPR?	Yes , continue next column. No , continue step 4.	The APP with no WVO, INCI, or INPR will be considered the Head of Household.	# DUP RES = (HA/ONA ELIGIBILITY)	App Status = No DOB w/ (Registration Number) (Dup Type)
4	Are they both owners?	Yes , continue to next column. No , continue with Step 5.	Insured applicant, SBA referral, or first returned inspection if other factors are the same.	# DUP RES = (HA/ONA ELIGIBILITY)	App Status = No DOB w/ (Registration Number) (Dup Type)
			Not insured, ONA referral, or last inspection returned if other factors are the same.	# DUP RES = (HA/ONA ELIGIBILITY)	App Status = Assisted w/ (Registration Number) (Dup Type)

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Step	Question	If / Them	Registration Situation	Summary Line	Comment Text
5	Is one app an owner?	Yes, continue to next column. No, continue with Step 6.	Owner	# DUP RES = (HA/ONA ELIGIBILITY)	App Status = No DOB w/ (Registration Number) (Dup. Type)
			Renter or Unknown Ownership Status	# DUP RES = (HA/ONA ELIGIBILITY)	App Status = Assisted w/ (Registration Number) (Dup. Type)
			EXCEPTION. 1: If Owner did NOT reside in the damaged dwelling, the Renter = No DOB w/ owner. Owner = Poss DUP w/ (Registration Number).		
6	Are they both renters?	Yes, continue to next column.	First inspection returned, and/or "Habitability Repairs Required =Yes", if duplicate is "Habitability Repairs Required =No"	# DUP RES = (HA/ONA ELIGIBILITY)	App Status = No DOB w/ (Registration Number) (Dup. Type)
			Non HA/ONA, last returned inspection, or Habitability Repairs Required =No"	# DUP RES = (HA/ONA ELIGIBILITY)	App Status = Poss DUP. w/ (Registration Number) (Dup. Type)
			EXCEPTION. 2: If renters have separate financial responsibility, PROCESS the eligible non-duplicative line items.		

Table 2: Duplicate Resolution Decision Matrix



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Frequently Asked Questions:

1. Assistance for Roommates and Boarders

Assistance for Roommates and Boarders		
Type of Assistance	Eligible Party	Limitations
Personal Property Assistance	Each roommate and boarder with individually-owned items.	Combined applications for same housing unit CANNOT exceed a specific line item maximum quantity limit.
Medical Assistance, Dental Assistance, Funeral Assistance, Child Care Assistance, and Transportation Assistance	Each roommate and boarder	Standard criteria
Rental Assistance	<p>First roommate who applies, unless roommates are unable to relocate together due to extenuating circumstances.</p> <p>Boarders residing in the same housing unit as the landlord/head of household, if unable to relocate together due to extenuating circumstances.</p> <p>Boarders residing in a separate housing unit within the structure may be eligible for Rental Assistance separate from the landlord.</p>	FEMA expects all household members residing in the same housing unit to relocate together.

Table 3: Assistance for Roommates and Boarders



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V. DEFINITIONS AND ACRONYMS

Definitions

Boarders: Individuals or families in a private commercial relationship with the landlord. Boarders may reside in a housing unit with the landlord/head of household or in a separate housing unit within the structure.

Commercial Relationship: A formal agreement to rent a portion of a residence from the owner. Roommates and boarders must be able to demonstrate a formal agreement or financial responsibility to the household. A pre-disaster commercial relationship can be supported by one of the following:

- Pre-disaster rent receipts, cancelled checks or money orders for the damaged dwelling.
- Pre-disaster lease, statement, or rental agreement for the damaged dwelling.
- Pre-disaster major utility bills (water, electricity or gas) in the boarder or boarder co-applicant's name for service at the damaged dwelling.

Different damaged dwelling: A housing unit that is distinct or separate from another. This also applies to basement apartments with a separate kitchen and entrance NOT accessible to the landlord **OR** other renters.

Displaced Applicant: Someone whose primary residence is uninhabitable, inaccessible, made unavailable by the landlord (to meet their disaster housing need), or NOT functional as a direct result of the disaster and has no other housing available in the area.

Extenuating Circumstances: A situation or condition outside of the applicants control posing difficulties in their disaster recovery efforts.

FEMA Verified Loss (FVL): The total dollar amount of IHP eligible disaster-caused damage to real property 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 ONA Personal Property Assistance, Transportation Assistance, Moving and Storage Assistance, Medical Assistance, Dental Assistance, Funeral Assistance, Child Care Assistance, and

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Miscellaneous Other Items is limited to a maximum award amount, adjusted each fiscal year based on the Department of Labor CPI.

Financial Responsibility: For duplicate resolution processing, an economic obligation to the household. A pre-disaster financial responsibility can be supported by one of the following examples:

- Pre-disaster rent receipts, cancelled checks or money orders for the damaged dwelling.
- Pre-disaster lease, statement or rental agreement for the damaged dwelling.
- Pre-disaster major utility bills (water, electricity or gas) in the boarder or boarder co-applicant's name for service at the damaged dwelling.

Head of household: The primary owner-occupant OR leaseholder.

Household: All the persons (adult and children) who lived in the pre-disaster residence who requests IHP assistance. This includes any persons, such as infants, spouse, or part time residents who were NOT present at the time of the disaster, but who are expected to return during the assistance period.

Roommates: A household members with an independent financial responsibility for the housing unit that are NOT dependents of each other and are NOT married, such as renters whose names are on a lease.

Acronyms

ADA	Americans with Disabilities Act
ALE	Additional Living Expenses
COD	Cause of Damage
DAC	Disaster Assistance Center
DDA	Damaged Dwelling Address
DOB	Duplication of Benefits
DSOP	Disaster Specific Operating Procedures
DUP	Duplicate
DUP Invest	Duplicate Investigation
DUP Res	Duplicate Resolution

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DUPCHECK NEMIS Duplicate Check

EFT	Electronic Funds Transfer
FIT	Failed Income Test
FVL	FEMA Verified Loss
HoH	Head of Household
IDV_Pass	Identity Verification Pass
IHP	Individuals and Households Program
LER	Lodging Expenses Reimbursement
POSS DUP	Possible Duplicate
RI	Registration Intake
SBA	Small Business Administration
SPU	Specialized Processing Unit
SSN	Social Security Number
STT	State, territorial, or tribal government
TSA	Transitional Sheltering Assistance
WP	Workpacket



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VI. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures
 - [Appeal Processing](#)
 - [Personal Property Assistance](#)
 - [SBA Referrals](#)
 - [Transportation and Second Vehicle Requests](#)
- Resources
 - [Disaster Specific Information](#)
 - [Helpline NPSC Caller Services Reference Guide](#)



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I. OVERVIEW

This section describes information that every employee must read *before* **Indexing** documents into an applicant's file.

Purpose of Indexing:

- Indexing is the process by which incoming documents are attached to a registration in NEMIS. This process is used to categorize and label documents for streamlined processing. Indexing **Smart Route(s) (SR)** documents to the appropriate location based on the **Category** and **Item** code selected by staff.

Indexing Tasks:

- Staff review all images to identify the type of documents and the registration that should be connected to the documents. To complete the indexing process, staff label documents with **Category** and **Item** code, **CREATE** an indexing **Comment**, and **ROUTE** the document set to the next stage of processing.

DMARTS System:

- The Document Management and Records Tracking System (**DMARTS**) is the database used for indexing. This database interacts with NEMIS to add documents to applicants' files.

Document Sources:

- Documents come into Indexing from three sources:
 - **Postal Mail:** Documents submitted to the Federal Emergency Management Agency (FEMA) via the United States Postal Service (USPS), Federal Express (FedEx), the United Parcel Service (UPS), etc. Copies of submitted documents (including the envelope) are imported to DMARTS by an offsite Mail Operations Contractor;
 - **Imports:** Imports typically consist of large volumes of documents with more than eight pages, or, documents associated with more than one registration that are processed by an offsite Mail Operations Contractor . A Fax Splitter utility is used to separate these documents.
 - **Uploads:** Documents uploaded from the applicant's online Disaster Assistance Center (DAC) account; AND



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- **Fax:** Documents submitted to FEMA via the toll free fax number. The offsite Mail Operations Contractor uses a Fax Splitter utility to review and separate documents that may contain pages for multiple registrations.

Indexing Processes:

- After reviewing all pages and entering all required data, staff must **SELECT** one of the **Process** buttons to move the document to the next stage of processing.
- There are five **Process** buttons used in Indexing to route the document to the next stage of processing. These buttons are:
 - **Archive – USE** this button to add a document to a registration and **SR** a **Workpacket (WP)** into a NEMIS processing queue when applicable;
 - **Reg not Found – USE** this button to **PLACE** a document back into the **Indexing** queue for a later attempt to identify the appropriate registration to be connected to the document. If a later attempt to connect the document to a registration is unsuccessful, **PLACE** the document set in **Advanced**;
 - **Save/Hold – USE** this button when indexing has begun but can NOT be completed. **Save/Hold** saves the work that has been completed and places the document back into the **Indexing** queue. **Save/Hold** DOES NOT hold the document for specific users;
 - **Reprocess – USE** this button when documents need additional actions that are outside the scope of normal indexing, e.g. splitting, re-scanning, translating, retrieving originals, or forwarding information to outside parties; AND
 - **Advanced – USE** this button to send a document for further review and/or additional actions. For unidentifiable registration issues, a minimum of two attempts to locate the registration must be made prior to routing to **Advanced**.



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II. IMPORTANT INFORMATION

This section describes information that every employee **must** read **before** *Indexing*.



Critical Indexing Guidance:

- It is critical that documents are connected to the correct registration.
- **USE** identification information on a received document, i.e. name, address, phone, or Social Security Number (SSN); to identify the correct registration.
- DO NOT rely only on matching the Registration ID number. The number may have been written incorrectly.
- **VERIFY** the registration number by comparing the document information against the search results to identify the appropriate registration to be selected for archiving.
- During review, **ENSURE** the documents to be archived:
 - DO NOT contain documents for multiple registrations;
 - DO NOT contain documents for multiple disasters; AND
 - DO NOT contain fraud allegations unless a sender is attempting to resolve their own duplicate status. Never use the word "Fraud" in an indexing **Comment**.
- If the appropriate registration can NOT be identified, the document must be routed to the **Advanced Process** where a more experienced agent will perform additional searches and/or **PLACE** courtesy calls to the sender.

NOTE: It is critical that documents be attached to the correct file. Misindexed documents can lead to a breach of Personally Identifiable Information (PII).

Coversheets:

- Coversheets provide specific indexing instructions for documents. They are placed on top of documents by the FEMA Mailroom.



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- Instructions provided in the Coversheet override any standard Indexing instructions.
- It is important to use the document description as indicated on the **Comments** line on the Coversheet.

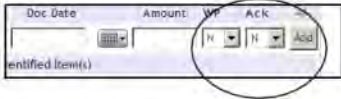
<p>PLEASE <u>DO NOT</u> CREATE A <u>WORKPACKET</u></p>  <p>DOCS FOR SCANNING ONLY. THANK YOU.</p>	<p>PROOF OF OCCUPANCY</p> <p><u>INDEXING INSTRUCTIONS:</u></p> <p>Item: <u>PROOF OF OCCUPANCY</u></p> <p>Comments: <u>(List docs received, # pg)</u></p> <p>Workpacket: <u>YES</u></p> <p>Send Acknowledgement: <u>NO</u></p>
--	--

Figure 1: Coversheet Examples



III. PROCESS

A. Review the Document(s)

It is critical that a thorough review of an image be completed to ensure that all issues are addressed. The following outline provides a recommended step-by-step sequence of tasks while indexing.

1. **ACCESS** Indexing in DMARTS

- a. **CLICK** the **DMARTS** link and the **DMARTS Control** page will appear. From the **DMARTS Control** page, **CLICK** on the **Index** link.

2. **SELECT** the Next Image

- a. **CLICK** the **Next Image** button to load the next available image for indexing. This action is only necessary for the first document to review.
 - i. After the first document is indexed, subsequent documents will auto-upload.



Figure 2: Next Image Button

3. **LOCATE** the Appropriate Registration

- a. **REVIEW** the images to identify the registration that should be associated with the correspondence;
- b. **ENTER** the registration number in the **Registration ID** field or **SEARCH** for the registration using any two fields, i.e. **Last Name** and **State**. More than one registration may display if a registration number is NOT entered; AND

Figure 3: Registration Search



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- c. In the **Search Results** frame, **REVIEW** all available information before selecting the correct registration. **CLICK** the link for the appropriate registration number to connect the registration to the correspondence.



Figure 4: Select the Registration Link

4. **REVIEW** Images and **IDENTIFY** the Source of the Documents

- a. **USE Image Tools** to thoroughly review each page of correspondence:



Figure 5: Image Tools

- b. **IDENTIFY** the correspondence **Item** code(s) and **DETERMINE** if all pages should be indexed into the same registration;
- c. **IDENTIFY** any [Coversheet](#) instructions; AND
- d. **IDENTIFY** the source of the document set. If a document set is illegible or missing pages, identifying the source of the document helps to determine if the set could be improved by rescanning. The source of the documents can be identified in the **Batch Number**.
 - i. Immediately following "HS" is the **Image Source Code** that indicates the source of the document(s):

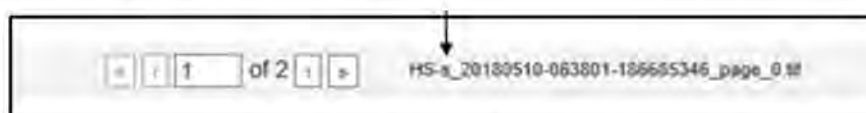


Figure 6: Image Source Code

1. **s:** Scanned – The document was scanned at a FEMA Mailroom facility;
2. **i:** Import – The document was scanned and imported from a third party source or contractor;
3. **f:** Faxes – The document was faxed and processed using a fax splitter;
4. **fi:** Faxes – The document was faxed and placed directly into DMARTS;



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5. **b:** Bar code – The document submitted with the FEMA Coverpage and the bar code was scanned; AND
6. **u:** Upload – The document was uploaded by the applicant through their DAC account.

NOTE: Only Documents with Source code “s” should be sent to Reprocessing to improve the scanned image or retrieve missing pages. Documents from other sources can NOT be improved by Reprocessing.

5. **SELECT Category and Item code(s)**

- a. If available, **RECORD** the **Postmark** date for document sets submitted via Postal Mail;
- b. **REVIEW** the auto-filled date in the **Received** field for accuracy and **UPDATE** if necessary;
- c. **SELECT** the **Worked from Hardcopy** box for any documents that have [Coversheets](#) with **Worked from Hardcopy**, **Scan Only**, or **DO NOT Create a Workpacket** statements;
 - i. The **Worked from Hardcopy** box is automatically selected for **Category: Direct Housing (DH)**. DO NOT create a **WP** for **DH** items.

Worked from Hardcopy	Category (C)	Item (I)	SN	Add
<input checked="" type="checkbox"/>				<input type="button" value="Add"/>

Figure 7: Worked from Hardcopy

- d. **SELECT** a different **Category** and **Item** for each type of document in the set. Refer to [Smart Routing and Item Descriptions](#) for additional information;
 - i. **SELECT** a **Category** and **Item** code that most closely matches the item;
 - ii. **CLICK** the **Add** button to connect the selection(s) to the document set. **REPEAT** for each item in the document set;

Postmark	Comments				
Date					
Received					
05/03/2017					
Worked from Hardcopy	Category (C)	Item (I)	SN	Add	Actions
<input checked="" type="checkbox"/>	Cont Asst	CA Rent Rpt	Yes	140	<input type="button" value="Add"/>

Figure 8: Add Button



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1. The **SR** and Acknowledgement (**Ack**) fields are automatically set by the **Item** code selected;
 2. **SR** and **Ack** fields should only be changed when directed by an indexing [Coversheet](#) or disaster specifics.
 3. Some **Item** codes allow the **SR** field to be edited, and others are locked. If an **Item** code is locked, a modification is NOT required.
- e. For **Returned Mail**, **COMPLETE** these additional actions:

- i. **SELECT** **Info Control** as the **Category** and **Ret Mail** as the **Item**;

A screenshot of a web interface for selecting mail items. It features two dropdown menus. The first dropdown is labeled 'Info Control' and has a downward arrow. The second dropdown is labeled 'Ret Mail' and also has a downward arrow. To the right of these dropdowns is a button labeled 'Select'.

Figure 9: Returned Mail - Select Button

- ii. **CLICK** the **Select** button that is now activated;
- iii. On the **Returned Mail List** screen, **SELECT** the letter code(s) of the correspondence that has returned and **CLICK OK**; AND
- iv. **Returned Mail Comments** are added automatically based on the letter code(s) selected. **Comments** must be manually deleted when correcting **Returned Mail** selections.

B. Record Item Details

1. Single Substantiation Item

- a. If **Substantiation Questions** are NOT activated, **SKIP** to [Section C: Create or Modify Indexing Comments](#).
- b. When [Substantiation Questions](#) are active, **Item** code(s) trigger specialized questions for that item. When this occurs:



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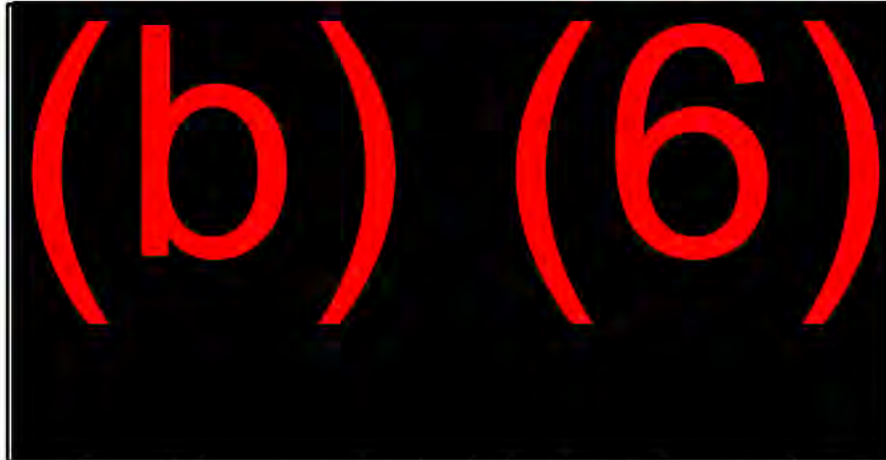


Figure 10: Substantiation Questions for Real Property Estimate or Receipt

- i. **DOCUMENT** additional details about an item on the **Substantiation** page;
- ii. **COMPLETE** all required fields marked with an asterisk (*), with the information found on the image. If dollar values are NOT included within the document, **ENTER** \$0.00;
- iii. If the document DOES NOT have the date included, **SELECT** the box next to **No Date Available**; AND
- iv. **CLICK** the **Save** button.

2. Multiple Substantiation Items

- a. If a document contains multiple **Item** codes on the same page, **SELECT** a separate **Item** code for each item type;
- b. **FOLLOW** instructions for [step 1](#), above, but DO NOT click the **Save** button. Instead, **CLICK** the **Add Substantiation** button;
- c. **SELECT** the next **Item** code and **COMPLETE** the [Substantiation Questions](#) for that **Item**;
- d. **REPEAT** for all items listed on the same page; AND
- e. **CLICK** the **Save** button.

NOTE: All items will have the same response in the **Item page number** field.



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Figure 11: Multiple Substantiation Items from a Single Page

3. Correcting Errors and Viewing the Substantiation Page

- a. If errors were made on the **Substantiation** page, **PERFORM** the following steps before saving:
 - i. **CLICK Cancel** to clear all entries or **CLICK Delete this Substantiation** to clear the last set of **Substantiation Questions**; AND
 - ii. **ENTER** the corrected information by following [Step 1](#) or [Step 2](#) above.
- b. **CLICK** the **View** button to review substantiation details, if needed.
- c. **CLICK** the **Delete** button to edit or delete an **Item**. **ADD** the **Item**, as needed.

Worked Item Summary	Category (*)	Item (*)	Yes	No	Actions
<input type="checkbox"/>					<input type="button" value="Add"/>
	HA	Driver's Lic	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="View"/> <input type="button" value="Delete"/>
	HA	RealProp EstRcpt	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="View"/> <input type="button" value="Delete"/>
	Appeals	HA Apt Ltr	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="View"/> <input type="button" value="Delete"/>

Figure 12: View and Delete Buttons

C. Create or Modify Indexing Comments

A **Comment** is required for all document sets. There are different requirements for the **Comment** depending on which **Process** the documents will be routed to, or, what actions need to be performed.

1. Creating a **Comment** to send to **Archive**



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- a. When creating a **Comment** to **Archive**:
- USE** all capital letters;
 - USE** only approved abbreviations;
 - LIST** all **Items** selected, separated by a comma; AND
 - END** the list with the total number of pages.

A screenshot of a "Comments" text box. The text inside the box is "INS POLICY, HOTEL RECEIPT, FILE COPY REQUEST, 4PGS".

Comments

INS POLICY, HOTEL RECEIPT, FILE COPY
REQUEST, 4PGS

Figure 13: Comment Describing a Document

NOTE: The following should NOT be listed in the **Comment**:

- Documents that are NOT relevant to any type of decision or determination, e.g. grocery lists, movie tickets, etc.;
- Documents previously listed in a **Comment**; OR
- Punctuation other than a comma, e.g. periods, semicolons (;) and ampersands (&).

2. Creating a **Comment** for Another **Process**

- a. When creating a **Comment** for another **Process**:
- BEGIN** with the **Process** and **FOLLOW** with the action requested. Refer to [Comment Examples](#) for additional information.

A screenshot of a "Comments" text box. The text inside the box is "REPROCESS, LATE APPLICATION REQUEST, NO REG FOUND, 5PGS".

Comments

REPROCESS, LATE APPLICATION REQUEST,
NO REG FOUND, 5PGS

Figure 14: Comment for Another Process

D. Route to the Next Phase of Indexing



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1. **USE** the **Process** buttons at the bottom of the **Indexing** screen to **SELECT** the appropriate location for the document set(s).
 - a. Refer to [Indexing Process Scenarios](#) for additional information.



Figure 15: Indexing Process Buttons



IV. EXAMPLES AND FAQs

A. Comment Examples

1. **Adding Descriptions** - Indexing **Comments** typically list the document types and the number of pages. In some situations, it is helpful to provide an additional description for future processing, such as:

Scenario	Comment
1. Clarifying an Item code.	a. OTHER GOV FORMS = MEDICARE CARD, 1PG
2. Describing the document condition.	a. CA FORM 1660 UNSIGNED, 4PGS, OR b. RENT RCPTS ILLEGIBLE, 3PGS

Table 1: Comment Examples for Document Descriptions

2. **Action Requests** - When routing to a **Process** other than **Archive**, the **Comment** should indicate the **Process** first, followed by processing instructions, such as:

Scenario	Comment
1. Discrimination - Claims of discrimination due to race, nationality, creed, color, age, sex or sexual orientation must be sent to Advanced for follow-up review.	a. ADVANCED, REVIEW FOR DISCRIMINATION, APPEAL LETTER, 3 PGS
2. Translation - Non-English documents that affect eligibility and are NOT easily interpreted must be sent to Reprocess . NOTE: FEMA letters mailed in other languages DO NOT require translation.	a. REPROCESS, TRANSLATE, 6 PGS
3. Multiple Disasters - Document sets that contain Items for multiple disasters or registrations must be sent to Reprocess for splitting.	a. REPROCESS, MULTIPLE DISASTERS, RENT RCPT, LEASE, 3 PGS, 2ND REGISTRATON = DR 4339, 599944222, SANTOS DIAZ, 17. TOTAL PGS
4. Late Applications - Document sets related to Late Application processing DO NOT have a Registration Number. Therefore, a Category and Item code can NOT be selected. These must be sent to Reprocess .	a. REPROCESS, LATE APPLICATION REQUEST, NO REG FOUND, 5PGS
5. Reg not found - On the first attempt, if unable to locate a Registration to attach the document set, staff must send them to Reg not Found . If the second attempt is unsuccessful, staff must send the document set to Advanced .	a. First attempt: REG NOT FOUND, 12/03/2019, 10PGS b. Second attempt: ADVANCED, REG NOT FOUND, 12/03/2019, 12/05/2019, 10PGS

Table 2: Comment Examples for Action Requests

B. Indexing Process Scenarios:

USE the following scenarios to help determine the appropriate **Process** button to use for moving a document set to the next stage of processing. Some routing is specific to the document source. **CONSIDER** the **Source** of the document when determining the



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appropriate **Process** selection. **NOTE: FOLLOW** any [Coversheet](#) instructions provided within the document set as they take priority over any standard instructions.

1. **Archive Button:**

Issues sent to Archive	Additional Action prior to Archiving
1. Incomplete faxes or fax imports.	a. REVIEW document to verify if any of the information available can be used for processing; AND b. Comment must include PARTIAL FAX.
2. Returned Mail	a. SELECT the appropriate letter from the Returned Mail Letters list; AND b. VERIFY the accuracy of the auto-generated Comment and MODIFY as needed.
3. Pages scanned in upside down.	a. ROTATE images using the Rotation tools; AND b. SAVE the changes by selecting the File button at the top of the screen, then CLICK Save Document .
4. Poor quality documents in which the sender's identity and critical document info is somewhat legible.	a. INCLUDE a Comment describing the document and number of pages; AND b. Comment must include ILLEGIBLE.
5. "Cover Sheet Only" received via fax or uploaded via the DAC that includes registrant identity information.	a. ARCHIVE using the following steps: i. Category: Other Gov Forms ii. Item: Other Gov Forms b. Comment must include COVER SHEET ONLY and the number of pages.
6. Non-English documents from FEMA or other government forms that are easily interpreted, e.g. Birth Certificates, Driver Licenses, Social Security documents, etc. These documents DO NOT require translation.	a. INCLUDE a Comment describing the document and number of pages.
7. Documents alleging fraud submitted to clear up a duplicate status. NOTE: Documents alleging fraud should NEVER BE ARCHIVED into NEMIS files unless the sender is resolving their duplicate status.	a. When applicants submit documents alleging fraud, CHECK the applicants duplicate status. If the applicant is listed as Poss_Dup or Exact_Dup , and the documents were submitted to clear that up: i. INDEX the documents into the applicants file only; AND ii. DO NOT use the word "FRAUD" in the Comment .
8. Recoupment Submission Form submitted by the Fraud Prevention Investigation Branch (FPIB) or the FEMA Internal Investigation Division (FIID).	a. ARCHIVE using the following steps: i. Category: Other Gov Forms ii. Item: Other Gov Forms b. Comment must include RECOUPMENT SUBMISSION FORM and the number of pages. i. DO NOT use the word "FRAUD" in the Comment .



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Issues sent to Archive	Additional Action prior to Archiving
9. Waiver request or receipts regarding the waiver process.	a. ARCHIVE normally, but FOLLOW any Coversheet instructions
10. Waiver Income Certification form or Income Tax Return submitted regarding the waiver process.	a. INCLUDE a Comment describing the document and number of pages.
11. Scanned image of the waiver summary and/or the concurrence pages.	a. INCLUDE a Comment describing the document and number of pages; AND b. DO NOT create a WP .
12. Document containing financial information requested in the FEMA Finance Center (FFC) Request for Information (RFI) letter and an Appeal letter.	a. For both documents, SELECT : i. Category: Info Control ; AND ii. Item(s): Recoup Appeal and FFC FIN DOCS .
13. Document containing appeal of their recoupment and DOES NOT mention an Oral Hearing request.	a. SELECT Category: Info Control and Item: Recoup Appeal .
14. Document containing an appeal of recoupment and requesting an Oral Hearing.	a. SELECT Category: Info Control and Item: Oral Hearing Req.
15. Documents from the U.S. Department of the Treasury that include the Treasury Review Coversheet.	a. SELECT Category: Info Control and Item: FFC/Treasury Rev.

Table 3: Archive Process Scenarios

NOTE: Documents alleging fraud should **NEVER** be archived into NEMIS files unless the sender is resolving their duplicate status. When indexing documents alleging fraud, Indexers should check the registrant's duplicate status. If the sender is resolving their duplicate status, **ARCHIVE** the document into the senders file.

2. **Save/Hold Button:**

Issues sent to Save/Hold	Take this Action prior to Routing to Save/Hold
1. Any documents in which staff are unable to complete processing due to reassignment, end of shift, etc.	a. ENTER a Comment to explain the reason for the Save/Hold .

Table 4: Save/Hold Process Scenarios

3. **Reg not Found Button:**

Issues sent to Reg not Found	Take this Action prior to Routing to Reg not Found
1. Documents with little identifiable information, e.g. missing name, registration number, address, or phone number.	a. Comment must include REG NOT FOUND and the indexing date (mm/dd/yy).
2. Documents that are illegible.	a. Comment must include REG NOT FOUND and the indexing date (mm/dd/yy).



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3. Documents whose identifiable information pulls up multiple registrations and the appropriate registration can NOT be determined.	a. Comment must include REG NOT FOUND and the indexing date (mm/dd/yy).
---	--

Table 5: Reg not Found Process Scenarios

4. **Advanced Button:**

Issues sent to Advanced	Action prior to Routing to Advanced
1. Blank pages need to be deleted. NOTE: This applies only when all pages of the document are blank. This DOES NOT include blank pages that are found within documents with other viewable pages.	a. Comment must include ADVANCED, DELETE BLANK PAGES i. Advanced will take the following action: DELETE the blank pages in the document.
2. Extraneous documents NOT relating to any registrant's file (i.e. movie tickets, recipes, etc.)	a. Comment must include ADVANCED, DOCS NOT RELATED TO PROCESSING i. Advanced will take the following action: REVIEW documents and DELETE as appropriate.
3. Documents alleging discrimination.	a. Comment must include ADVANCED, REVIEW FOR DISCRIMINATION i. Advanced will take the following action; REVIEW documents to determine if they should be sent to the Office of Civil Rights.
4. Document sent from Reg not Found after second indexing attempt and it DOES NOT contain any distinguishing information that would determine sender's identity.	a. Comment must include ADVANCED, REG NOT FOUND, (date mm/dd/yy), (date mm/dd/yy) i. Advanced will take the following action: PERFORM additional research of sender's identity.
5. Anonymous statements indicating that a registrant is committing fraud.	a. Comment must include ADVANCED, FRAUD CLAIM i. Advanced will take the following action: FORWARD to Reprocess for further review.
6. Envelopes Only or Cover Sheet Only that can NOT be identified as belonging to any registration.	a. Comment must include ADVANCED, Cover Sheet/ ENVELOPE Only, REG NOT FOUND i. Advanced will take the following action: PERFORM additional research of sender's identity and ARCHIVE or DELETE .
7. 10 or more pages in document scanned in upside down or sideways.	a. Comment must include ADVANCED, ROTATE PAGES i. Advanced will take the following action: ROTATE pages, SAVE , and ARCHIVE .

Table 6: Advanced Process Scenarios

5. **Reprocess Button:**

Issues sent to Reprocess	Action prior to Routing to Reprocess
1. Documents containing pages for multiple registrations.	a. Comment must include REPROCESS, MULTIPLE APPLICANTS (APPS NAMES AND REG ID#s)



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Issues sent to Reprocess	Action prior to Routing to Reprocess
	i. Reprocess will take the following action: SEPARATE the documents and RESCAN .
2. Documents containing pages for multiple disasters.	a. Comment must include REPROCESS, MULTIPLE DISASTERS, (DR#s AND REG ID#s) i. Reprocess will take the following action: SEPARATE the documents and RESCAN .
3. Non-English documents requiring translation – (i.e. letters, receipts, contractor/medical statements, or other documents affecting eligibility that are NOT easily interpreted).	a. Comment must include REPROCESS, TRANSLATE i. Reprocess will take the following action: SEND for translation.
4. Late Applications (NPLATE) - documents containing sender's identity and request for disaster assistance, but no registration can be found (sender may be unregistered).	a. Comment must include REPROCESS, Non FEMA Registrant i. Reprocess will take the following action: CONTACT the sender and ADD them to the Late Application database.
5. Non IHP related documents that should be forwarded to another FEMA section (i.e. Mitigation, resumes, contractors seeking FEMA employment, etc.).	a. Comment must include REPROCESS, FORWARD DOCS - NOT RELATED TO IHP i. Reprocess will take the following action: FORWARD to the appropriate parties.
6. Documents for old disasters that are NOT listed in the Indexing queue.	a. Comment must include REPROCESS, OLD DISASTER i. Reprocess will take the following action: CONTACT registrant and COMPLETE processing requirements.
7. Document ONLY contains an inspector complaint NOT related to an assistance request.	a. Comment must include REPROCESS, INSPECTOR COMPLAINT i. Reprocess will take the following action: SEND a copy of the image to inspection services.
8. Document "separators" that were misread as an image instead of separating documents.	a. Comment must include REPROCESS, MISREAD SEPERATOR i. Reprocess will take the following action: PROVIDE feedback for quality control of the scanning process.
9. Document contains a Debt Repayment Form.	a. Comment must include REPROCESS, FORWARD DEBT REPAYMENT FORM TO CORRECT ADDRESS i. Reprocess will take the following action: ROUTE to the correct mailing address.
10. Postal mail or mail import (NOT faxes or Applicant uploads) that seem to be missing pages, i.e. missing a second page of a letter written on the back of the page, or letter indicates receipts enclosed but no receipts.	a. Comment must include REPROCESS, REVIEW FOR MISSING PAGES i. Reprocess will take the following action: RETRIEVE hard copy originals and VERIFY scanned pages match originals. RESCAN if missing pages are located.



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Issues sent to Reprocess	Action prior to Routing to Reprocess
	ii. DO NOT send faxes or applicant uploads (that can be identified) to Reprocess . These documents must be indexed as received by the applicant.
11. Illegible postal mail or mail import (NOT faxes or Applicant uploads) scanned with poor image quality that might be improved by rescanning. Some poor quality images can be archived. If the sender's identity can NOT be determined, SEND to Reprocess .	a. Comment must include REPROCESS, ILLEGIBLE i. Reprocess will take the following action: RETRIEVE original document and RESCAN for better quality. ii. DO NOT send faxes or applicant uploads (that can be identified) to Reprocess . These documents must be indexed as received by the applicant.

Table 7: Reprocess Process Scenarios

C. Smart Routing and Item Descriptions

The following is a list of the **Category(s)** and **Item** code(s) followed by the queue and subqueue where the **Item** code is programmed to **Smart Route** and a description of documents for each **Item** code.

Item Code	Queue - Subqueue Category: Appeals	Description
Dtl Apl Ltr	FEMA Appeal or State Reconsideration	Appeal for Dental Assistance.
Funeral Apl Ltr	FEMA Appeal or State Reconsideration	Appeal for Funeral Assistance.
HA Apl Ltr	FEMA Appeal	Appeal for HA.
Med Apl Ltr	FEMA Appeal or State Reconsideration	Appeal for Medical Assistance.
Misc Oth Apl Ltr	FEMA Appeal or State Reconsideration	Appeal for Miscellaneous/Other Assistance.
Mov Stor Apl Ltr	FEMA Appeal or State Reconsideration	Appeal for Moving and Storage Assistance.
Oth Nds Apl Ltr	FEMA Appeal or State Reconsideration	Appeal for Child Care Assistance.
Per Prp Apl Ltr	FEMA Appeal or State Reconsideration	Appeal for Personal Property Assistance.
Registrant's Sta	FEMA Appeal	Generic registrant's statement (used when appeal type is unknown).
Tran Apl Ltr	FEMA Appeal or State Reconsideration	Appeal for Transportation Assistance.
Category: Cont Asst		
CA Form 1660	FEMA Continued Assistance	Application for Continued Rental Assistance.
CA Expenses	FEMA Continued Assistance	Expenses related to Continued Rental Assistance.
CA Income	FEMA Continued Assistance	Income documents related to Continued Rental Assistance.



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Item Code	Queue - Subqueue	Description
CA Lease	FEMA Appeal - Ownership/Occupancy	Residential Lease.
CA Rent Rcpt	FEMA Continued Assistance	Residential Rent Receipt.
CA Misc	FEMA Continued Assistance	Miscellaneous documents relating to Continued Rental Assistance.
Req for Recert	FEMA Continued Assistance	Applicant's statement Requesting Continued Rental Assistance.
Category: Dental		
Dentist/Prov Stmt	FEMA or State Manual Determination - Other Needs Assistance (ONA) or Incoming Mail	Dentist or Dental supplies/equipment provider's statement.
Dtl Est/Rcpt/Bill	FEMA or State Manual Determination - ONA or Incoming Mail	Dental estimate, receipt, or bill.
Dtl Ins Set	FEMA or State Manual Determination - ONA or Incoming Mail	Document indicating payment by an insurance company to the insured to settle a dental insurance claim.
Dtl Lack of Ins	FEMA or State Manual Determination - ONA or Incoming Mail	Applicant statement indicating they DO NOT have dental insurance coverage; or the Dental Insurance Enclosure form from the RFI.
Dtl Misc Doc	FEMA or State Manual Determination - ONA or Incoming Mail	Miscellaneous documents relating to a request for Dental assistance.
Category: Direct Housing		
DH Appeal Docs		Appeal for DH .
DH EHP/REC		Environmental and Historical Preservation/Record of Environmental Concern.
DH Inspect Request		Site Map/Inspection Request form (SIR) for DH .
DH License Docs		DH Licenses.
DH Mobile Home		DH Mobile Home Documents.
DH PHP		Documentation of the applicant's permanent housing plan.
DH Recert		Forms used to document eligibility for an additional DH cycle.
DH Temp Housing		Receipt for Government Property - DH lease.
DH Work Orders		Request for work to be done to set up, repair, or uninstall a DH unit.
Category: Funeral		
Coroner's Rpt	FEMA or State Funeral	Coroner's Report – includes autopsy and investigation and consultant reports concerning a death.



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Item Code	Queue - Subqueue	Description
Death Cert	FEMA or State Funeral	Death certificate.
Funeral Est/Rcpt	FEMA or State Funeral	Funeral estimate receipt or bill.
Category: HA		
Affidavit	FEMA Appeal - Ownership/Occupancy	Written statement confirmed by oath before an authorized official.
Affidavits of Residency	FEMA Appeal - Ownership/Occupancy	Affidavits of Residency or other court documentation (Occupancy/Ownership).
Birth Cert	FEMA Manual Determination - Citizenship Verification	Birth certificate.
Driver's License	FEMA Manual Determination	Driver's License or State Issued ID Card.
Dup Stat Appeal	FEMA Appeal	Appeal request to clear a duplicate status issue.
Eviction Notice	FEMA Manual Determination - Incoming Mail	Eviction notice.
Foreclose Notice	FEMA Manual Determination - Incoming Mail	Foreclosure notice.
Federal or State Benefits Ltr	FEMA Appeal - Ownership/Occupancy	Federal or State Benefits Letter (Occupancy).
HOA Stmt	FEMA Appeal	Statement from the applicant's HOA .
Home Title	FEMA Appeal - Ownership/Occupancy	Home title, Mobile Home Certificate of Title, Title Amendment indicating rent-free ownership.
Landlord Stmt Ltr	FEMA Continued Assistance	Landlord statement or letter.
Local School District Ltr/Stmt	FEMA Appeal - Ownership/Occupancy	Local School District Letter or Statement (Occupancy).
Merchant Stmt/Ltr	FEMA Manual Determination - ONA	Merchant statement.
MH Commercial Park Statement	FEMA Appeal - Ownership/Occupancy	Mobile Home Commercial Park Statement (Occupancy/Ownership).
Motor Vehicle Registration	FEMA Appeal - Ownership/Occupancy	Motor Vehicle Registration (Occupancy).
Mrtg Pay Coupon	FEMA Manual Determination	Mortgage payment coupon.
Mrtg Receipt	FEMA Manual Determination	Mortgage payment receipt.
Notarized Stmt	FEMA Manual Determination - Incoming Mail	Notarized statement.
Official Stmt/Ltr	FEMA Appeal - Ownership/Occupancy	Official statement or letter.
Proof of Occup	FEMA Appeal - Ownership/Occupancy	Declarative statement submitted for Proof of Occupancy.
Proof of Ownership	FEMA Manual Determination	Declarative statement submitted for Proof of Ownership, Tax receipts, Property Tax bill.
Property Deed	FEMA Appeal - Ownership/Occupancy	Warranty deed, quitclaim deed.



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Item Code	Queue - Subqueue	Description
Purchase Contract	FEMA Appeal - Ownership/Occupancy	Dwelling purchase contract, Contract for Deed (typically seller financing), Land Installment Contract, Bill of Sale, or Bond for Title.
Real Prop Est Rcpt	FEMA Appeal	Real Property estimate or receipt.
Receipts for Major Repairs	FEMA Appeal - Ownership/Occupancy	Receipts for Major Repairs or improvements (Ownership).
Roads/Bridges Doc	FEMA Supervisor Review - Road and Bridge	Roads or Bridge assistance request or statement.
Self Cert of Occupancy	FEMA Appeal - Ownership/Occupancy	Self Certification of Occupancy - Limited Uses (Occupancy).
Self Cert of Ownership	FEMA Appeal - Ownership/Occupancy	Self Certification of Ownership - Limited Uses (Ownership).
Social Service Org Letter	FEMA Appeal - Ownership/Occupancy	Social Service Organization Letter (Occupancy).
Utility Bill	FEMA Manual Determination	Utility bill - including gas, electric, phone, water.
Voter Reg	FEMA Manual Determination	Voter's registration.
Category: Info Control		
90-69A		Copy of the registration that is mailed to the applicant.
90-69B		Signatures for Privacy act and legal residency.
Certified Mail		Mail in which the postal service documents the sending and receipt of a letter.
Court Records	FEMA Appeal	An official report of the proceedings and judgment in a court.
Crtcl Data Chg	FEMA Manual Determination - Data Change	Critical Data Change - updates to income, dependents, or damaged dwelling address.
FFC FIN Docs	FEMA Supervisor Review - Recoup Appeal	Financial documents requested in the FFC RFI letter.
FFC/Treasury Rev	FEMA Manual Determination - MRA	Documents from the Treasury that include the Treasury Review Coversheet.
File Copy Req	FEMA Info Control - Supervisor	Request for a copy of the registration.
Late Application	Late Processing - Docs Received	Request for a Late Application.
Oral Hearing Req	FEMA Supervisor Review - Recoup Appeal	Request for an Oral Hearing associated with the recoupment process.
PHC Record	FEMA Supervisor Review - MRA	Permanent Housing Construction (PHC) related documentation.



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Item Code	Queue - Subqueue	Description
Power of Attny	FEMA Manual Determination - Incoming Mail	Power of Attorney (POA) authority to act for another person in specified legal or financial matters.
Recoup Appeal	FEMA Supervisor Review - Recoup Appeal	Applicant's appeal of a Recoup decision.
Rel of Info Auth		A letter from the applicant authorizing a third party to act on the applicant's behalf. These are also referred to as a Written Consent.
Ret Mail	FEMA Info Control - Returned Mail	FEMA correspondence returned as undeliverable by the USPS.
RetcrtMail Acpt		Certified Mail accepted and receipt returned.
RetcrtMail Ref	FEMA Info Control - Returned Mail	Certified Mail returned as refused.
RetcrtMail Undel	FEMA Info Control - Returned Mail	Certified Mail returned as undeliverable.
SBA Decline Ltr		Letter from the SBA indicating that the applicant DOES NOT qualify for a loan.
Thank You Letter	FEMA Info Control - Supervisor	Letter from the applicant thanking FEMA for service or assistance.
Waiver-Income Certification/Docs	FEMA Supervisor Review - Recoup Appeal	Income Certification form used in the recoup waiver process.
Waiver-NCT Review	FEMA Supervisor Review - Recoup Appeal	Program Management Section (PMS) summary/concurrence pages.
Waiver-Request	FEMA Supervisor Review - Recoup Appeal	Statement or request concerning a waiver of a recoupment decision.
Category: Insurance		
Agent's Stmt Ltr	FEMA Manual Determination - Insurance	Insurance Agent's statement or letter.
Appl Lack Ins	FEMA Manual Determination - Insurance	Applicant's statement indicating they have no insurance coverage for the cause of damage.
Ins Declar Page	FEMA Manual Determination - Insurance	Insurance policy page that specifies the insured person's name, address, policy period, coverage, and limitations.
Ins Denial Ltr	FEMA Manual Determination - Insurance	Insurance letter indicating the applicant's claim has been denied.
Ins Policy	FEMA Manual Determination - Insurance	a document detailing the terms and conditions of an insurance contract.



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Item Code	Queue - Subqueue	Description
Ins Settlement	FEMA Manual Determination - Insurance	Document indicating payment by an insurance company to the insured to settle an insurance claim.
Other Insurance	FEMA Manual Determination - Insurance	Insurance coverage for miscellaneous/ other items.
Stmt Lack of Ins	FEMA Manual Determination - Insurance	DO NOT use, this Item code is an autogenerated code.
Category: Lodging		
Contr Stmt/Ltr	FEMA Continued Assistance	Contractor's Statement or Letter indicating the work to be done and/ or construction completion times.
HUD Sect 8 Reg	FEMA Continued Assistance	HUD Section 8 Registration form indicating that the applicant is in a program that provides assistance to eligible families to rent housing in the private market.
Hotel/Motel Rcpt	FEMA Manual Determination - Lodging Expenses	Hotel or Motel receipt.
Category: Medical		
Med Ins Set	FEMA or State Manual Determination	Document indicating payment by an insurance company to the insured to settle a medical claim.
Med Lack of Ins	FEMA or State Manual Determination	Applicant statement indicating they DO NOT have medical insurance coverage; or the Medical Insurance Enclosure form from the RFI.
Med Misc Doc	FEMA or State Manual Determination	Miscellaneous documents relating to a request for Medical assistance.
Medest/Rcpt/Bill	FEMA or State Manual Determination	Medical estimate, receipt, or bill.
MedPhys/ProvStmt	FEMA or State Manual Determination	Physician's or other healthcare supplies/equipment provider's statement.
Category: Misc/Other		
Child Care Calc	FEMA or State Manual Determination	Results of the Child Care Assistance Calculations used to support payment of the Child Care assistance.
Child Care Decl	FEMA or State Manual Determination	Child Care Declaration Statement.
Child Care Recei	FEMA or State Manual Determination	Child Care receipt/estimate/affidavit.
Miscoth Est/Rcpt	FEMA or State Manual Determination	Estimate or Receipt for a Miscellaneous/Other item.
Category: Moving and Strge		
MoveStorEstRcp	FEMA or State Manual Determination	Moving and Storage estimate, receipt, or bill.



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Item Code	Queue - Subqueue	Description
MovingStorage Ins	FEMA or State Manual Determination	Documentation of Insurance that covers the cost of moving property and/or storage.
Reloc Reque Auth	FEMA or State Manual Determination	Authorization used for the Katrina/Rita Relocation Program (2007) which provided assistance for applicants to return to their home state, relocate to alternate housing, or move from a FEMA Temporary Housing Unit (THU).
Relocation Reque	FEMA or State Manual Determination	Applicant's request for Katrina/Rita Relocation Assistance.
StorageCo Stmt/Ltr	FEMA or State Manual Determination	Letter or Statement from a Storage company or facility.
Category: Other Gov Forms		
Citizen Cert	FEMA Manual Determination - Citizenship Verification	Citizenship Certification - by action of law while residing in the U.S. or born outside the U.S. to a U.S. citizen.
Income Tax Ret	FEMA Manual Determination - Data Change	Income Tax Return.
Marriage Cert Lic	FEMA Manual Determination - Citizenship Verification	Marriage license issued prior to getting married or marriage certificate issued after marriage.
Military Rec	FEMA Manual Determination - Citizenship Verification	Military Record.
Naturalized Cert	FEMA Manual Determination - Citizenship Verification	proof of a person having obtained U.S. citizenship through naturalization.
Other Gov Forms	FEMA Manual Determination - Incoming Mail	generic Item code used for documents that DO NOT have a corresponding Item code in DMARTS (i.e. Coversheet only, doc type illegible).
Passport	FEMA Manual Determination - Citizenship Verification	Passport.
Photographs	FEMA Appeal	Photographs.
Privacy Act Noti		Privacy Act Notice.
Res Alien Card	FEMA Manual Determination - Citizenship Verification	Identification card attesting to the permanent US resident status.
Soc Sec Doc	FEMA Manual Determination - Citizenship Verification	Social Security Administration Document.
W2 Form	FEMA Manual Determination - Incoming Mail	Employer's report of wage, salary and taxes withheld from earnings.
Category: Personal Prop		



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Item Code	Queue - Subqueue	Description
Persprop Estrcpt	FEMA or State Manual Determination	Receipt, estimate or bill provided to justify a request for personal property assistance.
Persprop Ltr	FEMA or State Manual Determination	Applicant's request for Personal property assistance.
Tool Est	FEMA or State Manual Determination	Essential tools estimate or receipt.
Category: Supervisor		
Check	FEMA Supervisor Review - Reissue	Payments made to FEMA via a check.
Check No Reissue	FEMA Manual Determination - Incoming Mail	FEMA check that is NOT to be reissued, such as is one that is voluntarily returned by the applicant as NOT wanted, or a copy of a Treasury Check that was scanned for the file only.
Check Reissue	FEMA Supervisor Review - Reissue	FEMA Treasury check returned by the applicant requesting a reissue because of incorrect or expired information on the check.
Congress Corresp	FEMA Manual Determination - Congressional	Congressional correspondence.
FEMA Debt Repay	FEMA Supervisor Review - Recoupment	FEMA Debt Repayment Form.
Lupe OPT In-Out	FEMA Supervisor Review	Opt-in signature page for La Union del Pueblo Entero (LUPE) letter.
Stop Pay Req	FEMA Supervisor Review - Reissue	Applicant's request to stop payment on a FEMA check.
Category: test		
Complete Recerti	FEMA Continued Assistance	
Category: Transportation		
Veh Comp Ins	FEMA or State Manual Determination	Insurance coverage for vehicle damage NOT caused by a collision, such as fire, theft, flood or vandalism.
Veh DMV Stmt	FEMA or State Manual Determination	Department of Motor Vehicles Statement or documentation from the city, state, towing company or other verifiable agencies to confirm the vehicle was towed and salvaged due to the disaster.
Veh Est/Bill/Rcpt	FEMA or State Manual Determination – ONA or Incoming Mail	Vehicle repair estimate, bill or receipt.
Veh Lack of Ins	FEMA or State Manual Determination	Applicant's statement indicating they have no insurance coverage on a damaged vehicle.



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Item Code	Queue - Subqueue	Description
Veh Liab Ins	FEMA or State Manual Determination	Proof of Liability insurance coverage which also includes Personal Injury Protection (PIP), Property Damage Liability (PDL) or No Fault insurance.
Veh Mech Stmt	FEMA or State Manual Determination	Letter or statement from a mechanic or vehicle repair shop.
Veh Misc	FEMA or State Manual Determination	Miscellaneous documents associated with a request for Transportation assistance.
Veh Reg	FEMA or State Manual Determination – ONA or Incoming Mail	Vehicle registration.
Veh Second	FEMA or State Manual Determination	Request for assistance with a second vehicle.
Veh Title	FEMA or State Manual Determination – ONA or Incoming Mail	Vehicle title.
Category: Updates		
Withdraw Req	FEMA Manual Determination - Incoming Mail	Request to withdraw from the FEMA IHP program.

Table 8: Smart Routing and Item Descriptions

Frequently Asked Questions:

A. Comments

- Should staff modify auto-generated Comments to follow manual Comment guidelines?
 - There is NO need to modify auto-generated **Comments**. Auto-generated **Comments** are sufficient as long as all items are selected and the number of pages are listed in the **Comment**.
 - If the auto-generated **Comment** is NOT sufficient or the document set is being routed to any **Process** other than **Archive**, **MODIFY** the **Comment** to explain any issues with the document set or to provide additional description of the documents.
- What abbreviations can be used in Indexing Comments?
 - Any abbreviations listed in the [FEMA Acronyms and Abbreviations](#) SOP and/or [Smart Routing and Item Descriptions](#).
- Do staff include Coversheets and envelopes in Comments?
 - [Coversheets](#), Information Updates (IU), and envelopes are NOT included in **Comments** but must be counted in the total number of pages.



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4. If staff select an **Item code** from the drop down list, is that **Item code** included in the **Comment**?
 - a. Yes, all items must be included in the **Comment** regardless if the **Item code** is selected from the drop down list. See example below:
 - i. 2 page request asking for a copy of the file.
Category: Info Control
Item: File Copy Req
Comment: FILE COPY REQUEST, 2PGS

B. Indexing Features

1. What is the purpose of the **Worked from Hardcopy** checkbox?
 - a. A checkmark in this box prevents a **WP** from being created for an **Item** code selection.
2. Can staff rearrange pages of a document set?
 - a. Document sets must remain in the same order as submitted. Moving pages may cause the screen to freeze, forcing a restart of DMARTS.
3. If a **Coversheet** indicates that a **WP** should NOT be created, but the **SR** field is inactive and defaulting to Yes, what should be done?
 - a. If the **SR** field is inactive, the **WP** creation will be auto-determined by the business rules.
4. What is the **Source Count Report**?
 - a. The **Source Count Report** displays the number of document sets by Mail or Fax that are currently in **Indexing** and **Advanced Indexing** queues. A document set may contain multiple pages in one set.
5. How do staff keep **DMARTS** from timing out?
 - a. To avoid **DMARTS** timing out:
 - i. **CLICK** the **Search** button;
 - ii. **CONNECT** to a document;
 - iii. **SELECT** a **Category**; AND
 - iv. **SELECT** an **Item** code.



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6. Can partial information be used to search for a registration?

- a. Partial information can be used to search by incorporating the **Wildcard** character for the unknown information. In DMARTS, the **Wildcard** character is the asterisk (*).

NOTE: The **Wildcard** character is NOT required when searching with the last four digits of the SSN.

- b. The **Wildcard** character can be used with partial alphabetical and numeric data. Using the **Wildcard** character can be helpful in areas where non-conventional addresses, i.e. Puerto Rico, the U.S. Virgin Islands, etc.; are common. Below are common techniques for using the **Wildcard** character:
 - i. **USE** the **Wildcard** character to replace the first part of the data, i.e. ***son**. This will produce data that ends with son, i.e. Johnson, Wilson, Carson, etc.
 - ii. **USE** the **Wildcard** character to replace the last part of the data, i.e. **Joh***. This will produce data that starts with Joh, i.e. Johnson, Joh, Jo, etc.
 - iii. **USE** the **Wildcard** character to replace the first and last part of the data, i.e. ***Main***. This will produce data that includes "main," i.e. 123 Main St, 623 Main Rd, 309 Mainstay Ave, etc.

7. How do staff view the number of routing events they had on a specific day?

- a. The **Indexer Report** reflects the total number of items sent to **Archive** on a specific date or a range of dates. However, the report DOES NOT reflect documents that were sent to any other **Process**.

C. Indexing Functions

1. Who is responsible for deleting pages, and when?

- a. Staff working the **Advanced Process** have the ability to delete pages or an entire document. If pages need to be deleted, **SEND** the document to **Advanced** with a detailed **Comment** explaining the request.

2. Is there a report that tracks documents that deleted from the Advanced Process?

- a. DMARTS tracks all actions performed, including documents that are deleted. However, deleted documents are NO longer accessible in DMARTS or NEMIS.



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3. **Should staff make phone calls to help identify the sender's identity?**

- a. DO NOT make phone calls to identify the sender's identity. Indexing is intended to handle fairly simple issues. If more extensive investigation is needed, **SEND** the document set to **Advanced**. Staff working the **Advanced Process** are provided more time to work more complex issues.

4. **When would staff working the Advanced Process send a document back to Indexing?**

- a. Staff working the **Advanced Process** may complete processing for standard Indexing issues. However, a document set may be returned to Indexing if the document set was sent to **Advanced** in error. When the **Advanced Process** is overloaded, it is better to return the document set to Indexing to be processed to **Archive**.

D. Item Code Selection

1. **What type of documents would staff NOT select an Item code?**

- a. Documents that can NOT be used as substantiation for any type of IHP assistance, i.e. restaurant or grocery receipts, news articles, etc. **NOTE:** Staff must **REVIEW** all documents to ensure an eligible miscellaneous item, e.g. chainsaw is NOT included within a document set of non-IHP eligible items.

2. **When do staff use the Item: Registrant's Sta under the Appeals Category?**

- a. Registrant's Statement (**Registrant's Sta**) is only used when it is NOT clear what type of assistance is being appealed.

3. **When do staff use the Item: Agent's Stmt Ltr under the Insurance Category?**

- a. Agent's Statement (**Agent's Stmt Ltr**) is only used for letters from an Insurance Agent.

4. **When do staff use the Item(s): CA Income, CA Expenses, or CA Misc?**

- a. When documents are submitted for review of Continued Rental Assistance, **CA Income** is used for income documents and **CA Expenses** is used for housing expense documents, e.g. Mortgage or Property Tax Statements. **CA Misc** is used for miscellaneous documents that DO NOT fall under **CA Income** or **CA Expenses**.

5. **When do staff use the Item(s): Check, Check No Reissue, or Check Reissue?**



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- a. **SELECT Check** when the applicant returns a payment to FEMA by personal check.
 - b. **SELECT Check No Reissue** when the applicant returns a payment to FEMA by personal check and requests NOT to have it reissued.
 - c. **SELECT Check Reissue** when a U.S. Treasury check is returned to FEMA because it includes incorrect or expired information.
6. **When do staff use the Item: Crtcl Data Chg?**
- a. Critical Data Change (**Crtcl Data Chg**) is used when documents are submitted to update an applicant's income, household dependents, or Damaged Dwelling Address (DDA).
7. **Are staff required to select separate Item(s) for each Rent Receipt included within a document set for Continued Rental Assistance?**
- a. If **Substantiation Questions** are activated, staff must **SELECT** a separate **Item** code for each Rent Receipt.
 - b. If **Substantiation Questions** are NOT activated, DMARTS will NOT allow entries of the same **Item** code.
8. **Are staff required to select separate Item code(s) if an Appeal Letter is for both HA and ONA items?**
- a. Staff must select a separate **Item** code for each assistance type being appealed.
9. **How should staff process document sets submitted to verify identity?**
- a. Identity verification documents must be processed using an **Item** code that most closely matches the document.
10. **What Item code does staff select for an inspection request?**
- a. There is NO **Item** code for inspection requests. Therefore, staff will select:
 - i. **Category: Appeals.**
 - ii. **Item: HA Apl Ltr.**
11. **What Item code does staff select for a University ID card since it can be used to prove occupancy, identity, or proof of current enrollment?**



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- a. University ID Cards can be submitted for multiple reasons. Therefore, staff should **SELECT**:
 - i. **Category: HA; AND**
 - ii. **Item: Official Stmt Ltr.**
- 12. What Item code does staff select when the only item in the document set is a Coversheet?
 - a. If the [Coversheet](#) includes enough information to identify a registration, **SELECT**:
 - i. **Category: Other Gov Forms.**
 - ii. **Item: Other Gov Forms.**
 - b. If the [Coversheet](#) DOES NOT include enough information to identify a registration, **SEND to Advanced.**
- 13. What is the difference between Item code(s): Rel of Info Auth and File Copy Request?
 - a. A Release of Information (ROI) Authorization (**Rel of Info Auth**) is used when an applicant submits a Written Consent for a third party to act on their behalf. A **File Copy Request** is used when an applicant requests a copy of their records from FEMA.

E. Substantiation Questions

- 1. How do staff record multiple page numbers in the page number field?
 - a. **USE** a dash to separate consecutive page numbers in a range, i.e. 1-12.
 - b. **USE** a comma to separate non-consecutive page numbers in a range, i.e. 1, 4, 7.
- 2. What should staff do if there is **NOT** enough information to complete the Substantiation Questions?
 - a. For any unknown dollar value, **ENTER \$0**;
 - b. For any unknown dates, **ENTER** the received date; AND
 - c. For all other questions, **USE** your best judgment to record the answer.



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F. Workpackets

1. What happens to the extra WP's when multiple Item codes are used?

- a. NEMIS Business Rules will NOT create a new **WP** if there is an existing **WP** with an active pending (**PND**) line for the requested assistance type. If an existing **WP** DOES NOT include an active **PND** line for the requested assistance type, one will be added by the NEMIS Business Rules.



V. DEFINITIONS AND ACRONYMS

Definitions

Archive – Button used in DMARTS to save indexed images to an applicant's file.

Bar Code - A code consisting of a group of printed and variously patterned bars, spaces and sometimes numerals containing information (as identification) about the object it labels, and is designed to be scanned and read into computer memory.

Batch - A collection of documents typically named by the date received by DMARTS. A batch can be a single image or several images. One Batch may be composed of several separate documents which are accessed separately (using Next Image) in the Index Module.

Batch Number - Number comprised of the barcode identifier (when applicable), Image Source (Fax: f, Scan: s, etc.), file creation date, and the unique batch identifier (Ex: i_20081010_617).

DMARTS Mailroom Application - Document Management and Records Tracking System/DMARTS application contains a set of modules used to review and analyze correspondence received from disaster applicants.

Doc ID Number - The Doc ID Number includes an indexing prefix, barcode identifier (when applicable), the Image Source, the date the file was created, unique batch identifier number, and a unique identifying number for the specific set of documents. This number can be used to search for specific documents in the **Indexing** queue (Ex: HS-i_20081010_617-1861150717).

Document - Single or multipage images that may be a portion of a larger Batch.

Fax Splitter- Manually operated utility used to review and separate fax transmissions. The Fax Splitter ensures that each transmission is a complete document. Larger faxes (more than 8 pages) are automatically forwarded to the Fax Splitter for review during increased activity.

Index Module - The section within the DMARTS application used for cataloguing scanned images and attaching them to their respective NEMIS file.

Indexing Coversheet – Manually created and added during indexing and used for specific types of documents and usually contains indexing instructions.

Image – A single page computer representation of a faxed or scanned document. (One image = one document either single or multi page.)



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Mail Utility Module - A customized application used by FEMA to print all outgoing mail generated within NEMIS.

NEMIS Business Rules - A set of Conditions and Actions used by NEMIS to automatically route and/or process registrations. The Conditions and Actions are influenced by the configuration of toggle switches in NEMIS.

Queue - A holding area for scanned documents waiting to be reviewed.

Repository - The queue to hold records that are waiting for a specific process.

Smart Routing - An automated function that determines if a work packet is needed for incoming correspondence (according to the NEMIS Business Rules) and auto-routes **WP's** to the appropriate queue based on the **Item** code selected during indexing.

Utility/Utility Software – System software used to perform standard operations.

Acronyms

Ack	Acknowledgement Letter
DAC	Disaster Assistance Center
DDA	Damaged Dwelling Address
DH	Direct Housing
DMARTS	Document Management and Records Tracking System
EHP	Environmental and Historical Preservation
FAQ	Frequently Asked Question
FEMA	Federal Emergency Management Agency
HA	Housing Assistance
HOA	Homeowner's Association
HUD	Housing and Urban Development
IU	Information Update
LUPE	La Union del Pueblo Entero
NPLATE	After Filing Deadline Grace Period Letter



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ONA	Other Needs Assistance
PDL	Property Damage Liability
PHC	Permanent Housing Construction
PII	Personally Identifiable Information
PIP	Personal Injury Protection
PMS	Program Management Section
POA	Power of Attorney
REC	Record of Environmental Concern
ROI	Release of Information
SBA	Small Business Administration
SIR	Site Map/Inspection Request Form
SR	Smart Route
SSN	Social Security Number
THU	Temporary Housing Unit
UPS	United Parcel Service
USPS	United States Postal Service
WP	Workpacket



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VI. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures:
 - [Info Control](#)
- Resources:
 - [Civil Rights Issues](#)
 - [FEMA Acronyms and Abbreviations](#)



Info Control
Effective Date: June 1, 2021

INFO CONTROL

I. Overview	<ul style="list-style-type: none"> ■ Purpose 2 ■ Other Items to Note 2 <p style="text-align: center;">*** This can be referenced by all staff *** (JFO, DRC, DSA, Helpline)</p>
II. Important Information	<p style="text-align: center;">*** ALL processing employees must read this section ***</p> <ul style="list-style-type: none"> ■ Prior to Processing 4
III. Process	<ul style="list-style-type: none"> A. Eligibility Verifications 6 B. Returned Mail 6 C. Timer Expired 8 D. Letter Regeneration Error 9 E. Info Control Supervisor Subqueue 10 F. Joint Option Disaster Information (ONA Only) 13 G. Exceptions 14
IV. Examples and FAQs	<ul style="list-style-type: none"> ■ Timer Expired – Letter was generated, but not mailed 15 ■ Timer Expired – No Response Received 15
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I. OVERVIEW

This section describes information that every employee **must** read ***before*** ***addressing*** FEMA Info Control.

Purpose:

- **FEMA Info Control** is a processing queue for Caller Services and Casework (CSAC) and Specialized Processing Unit (SPU) staff. **FEMA Info Control - Supervisor** is restricted to the FEMA Individuals and Households Program (IHP) Mailroom specialists.
- This document outlines the processing actions related to Info Control issues, including:
 - Processing functionality;
 - Updating the **Info Control** screen;
 - Setting verification requirements;
 - Addressing correspondence issues; AND
 - Defining requirements to protect the applicants Personally Identifiable Information (PII).

Other Items to Note:

- Info Control Processing is available from two queues in NEMIS.
 - **FEMA Info Control**: This queue is accessible to CSAC and SPU staff.
 - **FEMA Supervisor Review**: Info Control processing from this queue is reserved for Info Control staff and other designated members.
- The **Regenerate** Function:
 - Updates to the Current Mailing Address (CMA) must be made before the letter is regenerated to ensure the letter is received by the applicant at the correct address.
 - Regenerated mail is a copy of the returned letter, including the same date as the mailing date of the original. A regenerated letter will NOT extend the applicable appeal period.



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- The body of the regenerated letter will include the CMA from when the letter was originally sent however, the letter cover page will reflect the updated address and will be mailed to this address.
- **Personally Identifiable Information (PII)**
 - General PII includes names, email addresses, home addresses (both CMA and Damaged Dwelling Address (DDA)), phone numbers, and EFT routing numbers.
 - General PII may be disclosed to applicants/co-applicants only after they have met the requirements to gain access to the file; and, when requested by the applicant/co-applicant; i.e. the applicant asks staff to confirm the CMA on file.
 - Sensitive PII includes Social Security numbers (full or last 4), Driver License or State ID numbers, Passport ID numbers, Date of Birth, and EFT account numbers.
 - Sensitive PII may never be disclosed to applicants/co-applicants, regardless if they met the requirements to gain access to the file. Staff may only update sensitive PII after the applicant/co-applicant has met the requirements to gain access to the file; and, the information is provided to staff by the applicant/co-applicant. Staff should never provide the outdated information to the applicant/co-applicant.



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II. IMPORTANT INFORMATION

This section describes information that every employee **must** read ***before processing*** applicants in Flood Zones and Protected Areas.



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](#).
 - **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.
- Returned funds: If a copy of a U.S. Department of the Treasury (Treasury) check, personal check, money order, etc., is found in the NEMIS subqueue, **REVIEW** the **Events History** and determine if a WP is needed for processing.
 - If a WP is needed to process the reissue of funds, **ADD** a WP to **FEMA Supervisor Review – Reissue**.
 - If the returned funds are related to an Other Needs Assistance (ONA) payment in a Joint Option Disaster, **ADD** the WP to **State Supervisor Review**.
- Returned mail processing is completed by CSAC and/or SPU staff regardless of the ONA processing option.
- Prior to reviewing or discussing Cross Disaster processing, **VERIFY** the ONA Option selection.
 - FEMA staff are authorized to process and discuss ONA in FEMA Option disasters.



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- In Joint Option disasters, only the state, territorial or tribal government (STT) is authorized to process and discuss ONA eligibility. **REFER** to [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.
- 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
 - American 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.
 - **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.
 - PMS will have to authorize this payment.



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III. PROCESS

A. Eligibility Verifications

Although **FEMA Info Control** is NOT a decision processing queue, the auto determination event may route WPs to the different **FEMA Info Control** subqueues in an attempt to meet the missing verification requirements. Staff processing **FEMA Info Control** must review the documents received and **ASSOCIATE** incoming correspondence with the missing verification requirements.

1. Identity is verified (**IDV_Pass**). **REFER** to the [Identity Verification](#) SOP for additional information.

B. Returned Mail

1. Correspondence Returned to FEMA:

- a. Returned mail is correspondence sent to applicants and returned to FEMA by the U.S. Postal Service (USPS). Some of the reasons for returned mail are:
 - i. Misspelled street name, incorrect P.O. Box number, or zip code;
 - ii. Missing apartment or lot number;
 - iii. Moved, unknown, deceased; OR
 - iv. No mailbox, DD is vacant, or mail unclaimed.
- b. If the USPS establishes an alternate mail delivery station, the information will be available on the [Disaster Specific Information](#) web page or [Preshift](#).

2. Returned Mail Processing:

- a. The mailroom scans the correspondence into the Document Management and Record Tracking System (DMARTS), and the IHP Mailroom staff index the returned mail which creates a WP to **FEMA Info Control - Returned Mail**.
 - i. WPs will NOT generate when;
 1. There is an existing WP in **FEMA Info Control - Returned Mail**.
 2. The CMA is updated between the date the correspondence was mailed and the date it is returned.
 - a. In these circumstances a script will regenerate the returned mail.



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3. The e-correspondence option is updated to **Yes** after the correspondence is mailed.
 - a. Once the returned mail is scanned and indexed, an email notification will be issued to the applicant indicating the correspondence is available in their DAC account.
- b. **REVIEW** the returned correspondence and information in the file to determine if the CMA requires an update.
 - i. If there is information in file (e.g. incoming mail, contacts, or comments) indicating the applicant submitted a request to change their CMA, and the change had NOT been completed:
 1. **UPDATE** the CMA according to the information received;
 2. **SELECT** the letter to mail from the **Outgoing Correspondence** frame;
 3. **SELECT Regenerate**;
 4. **ADD a Comment**; AND
 5. **ROUTE to FEMA Complete**.
 - ii. If there is NO information in the file to update the CMA:
 1. **CALL** the applicant, three attempts are required within two days, to verify the CMA. **REFER** to the [Outbound Calls and Third Party Verifications](#) SOP for details about calls to applicants and entering contact information.
 2. If the call is successful:
 - a. **UPDATE** the CMA according to the request;
 - b. **SELECT** the letter to mail from the **Outgoing Correspondence**; AND
 - c. **SELECT Regenerate**.
 3. If unable to contact the applicant, **ADD a Contact** and **ROUTE to FEMA Complete**.
 - a. DO NOT regenerate Recoupment letters.
 - iii. Information about letters that should NOT be generated is available on DSOPs, preshifts, or PPM SOPs.



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- iv. For returned recoupment letters, e.g. **Notice of Potential Debt Letter (NPDL)** or **Notice and Demand Letter (NDL)** found in **FEMA Info Control - Returned Mail**;
 1. **EMAIL** the IHP Mailroom [FEMA-IHP-MAILROOM](#) to **REQUEST** the letter be mailed to the applicant and **INCLUDE**:
 - a. The letter code found in the **Communication** screen;
 - b. Letter date;
 - c. Disaster number; AND
 - d. Registration number.
 2. **ADD a Comment** indicating an email was sent, and **ROUTE to FEMA Complete**.

C. Timer Expired

1. The applicant DID NOT respond to a document request in a timely manner:

- a. The **Request for Information (RFI)** letter is the only request letter in which a timer is required.
 - i. The RFI letter is used for item requests. Appeal RFIs are the only **RFI** letters that DO NOT have an associated timer.
 1. Common reasons for the applicant's delay in returning documents within the allotted time are:
 - a. Postal service delivery delays;
 - b. Backlog at the IHP Mailroom; OR
 - c. Documents scanned into an incorrect file or problems with the image quality.
 - d. Refer to [Preshift Notes](#) or the [Disaster Specific Information](#) web page for information regarding delays in mail service or known issues affecting the timely receipt of correspondence to FEMA.

2. Processing of timer expired and eligibility review:

- a. Initial case review will occur in **FEMA Info Control - Timer Expired**.



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- i. DO NOT deny applicants automatically if the documentation was received outside the 30 day deadline.
2. There is NO statutory requirement for applicants to supply information within the RFI letter time period. However, once a decision is made for the specific category of assistance, the applicant will be required to submit an appeal for eligibility.
3. If an applicant returns documents for review (in excess of 30 days) and an initial eligibility decision has NOT been made, **ROUTE** the WP to **FEMA Manual Determination** and **PROCESS** the eligibility decision(s).
- ii. **FEMA Info Control - Timer Expired** has a limited number of screens and routing options. As a result, the processing of eligibility determinations must take place in other NEMIS processing queues.
- iii. If there is insufficient documentation to substantiate the request for assistance, **PROCESS** as ineligible using the corresponding denial reason, e.g., **INSS**, **IOR**, **IIDV**, etc.
- iv. In instances where the incoming correspondence was previously addressed from another queue:
 1. If there are NO pending lines attached, **ROUTE** the WP to **FEMA Complete**.
 2. If there are existing pending line(s) attached to the WP, **ROUTE** to **FEMA Manual Determination**, **ACCESS** the WP, **DELETE** the pending line(s), and then **ROUTE** to **FEMA Complete**.

Note: Under some conditions, the WP may NOT route to **FEMA Complete**. When this occurs, **ADD** a **Comment** explaining the inability to route the WP to **FEMA Complete**, **ROUTE** to **FEMA Manual Determination**, **ACCESS** the WP, and then **ROUTE** to **FEMA Complete**.

D. Letter Regeneration Error

1. Procedure to recreate letters:

- a. System errors will prevent letters from being regenerated through the NEMIS **Regenerate** button. The letter CANNOT be regenerated if the error message occurs.
- b. NEMIS will display the following pop-up error message, or a similar variant:



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- i. **Regenerate Letter Error**; OR
- ii. The new version of this letter has more input fields than the original.
- c. If an error message appears after the **Regenerate** button is selected, **RECREATE** the super letter.
 - i. From the **Communication** screen, **SELECT Add** on the **Outgoing Correspondence** frame;
 - ii. From the **Program Code** dropdown, **SELECT HA**;
 - iii. Under **Available Letters**, **FOLLOW** the path under **Eligibility Decision**, **Notification Letters**, or **Request Letters** to select the letter that needs to be recreated; AND
 - iv. **CLICK Next**;
 - v. **ENSURE** you select **Send Letter to Mail Queue**
 - vi. **CLICK Finish**;
 - vii. On the **Confirmation** screen, **ENSURE** you select **Send Letter to Mail Queue** in the **Generated Correspondence** frame before routing.
 - viii. **ADD** a **Comment** indicating that the letter has been recreated;
- d. The standard 60-day appeal timeframe is NOT extended for recreated letters even if they display a new date.

E. Info Control Supervisor Subqueue

1. Limited access processing queue:

- a. **FEMA Info Control - Supervisor** is a subqueue within the **FEMA Info Control** process in NEMIS.
- b. **FEMA Info Control - Supervisor** is reserved for Info Control Specialists and other designated staff members.
- c. Staff assigned to this subqueue are responsible for ensuring appropriate processing actions are taken and enforcing the Privacy Act requirements as necessary when FEMA is requested to release information.
- d. WPs are routed into this subqueue when FEMA receives one of the following documents:
 - i. Applicant Complimentary Letter or Thank You Letters;



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- ii. Late Applications; OR
- iii. Documents Scanned into the Wrong File.

2. Documents processed by Info Control Specialists:

a. Applicant compliments and thank you letters:

- i. If an applicant's letter mentions a FEMA employee or field inspector by name or ID number, **EMAIL** the [FEMA-IHP-MAILROOM](#) and ask that a copy of the letter is sent to the respective department.
- ii. If the applicant's letter DOES NOT mention a specific employee or field inspector, NO further action is required.
- iii. Once the case review is completed, the Info Control specialists will **ROUTE** the WP to **FEMA Complete**.

b. File copy requests:

- i. File Copy Requests are processed from **FEMA Info Control - File Request** by the IHP Mailroom.
 - 1. If a WP for a file copy request is NOT available in **FEMA Info Control - File Request**, **ADD** a new WP for processing. An Info Control specialist will process the applicant's request.
- ii. To process an applicant's request for a partial or complete copy of their file, they must have submitted a completed **Authorization for the Release of Information Under the Privacy Act** form specifically requesting their file or a written request that must include the following:
 - 1. Be in writing, typed or written;
 - 2. The applicant or co-applicant's full name (first and last);
 - 3. The applicant or co-applicant's date and place of birth;
 - 4. Current address (CMA or DD); AND
 - 5. The applicant or co-applicant's [signature](#) with one of the following:
 - a. Notarization; OR
 - b. With the following statement: "I hereby declare under penalty of perjury that the foregoing is true and correct."



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- iii. If the request is missing any of the above requirements, **ADD** and **MAIL** an **ADOC** letter requesting the missing information.
 - 1. Although NOT required, the applicant can include individual identifiers with their request. For example, the registration number and last four digits of the social security number to help FEMA identify the file. The lack of an individual identifier is NOT a reason to deny the request.
 - 2. When an authorized third party contacts the FEMA requesting assistance to obtain a file copy, they must verify their name and all standard verification items for the applicant/co-applicant as outlined in the [Helpline NPSC Caller Services Reference Guide](#).
- iv. Once the request is verified, **EMAIL** the [FEMA-IHP-MAILROOM](#) with the following information:
 - 1. Disaster Number;
 - 2. Registration Number;
 - 3. Applicant's first and last name;
 - 4. Document identification number and correspondence received date from the **Communication** screen; AND
 - 5. The specific file information that the applicant would like mailed to their CMA.
- v. Once the email is sent to the IHP Mailroom, **ADD** a **Comment** indicating that the request was completed. **ROUTE** the WP to **FEMA Complete**.
- vi. The IHP Mailroom is the only department authorized to:
 - 1. **GENERATE** the requested copies;
 - 2. **PRODUCE** Certified copies for Other Federal Agencies (OFA);
 - 3. **GENERATE** the Case File Cover Letter (MCCF); AND
 - 4. **ROUTE** the WP to **FEMA Complete** after the copies are generated.
- c. Late applications:
 - i. The review and processing of Late Applications is completed by SPU and Regional staff.



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- ii. To determine who has the Late Applications review authority, **ACCESS** the [Disaster Specific Information](#) web page and **REFER** to the Summary Information section and the **Late Application Review** heading.
 - iii. **REFER** to the [Late Application](#) SOP for additional information and details about late processing.
- d. Documents scanned into the wrong file:
- i. Info Control staff assigned to **FEMA Info Control - Supervisor** maintain records of all archived documents.
 - ii. When the IHP Mailroom receives a request to remove documents from an incorrect file into another, the Info Control staff add a new WP in **FEMA Info Control - Supervisor**. Once the documents are placed into the correct folder, they will dispose of the WP.
 - iii. For additional information and details on how to notify the mailroom about documents that were scanned into the incorrect file, **REFER** to the [Helpline NPSC Caller Services Reference Guide](#).

F. 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 are 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 state, territorial, or tribal government queue; AND
 - 1. There are NO HA categories to address:
 - a. **ROUTE** the existing WP to the **State Manual Determination** queue.
 - 2. There are HA categories to address:



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- a. On the **Confirmation** screen, **SELECT** the appropriate **Routing** location for all HA categories;
- b. **SELECT State Manual Determination** for all ONA categories; AND
- c. **CLICK Submit.**

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:

- a. **CALL** the IHP Helpdesk (b) (6) or the applicable extension number; or **EMAIL** the appropriate Supervisor or Point of Contact (POC).
 - i. If after review by the IHP Helpdesk Specialist or Supervisor/POC it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:
 1. **EMAIL** a request for clarification to the appropriate team via the Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov).



IV. EXAMPLES AND FAQs

The following processing scenarios describe common Info Control processing scenarios.

Scenario 1: Timer Expired – Letter was generated, but NOT mailed.

1. An **RFI** was generated but the letter was NOT mailed to the applicant.
 - a. **RESET** the **Timer**;
 - b. **ADD** a **Comment**; **AND**
 - c. **ROUTE** the WP to **FEMA Info Control - Pending Receipt**. NEMIS will automatically update the date on the letter to the actual mailing date of the letter.

Result: The letter is routed to **FEMA Info Control - Pending Receipt** to continue the Timer and make sure the applicant is allowed the opportunity to respond.

Scenario 2: Timer Expired – No response received.

1. An **RFI** was generated and mailed to the applicant, but FEMA has NOT received the requested documents. The Timer has expired.
 - a. **REVIEW** the correspondence received and ensure the requested documents have NOT been received;
 - b. **ADD** a **Comment** to explain the request for documents. **INCLUDE** the name of the letter and the date the letter was mailed; **AND**
 - c. **ROUTE** the WP to the appropriate queue.

Result: The applicant has NOT responded to the request letter. The eligibility decision needs to be processed from another queue.



V. DEFINITIONS AND ACRONYMS

Definitions

Basic Documentation: Verification requirements met by submitted documents or other approved verification method such as inspection.

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).

Reissue: The process of reviewing the file, confirming the applicant continues to be eligible for the returned assistance, and resending the eligible award.

Returned funds: Occurs when FEMA receives funds issued to an applicant because the award was undeliverable, the applicant requested a stop payment, or the funds were returned voluntarily.

Third party: An individual, entity, or organization to which the disclosure is being consented.

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.

Acronyms

ADA	Americans with Disabilities Act
CMA	Current Mailing Address
CSAC	Caller Services and Casework
DAC	Disaster Assistance Center
DDA	Damaged Dwelling Address



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DSA	Disaster Survival Assistance
IDV_Pass	Identity Verification Passed
IHP	Individual and Households Program
NEMIS	National Emergency Management Information System
NPSC	National Processing Service Center
ONA	Other Needs Assistance
PII	Personally Identifiable Information
POC	Point of Contact
RI	Registration Intake
SOP	Standard Operating Procedure
SPU	Specialized Processing Unit
STT	State, territorial, or tribal government
WP	Workpacket



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VI. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures
 - [Identity Verification](#)
 - [Late Application](#)
 - [Outbound Calls and Third Party Verifications](#)
- Resources
 - [Disaster Specific Information](#)
 - [Helpline NPSC Caller Services Reference Guide](#)
 - [Preshift Notes](#)
 - [Recoupment Helpline User's Guide](#)



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Late Applications
Effective Date: August 27, 2020

LATE APPLICATIONS

I. Overview	<ul style="list-style-type: none"> ■ Purpose 2 ■ Who May Get Assistance? 2 ■ Documentation or Verification Needed 2 ■ Other Items to Note 2 <p>***This can be referenced by all staff(JFO, DRC, DSA, Helpline)***</p>
II. Important Information	<p>*** ALL employees must read this section ***</p> <ul style="list-style-type: none"> ■ Prior to Processing 4
III. Process	<ul style="list-style-type: none"> A. Eligibility Verifications 6 B. Information Requests 6 C. Processing Eligible Assistance 6 D. Processing Ineligible Decisions 9 E. Appeals 12 F. Exceptions 12
IV. Examples and FAQs	<ul style="list-style-type: none"> ■ Non-Registration status and GMT 13 ■ Late Application within the 60-day grace period 13 ■ Late Application after the ILATE was sent 14 ■ Late Application after the 60-day grace period 14
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Late Applications
Effective Date: August 27, 2020

I. OVERVIEW

This section describes information that every employee **must** read ***before addressing*** Late Applications.

Purpose

- This Standard Operating Procedure (SOP) addresses any necessary processing procedures for applicants who submit Late Applications.

Who May Get Assistance?

- FEMA may approve Late Applications from applicants who register within the 60-day grace period which is after the deadline of the standard OR extended application period.
 - Applicants must submit valid documents within 60 days from the date the Late Application was completed.

Documentation or Verification Needed:

- FEMA may consider a Late Application when applicants submit the following documents:
 - A signed letter of explanation; AND
 - Documents that clearly confirm why the applicant was unable to apply during the application period.

Other Items to Note:

- Applications completed during the standard application period will be processed following standard operating procedures.
 - The standard application period ends 60 days from the date the President of the United States declares an incident a major disaster.
 - FEMA may authorize an extension for the application period as a result of disaster specific circumstances.
- Applications completed after the deadline of the standard or extended application period will be processed as Late Applications.
 - The National Emergency Management Information System (NEMIS) allows new applications to be completed during the 60-day grace period.



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- Applicants who complete a Late Application will receive a designation of **HA: NONREG** and **Other: NONREG** during **Registration Intake (RI)**.
- Applicants will receive an **After Filing Period (NLATE)** letter after completing a Late Application.
 - FEMA may consider a Late Application when applicants send a letter of explanation and submit documents that clearly confirm why they were unable to apply during the application period.
 - For documents submitted through traditional postal mail or uploaded through the applicant's Disaster Assistance Center (DAC) account, FEMA will use the postmark date to determine if the documents were submitted prior to the disaster financial closure date. For documents submitted through fax, the timestamp of the fax transmittal will be used.
- Applicants will receive an **After Filing Period Second Response (ILATE)** letter if the following occur:
 - They did NOT submit a letter of explanation, or documents that clearly show why they were unable to apply during the application period; OR
 - The reason they provided was insufficient in demonstrating a condition that would cause a significant delay in allowing them to apply for assistance.
- The **ILATE** letter informs applicants that the application cannot be processed.
- New applications CANNOT be completed in NEMIS after the 60-day grace period:
 - The **RI** module is disabled in NEMIS after the expiration of the 60-day grace period.
 - **EXPLAIN** to the applicant that the application period has ended.
 - If requested by the applicant, FEMA will send an **After Filing Deadline Grace Period (NPLATE)** letter.
 - The **NPLATE** letter informs applicants that FEMA CANNOT accept their Late Application.
 - **ASK** callers for their name and mailing address.
 - **FORWARD** the caller's information and the applicable disaster number to the designated Supervisor or designated Point of Contact (POC) to request a **NPLATE** letter from the [FEMA-IHP-Mailroom](#).
 - The **NPLATE** letter can be requested through the entire financial assistance period for the applicable disaster.



Late Applications
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I. IMPORTANT INFORMATION

This section describes information that every employee **must** read **before** **processing** a Late Application.



Prior to Processing:

- Verify the Review Authority:
 - The Specialized Processing Unit (SPU) and the Regions share responsibility for determining the eligibility of applicants who apply after the application period deadline.
 - At the time of disaster declaration, the Region determines if the Late Application review and processing will be completed by the SPU or designated staff in the Region.
 - Only SPU staff will process Late Applications, if the National Processing Service Center (NPSC) has the Late Application review authority.
 - SPU staff will coordinate with the Region before processing Late Applications, if the Region has the Late Application review authority.
 - Refer to the Summary Information located in the [Disaster Specific Information](#) page to **DETERMINE** the Late Application review authority for each applicable disaster.
- Review applications affected by the Greenwich Mean Time (GMT):
 - On the last day of an application filing deadline, applications completed on or before 11:59 pm, in their time zone, will NOT be considered Late Applications.
 - Since NEMIS operates according to the GMT, these applications will reflect as a **NONREG** in the status bar.
 - The SPU staff will correct applications that were completed before midnight in the applicant's time zone if they have the review authority. Refer to [Section III C.2](#) for additional information



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- The Region will determine the applicant's eligibility regardless of the GMT established by NEMIS if they have the review authority. Refer to [Section III C.3](#) for additional information.

■ **Non-SPU staff**

- If a Workpacket (WP) for a Late Application is found in other queues, e.g., **FEMA Info Control, FEMA Manual Determination**, etc.:
 - **PLACE** the Late Application WP on **Hold - Program Review**;
 - **SEND** an email with the application details to the [FEMA IHP Helpdesk](#); AND
 - **ADD a Comment.**



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III. PROCESS

A. Eligibility Verifications

FEMA may consider a Late Application if the applicant sends the following documents:

1. A signed letter of explanation; AND
2. Copies of supporting documents that clearly confirm why the applicant was unable to apply during the application period. These include:
 - a. Record of hospitalization, illness, disability of the applicant or an immediate family member;
 - b. Death of an immediate family member;
 - c. Proof of personal or business travel that kept the applicant out of the area for the full application period (e.g. flight tickets, hotel receipts); OR
 - d. Evidence of unique disaster-specific circumstances identified by the Region or Joint Field Office (JFO).

B. Information Requests

There are no manual information request letters for a Late Application. NEMIS generates the **NLATE** letter automatically.

C. Processing Eligible Assistance

Based on the review authority, Late Applications will be reviewed and processed by the SPU or the SPU staff will coordinate with the Region first before approving a Late Application for processing. Refer to [Section II](#) for additional information.

1. NPSC review of the CU-23 report

- a. The SPU will review the CU-23 report to:
 - i. **IDENTIFY** applications affected by the GMT;
 - ii. **IDENTIFY** applications with substantiation received;
 - iii. **VERIFY** if applications are in the correct queue;
 - iv. **DETERMINE** the length of time in queue;



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- v. **IDENTIFY** applications that have received returned mail;
- vi. **UPDATE** applications appropriately;
- vii. **ADD** a **Comment**; AND
- viii. **ROUTE** the WP to the appropriate queue if necessary.

2. To correct Late Applications for GMT - NPSC Review:

- a. If the application was completed on or before 11:59 pm in the applicant's time zone, the SPU will:
 - i. **REVIEW** the CU-23 report to identify applications affected by the GMT;
 - ii. **OPEN** the application in the **Late Processing** queue, **Pending Receipt** subqueue, or if WP is available this can be done from **Applicant Update**;
 - iii. **ADD** a correspondence item if applicable;
 - iv. **SET** the **Late Processing Justification** item to **Verified** in the **Info Control** tab/frame;
 - v. **UPDATE** the **Applied Date** to the last day of the registration period in the **App Info** tab/frame;
 - vi. **ADD** a **Comment**; AND
 - vii. From the **Late Processing** queue: **ROUTE** the WP to the appropriate queue or from **Applicant Update**; **CLICK** the **Done** button.

3. Late Applications for GMT - Region Review and SPU duties

- a. The Region is responsible to:
 - viii. **REVIEW** Late Applications within 21 days from the date application was entered;
 - ix. **DETERMINE** the applicant's eligibility for applications affected by the GMT;
 - x. **ADD** a **Comment**; AND
 - xi. **NOTIFY** the SPU about the decision.
- b. The SPU POC is responsible to:



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- xii. **REVIEW** the CU-23 report to identify applications affected by the GMT;
- xiii. **EMAIL** the Region the applications affected by the GMT;
- xiv. **UPDATE** the applications appropriately per Region's request;
- xv. **ADD a Comment**;
- xvi. **NOTIFY** the Region once the request is completed; AND
- xvii. **ROUTE** the WP to the appropriate queue.

4. To approve WPs in **Late Processing** queue, **Docs Received** subqueue – NPSC Review:

- c. If the applicant submitted documents that meet the requirements listed under [Section A. Eligibility Verifications](#):
 - xviii. **ADD** a correspondence item if applicable;
 - xix. **SET** the **Late Processing Justification** item to **Verified** in the **Info Control** tab/frame;
 - xx. **UPDATE** the **Applied Date** to the last day of the registration period in the **App Info** tab/frame;
 - xxi. **ADD a Comment**; AND
 - xxii. **ROUTE** to the **NonReg Continue Processing** queue.

5. To approve WPs in the **FEMA Info Control** queue, **Supervisor** subqueue, **FEMA Manual Determination**, **FEMA Appeals**, or other queues – NPSC Review:

- d. If the applicant submitted documents that meet the requirements listed under [Section A. Eligibility Verifications](#):
 - xxiii. **SET** the **Late Processing Justification** item to **Verified** in the **Info Control** tab/frame;
 - xxiv. **UPDATE** the **Applied Date** to the last day of the registration period in the **App Info** tab/frame;
 - xxv. **ADD a Comment**; AND
 - xxvi. **ROUTE** to **FEMA Complete** or to the appropriate queue.



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6. To approve Late Applications – Region Review and SPU duties

- e. If the Region has the review authority, the Region will:
 - xxvii. **REVIEW** Late Applications within 21 days from the date application was entered;
 - xxviii. **APPROVE** the application for processing;
 - xxix. **ADD a Comment** on the applicant's file; AND
 - xxx. **NOTIFY** the SPU about the decision.
- f. If the Region justifies approval, the SPU will:
 - xxxi. **ADD** a correspondence item if applicable;
 - xxxii. **SET** the **Late Processing Justification** item to **Verified** in the **Info Control** tab/frame;
 - xxxiii. **UPDATE** the **Applied Date** to the last day of the registration period in the **App Info** tab/frame;
 - xxxiv. **ADD a Comment**; AND
 - xxxv. **ROUTE** to the appropriate queue;
 - xxxvi. **NOTIFY** the Region once the request is completed.
- g. If the Late Application requires Region review, the SPU will:
 - xxxvii. **REVIEW** any aged applications (21 days or more from date application was entered) with documents in file; AND
 - xxxviii. **EMAIL** the Region if there is no activity or the activity is aged.

D. Processing Ineligible Decisions

Based on the review authority, Late Applications will be reviewed and processed by the SPU or the SPU will coordinate with the Region first before denying a Late Application for processing.

1. To deny WPs in **Late Processing** queue, **Pending Receipt** subqueue – NPSC Review:



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h. If the applicant did not submit documents:

- xxxix. **ADD** a correspondence item if applicable;
- xl. **SET** the **Late Processing Justification** item to **Not Verified** in the **Info Control** tab/frame;
- xli. **ADD** a **Comment**; AND
- xlii. **ROUTE** to **NonReg Not Justified**.

2. To deny WPs in **Late Processing** queue, **Documents Received** subqueue – NPSC Review:

i. If the applicant did not submit documents that meet the requirements listed under [Section A. Eligibility Verifications](#):

- xlili. **ADD** a correspondence item if applicable;
- xliv. **SET** the **Late Processing Justification** item to **Not Verified** in the **Info Control** tab/frame;
- xliv. **ADD** a **Comment**; AND
- xlvi. **ROUTE** to **NonReg Not Justified**.

3. To deny WPs in **FEMA Info Control** queue, **Supervisor** subqueue, **FEMA Manual Determination** or another queue - NPSC Review:

j. If the applicant did NOT submit documents; OR

k. If the applicant submitted documents that do NOT meet the requirements listed under [Section A. Eligibility Verifications](#):

- xlvi. **ADD** a correspondence item if applicable;
- xlvi. **SET** the **Late Processing Justification** item to **Not Verified** in the **Info Control** tab/frame;
- xlix. **GENERATE** the **ILATE** letter;
- l. **ADD** a **Comment**; AND



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- li. **ROUTE** to **FEMA Ineligible** or if processed from **Applicant Update: CLICK** the **Done** button.

4. To deny WPs for documents received after **ILATE** letter – NPSC Review:

- I. If the applicant did NOT submit documents that meet the requirements listed under [Section A. Eligibility Verifications](#):
 - lii. **GENERATE** the **NPLATE** letter;
 - liii. **ADD** a **Comment**; AND
 - liv. **ROUTE** to **FEMA Ineligible** or if processed from **Applicant Update: CLICK** the **Done** button.

5. To deny Late Applications – Region Review and SPU duties:

- m. If the Region has the review authority, the Region will:
 - lv. **REVIEW** Late Applications within 21 days;
 - lvi. **DENY** the application for processing;
 - lvii. **ADD** a **Comment** on the applicant's file; AND
 - lviii. **NOTIFY** the SPU about the decision.
- n. If the Region justifies denial, the SPU will:
 - lix. **ADD** a correspondence item if applicable;
 - lx. **SET** the **Late Processing Justification** item to **Not Verified** in the **Info Control tab/frame**;
 - lxi. **GENERATE** the **ILATE** letter or **NPLATE** letter if required;
 - lxii. **ADD** a **Comment**;
 - lxiii. **ROUTE** to the appropriate queue; AND
 - lxiv. **NOTIFY** the Region once the request is completed.

6. Small Business Administration (SBA) and Undesignated Counties - NPSC Review



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- o. If the Late Application is SBA Business (BAPP) only; AND
- p. If the county has NOT been added to the declaration, the SPU will:
 - lxv. **UPDATE** the case appropriately;
 - lxvi. **ADD a Comment**; AND
 - lxvii. **ROUTE** to the **NonReg Not Justified** or other appropriate queue.

E. Appeals

Applicants have 60 days after the **NLATE** letter to submit acceptable documents that clearly confirm why they were unable to apply during the application period. Applicants who **CANNOT** provide an acceptable reason for their Late Application will be sent an **ILATE** letter, which informs them that their explanation is not acceptable. **There are NO appeal rights** for this determination because applicants were already given the opportunity to present a full and complete justification for completing a Late Application.

F. Exceptions

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

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

- q. **CALL** the IHP Helpdesk ((b) (6) or the applicable extension number) or **EMAIL** the appropriate Supervisor or Point of Contact (POC).
- lxviii. If after review by the IHP Helpdesk Specialist or Supervisor/POC it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:
 - 1. **EMAIL** a request for clarification to the appropriate team via the Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov).



IV. EXAMPLES AND FAQs

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

Scenario 1 – NONREG status and GMT

1. An applicant completed a registration before midnight in their time zone, but NEMIS shows as **NONREG**.
 - a. If the SPU has the Late Application Review authority, the SPU will:
 - i. **UPDATE** the registration appropriately to initiate the standard auto-determination rules, e.g. send for inspection, etc.
 - b. If the Region has the Region Review authority, the Region will:
 - i. **APPROVE** any Late Application regardless of the GMT established by NEMIS; AND
 - ii. **SEND** to SPU for processing.

Result: PROCESS Late Applications affected by the GMT.

Scenario 2 – Late Application completed within the 60-day grace period

2. Applicants who complete a Late application will receive the following letters:
 - c. NEMIS will automatically:
 - iii. **SEND** a **NLATE** letter to the applicant after completing a Late Application; AND
 - iv. **SEND** the **ILATE** letter if documents to justify extenuating circumstances is NOT received within 60 days from the date the **NLATE** letter is mailed.
 - d. SPU will:
 - v. **GENERATE** an **ILATE** or **NPLATE** letter if required



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Result: GENERATE an **ILATE** or **NPLATE** letter.

Scenario 3 – Applicants submit documents after the **ILATE** is mailed

3. If applicants submit documentation after a **ILATE** letter is mailed.
 - e. The SPU will:
 - vi. **GENERATE** a **NPLATE** letter.

Result: GENERATE a **NPLATE** letter.

Scenario 4 – Late Application after the 60-day grace period

4. If individuals attempt to register after **RI** is disabled:
 - f. **INFORM** callers that an application can no longer be completed;
 - g. **ASK** them for their name and mailing address if they want FEMA to mail a **NPLATE** letter; AND
 - h. **FORWARD** the caller's information and the applicable disaster number to the designated Supervisor or designated POC to request a **NPLATE** letter from the [FEMA-IHP-Mailroom](#).

Result: REQUEST a **NPLATE** letter from the [FEMA-IHP-Mailroom](#).



V. DEFINITIONS AND ACRONYMS

Definitions

60-Day Grace Period: It is the time FEMA allows to complete a Late Application from the date of the standard or extended application deadline. After the 60-day grace period, **RI** is disabled and a registration can no longer be completed.

CU-23 Report: This report identifies Late Applications including those affected by GMT.

Late Application: An application completed after the end date of the standard or extended application deadline.

NONREG Status: The status an applicant receives in NEMIS after completing a Late Application during the 60-day grace period.

Acronyms

DR	Disaster Number
DRC	Disaster Recovery Center
DSA	Disaster Survival Assistance
GMT	Greenwich Mean Time
IHP	Individuals and Households Program
ILATE	Ineligible case is closed
JFO	Joint Field Office
NEMIS	National Emergency Management Information System
NLATE	Filing after deadline with consideration status
NONREG	Non-Registration
NPLATE	Filing after deadline with no consideration status
NPSC	National Processing Service Center
POC	Point of Contact
RI	Registration Intake
SBA	Small Business Administration
SOP	Standard Operating Procedure
SPU	Specialized Processing Unit
WP	Workpacket



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VI. RELATED GUIDANCE

Please refer to the following documents:

- [Disaster Specific Information](#)



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Placing Cases on Hold - 72 Hour Rule
Effective Date: October 04, 2018

PLACING CASES ON HOLD - 72 HOUR RULE

I. Overview	■ Purpose	2
	This can be referenced by all staff (JFO, DRC, DSA, Helpline)	
II. Process	A. Placing a Case on Hold	3
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Placing Cases on Hold - 72 Hour Rule Effective Date: October 04, 2018

I. OVERVIEW

This section describes information that every employee **must** read ***before addressing*** Placing Cases on Hold.

Purpose:

- This Standard Operating Procedure (SOP) provides guidance on how to place a case on hold.



Placing Cases on Hold - 72 Hour Rule Effective Date: October 04, 2018

III. PROCESS

A. Placing a Case on Hold

1. Any work packet that cannot be resolved immediately may be placed on hold for up to 72 hours. The date the case was placed on hold will be displayed in the field next to the user name.
2. The user must enter a NEMIS Comment with a **valid** reason as to why the work packet was placed on hold. For example:
 - a. **Comment Summary Line:** FACILITY (NPSC)# CASE PLACED ON HOLD
 - b. **Comment Details:** On hold pending contractor verification of disaster-related damages.

Examples of Valid Reasons to Place a Case on Hold	Examples of Valid Reasons to Remove a Case on Hold
Pending verification of insurance coverage.	No valid reason is noted in the Events Log.
Pending clarification from IHP Helpdesk.	Information needed to complete the case has been received (either by mail or Helpline).
Pending verification of hotel expenses.	

B. Removing a Case from Hold

1. When removing a case from hold for a **valid** reason, state the reason for the removal within the same NEMIS Comment made to record processing actions. For example:
 - a. **Comment Summary Line:** FACILITY (NPSC)# INSURANCE TAB UPDATED
 - b. **Comment Details:** Removed from hold due to help line call, Insurance verification received, Updated insurance information tab, Routed to Complete.

C. Cases on Hold

1. Cases in most queues will be removed from hold by the NEMIS Business Rules based on the amount of time set for Application Hold Days in the IHP set-up. The default setting is 3 days or 72 hours.
2. There are queues that will keep the HOLD status until it is manually removed. These are:



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Placing Cases on Hold - 72 Hour Rule Job Aid Effective Date: October 04, 2018

- a. FEMA Funeral
 - b. State Funeral FEMA Manual w/ MRA
 - c. State Reconsideration and DR Specific subqueues
 - d. FEMA Supervisor with FEMA Corrections, Reissue, or Recoupment subqueues
 - e. FEMA Pre-Recoupment
3. Congressional cases, Supervisor Review (Recoupment) cases, and cases that are pending review by the **IHP Helpdesk**, the **Specialized Processing Unit (SPU)**, the Regions and/or Headquarters, **MAY NOT** be taken off hold without the permission of a supervisor

Recoupment Helpline User's Guide

Effective: August 26, 2021

FEMA – Individuals & Households Program; National Processing Service Center
PO. Box 10055; Hyattsville, MD 20782 FAX# 1-800-827-8112

CIVIL ACTION No. 5:21-CV-071
5th Interim Response
000172

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CIVIL ACTION No. 5:21-CV-071
5th Interim Response
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Topic:	Process:
I. General Information	<ol style="list-style-type: none"> Recoupment Helpline Agents should follow standard Helpline procedures and process all calls even if the issues are NOT related to recoupment. Agents should give their PIN to the applicant during the call or when transferring the call. All scripts (<i>in blue below</i>) are suggested wording for use by Recoupment Helpline Agents in assisting applicants. However, agents must ensure that all required information is provided.
a. Helpline Opening Remarks	<ol style="list-style-type: none"> Say: <i>Good morning/afternoon/evening. My name is _____. How may I help you?</i> In response to the caller, say: <i>I can help you with that. Can I please have your FEMA Registration ID number?</i> Inbound Calls (speaking to more than one person) If caller requests that another person take over the conversation, the staff member will SAY to each person the caller requests them to speak with: <i>"Good morning/afternoon/evening, my name is _____. This call may be monitored and recorded for quality assurance purposes."</i>
b. Language Line	<ol style="list-style-type: none"> If a caller is unable to communicate in English or Spanish, follow the procedures in the Language Line SOP Language Line SOP Language Line Services (LLS) by dialing, 1-888-8981493 will appear in C3MP.
c. TTY Callers	<ol style="list-style-type: none"> If a caller requires TTY services, follow the procedures in the Deaf, Hard of Hearing, or Speech Disabled Communication SOP. Deaf, Hard of Hearing, or Speech Disabled Communication
d. 3rd Party Calls	<p>The person calling is an authorized third party with a Release or Information, or Written Consent Authorization, and verifies the information required to have access to the applicant's file: Written Consent and Sharing Applicants Information.</p> <ol style="list-style-type: none"> Verify the caller's current location and update as needed. Release applicable information to the caller.
	<p>The person is NOT identified by a Release of Information, Written Consent Authorization, or Power of Attorney has NOT been validated by PMS or OCC to represent the applicant:</p> <ol style="list-style-type: none"> If the call is from Congressional Staff, say: <i>The FEMA Congressional Affairs Division will be able to answer your questions. Please contact them at (202) 646-4500.</i> If the call is from media personnel or reporters, say: <i>The FEMA Headquarters External Affairs Office will be able to answer your questions. Please contact them at (202) 646-3272</i> Calls from attorneys with financial questions should be transferred to the FEMA Finance Center (FFC), even when a Release of Information, POA, and Written Consent is NOT on file or is expired.
e. Applicant Verifications	<p>If IDV Pass, the applicant must</p> <ol style="list-style-type: none"> Say: <i>Thank you Mr./Ms. _____.</i>

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PO. Box 10055; Hyattsville, MD 20782 FAX# 1-800-827-8112

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Topic:	Process:
<p>If the call is transferred from Helpline and the agent has NOT completed the verification, the Recoupment Helpline agent must verify the applicant's identity before continuing the call.</p>	<p>state their first and last name.</p> <p>Say: <i>May I please have your first and last name?</i></p> <p>When the Date of Birth (DOB) is used as an alternate verification, the CMA and/or CPN must be updated prior to ending the call.</p> <p>If IDV_Fail, the applicant must spell their first and last name.</p> <p>Say: <i>Please state and spell your first and last name.</i></p> <ol style="list-style-type: none"> 2. <i>May I have the last four digits of your social security number?</i> 3. <i>May I have your damaged dwelling address (DDA)?</i> 4. <i>May I have your current mailing address (CMA)?</i> 5. <i>May I have your current phone number (CPN)?</i> <ol style="list-style-type: none"> a. The applicant's date of birth may be substituted for the DDA if they can confirm their full name, CMA, CPN, and last four digits of their SSN. b. If the DDA is the same as the CMA, the DOB cannot be used for an alternative verification and the DDA MUST be verified. If the applicant is unable to verify their DDA, DENY access to the file. 6. <i>May I have your current mailing address (CMA)?</i> <ol style="list-style-type: none"> a. The applicant's date of birth may substitute for the CMA. 7. <i>May I have your current phone number (CPN)?</i> <ol style="list-style-type: none"> a. The applicant's date of birth may be substituted for the CPN. <p>NOTE: All the applicant's required answers MUST be verified for accuracy.</p> <p>If the DDA is the same as the CMA, the DOB cannot be used for an alternative verification and the DDA MUST be verified.</p> <ol style="list-style-type: none"> 8. If the applicant is unable to verify their DDA, DENY access to the file, Suggest the applicant request a copy of their file: <ol style="list-style-type: none"> a. Say: <i>"Please submit a written request for a copy of your file". "To help protect your privacy you must submit";</i> b. <i>A written request with your full name (first and last),</i>

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	<p>c. <i>your date and place of birth,</i></p> <p>d. <i>your current address (mailing or damaged dwelling), AND</i></p> <p>e. <i>your request must be signed and must:</i></p> <p>i. <i>be notarized, OR</i></p> <p>ii. <i>Include the following statement: "I hereby declare under penalty of perjury that the foregoing is true and correct."</i></p> <p>9. PROVIDE the <i>mailing address and fax number</i> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</p> <p>10. ADD a Contact:</p> <p>a. Summary: FACILITY# (NPSC#) APPLICANT REQUESTED ____</p> <p>b. Call Type: Applicant Document Request</p> <p>c. Sub-Type: Letters Associated with Applicant File</p> <p>d. Details: Applicant requested ____, Advised applicant to send a written request. Provided mailing address and fax number. (And any other changes made to file).</p>
<p>f. Verifications for possible identity theft</p>	<p>1. Callers who believe they have been a victim of identity theft may NOT know the DDA or the DOB on the registration.</p> <p>2. If you are unable to assist the applicant or his/her representative with file access because of a lack of information,</p> <p>3. Say: <i>A FEMA representative will review your file and call you back within 3 business days. Please provide me with your contact information.</i></p> <p>4. Send email to FEMA-IHP-IDReview and have applicants submit ID Verification documents to the IHP ID Review fax number (540) 504-2266. Include a contact number, the correct spelling of the name, last 4 digits of their SSN, current mailing address, and any other important details provided by the caller about the situation.</p>
<p>g. Transferring Calls to FFC or U.S. Treasury</p>	<p>When transferring a call to FFC:</p> <p>1. Say: <i>The issue that you would like to address today is handled by the FEMA Finance Center. Please stay on the line while I transfer you to the FFC.</i></p> <p>2. If the caller speaks a language</p>

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	<p>other than English or Spanish;</p> <p>3. Say: I will transfer your call to the FEMA Finance Center. When the representative answers, I will advise them you require the assistance of a language interpreter. You may be placed on Hold while the representative obtains an interpreter.</p> <p>NOTE: USE C3MP workgroups to complete all transfers to the FFC. Before transferring to FFC, provide the applicant with the FFC phone number (866) 804-2469.</p> <p>4. TTY calls CANNOT be transferred from the Recoupment Helpline to the FFC. If the call requires the use of a TTY machine;</p> <p>5. Explain to the applicant that a representative from the FEMA Finance Center will contact them.</p> <ul style="list-style-type: none"> i. Ask the applicant the best time to call. ii. End the call following standard procedures. iii. Send an email to FEMA-IHP-Specialized Processing Unit with the following applicant information; <ul style="list-style-type: none"> a. Full name; b. Language spoken (if applicable); c. Disaster number; d. Registration number; e. Contact number; f. Best time to call; AND g. Brief description of the reason for the transfer (balance information, partial payment, etc.). <p>When transferring a call to the Treasury:</p> <p>1. Say: <i>The issue that you would like to address today is handled by the U.S. Department of the Treasury. Please contact them at (888) 826-3127 for more information.</i></p>
h. Escalated Calls	1. If the caller requests to speak to a supervisor;

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	<p>2. Say: <i>"Can I please verify your contact information so I can pull up your application and provide the most up to date information to my supervisor? I may be able to address some of your concerns. Would you like to provide any information on the issue you are calling about?"</i></p> <p>a. If the caller is agreeable, review the file and, if possible, address the issue without calling a supervisor.</p> <p>b. If the caller is NOT agreeable, verify the caller's contact information and say: <i>"My supervisor will contact you as soon as they are available"</i>. End the call appropriately and make a Comment in the applicant's file. Send an email to your supervisor with the caller's contact information and explanation of why the caller wanted to speak to a supervisor.</p>
i. Case file review	1. Once you have verified that the caller has permission to access the case, review the case file in App Update.
II. Subject of Call	
a. Letters	<p>1. Based on the most recent recoupment-related letter in the file, select the appropriate statement below.</p> <p>2. Say: <i>Are you calling about the most recent letter you received regarding a debt or potential debt to the government?</i></p> <p>3. If the applicant has most recently received a NOD or NPDL based on your review of the file and says yes, see section on <u>Notice of Debt (NOD) Letter and Notice of Potential Debt (NPDL) letter</u>.</p> <p>4. If the applicant has most recently received a LOI or NDL letter based on your review of the file and says yes, see section on letter: <u>Letter of Intent (LOI) and Notice of Debt Letter (NDL)</u>.</p> <p>5. If you are unsure what is the most recent letter the applicant has received, say: <i>Can you please provide me additional information about the letter?</i></p> <p>6. If the applicant mentions the Treasury Department, see section on <u>Treasury Letters</u>. If the applicant mentions the DARFA Waiver Program, see section on <u>Notice of DARFA Waiver</u> letters.</p>
b. Notice of Debt (NOD) Letter and Notice of Potential Debt (NPDL) letter	<p>1. For all disasters prior to DR-4273 WV, a NOD letter is sent to notify applicant that they owe a debt to the federal government.</p> <p>2. For disasters for DR-4273 WV and after, a NPDL letter is sent to notify applicant that they may owe a debt to the federal government.</p> <p>3. If an applicant has an NPDL on file and has NOT yet submitted an appeal, explain their appeal rights and provide information on how they can submit their appeal. See section on <u>Appeal Information</u>.</p>
	<p>If the applicant DOES NOT have their NOD or NPDL:</p> <p>1. Say: <i>We can certainly continue the call without your letter, and I will be happy to answer any questions you have. If you have lost the letter and don't think you will be able to find it, I would be happy to resend you a copy. See section on Copy of Letters.</i></p>
	<p>If caller states, they did NOT receive the NOD or NPDL:</p> <p>1. Say: <i>Did you receive a letter called a (select appropriate letter) Notice of Debt/Notice of Potential Debt letter that was dated (date on NOD/NPDL) at (address on NOD/NPDL)?</i></p> <p>2. If the applicant was using E-</p>

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		<p>Correspondence, verify the email address on file.</p> <p>NOTE: NPDL or NDL letters SHOULD NOT be emailed. All recoupment letters will be sent by traditional mail.</p> <p>3. Email FEMA-IHP-Specialized-Processing-Unit to inform them the NOD/NPDL Was sent via E-Correspondence</p> <p>4. If the debt is at the Treasury, say: <i>Your appeal request should be submitted to the U.S Department of the Treasury. Please contact Treasury Debt Management Services at 888-826-3127 for more information.</i></p>
<p>c. Letter of Intent (LOI) and Notice of Debt Letter (NDL)</p>	<p>1. For all disasters prior to DR-4273 WV a Letter of Intent (LOI) is sent to notify applicants that their debt has been certified to the FEMA Finance Center (FFC).</p> <p>2. For all disasters DR 4273 WV and after, a Notice and Demand letter NDL (NDL) is sent to notify applicants that their debt has been certified to the FEMA Finance Center (FFC).</p> <p>3. Applicants with questions about an LOI or NDL should be transferred to the FFC. Say, <i>Other than questions about the letter, is there anything I can help you with?</i></p> <p>4. If Yes, address any other outstanding issues appropriately and transfer them to the FFC.</p>	
<p>d. Treasury Letters</p>	<p>1. If the letter is from the US Department of Treasury there will NOT be a copy of it in the NEMIS file.</p> <p>If caller states, they received a letter from the US Department of Treasury and/or the file includes a Comment 'TREASURY DEBT 888-826-3127':</p> <p>If the caller states they submitted a hearing request to the Treasury, and</p>	<p>1. Review the file to determine if a more recent Comment that reads "SPU-TREASURY AWG HEARING or SPU – TREASURY DISPUTE HEARING"</p> <p>2. If there is no "SPU – TREASURY AWG PENDING" or "SPU – TREASURY DISPUTE PENDING" Comment say: <i>The U.S. Treasury Debt Management will be able to answer your questions about this letter. You can reach them at 888-826-3127.</i></p> <p>NOTE: FEMA is strictly prohibited from discussing any recoupment actions with the applicant while their debt is with the Treasury. DO NOT engage in any discussions regarding garnishment, debt forgiveness, or any actions regarding the collection of the debt.</p> <p>1. Say: <i>If you submitted a request to the U.S. Department of the</i></p>

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Topic:	Process:
	<p>there is "SPU – TREASURY AWG PENDING" or "SPU – TREASURY DISPUTE PENDING" Comment:</p> <p><i>Treasury for your debt to be reviewed, it may be in process. If we receive it, we will review and respond to the U.S. Department of Treasury and you will receive a decision letter. Please wait at least 7 days before calling back to check the status.</i></p>
	<p>If the caller states they have a debt with FEMA, there is no "SPU – TREASURY AWG PENDING" or "SPU – TREASURY DISPUTE PENDING" Comment, and the NEMIS file DOES NOT show a recoupment:</p> <ol style="list-style-type: none"> 1. Refer the applicant to the number on their collection letter. 2. If they DO NOT have the letter, refer them to the Treasury (888-826-3127) for more information. 3. If they have already contacted Treasury and were advised the debt was returned to FEMA, say: <i>I will transfer you to the FEMA Finance Center so they can research your case and advise you further.</i> 4. Transfer the call to <u>the FFC</u>.
	<p>If there is a 'RETURN' Comment:</p> <ol style="list-style-type: none"> 1. Refer to the <u>Treasury Review</u> section.
e. Treasury Review	<ol style="list-style-type: none"> 1. Search the events log by COMMENT.
	<p>If the most recent Comment is 'TREASURY DEBT 888-826- 3127':</p> <ol style="list-style-type: none"> 1. Please refer the caller to Treasury at 888-826-3127. 2. DO NOT transfer the caller to the FFC. 3. DO NOT engage in any discussions regarding garnishment, debt forgiveness, or any actions regarding the collection of the debt.
	<p>If the most recent Comment in file is "SPU – TREASURY AWG PENDING" or "SPU – TREASURY DISPUTE PENDING"</p> <ol style="list-style-type: none"> 1. Say: <i>Your debt has been returned from the U.S. Department of the Treasury and is under review at our agency. You will receive a letter upon completion of the review.</i>
	<p>If the most recent Comment in file is 'SPU=TREASURY REVIEW = RADOC':</p> <ol style="list-style-type: none"> 1. Please advise the caller of ALL the documents that FEMA is requesting to complete the FFC/TREASURY REVIEW.
f. Notice of Disaster Assistance Recoupment Fairness Act of 2011 (DARFA) Waiver Letter	<ol style="list-style-type: none"> 1. Say: <i>The Disaster Assistance Recoupment Fairness Act of 2011 (DARFA) Waiver Program closed on 03/26/2013 and is no longer available. Other than questions about the Notice of Waiver letter, is there anything else I can help you with?</i>
g. Appeal Information	<ol style="list-style-type: none"> 1. Applicants should appeal a NOD or NPDN within 60 days of the date on the letter. All appeals must meet the following requirements: <ol style="list-style-type: none"> a. Be in writing, typed or written; b. Explain the reason for the appeal, e.g., why the applicant is NOT responsible for the potential debt/debt; AND c. Be signed by the applicant, co-applicant, or a third party authorized to

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	<p>appeal on their behalf.</p> <ol style="list-style-type: none"> For appeals by a third party, the applicant or co-applicant must also submit a valid Written Consent Authorization, Power of Attorney (POA), Guardianship, or Conservatorship document with authorization for the third party to appeal. <p>NOTE: POA's, Guardianship, and Conservatorship documents MUST be validation by the Program Management Section (PMS) and the Office of the Chief Counsel (OCC)</p> <ol style="list-style-type: none"> 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. Written Consent and Sharing Applicants Information. When appealing, the applicant should always include all supporting documentation to satisfy any verification requirements and demonstrate their eligibility for grant funds. Once you have identified the reason(s) for the potential debt/debt, please refer to the NOD/NPDL Letter Reasons section for specific details on what the applicant can submit with their appeal. Applicants can submit their appeals to: <p>FEMA – Individuals and Households Program National Processing Service Center P.O. Box 10055 Hyattsville, MD 20782-8055</p> <p>Fax: (800) 827-8112</p> <p>Upload Appeals through their DAC Account online</p>
h. Late Appeal Procedures	<ol style="list-style-type: none"> FEMA DOES NOT accept late appeals for recoupment. If an applicant's appeal period has expired, they must contact the FFC or Treasury depending upon the current status of the debt.
i. Oral Hearing Request Procedures	<ol style="list-style-type: none"> Applicants may request an Oral Hearing when appealing a potential debt/debt. Oral Hearings provide applicants with the opportunity to appeal their potential debt/debt, through sworn testimony, when issues cannot be determined based solely on the documents in the file. Oral Hearings may be utilized when resolving issues related to credibility, veracity, or identity theft. Oral Hearings can be held by telephone with a FEMA representative, or, in certain exceptional circumstances, in- person at a FEMA office. Oral Hearing requests must: <ol style="list-style-type: none"> Be in writing; Be made within the 60-day appeal time frame; AND Explain why the issue in question requires oral testimony and cannot be resolved solely by the documents in the file submitted.
j. Copy of Letters	<ol style="list-style-type: none"> If the applicant is requesting a copy of their letter:

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	<ul style="list-style-type: none"> a. Verify that the CMA is correct. b. Verify the applicant's correspondence preference is set to Traditional Postal Mail. c. Verify which letter the applicant is requesting. d. Say, <i>I am requesting that a copy of the letter be mailed to you.</i> e. Email FEMA-IHP-MAILROOM to request the letter be re-mailed to the applicant and include: <ul style="list-style-type: none"> i. Letter code (from Correspondence tab, Outgoing Letter frame); ii. Letter date; iii. Disaster number; AND iv. Registration number. f. Create a Comment and Contact to show the request was sent to the Mailroom. g. Update the CMA, if necessary.
<p>k. Copy of File</p>	<ul style="list-style-type: none"> 1. If an applicant requests a copy of their file, say <i>"I will send you an Authorization for the Release of Information Under the Privacy Act form. Please complete it and return it to FEMA so we can process your request for a copy of your file. If you DO NOT wish to wait for this form, you can obtain one online at www.fema.gov/assistance/individual/program; or you may submit a written request for a copy of your file. To help protect your privacy, the request must include your full name (first and last), date and place of birth, current address (mailing or damaged dwelling), and your signature which must either be notarized or include the following statement: "I hereby declare under penalty of perjury that the foregoing is true and correct." Also, to help us identify your file, please include your registration number and last four digits of your social security number on all pages of any correspondence you send."</i> <i>Send your request to:</i> FEMA – Individuals and Households Program National Processing Service Center P.O. Box 10055 Hyattsville, MD 20782-8055 OR Fax to: (800) 827-8112 OR Upload your request through your online DAC account. 2. GENERATE the Request for Written Consent Letter (RWCL) and CLICK Send letter to mail queue. 3. CREATE a Contact: <ul style="list-style-type: none"> a. Summary: SPU: APP REQUESTED FILE COPY b. Call Type: Applicant Document Request

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	<p>c. Sub-Type: Letters Associated with Applicant File</p> <p>d. Details: APP requested a copy of their file. Generated the Request for Written Consent Letter and advised APP to complete and return it, or to send a written request. Provided mailing address and fax number.</p>
l. FFC Request for Information (RFI) Status Update	1. Applicants that have questions about an FFC RFI should be transferred to the FFC .
m. Applicant has questions about recent debt payments or wishes to pay off their debt	1. Applicants with questions about payments on a debt must be transferred to the FFC .
n. Appeal Status Request	1. Review the Correspondence tab Received frame on the Correspondence tab to determine if appeal request is in the file.
	<p>If Yes, the appeal request is in the file and a determination has NOT been made:</p> <ol style="list-style-type: none"> 1. Say: <i>We have received your appeal request. Your file is being carefully and thoroughly reviewed. You will be notified in writing of the outcome of your appeal.</i> 2. If the applicant asks about the number of pages received, it is appropriate to tell them how many pages were received. <ol style="list-style-type: none"> a. DO NOT EVALUATE the information submitted by the applicant. This function will be performed by the Recoupment Appeal staff. 3. Review Comments dated after the NOD/NPDL Comment for information pertaining to the Appeal request.
	<p>If Yes, the appeal request is in the file and a determination has been made:</p> <ol style="list-style-type: none"> 1. If is within the 60-day appeal time frame, say: <i>You may submit documentation however you received a final determination. You have 60 days from the date on your Notice of Debt (NOD) letter to complete your appeal process.</i> 2. If it is after the 60 days appeal time frame, say: <i>Your appeal was addressed, and you will receive further information from FEMA's Finance Center.</i>
	<p>If Yes, the appeal request is in the file, a determination has NOT been made, and a subsequent courtesy call has been made requesting additional information:</p> <ol style="list-style-type: none"> 1. <i>You need to submit additional information for your appeal to be processed.</i> 2. Review the Comment the appeal agent made regarding the additional information needed and explain to the applicant what they must submit. 3. E-mail the FEMA-IHP-Specialized-Processing-Unit mailbox and include:

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	<div> <div> <ul style="list-style-type: none"> a. Disaster Number b. Registration Number c. Appeal request Doc ID Number d. Date and type of subsequent recoupment letter. Create a WP to Supervisor Review – Recoup Appeal. </div> <div> <p>4. Create a Comment.</p> <ul style="list-style-type: none"> a. Summary Line: SPU: WP CREATED TO SUP RECOUP APPEALS b. Details: Created WP to Sup Review Recoup Appeals. Recoup appeals agent had tried to contact applicant regarding additional information needed. </div> </div> <div> <p>If No, the appeal request is NOT in the file</p> <div> <p>1. Say: <i>We have not received your appeal request. Please allow a minimum of 7 to 10 business days for your letter to be received Once received, your file will be carefully and thoroughly reviewed. You will be notified in writing of the outcome of your appeal.</i></p> </div> </div>
<p>o. Oral Hearing Status Request</p>	<div> <p>1. Review the Correspondence tab Received frame on the Correspondence tab to determine if appeal request is in the file.</p> <p>2. If Yes, say: <i>Your request for an Oral Hearing has been received and is being evaluated. You will be notified in writing of the outcome of your request.</i></p> <ul style="list-style-type: none"> a. If the applicant asks about the number of pages received, it is appropriate to tell them how many pages were received. b. DO NOT EVALUATE the information submitted by the applicant. This function will be performed by the Recoupment Appeal and Office of Chief Counsel/Alternative Dispute Resolution (OCC/ADR) staff. c. Review Comments dated after the NOD or NPDLC Comment for information pertaining to the request for an Oral Hearing. <p>3. If No, say: <i>We have not received your request for an Oral Hearing. Please allow a minimum of 7 to 10 business days to receive your letter. Once received, your request will be evaluated, and you will be notified in writing of the outcome.</i></p> </div>
<p>III. Updating the file</p>	<div> <p>1. All interactions with applicants must be documented in NEMIS as Contacts using the following format:</p> <ul style="list-style-type: none"> a. Summary Line: SPU: <i>Describe reason for call</i> b. Call Type: IH Financial Action Request c. Call Subtype: Recoupment d. Details: <i>Provide summary of call</i> </div>

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iv. Closing Remarks		1. Prior to ending a call, say: <i>Mr./Ms. ___, do you have any additional questions? Please contact us again if you need further assistance. For your records, my name is ___ and my personal identification number is ___.</i>	
v. NOD/NPDL Letter Reasons			
a. NOD/NPDL Comment and Reason Do NOT Match: Return to Closing Remarks		Applicant states that the reason given in the letter DOES NOT apply to him or her:	<div>1. If the reason given in the NOD/NPDL DOES NOT match the reason for recoupment given in the associated Comment, the following script should be used.</div> <div>2. Say: <i>I reviewed the information in your file, and it appears you were NOT provided the most appropriate letter, I am forwarding your letter to be reviewed by a supervisor. Applicants have 60-days from the date of potential debt notification to file an appeal. If you are issued a revised letter concerning your debt, your appeal timeframe will start from the date on that letter.</i></div> <div>3. Create a Contact</div> <div>4. Click on Create WP button</div> <div>5. Create a Comment<div>a. Summary Line: SPU: REVIEW NOD/NPDL REASON</div><div>b. Details: Reason for Recoup in NOD/NPDL Comment and NOD/NPDL letter. DO NOT match. Please review for possible correction.</div></div> <div>6. FEMA Pre-Recoupment Review Queue.</div>
b. Duplication of Benefits with Other Agency Return to Closing Remarks		<div>1. Say: <i>You received assistance from FEMA and another agency. Because FEMA cannot duplicate benefits, you are required to return the duplicate funds.</i></div> <div>2. To appeal: <i>Please provide documentation to show how the other assistance was used. The documentation must substantiate that the other funds were intended to be used for other purposes.</i></div> <div>3. Provide the applicant with the additional details below when applicable.</div>	<div>1. Rent Receipts to show exhaustion of funds,</div> <div>2. Landlord statement that they were NOT being paid by CLC or another FEMA contractor; OR</div> <div>3. Hotel receipts that prove the applicant was financially responsible for the room.</div>
		For DOB w/ ER, TSA, and CLC/408/HPOP, the applicant could submit:	<div>1. Rent Receipts to show</div>
		For DOB w/ ER and Residential	<div>1. Rent Receipts to show</div>

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	Facilities, the applicant could submit:	exhaustion of funds, or 2. Statement from Residential Facility proving applicant was NOT provided housing at the time FEMA provided ER.
	For DOB with Military:	1. Proof that no assistance was received under the Military Personnel and Civilian Employees Claims Act (MPCECA). <u>Military Personnel and Military Civilian Employees</u>
c. HA Overpayment: Lodging Expense Reimbursement Return to Closing Remarks	1. Say: <i>You received assistance from FEMA for lodging expenses. Your file shows you received more money than the eligible expenses you incurred.</i> 2. To appeal: <i>Please provide receipts or other documents to show that the amount of your eligible expenses was equal to the amount you received. Eligible expenses are limited to the amount it costs to rent the hotel/motel room and the taxes that were charged for the room for the nights you were out of your home due to the disaster.</i>	
d. More Than One Application in a Disaster/ Assistance in Multiple Disasters Return to Closing Remarks	1. Say: <i>You applied for, and received, assistance from FEMA under more than one application in the disaster. FEMA can only provide disaster assistance once to each applicant in a single disaster.</i> 2. To appeal: <i>Please submit documentation to show you did NOT receive assistance from more than one FEMA application during the disaster.</i>	
e. Non-compliance as a U.S. Citizen, Non-Citizen National, or Qualified Alien Return to Closing Remarks	Not applicable for Katrina/Rita/Wilma 1. Say: <i>You received assistance from FEMA for disaster caused needs. You also submitted documentation that you were not a U.S. citizen/ a non-citizen national / or a qualified alien.</i> 2. To appeal: <i>Please submit documentation to show that, at the time of the disaster, you were a U.S. citizen/ a non-citizen national / or a qualified alien. Items that could be submitted include copies of your:</i> a. <i>Documents from the Social Security Administration, Medicare, or other federal agency or department containing the full or the last four digits of the social security number or including an 'A' at the end;</i> b. <i>Social security card if accompanied by a state or federal issued ID with or without any portion of the social security number. (Beginning with disaster 4101-MS.);</i> c. <i>Current payroll check stub issued by employer containing the full or last four digits of the social security number. (Beginning with disaster 4101-MS.);</i> d. <i>Military issued ID with or without any portion of the social security number;</i> e. <i>Marriage license/certificate to show proof of maiden name with or without any portion of the social security number;</i> f. <i>United States Passport (booklet or card form) with or without any portion of the social security number;</i> g. <i>State-issued driver's license or identity card containing the full or the last four digits of the social security number;</i> h. <i>In Puerto Rico, the photo Voter's Registration card if failed for NAME.</i>	

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Topic:	Process:				
	<p><i>ONLY.”; AND</i></p> <ul style="list-style-type: none"> i. <i>Additional documents acceptable for proof of name change include:</i> j. <i>Name change court order;</i> k. <i>Marriage, civil union, or domestic partnership certificate;</i> l. <i>Divorce or annulment decree;</i> m. <i>Certificate of citizenship or naturalization;</i> n. <i>United States Tribal government document;</i> o. <i>U.S. amended/corrected birth certificate; AND</i> p. <i>If the applicant still fails identity verification using their previous name, the applicant will be required to submit one of the other forms of acceptable identity verification/document(s).</i> <p>3. For an undocumented individual who has a minor child that is a U.S. citizen, non-citizen national or qualified alien:</p> <p>4. <i>To appeal: Please submit a copy of the child’s social security card and birth certificate.</i></p>				
<p>f. Not a Legal Resident</p> <p>Return to Closing Remarks</p>	<p>Not applicable for Katrina/Rita/Wilma</p> <ul style="list-style-type: none"> 1. Say: <i>FEMA’s records indicate you are NOT a legal resident eligible for assistance under FEMA’s Individuals and Households Program.</i> 2. To appeal: <i>Please submit documents verifying that you, your co-applicant, or a minor dependent occupant of the household are a U.S. Citizen, non-citizen national, or qualified alien. In addition, a separate letter with the Declaration & Release Form (form #0009-0-3) has been mailed to you. Please provide a completed Declaration & Release form with your proof of citizenship.</i> 				
<p>g. Paid in Multi Disasters – Repair/Temp Housing/Assistance in Multiple Disasters</p> <p>Return to Closing Remarks</p>	<table border="1"> <tr> <td data-bbox="571 1150 1049 1772"> <p>1. Check the Comment associated with the recoupment decision to determine if the assistance was for Home Repair and/or Rental Assistance.</p> <p>If assistance was for only Home Repair:</p> </td><td data-bbox="1049 1150 1529 1772"> <ul style="list-style-type: none"> 1. Say: <i>You received assistance for the same home damages in two disasters. There is no indication in your file that you made home repairs after the first disaster. Because of this, you are NOT eligible for the duplicate assistance that was awarded from your application in the second disaster.</i> 2. To appeal: <i>Please provide documentation to show that you made home repairs after the first disaster or that the funds you received after the second disaster were NOT for the same damages covered by the first disaster. Examples of documentation you could submit include invoices or contractor receipts.</i> </td></tr> <tr> <td data-bbox="571 1772 1049 1797"> <p>If assistance was for only Rental</p> </td><td data-bbox="1049 1772 1529 1797"> <p>1. Say: <i>You received rental</i></p> </td></tr> </table>	<p>1. Check the Comment associated with the recoupment decision to determine if the assistance was for Home Repair and/or Rental Assistance.</p> <p>If assistance was for only Home Repair:</p>	<ul style="list-style-type: none"> 1. Say: <i>You received assistance for the same home damages in two disasters. There is no indication in your file that you made home repairs after the first disaster. Because of this, you are NOT eligible for the duplicate assistance that was awarded from your application in the second disaster.</i> 2. To appeal: <i>Please provide documentation to show that you made home repairs after the first disaster or that the funds you received after the second disaster were NOT for the same damages covered by the first disaster. Examples of documentation you could submit include invoices or contractor receipts.</i> 	<p>If assistance was for only Rental</p>	<p>1. Say: <i>You received rental</i></p>
<p>1. Check the Comment associated with the recoupment decision to determine if the assistance was for Home Repair and/or Rental Assistance.</p> <p>If assistance was for only Home Repair:</p>	<ul style="list-style-type: none"> 1. Say: <i>You received assistance for the same home damages in two disasters. There is no indication in your file that you made home repairs after the first disaster. Because of this, you are NOT eligible for the duplicate assistance that was awarded from your application in the second disaster.</i> 2. To appeal: <i>Please provide documentation to show that you made home repairs after the first disaster or that the funds you received after the second disaster were NOT for the same damages covered by the first disaster. Examples of documentation you could submit include invoices or contractor receipts.</i> 				
<p>If assistance was for only Rental</p>	<p>1. Say: <i>You received rental</i></p>				

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Effective: August 26, 2021

FEMA – Individuals & Households Program; National Processing Service Center
PO. Box 10055; Hyattsville, MD 20782 FAX# 1-800-827-8112

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5th Interim Response
000187

Topic:	Process:	
	Assistance:	<p>assistance in two disasters. There is no indication in your file that this assistance was for different time period. Because of this, you are NOT eligible for the duplicate assistance that was awarded.</p> <p>2. To appeal: Please provide documentation to show that the time periods covered by the rental assistance did NOT overlap. Examples of documentation you could submit include rent or hotel/motel receipts.</p>
	If assistance was for both Home Repair and Rental Assistance :	<p>1. Say: You received assistance for the same home damages and rental assistance in two disasters. There is no indication in your file that you made home repairs after the first disaster or that the time periods covered by the rental assistance were NOT the same. Because of this, you are NOT eligible for the duplicate assistance that was awarded.</p> <p>2. To appeal: Please provide documentation to show that you made home repairs after the first disaster or that the funds you received after the second disaster were NOT for the same damages covered by the first disaster. Examples of documentation you could submit include invoices or contractor receipts. Also, please provide documentation to show that the time periods covered by the rental assistance did NOT overlap. Examples of documentation you could submit include rent or hotel/motel receipts.</p>
<p>h. ALE was Covered in Insurance Claim/ Duplication of benefits with insurance - Additional Living Expenses</p> <p>Return to Closing Remarks</p>	<p>1. Applicant has homeowner's, mobile home, renter/owner contents, and condo insurance for a peril covered by their insurance policy.</p> <p>2. Say: You received Temporary Housing Assistance as a result of a disaster. Temporary Housing Assistance includes both Rental Assistance and assistance for Hotel/Motel expenses. Your file shows that you received Additional Living Expenses from your insurance company. Because FEMA cannot duplicate funds available to you from other sources, you are NOT eligible for the Temporary Housing Assistance received and you must return the funds.</p> <p>3. To appeal: In order to appeal this decision, you must file a claim with your insurance company first. If a claim has NOT been submitted, please file as soon as possible. Once a claim has been submitted and you receive your settlement or denial, please provide documents to show that your insurance company did NOT provide any funds or inadequate funds for ALE or temporary</p>	

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5th Interim Response
000188

Topic:	Process:				
	<i>housing.</i>				
i. Another Member of Household Rcvd INS Including PP/Duplication of benefits with household member's insurance Return to Closing Remarks	<ol style="list-style-type: none"> Previously: HOH Insurance Settlement DOB w/linked file. Say: <i>You received assistance from FEMA to cover your personal property losses. Your file indicates that another member of your household received an insurance settlement that included funds for the same personal property. Because FEMA cannot duplicate funds available to you from other sources, you are NOT eligible for this assistance and must return the funds.</i> To appeal: <i>Please submit documents that show, at the time of the disaster, you:</i> <ol style="list-style-type: none"> <i>Did NOT live with another individual,</i> <i>Had a landlord/tenant relationship with the person you were staying with,</i> <i>Had personal property that was NOT covered by another household member's insurance policy, or</i> <i>Did NOT share in the household member's insurance settlement.</i> 				
j. DOB w/ Household Member Return to Closing Remarks	<ol style="list-style-type: none"> Check the Comment associated with the recoupment decision to determine if the assistance was for Expedited Assistance, Home Repair, Rental Assistance and/or Personal Property. Say: <i>You and other members of your pre-disaster household received multiple financial awards for the same category of assistance. FEMA is required to recover this duplicate assistance, and you must return your share of the financial award.</i> To appeal: <i>Please provide documentation to show:</i> <ol style="list-style-type: none"> <i>You relocated, by yourself, and are a separate household,</i> <i>You were the owner of the home at the time of the disaster or did NOT receive home repair funds, or</i> <i>You did NOT receive assistance for your personal property.</i> <i>Examples of documentation would include a lease, rental receipts, and/or mortgage or insurance information to show ownership.</i> Provide the applicant with the additional details below when applicable. <table border="1"> <tr> <td>For DOB with ETR, the applicant can submit:</td><td> <ol style="list-style-type: none"> Proof that they separated from the household, or Lease or rent receipts at a separate location. </td></tr> <tr> <td>For DOB with PP, the applicant could submit:</td><td> <ol style="list-style-type: none"> Proof that they had a financial responsibility in the household, or Pre-disaster essential utility bill can be used to prove financial responsibility. These would include Natural Gas, Electric, Sewer, and Water. It DOES NOT include Cable Television, Telephone, Internet, or other non-essential bills. </td></tr> </table> 	For DOB with ETR, the applicant can submit:	<ol style="list-style-type: none"> Proof that they separated from the household, or Lease or rent receipts at a separate location. 	For DOB with PP, the applicant could submit:	<ol style="list-style-type: none"> Proof that they had a financial responsibility in the household, or Pre-disaster essential utility bill can be used to prove financial responsibility. These would include Natural Gas, Electric, Sewer, and Water. It DOES NOT include Cable Television, Telephone, Internet, or other non-essential bills.
For DOB with ETR, the applicant can submit:	<ol style="list-style-type: none"> Proof that they separated from the household, or Lease or rent receipts at a separate location. 				
For DOB with PP, the applicant could submit:	<ol style="list-style-type: none"> Proof that they had a financial responsibility in the household, or Pre-disaster essential utility bill can be used to prove financial responsibility. These would include Natural Gas, Electric, Sewer, and Water. It DOES NOT include Cable Television, Telephone, Internet, or other non-essential bills. 				
k. DOB with Insurance (Repair,	<ol style="list-style-type: none"> This is only for the person with the insurance NOT for others living in the 				

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5th Interim Response
000189

Topic:	Process:		
Replacement, PP)/Duplication of benefits with insurance Return to Closing Remarks	<p>household. Check the Comment associated with the recoupment decision to determine if the assistance was for Home Repair, Replacement, and/or Personal Property.</p> <ol style="list-style-type: none"> Say: <i>You received an insurance settlement that covered the damages for which FEMA provided you financial assistance. Because FEMA cannot duplicate assistance provided by your insurance company, you must return the funds.</i> To appeal: <i>Please submit insurance settlement documentation for your disaster losses to show that your insurance settlement DOES NOT duplicate the financial assistance you received from FEMA.</i> 		
l. HA Overpayment: Home Repair Return to Closing Remarks	<ol style="list-style-type: none"> Check the Comment associated with the recoupment decision to determine if the assistance was for Home Repair. Say: <i>You received Home Repair assistance that was greater than the verified cost to repair your home. These overpayments must be returned to FEMA.</i> To appeal: <i>Please submit a copy of documents proving you had damage caused by the disaster that required repairs to make your home habitable.</i> 		
m. HA Overpayment: Rental Assistance Return to Closing Remarks	<ol style="list-style-type: none"> Check the Comment associated with the recoupment decision to determine if the assistance was for Rental Assistance. Say: <i>You received Rental Assistance that was greater than the amount for which you were eligible, or you received duplicated rental assistance. These overpayments must be returned to FEMA.</i> To appeal: <i>Please submit a copy of documents proving you used the Rental Assistance award on rent, such as rental receipts.</i> 		
n. Home in Sanctioned Community/Sanctioned Community in Special Flood Hazard Area Return to Closing Remarks	<ol style="list-style-type: none"> Say: <i>You received assistance from FEMA to repair flood damages to your home and/or personal property as a result of a disaster. Because your home is located in a Special Flood Hazard Area in a Community that DOES NOT participate in the National Flood Insurance Program, FEMA is NOT allowed to provide this assistance and you must return the funds.</i> To appeal: <i>Please provide a written statement from your local floodplain manager or building official that confirms your home is NOT located in a Special Flood Hazard Area, or proof that your community entered the National Flood Insurance Program during the six-month period following the disaster declaration.</i> If you DO NOT believe your property is located in a SFHA, visit www.fema.gov/nfip, or call either 800-621-3362 or 800-525-0321. You will need a Letter of Map Amendment/Revision (LOMA/LOMR) from FEMA to confirm your property is no longer in an SFHA. 		
o. Identity Verification/ Failed Identity Verification Return to Closing Remarks	<table border="1"> <tr> <td data-bbox="571 1409 1049 1795"> <ol style="list-style-type: none"> Say: <i>I am going to process the correct spelling of your name through our verification procedures. Please give me a few moments to do so.</i> <p>If IDV = Pass and there are no other Recoup issues</p> </td><td data-bbox="1049 1409 1529 1795"> <ol style="list-style-type: none"> Say: <i>Thank you for waiting. The issue of your Identity has been resolved. I have submitted a request for your recoupment to be reviewed.</i> <ol style="list-style-type: none"> Create a Contact Click the Create WP button Create a Comment Summary Line: SUP: IDV </td></tr> </table>	<ol style="list-style-type: none"> Say: <i>I am going to process the correct spelling of your name through our verification procedures. Please give me a few moments to do so.</i> <p>If IDV = Pass and there are no other Recoup issues</p>	<ol style="list-style-type: none"> Say: <i>Thank you for waiting. The issue of your Identity has been resolved. I have submitted a request for your recoupment to be reviewed.</i> <ol style="list-style-type: none"> Create a Contact Click the Create WP button Create a Comment Summary Line: SUP: IDV
<ol style="list-style-type: none"> Say: <i>I am going to process the correct spelling of your name through our verification procedures. Please give me a few moments to do so.</i> <p>If IDV = Pass and there are no other Recoup issues</p>	<ol style="list-style-type: none"> Say: <i>Thank you for waiting. The issue of your Identity has been resolved. I have submitted a request for your recoupment to be reviewed.</i> <ol style="list-style-type: none"> Create a Contact Click the Create WP button Create a Comment Summary Line: SUP: IDV 		

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5th Interim Response
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Topic:	Process:
	<p>RESOLVED</p> <ul style="list-style-type: none"> e. Details: Corrected spelling of applicant's name f. Processed by Jade/Choice Point g. IDV now verified h. Recoup = Possible Modification i. Created WP to FEMA Supervisor – Recoup Appeals j. Route WP to FEMA Supervisor – Recoup Appeals
<p>If IDV = Pass and there are other Recoup issues</p>	<ul style="list-style-type: none"> 1. Say: <i>Thank you for waiting. The issue of your Identity has been resolved. Now let's review your other recoupment issue(s).</i> <ul style="list-style-type: none"> a. Discuss the amounts, reasons, and appeal suggestions for the other recoupment reasons. b. Create a Comment. c. Summary Line: SPU: IDV RESOLVED. d. Details: Corrected spelling of applicant's name. e. Processed by Jade/Choice Point. f. IDV now verified. g. Create a Contact.
<p>If IDV DOES NOT pass whether there are other issues:</p>	<ul style="list-style-type: none"> 1. Say: <i>I attempted to verify your identity based on the spelling of your name and the social security number you provided at the time of registration. Your file still shows Identity Failure.</i> 2. To appeal: <i>Please provide documentation verifying your identity. This could include:</i> <ul style="list-style-type: none"> a. <i>Social Security card is acceptable if accompanied by Federal or state-issued identification (current, with or without any portion of SSN)</i> b. <i>Documents showing proof of name change, e.g. court order, marriage certificate (for women whose maiden name is used on their social security</i>

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Topic:	Process:
	<p>card),</p> <ul style="list-style-type: none"> c. Letter or Numident Report from the Social Security Administration issued prior to 2015, d. US Passport booklet or card, or e. Any other official document you think may be helpful. <p>3. Create a Comment.</p> <ul style="list-style-type: none"> a. Summary Line: SPU: UPDATED NAME = IDV FAIL b. Details: Corrected spelling of applicant's name Processed by Jade/Choice Point IDV/Occupancy remained failed <p>4. Create a Contact.</p>
<p>p. Invalid Medical, Dental Expenses/Other Needs Assistance - Expenses NOT eligible</p> <p>Return to Closing Remarks</p>	<p>1. Say: <i>FEMA assistance for medical and/or dental expenses is limited to serious disaster-caused issues for you and/or your dependents. It was determined you were paid for expenses NOT caused by the disaster and/or NOT for you or one of your dependents. FEMA is required to recover this assistance and you must return these funds.</i></p> <p>2. To appeal: <i>Please submit documentation from a medical or dental provider confirming the expenses were caused by the disaster and were provided to you and/or your dependents. Also include documentation such as insurance documentation or a written statement explaining the situation.</i></p>
<p>q. Invalid Substantiation or Unverifiable Information/ Invalid, Unverifiable, or Missing Information</p> <p>Return to Closing Remarks</p>	<p>Previously: Not Disaster-Related Damages</p> <p>1. Say: <i>FEMA may provide disaster assistance only to individuals who meet FEMA's eligibility requirements for the Individuals and Households Program. Applicants must demonstrate eligibility by submitting certain documentation. One or more of the documents you submitted contains invalid or unverifiable information. Therefore, you are NOT eligible for some or all of the money you received from FEMA.</i></p> <p>2. To appeal: <i>Please submit verifiable documents supporting your claim.</i></p>
<p>r. Non-compliant w/ Flood Insurance Requirement</p> <p>Return to Closing Remarks</p>	<p>1. Say: <i>You received assistance to repair/replace your home and/or personal property due to flooding and did NOT have an active flood insurance policy at the time of the disaster. You were previously required to maintain flood insurance; you are NOT eligible for the assistance you received to repair/replace your home and/or personal property and must return the funds.</i></p> <p>2. To appeal: <i>Please provide insurance documentation that shows:</i></p> <ul style="list-style-type: none"> a. <i>You maintained a flood policy on the damaged dwelling at the time of the disaster (a copy of your flood insurance policy),</i> b. <i>Your home was NOT damaged by a flood,</i> c. <i>The flood insurance purchase requirement was rescinded, or</i> d. <i>Your home is NOT located in a special flood hazard area.</i>

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Topic:	Process:
s. Not Disaster Related/Damage Not Caused by the Disaster Return to Closing Remarks	<ol style="list-style-type: none"> 1. Say: <i>FEMA's records indicate the damage to your home and/or property was NOT caused by the disaster.</i> 2. To appeal: <i>Please provide a written statement from a local building official or detailed estimate from a contractor, along with a personal statement, describing how the damage to your home and/or property was caused by the disaster.</i>
t. Not Primary Residence Return to Closing Remarks	<ol style="list-style-type: none"> 1. Say: <i>You received assistance from FEMA for disaster caused losses. FEMA has NOT been able to verify that the home damaged by the disaster is your primary residence and where you live the majority of the year. Because of this, you are NOT eligible for the assistance you received and must return the funds.</i> 2. To appeal: <i>Please provide documentation to show that you live at the damaged dwelling address at least 6 months of the year or that you intended to occupy the damaged dwelling as your primary residence.</i> 3. <i>The documentation must have your name and your damaged dwelling address. Examples of the documents you could provide include:</i> <ol style="list-style-type: none"> a. <i>Driver's License</i> b. <i>State-issued ID card</i> c. <i>Employer's Statement</i> d. <i>Merchant's Statement (credit card bill)</i> e. <i>Utility Bill, or,</i> f. <i>Voter Registration Card</i>
u. Occupancy Not Verified Return to Closing Remarks	<ol style="list-style-type: none"> 1. Say: <i>You received assistance from FEMA for disaster caused losses and serious needs. FEMA has NOT been able to verify that you lived in the home at the time it was damaged by the disaster. Because of this, you are NOT eligible for the assistance you received and must return the funds.</i> 2. To appeal: <i>Please provide documentation to show you lived at the damaged dwelling address at the time of the disaster. Your submitted documentation must pre-date the time (within 90 days prior) of the disaster. (Look up disaster time period on the Disaster Specific Webpage and provide to applicant.)</i> 3. <i>The documentation must have your name and your damaged dwelling address. Examples of the documents you could provide include:</i> <ol style="list-style-type: none"> a. <i>Driver's License</i> b. <i>State-issued ID card</i> c. <i>Employer's Statement</i> d. <i>Merchant's Statement (credit card bill)</i> e. <i>Utility Bill, or,</i> f. <i>Voter Registration Card</i>
v. ONA Overpayment: Transportation Return to Closing Remarks	<ol style="list-style-type: none"> 1. Say: <i>You received an overpayment for FEMA disaster assistance for your transportation losses. FEMA may only provide assistance to repair or replace essential household vehicles that meet the laws specified by your state. This assistance is also limited to a maximum amount of funds, as determined by your state. You are NOT eligible for the overpayment you received and must return the funds.</i>

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Topic:	Process:
	<ol style="list-style-type: none"> To appeal: <i>Please submit a written statement as to why the vehicle(s) is essential for your household's daily use, a copy of bills, estimates, or receipts for the repairs, and proof your vehicle met the State's insurance and registration requirements.</i>
w. ONA Overpayment: PP Return to Closing Remarks	<ol style="list-style-type: none"> Say: <i>You received assistance from FEMA for one or more non-essential personal property items. Because FEMA assistance is limited to essential disaster-related losses, you are NOT eligible for the full amount of the FEMA personal property assistance award you received. You must return the amount of assistance for which you were NOT eligible.</i> To appeal: <i>Please provide documentation to show that your personal property losses were equal to or greater than the assistance you received from FEMA. Review the applicant's personal property line items to determine which items they were ineligible for.</i>
x. Original IHP check/Reissued check negotiated Return to Closing Remarks	<ol style="list-style-type: none"> Say: <i>Your records show that you reported that your original FEMA disaster assistance check was lost or stolen, and FEMA reissued the funds to you. The U.S. Treasury Department has confirmed that both checks were cashed. FEMA is required to recover the duplicate payment, and you must return the funds to FEMA.</i> To appeal: <i>Please submit a copy of verifiable information showing you did NOT cash or deposit or benefit from the check for FEMA assistance that you reported as missing. You should also include any records indicating you reported the incident to local law enforcement.</i>
y. Other: Return to Closing Remarks	<ol style="list-style-type: none"> This manually entered script is limited to a very few characters. Recoupment Helpline Agent should review the Comment associated with the NOD or NPDL for a more complete explanation of the recoupment reason.
z. Ownership Not Verified Return to Closing Remarks	<ol style="list-style-type: none"> Say: <i>You received assistance from FEMA for home repair/replacement due to a federally declared disaster. FEMA has NOT been able to verify that you were the owner of the damaged home at the time of the disaster. Because of this, you are NOT eligible for the assistance you received and must return the funds.</i> To appeal: <i>Please provide documentation to show you did own the damaged dwelling at the time of the disaster. Examples of the documentation you could provide could include:</i> <ol style="list-style-type: none"> <i>Deed, official record, or title in your name,</i> <i>Proof of inheritance,</i> <i>Mortgage documents in your name,</i> <i>Structural insurance policy in your name,</i> <i>Real estate tax receipt or property tax bill, in your name, or</i> <i>Land installment contract or contract for deed</i>
aa. Other: Used for Invalid Medical/Dental Expenses, Moving & Storage, and Over Max Return to Closing Remarks	<ol style="list-style-type: none"> This manually entered script is limited to a very few characters. Review the Comment associated with the NOD or NPDL for an explanation of the recoupment reason.
vi. Other Information – Recoup Appeal Letter Definitions	<ol style="list-style-type: none"> CAR Letter – means Debt Canceled/ Terminated CAC Letter – reviewed appeal No Change in the decision CP Letter – Debt Decreased

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CIVIL ACTION No. 5:21-CV-071
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000194

Topic:	Process:
	4. CR Letter – Debt Increased



FEMA

Recoupment

Effective Date: September 17, 2021

RECOUPMENT (RECOVERY OF FUNDS)

I. Overview	■ Purpose	2
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	■ Fraud, Waste, and Abuse	2
	■ Notifying the Applicant	3
	■ Registration Eligibility	4
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	This can be referenced by all staff (JFO, DRC, DSA, Helpline)	
II. Important Information	***ALL processing employees must read this section***	
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FEMA

Recoupment
Effective Date: September 17, 2021

I. OVERVIEW

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

Purpose:

- This document provides an overview of the process FEMA undertakes to recover disaster assistance funds for which an applicant was not eligible. This process is known as recoupment.

Discussing Recoupment with Applicants:

- Only staff that is assigned to work recoupment may discuss recoupment with applicants.
- Staff that is NOT assigned to recoupment must refer applicants with recoupment-related questions to the Recoupment Helpline. Refer to [Section II. Important Information](#) for additional information.

Identifying Potential Recoupments:

- FEMA may identify a case in which an applicant may need to return funds as a result of routine internal reviews, information provided by the applicant, reports from other agencies, or audits conducted by the Government Accountability Office, FEMA fraud investigators, or the Department of Homeland Security Office of the Inspector General.

Reasons for Recoupment:

There are four reasons FEMA may recoup disaster assistance funds:

- Duplication of Benefits (DOB), which occurs when FEMA provides funds that were also previously received from another source, such as insurance;
- Assistance provided in error; which occurs when FEMA provides funds for which an applicant is not eligible;
- Misuse of funds; and
- Potential fraud.

Fraud, Waste, and Abuse:



FEMA

Recoupment

Effective Date: September 17, 2021

- If the caller and/or staff has knowledge of fraud, waste, abuse, or allegations of mismanagement involving disaster relief operations, you can report this to FEMA or DHS:

- FEMA Fraud Branch:

- Email: StopFEMAFraud@fema.dhs.gov
- Fax: (202) 212-4926
- Write:

FEMA Fraud and Internal Investigation Division
400 C Street SW
Mail Stop 3005
Washington, DC 20472-3005

- DHS OIG:

- Online through their [allegation form](#) (Recommended)
- Call: (800) 323-8603
- Fax: (202) 254-4297
- Write:

DHS Office of Inspector General / MAIL STOP 0305
Attn: Office of Investigations – Hotline
245 Murray Lane SW
Washington, DC 20528-0305

- When making your report convey as much information (who, what, where, when, why, and how) as possible. You may request confidentiality or register your complaint(s) anonymously.

Notifying the Applicant:

- FEMA notifies applicants of their potential debt by sending them a Notice of Potential Debt Letter (NPDL). Applicants have 60 days from the date of their NPDL to appeal their potential debt. If the applicant DOES NOT appeal, or appeals unsuccessfully, the debt is certified and transferred to the FEMA Finance Center (FFC).
- FFC sends applicants a Notice and Demand Letter (NDL) to notify them that their debt has been certified and to establish terms of repayment. If the applicant DOES NOT respond to the NDL, FFC transfers the debt to the U.S. Department of Treasury for collection.



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Registration Eligibility:

- An applicant that is going through the recoupment process for one disaster is still eligible to apply for assistance in another disaster.

Additional Information:

- FEMA considers expenses associated with the time and resources required to prepare and follow up on a potential debt. This is to determine if the costs of recovering the potential debt will exceed the amount owed. FEMA will NOT initiate recoupment activity for any potential debt valued less than \$250.00 unless a significant enforcement principle is at stake.
- FEMA DOES NOT initiate recoupment action for Initial Rental Assistance (ER) when there is a discrepancy about the number of occupied bedrooms in the home.
- From October 2018 forward, FEMA must notify applicants of any potential debt owed within three years of the date the assistance was received for debts arising from major disasters or emergencies declared on or after October 28, 2012.
 - However, if civil or criminal fraud is suspected, FEMA will initiate actions to recover assistance, regardless of the time that has passed between the award and debt notification.



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II. IMPORTANT INFORMATION

This section describes information that every employee **must** read ***before*** ***addressing*** recoupment-related issues.



Recoupment Related Inquiries:

- All recoupment processing is done by the Recoupment Task Force (RTF) within the Specialized Processing Unit (SPU).
- Applicants that contact Helpline or visit a DRC with recoupment-related questions must be instructed to contact the Recoupment Helpline at 1-800-816-1122.
- The Recoupment Helpline operates from 9:00 a.m. to 4:00 p.m. EST, Monday through Friday.
 - If a caller has a recoupment-related question during these hours, they can be transferred to the Recoupment Helpline at 90033 using the warm transfer procedure.

Fraud in NEMIS Comments and Contacts:

- DO NOT mention the words **fraud**, **OIG**, **criminal**, **investigation**, or any similar term in any NEMIS **Comment** or **Contact**. Instead, use the alternative word **unverifiable**.

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 the [Disability and Communication Needs](#) SOP for guidance and procedures to accommodate communication needs and access and functional needs;



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- 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 Verifications](#) SOP for additional information.



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III. PROCESS

A. Routing Potential Recoupments:

1. If staff believe they have identified a possible recoupment, they will take the following steps:

- a. **ADD a Comment** in NEMIS. The **Comment** must include the following information:
 - i. How the case was identified as having a potential debt;
 - ii. The cause of the potential debt; AND
 - iii. The reason for the potential debt.
- b. **CREATE** or **ROUTE** a Workpacket (WP) to the **FEMA Pre-Recoupment** queue.

2. If staff believe they have identified a possible recoupment involving potential fraud, they will take the following steps:

- a. If **UNDER REVIEW** is listed in the CMA, **ENTER** a **Comment** with the following information and **ROUTE** the WP to **FEMA Complete**.
 - i. **Summary:** VALIDATION REVIEW REQUESTED
 - ii. **Body:** Case forwarded for review on [date]. There is not sufficient information to take further action at this time.
- b. If **UNDER REVIEW** is NOT listed in the CMA, **REVIEW** the **Communication** screen for a **Comment/Contact** with the following subject lines:
 - i. **POSSIBLE IDENTITY THEFT.**
 1. If present, **ENTER** a **Comment** following [step 2.a.](#) above.
 - ii. **APPLICANT COMPLETED REGISTRATION** or **PMS REVIEW = OK.**
 1. If one of these are present and you suspect fraud, or the above steps DO NOT apply to the case:
 - a. **SEND** an email to [StopFEMAFraud](#). The following must be included in the email;
 - i. Disaster number;



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- ii. Registration ID number; AND
 - iii. A brief description of why you believe the case involves potential fraud.
- b. **ADD a Comment** in NEMIS. The **Comment** must include the following information; AND
- i. How the case was identified as having a potential debt;
 - ii. The cause of the potential debt; AND
 - iii. The reason for the potential debt.

NOTE: DO NOT mention the words **fraud**, **OIG**, **criminal**, **investigation**, or any similar term in any NEMIS **Comment** or **Contact**. Instead, use the alternative word **unverifiable**.

- c. **CREATE** or **ROUTE** a Workpacket (WP) to the **FEMA Pre-Recoupment** queue.



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IV. DEFINITIONS AND ACRONYMS

Acronyms

DHS	Department of Homeland Security
FEMA	Federal Emergency Management Agency
FFC	FEMA Finance Center
NDL	Notice and Demand Letter
NPDL	Notice of Potential Debt Letter
OIG	Office of Inspector General
RTF	Recoupment Taskforce
SPU	Specialized Processing Unit
WP	Workpacket



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V. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures
 - [Disability and Communication Needs](#)
 - [Language Line](#)
 - [Outbound Calls and Third Party Verifications](#)
- Resources
 - [DHS OIG Allegation Form](#)
 - [Recoupment Helpline User's Guide](#)
 - [Stop FEMA Fraud email](#)



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Return/Reissue of IHP Financial Assistance
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RETURN/REISSUE OF IHP FINANCIAL ASSISTANCE

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I. OVERVIEW

This section describes information that every employee **must** read ***before addressing*** the Return/Reissue of IHP Funds.

Purpose

- Applicants who have NOT received or cashed an Individuals and Households Program (IHP) award may contact FEMA seeking assistance for information about the status of the award.
- USE this document to provide guidance to the applicant on how to return IHP funds, return ineligible funds (recoupment), check the status of missing award(s), identify the reason(s) for the return, and update registration information to ensure the reissue of funds.
- This document also describes the processing of returned IHP funds and the criteria to determine eligibility for the reissue of funds.

Basic Documentation Needed:

- Identity Verified;
- Occupancy Verified;
- Ownership Verified;
- Lack of Insurance, Settlement, or Denial letter;
- Habitability Repairs Required (HRR = Yes);
- For returning a U.S. Department of the Treasury (Treasury) check:
 - The original Treasury check, if available.
 - For mutilated or damaged Treasury checks, all available portions of the check are needed.
- To substantiate the Non-Receipt of Electronic Funds Transfer (EFT) payments:
 - FEMA may require the applicant's bank account transaction ledger demonstrating the electronic receipt has NOT occurred.
- For the reissue of funds returned voluntarily by the applicant, co-applicant, or authorized third party:



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- A verbal or written request from the applicant, co-applicant, or authorized third party must be on file indicating they would like to have the funds reissued.

Other Items to Note:

- Applicants are responsible for contacting FEMA if they know or believe the Treasury check has been lost, stolen, or mutilated to request the payment to be stopped.
- Once a Treasury check is returned to the Treasury, the check is cancelled upon receipt. The FEMA Finance Center (FFC) posts the cancellation in NEMIS as **Returned Payment - Available Treasury Check Return**.
- Returned EFTs: Upon receipt, the FFC records EFT payments in NEMIS.
- The time limit to cash or deposit a Treasury checks is 12 months from the date on the check.
- Applicants may contact FEMA to indicate they need, or want, to return IHP funds.
- Reasons for the return of funds:
 - The Treasury check was returned by the US Postal Service, or the EFT payment could NOT be completed because:
 - Wrong or invalid bank account or routing number;
 - Account is closed;
 - The check is illegible, damaged, or mutilated; OR
 - Funds rejected by financial institution.
 - Voluntarily returned to FEMA.
 - The applicant returned the award because of incorrect spelling of the applicant's name on the check, i.e., married, divorced, misspelled name, etc.;
 - The financial institution would NOT honor the check;
 - The applicant DOES NOT need the assistance, refused the assistance due to the flood insurance requirement, obtained funds from another source; OR
 - The applicant is voluntarily returning the funds due to a recoupment action from a previous disaster.
- Workpackets (WP) created by the FFC.



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- The FFC creates WPs in **FEMA Supervisor Review - Reissue** when the funds are returned by a financial institution or postal service. This may occur without the knowledge of the applicant.
- WPs created by the FFC require eligibility review and a reissue decision.
- There are three available options to return the funds depending on FEMA's delivery method:
 - Original, uncashed checks must be mailed to:

DEPARTMENT OF THE TREASURY
ATTN: Treasury Check Return
P.O. BOX 51318
Philadelphia, PA 19115
 - Funds received via EFT must be returned as a personal check, cashier's check, or money order and mailed to:

FEMA
PO BOX 6200-16
Portland, OR 97228-6200
 - Checks returned via courier, i.e. UPS, DHL, FedEx must be mailed to:

US BANK – Government Lockbox
Attn: DHS-FEMA – 6200-16
17650 NE Sandy Blvd.
Portland, OR 97230
- Funds returned via personal check, cashier's checks, or money order must include the following information:
 - Disaster number;
 - FEMA registration number;
 - Applicant's name; AND
 - The reason for the return.
- Personally Identifiable Information (PII)
 - General PII includes names, email addresses, home addresses (both Current Mailing Address (CMA) and Damaged Dwelling Address (DDA)), phone numbers, and EFT routing numbers.



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- General PII may be disclosed to applicants/co-applicants only after they have met the requirements to gain access to the file; and, when requested by the applicant/co-applicant; i.e. the applicant asks staff to confirm the CMA on file.
- Sensitive PII includes Social Security numbers (full or last 4), Driver License or State ID numbers, Passport ID numbers, Date of Birth, and EFT account numbers.
 - Sensitive PII may never be disclosed to applicants/co-applicants, regardless if they met the requirements to gain access to the file. Staff may only update sensitive PII after the applicant/co-applicant has met the requirements to gain access to the file; and, the information is provided to staff by the applicant/co-applicant. Staff should never provide the outdated information to the applicant/co-applicant.
- 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 Appeals Reference Guide](#).



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II. IMPORTANT INFORMATION

This section describes information that every employee **must** read **before processing** Return/Reissue of IHP awards.



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.
- Before processing in **FEMA Supervisor Review - Reissue**, **VERIFY** that the returned funds are from a valid registration. **CHECK** for high risk and low risk stamps in the **Registration Status** screen and **REVIEW** any risk stamp identifiers. Refer to the [Fraud Review](#) SOP for additional information.
- If the registration is valid, **CONTINUE** the reissue of funds review following standard procedures. In some disasters, banking facilities may reject EFT awards issued to minor children and a reissue is required in the form of a check.
 - **VERIFY** the spelling of the applicant's name and **PROCESS** the reissue.
- Prior to reviewing or discussing returned payments and the reissue of funds, **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](#).



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- Helpline Staff should refer to the [Helpline NPSC Caller Services Reference Guide](#) for additional information.
- For ONA questions in a Joint Option disaster, **PROVIDE** the applicant with the state, territorial, or tribal government ONA Helpline number listed on the NEMIS **Disaster** link.

NOTE: Designated staff from the Specialized Processing Unit (SPU) will complete all processing actions to Reissue funds. All other staff can continue to mail MCHK letters, update EFT information, or any other actions NOT related to issuing the funds back to the applicant in the Finance

- 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
 - American 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.
 - **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.



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III. PROCESS

A. Eligibility Verifications

To be eligible for the reissue of funds, an applicant must meet the following criteria:

1. Identity is verified (**IDV_PASS**). Refer to the [Identity Verification](#) SOP for additional information.
2. The applicant must continue to meet the eligibility criteria of the specific type of assistance, e.g., Home Repair Assistance, Dental Assistance, Medical Assistance, etc., before processing the reissue.

B. Information Request

Depending on the award delivery method, the following actions must take place before FEMA can initiate the Non-Receipt to notify the FFC.

1. Non-Receipt Requests for Treasury Checks:

- a. If it has been less than 14 [business days](#) from the **Schedule Date (Schd Date)** of the award:
 - i. **CALL** the applicant and **VERIFY** the **Current Mailing Address (CMA)** information.
 1. Three call attempts are required.
 2. **INFORM** the applicant to allow 14 [business days](#) from the **Schd Date** to inquire about the status of the award.
 - ii. **ADD** a **Contact**, a **Comment**, and **ROUTE** to **FEMA Complete**.
- b. If it has been more than 14 [business days](#) from the **Schd Date** of the award:
 - i. **GO** to the **Assistance** screen and **CLICK** the **Finance** link on the **Housing Assistance** or **PP/Other Assistance** frames;
 - ii. **SELECT** the applicable disbursement in the **Elig Payments** frame;
 - iii. **REVIEW** the **Accounts Receivable** frame to see if the check was returned as undeliverable;
 1. If the check was returned, a **Request to Stop Payment and Reissue Disaster Assistance Check** letter will NOT be needed.



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- iv. **CALL** the applicant and **VERIFY** the **CMA** information. Three call attempts are required;
- v. **GENERATE** the **Request to Stop Payment and Reissue Disaster Assistance Check** letter using the **Schedule Number** and **Dollar Amount** information from the **Finance** link; AND
 - 1. Refer to [How to add a Request to Stop Payment and Reissue Disaster Assistance Check letter](#) for additional information.
- vi. **ADD** a **Contact**, a **Comment**, and **ROUTE** the WP to **FEMA Complete**.
- c. If the applicant returned the **Request to Stop Payment and Reissue Disaster Assistance Check** letter, but the funds have NOT been returned:
 - i. Once the applicant returns the **Request to Stop Payment and Reissue Disaster Assistance Check** letter to FEMA, a WP will auto-generate to **FEMA Supervisor Review - Reissue** to initiate a Non-Receipt request or to reissue the funds.
 - ii. **ACCESS** the Housing **Assistance** or **PP/Other Assistances** frame from the **Assistance screen**, **CLICK** on the **Finance** link.
 - 1. From the **Elig Payments** frame, **SELECT** the payment line corresponding to the **Request to Stop Payment and Reissue Disaster Assistance Check** letter.
 - 2. **CLICK** the **Treas Rqst** link, **SELECT** Non-Receipt for the **Treasury Request Type**, and **Reissue YES**.
 - 3. **CLICK Save** to close the **Treasury Request Type** box and **CLICK Close** at the bottom of the **Finance** window.
 - iii. **ADD** a **Comment** and **ROUTE** the WP to **FEMA Complete**.

2. Non-Receipt Requests for Electronic Funds Transfer:

NOTE: EFT PAYMENTS DO NOT require a **Request to Stop Payment and Reissue Disaster Assistance Check** letter.

- a. If it has been less than 48 hours since the **Schd Date** of the award:



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- i. **CALL** the applicant and **VERIFY** the **EFT Information** (DO NOT provide the account number as it is considered Sensitive PII). Three call attempts are required.
 - ii. **INFORM** the applicant to allow up to two days from the **Schd Date** to inquire about the status of the award.
 - iii. **ADD** a **Contact**, a **Comment**, and **ROUTE** the WP to **FEMA Complete**.
- b. If it has been more than 48 hours from the **Schd Date** of the award:
- i. **CALL** the applicant and **VERIFY** the **EFT Information** (DO NOT provide the account number as it is considered Sensitive PII). Three call attempts are required.
 - ii. **CREATE** a WP in **FEMA Supervisor Review - Reissue**.
 - iii. **ACCESS** the **Housing Assistance** or **PP/Other Assistances** frame from the **Assistance** screen, **CLICK** on the **Finance** link.
 1. From the **Eligible Payments** frame, **CLICK** the **Treas Rqst** link.
 2. **SELECT Non-Receipt** from the **Treasury Request Type** field.
 3. **SELECT YES** from the **Reissue** field. **CLICK Save** to close the **Treasury Request Type** box and **CLICK Close** at the bottom of the **Finance** window.
 - iv. **ADD** a **Comment** and **ROUTE** WP to **FEMA Complete**.
 - v. If the FFC determines the IHP Funds were issued to the correct bank account, and the applicant disputes the transaction, ask the applicant to submit a copy of their bank account transaction ledger demonstrating the electronic receipt has NOT occurred.
 - vi. Once the Non Receipt has been initiated, WPs are created by the FFC in **FEMA Supervisor Review - Reissue** for processing decision.

3. Courtesy Calls

- a. Some situations can be resolved by performing a courtesy call to the applicant, e.g. confirming or updating CMA/EFT information.
- b. If the call attempt is SUCCESSFUL:



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- i. **VERIFY** the CMA/EFT information with the applicant (DO NOT provide the account number as it is considered [Sensitive PII](#));
 - ii. **UPDATE** the file when necessary; AND
 - iii. **CONTINUE** processing.
- c. If the call attempt is UNSUCCESSFUL:
- i. **ADD** a **NEMIS Contact** with a description/reason for the courtesy call; AND
 - ii. **CONTINUE** processing.

C. Processing Eligible Assistance

REVIEW the **Comments** and **Contacts** in the **Events History** screen to determine the reason for the returned funds.

CONFIRM the applicant's eligibility before processing the reissue of funds and the [CMA/EFT information](#) has been verified.

For Treasury checks, once FEMA has received the **Request to Stop Payment and Reissue Disaster Assistance Check letter**, **CONFIRM** whether the funds have been returned in the **Accounts Receivable** frame.

1. Reissue of Eligible Funds: Treasury Checks and EFT

- a. **ACCESS** the **Housing Assistance** or **PP/Other Assistancess** frame from the **Assistance** screen, **CLICK** on the **Finance** link.
- b. **SELECT** the returned payment in the **Accounts Receivable** frame,
 - i. Using the **Edit/Detail** link, **SELECT** the **Return Reason** and **SELECT YES** from the **Reissue** dropdown, **VERIFY** the payment information and **SELECT OK**.
 1. If processing the reissue of multiple awards, **SELECT Reissue YES** for each payment being reissued.
 2. If all payments are being reissued at once, **CLICK** the **Return All** link above the **Reissue** frame.
 - ii. A new awards payment line will be added to the file.
 - iii. **CLICK** on the **Confirmation** link in NEMIS.



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- c. **ADD a Comment** and **ROUTE WP to FEMA Complete**.

2. Reissue Partial Payment

- a. Following [Section A.3](#), the applicant must continue to meet the eligibility criteria for the type of assistance under review and amount of assistance being reissued.
- b. If the applicant remains eligible for a reissue of funds, but is NOT eligible for the full amount, a two-step process is required. This can be observed in cases where insurance is identified after the initial award was processed and a Duplication of Benefits is identified.
- c. For this type of situation:
 - i. Step one, **ADDRESS** the reissue determination:
 1. **ACCESS** the **Housing Assistance** or **PP/Other Assistances** frame from the **Assistance** screen, **CLICK** on the **Finance** link.
 2. **CLICK** the **Edit/Detail** on the **Accounts Receivable** box.
 3. **SELECT** the returned payment in the **Accounts Receivable** frame.
 4. Using the **Edit/Detail** link, **SELECT** the return reason, and NO from the **Reissue** dropdown.
 - ii. Step two, **COMPLETE** a new eligibility determination:
 1. **ACCESS** the **Info Control** screen to **CONFIRM** the **Verification Requirements** are set to **Verified**;
 2. **ACCESS** the **Housing Assistance** or **PP/Other Assistances** frame from the **Assistance** screen. **ADD** an eligibility **Worksheet** for the category under review with an **Asst. Type of FEMA Review** (HA) or **Reconsideration** (ONA);
 3. **ENTER** the eligible [FEMA Verified Loss \(FVL\)](#) amount into the **NEMIS Worksheet**;
 4. **CLICK** on the **Confirmation** link in NEMIS; AND
 5. **ADD a Comment** with detail/reason for the adjustment and **ROUTE WP to FEMA Approval NON-DRM**.



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3. Non Receipt Requests for Applicants Close to the Financial Housing Assistance (HA) Maximum or Other Needs Assistance (ONA) Maximum:

- a. If the funds were returned, refer to the [Returned Funds](#) section.
- b. If the funds have NOT returned and the Non-Receipt process causes the total payments to exceed the Financial HA or ONA Maximum, NEMIS will NOT allow the **Reissue** status to be **YES**.
 - i. To complete Non-Receipt of Treasury checks for cases close to the Financial HA or ONA Maximum:
 1. Using the **Treas Rqst** link on the **Finance** window, **SELECT Non-Receipt** from the **Treasury Request** dropdown list, and **NO** from the **Reissue** dropdown list.
 2. **ADD a Comment** explaining the reason for **Reissue NO**, **CLICK Save**, and **ROUTE** the WP. to **FEMA Complete**.
 - ii. Once the funds are returned and recorded in the **Accounts Receivable** frame, the FFC will create a WP to **FEMA Supervisor Review - Reissue**.
 1. **ACCESS** the WP, **SELECT Reissue YES** in the **Accounts Receivable** frame.
 2. **ADD a Comment**, and **ROUTE** to **FEMA Complete**.

4. Reissue for Applicants Identified as Deceased:

- a. An estate of a deceased applicant is NOT eligible for IHP assistance. However, a surviving household member may receive assistance if they meet all IHP eligibility criteria.
- b. Treasury checks CANNOT be negotiated or reissued after the death of the applicant unless a surviving pre-disaster household member attempting to claim the funds has proper authority, such as a will for the damaged dwelling or was listed as the existing co-applicant in NEMIS.
 - i. If NO surviving household member is listed as the co-applicant, the check must be returned to FEMA.
 - ii. DO NOT reissue funds when there are NO surviving pre-disaster household members listed as occupants. In these instances, the reissue CANNOT be completed because there is NO person occupying the dwelling that can be substituted in the registration as an eligible applicant.



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- c. If the surviving household member requests the reissue of the funds due to a disaster-caused unmet need, or requires assistance cashing a check:
 - i. **EMAIL** the request to your Supervisor/Point of Contact (POC) who will review and submit to the SPU. **INCLUDE** the following information in the body of the email:
 - 1. Disaster number;
 - 2. Registration number;
 - 3. Applicant's name;
 - 4. Description of the request; AND
 - 5. Name of the requestor and/or surviving household member.
- d. SPU review and processing:
 - i. **REVIEW** the request for reissue and determine if the applicant meets the eligibility criteria for the specific type of assistance requested; AND
 - ii. **PROCESS** the reissue of funds only when the applicant meets the eligibility criteria.

5. Closed Disasters and Reissue of Funds:

- a. Program Management Section (PMS) Systems Administration (SA) staff process reissue requests after the disaster financial assistance period has ended.
 - i. If the applicant is unable to cash the check:
 - 1. **FORWARD** these requests to your Supervisor/POC. SA staff will review and coordinate with the Specialized Processing Unit (SPU) and the Region for eligibility.
 - ii. The Region is responsible for determining if the funds will be reissued.

6. Expired Treasury Checks:

- a. SA staff processes all reissue requests of expired Treasury checks.



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- b. Expired checks are cancelled and posted in NEMIS as a returned payment **Limited Payability Cancellation** even if the check has NOT been returned to FEMA or the U.S. Treasury.
- c. For applicants with extenuating circumstances preventing the cashing of the check:
 - i. The Treasury check must be returned to FEMA.
 - 1. Leave the WP on **Hold – Program Review**.
 - 2. **FORWARD** these requests to your Supervisor/POC. SA staff will review and coordinate with SPU and the Region for eligibility.
- d. The Region is responsible for determining if the funds will be reissued.

NOTE: Extenuating circumstances include, but are NOT limited to:

- Hospitalization, illness, or disability;
- A family member's hospitalization, illness, disability or death;
- Personal or business travel that kept the applicant out of the area during the disaster period; OR
- Incarceration.

7. FVL or award amount decrease based on subsequent inspection results.

- a. If the applicant remains eligible for assistance (verification requirements have been met) and a new or subsequent inspection identified a decrease in the HA or ONA award amount(s), **REISSUE** the original award(s) as long as there are NO high risk/low risk stamp issues or gross errors.
- b. A gross error is noted when the award is impossible to validate or against the program limits, e.g., the inspection award exceeded the number of items that can be awarded.
 - i. Anytime the issue is one of interpretation, e.g. one inspector sees it as destroyed while one considers it repairable or the second inspector thought less of the roof was damaged than the first did, that would NOT be classified as a gross error.



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ii. Gross error examples:

1. The initial inspection of record stated 1000 damaged windows and the FEMA Correction Inspection (FCOR) returned 10 damaged windows; OR
 2. The initial inspection of record stated 20 damaged electrical panels and the FCOR returned 1 damaged electrical panel.
- c. If a gross error is identified, **PLACE** the case on **Hold - Program Review** and **SEND** an email to the [FEMA-IHP-Recoupment-Task-Force](#) mailbox.
- i. The recoupment team will determine if a gross error occurred and finalize the reissue process.

D. Processing Ineligible Decisions

1. Ineligible Reasons Include:

- a. Improper payments made via auto-determination or manual error;
- b. The applicant did NOT meet basic eligibility criteria, such as occupancy, identity verification (IDV), or ownership;
- c. Duplication of benefits with insurance proceeds or other source(s);
- d. Changes in Coastal Barrier Resource System (CBRS), Sanctioned Community status, or National Flood Insurance Program (NFIP) compliance information in NEMIS;
- e. Change in the habitability determination or missing verifications such as occupancy, ownership, or IDV as a result of any subsequent inspection;
- f. A recoupment review has determined the applicant must return the awarded funds, or the applicant returned the funds voluntarily.

NOTE: DO NOT reissue if the applicant is NO longer eligible.

2. Returned Funds:

- a. **ACCESS** the **Housing Assistance** or **PP/Other Assistances** frame from the **Assistance** screen, **CLICK** on the **Finance** link.
 - i. **CLICK** the **Edit/Detail** link on the **Accounts Receivable** frame.



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- ii. **SELECT** the returned payment in the **Accounts Receivable** frame.
- iii. Using the **Edit/Detail** link, **SELECT** the return reason, and **NO** from the **Reissue** dropdown; AND
- iv. **CLICK** on the **Confirmation** link in NEMIS.
- b. **ADD** a **Comment** explaining the reason of the ineligibility, and **ROUTE** the WP to **FEMA Complete**.

3. Funds NOT Recorded as Returned:

- a. **ACCESS** the **Housing Assistance** or **PP/Other Assurances** frame from the **Assistance** screen, **CLICK** on the **Finance** link.
 - i. **CLICK** the **Treas Rqst** link on the **Finance** window;
 - ii. **SELECT** the payment line from the **Elig Payments** frame;
 - iii. Using the **Treas Rqst** link, **SELECT** the reason for the **Non-Receipt**, and **SELECT NO** from the **Reissue** dropdown; AND
 - iv. **CLICK** on the **Confirmation** link in NEMIS.
- b. **ADD** a **Comment** explaining the reason of the ineligibility, and **ROUTE** the WP to **FEMA Complete**.

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:

- a. **REVIEW/PROCESS** any outstanding issues within HA categories.
 - i. If an additional WP is available in a state processing queue or subqueue such as **State Manual**, **State Appeal**, or **State Supervisor Review**, NO further action for ONA is required.



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- ii. If an additional WP is NOT available in a state processing queue; AND
 1. There are NO HA categories to address:
 - a. **ROUTE** the existing WP to the **State Manual Determination** queue.
 2. There are HA categories to address:
 - a. On the **Confirmation** screen, **SELECT** the appropriate **Routing** location for all HA categories;
 - b. **SELECT State Manual Determination** for all ONA categories; AND
 - c. **CLICK Submit**.

F. Appeals

Appeals for Returned and/or Reissue of Financial Assistance 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 SOPs or other posted information:
- a. **CALL** the IHP Helpdesk **(b) (6)** or the applicable extension number) or **EMAIL** the appropriate Supervisor or Point of Contact (POC.)
 - i. If after review by the IHP Helpdesk Specialist or Supervisor/POC it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:
 1. **EMAIL** a request for clarification to the appropriate team via the Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov).



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IV. EXAMPLES AND FAQs

Frequently Asked Questions:

1. What are high risk and low risk stamps?

- a. High risk and low risk stamps are an indicator of potential fraud. These stamps are located in the Registration Status screen. If any of these stamps are present in the file, the applicant will be unable to use Electronic Funds Transfer (EFT) and must receive any eligible assistance through U.S. Treasury check.
- b. High risk and low risk stamps include:
 - i. **BANK_VRFN;**
 - ii. **LTT_NDNCA;**
 - iii. **EMU_TMR;**
 - iv. **BANK_VRFN_CD;**
 - v. **EMU_TMR_CD;**
 - vi. **BANK_VRFN_CD_HR;**
 - vii. **EMU_TMR_CD_HR;**
 - viii. **MDD_TMR;** AND
 - ix. **HRP_IDD.**

2. How to add a Request to Stop Payment and Reissue Disaster Assistance Check letter?

ACCESS the Communication screen in NEMIS.
CLICK the Add link in the Outgoing Correspondence frame.
SELECT HA for Program Code .
SELECT Notification Letters .
SELECT the MISC option.
SELECT Stop Payment for the category and MCHKS – STOP PAYMENT ON CHECK for sub-category . CLICK Next .
ENTER the dollar amount without the dollar symbol.
ENTER the check Schedule Number and CLICK Next .
VERIFY the letter is correct. If the letter is incorrect, CLICK Edit or Cancel , and start over.
SELECT Send letter to mail queue and CLICK Finish .

Table 1: Generating the MCHK/ Request to Stop Payment and Reissue Disaster Assistance Check letter



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3. When is the Request to Stop Payment and Reissue Disaster Assistance Check letter needed?

- a. For a check: If the applicant has NOT received a check, you may need to mail a **Request to Stop Payment and Reissue Disaster Assistance Check** letter. To determine if the **Request to Stop Payment and Reissue Disaster Assistance Check** letter is required, **VERIFY** if the award was sent via check by looking at the **Schedule Number**. If the number begins with **NC**, the award was sent in the form of a check. Next, **CHECK** the **Accounts Receivable** frame to see if the check has been returned. If it has NOT been returned, and it has been more than 14 business days since the **Schedule Date**; and the applicant has NOT received the check, **VERIFY** the **CMA** in the file, and **SEND** the **Request to Stop Payment and Reissue Disaster Assistance Check** letter.
- b. For an EFT: If the award was sent via EFT, the **Schedule Number** begins with **NE**. EFT payments DO NOT require a **Request to Stop Payment and Reissue Disaster Assistance Check** letter. These awards usually show in the applicant's bank account within 48 hours after the **Schedule Date**.

NOTE: DO NOT process reissue requests for ONA payments in a joint or state option disaster; **ROUTE** these WPs to the State Supervisor queue.

4. What is the meaning of the Treasury Status letter codes in the Finance window in NEMIS?

- a. **A-** Acknowledgement: Pending status, status is NOT known at this time. Treasury has received the Non-Receipt request.
- b. **B-** Bank Account Correct: EFT funds were transmitted and should be credited to the account the provided by applicant.
- c. **C-** Case Closed: The Treasury determined the applicant cashed the check.
- d. **F-** To Fiscal: Non-Receipt request forwarded to FFC.
- e. **I-** Initiate Non-Receipt: **Request to Stop Payment and Reissue Disaster Assistance Check** letter has been sent to applicant & returned.
- f. **I-** Initiate Copy of Check: Used when requesting a copy of the check be sent to the applicant.
- g. **I-** Initiate Certified Copy: Used to request a certified copy of a check.
- h. **LP-** Limited Payability Cancellation: A stale (over a year old) Treasury check that has NOT and CANNOT be cashed.



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- i. **N-** Negotiated: The check has been cashed.
- j. **O-** Outstanding: Check has NOT been cashed or presented.
- k. **P-** Pending Investigation: Treasury and/or Secret Service is still investigating.
- l. **PC-** Payment over Cancellation: An outstanding check was processed as a Non-Receipt and reissued. Later, the original check is cashed resulting in duplication of payment. A questionnaire and copy of cashed check will be sent to the applicant. The applicant must return the questionnaire or return the duplicated funds, or FEMA will initiate recoupment.
- m. **Q, Q2, and Q3-** Questionnaire Sent: The applicant must complete and return the questionnaire. Q2 and Q3 indicate a second and third questionnaires were sent.
- n. **R-** Questionnaire Returned: The applicant completed and returned the questionnaire. This initiates the FFC investigation to locate the funds.
- o. **S-** Settlement Authorized: Treasury has determined the applicant did NOT cash the check and authorized the reissue of funds.
- p. **T-** To Treasury: Questionnaire has been returned by applicant and forwarded to Treasury. This initiates the Treasury investigation to locate the funds.
- q. **W-** Wrong Bank Account: EFT funds were returned from the bank to FEMA due to an incorrect account number.
- r. **X-** Original Check Returned: Original check was returned to the Treasury.



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V. DEFINITIONS AND ACRONYMS

Definitions

Business Day: A business day is defined as any day of the week, excluding Saturdays, Sundays, and federally recognized holidays.

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

Minor children: For the purpose of issuing IHP Assistance to a household on behalf of a minor child: an underage household member who lives in the affected residence with the parent(s) or legal guardian who also live at the affected address but did NOT apply for IHP assistance.

Refuse to honor or cash a check: The bank would NOT accept the Treasury check as issued by FEMA.

Reissue: The process of reviewing the file, confirming the applicant continues to be eligible for the returned assistance, and resending the eligible award.

Rejected Funds: The financial institution did NOT accept the EFT or wire transfer from FEMA

Returned funds: Occurs when FEMA receives funds issued to an applicant because the award was undeliverable, the applicant requested a **Request to Stop Payment and Reissue Disaster Assistance Check letter**, or the funds were returned voluntarily.

Surviving household member: The surviving person(s) occupying the residence in which the applicant(s) registered for, and is the person requiring assistance with disaster-caused needs. An occupant that can be substituted on the application as an eligible applicant and meet the eligibility criterion.



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Voluntarily returned: The applicant, co-applicant, or authorized representative willingly returned the IHP funds to FEMA or the US Treasury, without a programmatic obligation or request from FEMA.

Acronyms

CBRS	Coastal Barrier Resource System
DRC	Disaster Recovery Center
DSA	Disaster Survivor Assistance Team
EFT	Electronic Funds Transfer
FCOR	FEMA Correction Inspection
FFC	FEMA Finance Center
HQ	Headquarters
IDV	Identity Verification
IHP	Individual and Households Program
ONA	Other Needs Assistance Program
POC	Point of Contact
PMS	Program Management Section
SPU	Specialized Processing Unit
WP	Workpacket



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VI. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures
 - [Appeal Processing](#)
 - [Fraud Review](#)
 - [Identity Verification](#)
 - [Outbound Calls and Third Party Verifications](#)
- Resources
 - [Helpline NPSC Caller Services Reference Guide](#)
 - [Web NEMIS Appeals Reference Guide](#)



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SPECIAL HANDLING QUERIES

ALL processing employees must read this section		
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I. IMPORTANT INFORMATION

This section describes information that every employee **must** read **before processing** Special Handling Queries.



Purpose:

- 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](#).
 - **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.
- The following Standard Operating Procedure (SOP) provides guidance on how to address and process Special Handling Queries.
- **VERIFY** the Special Handling Query for each disaster prior to processing eligibility determinations. Special Handling Queries may result when:
 - Disaster Specific Operating Procedures (DSOP) are implemented for a specific disaster (DR); OR
 - The business rules in the National Emergency Management Information System (NEMIS) flag an application and a manual review is required.
 - Cases with an active WP in the **FEMA Special Handling** queue may include an auto-generated determination.

Prior to Processing:

- Sequence of Delivery



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- Housing Assistance (HA)
 - Temporary Housing Assistance, if eligible; AND
 - Home Repair Assistance or Home Replacement Assistance.
- Other Needs Assistance (ONA)
 - Funeral Assistance, if there is a pending funeral review;
 - **SPLIT/ROUTE** the Funeral pending (PND – Pending) line to the **FEMA** or **State Funeral** queue for processing by designated staff. Refer to the [Funeral Assistance](#) SOP for additional information.
 - When moving to the next eligible award in the sequence, if necessary, **ADJUST** the eligible award by one full funeral maximum amount to ensure funds are available for funeral expenses.
 - 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 Assistance; AND
 - All other categories, if funds are available under their respective maximum amount 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
 - 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**.



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- **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 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:
 - **ADD** a **Comment**; AND
 - **ROUTE** to the **FEMA Supervisor Review – ADA Process** subqueue.



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II. PROCESS

A. Processing Eligible Assistance

PROCESS Special Handling Queries following the instructions in the following table.

Special Handling Query	Review Reason	Guidance	Disaster
ADA Items	Real and/or Personal Property ADA line items are recorded at the time of inspection.	<ol style="list-style-type: none"> Refer to the following documents for additional information. <ol style="list-style-type: none"> DRRA Retroactive Awards – Manual Reviews DSOP; Home Repair Assistance SOP; AND Personal Property Assistance SOP. 	All disasters.
Cross DR	Cross DR(s) or consecutive DR(s).	<ol style="list-style-type: none"> Refer to the Cross Disaster Processing SOP for additional information. 	Default – All DRs from 1786 forward with potential cross-DR duplication issues.
Generator	Generators may be processed as Personal Property (PP) or Miscellaneous/Other Expense.	<ol style="list-style-type: none"> Refer to the Generator SOP for additional information. 	Default – All DRs from 1786 forward.
Non-compliant	The damaged dwelling address (DDA) has a National Flood Insurance Reform Act (NFIRA) requirement.	<ol style="list-style-type: none"> Refer to the Flood Zones and Other Protected Areas SOP for additional information. 	Default – All DRs from 1786 forward with cause of damage (COD) = Flood .
Funeral	To allow for maximum funeral award.	<ol style="list-style-type: none"> DEDUCT any necessary funds from Home Repair Assistance or Home Replacement Assistance award; AND Refer to the Home Replacement Assistance SOP for additional information. 	Default – All DRs from 1859 forward with potential funeral awards.

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GFIP, Overmax	GFIP plus award is Overmax.	<ol style="list-style-type: none"> 1. ADJUST the award NOT to exceed the financial ONA maximum. 2. Refer to the Financial HA and ONA Maximum and Minimum Awards SOP for additional information. 	All disasters.
<p>Four new Residence Types added to Registration Intake (RI):</p> <ol style="list-style-type: none"> 1. College dormitory; 2. Assisted living facility; 3. Military housing; AND 4. Correctional facility. 	NEMIS business rules are NOT set to auto-pay Rental Assistance when applicants register with one of these types of residence.	<ol style="list-style-type: none"> 1. Inspections of these facilities will return with App. Moved = No per the Inspection Guidelines. CHECK the Disaster Specific Information page for the disaster being worked. 2. USE the following guidance: <ol style="list-style-type: none"> a. Military housing: <ol style="list-style-type: none"> i. Refer to the Military Personnel and Military Civilian Employees SOP for additional information. b. College dormitory: <ol style="list-style-type: none"> i. Refer to the Students in College Dormitories SOP for additional information. c. Assisted living facility: <ol style="list-style-type: none"> i. DO NOT change an INR based on inspection without verifying that the facility DID NOT cover relocation or the 	DRs 4029 and forward.

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		<p>applicant moved to another facility.</p> <p>ii. If the inspection returned App Moved = Yes, CALL the applicant and VERIFY if the facility DID NOT cover relocation or the applicant moved to another facility.</p> <p>iii. PROCESS eligible PP from inspection.</p> <p>d. Correctional facility:</p> <p>i. DO NOT change an INR based on inspection without verifying that the applicant has a housing need outside the facility such as the intent to occupy another residence.</p>	
Undesignated place (county)	Inspection changed DDA and/or ZIP Code to a different county.	<p>1. VERIFY if the current county is designated or undesignated.</p> <p>a. If designated:</p> <p>i. VERIFY if the county Fair Market Rent (FMR) is correct; AND</p> <p>ii. MODIFY when needed if applicants are eligible for Rental Assistance.</p> <p>b. If undesignated:</p>	All disasters.



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		<ul style="list-style-type: none"> i. REMOVE any pending payments; AND ii. GENERATE the Non-Registration (NONREG) letter for undesignated county under Notification Letters, MISC. 	
Renters with Renters/Contents Only Insurance and COD other than flood	Applicant has Renters/Contents Only Insurance and the inspection returns with HRR = Yes , Relocate = Yes, and a COD other than flood.	<ul style="list-style-type: none"> 1. REVIEW for a potential Duplication of Benefits (DOB) with Insurance prior to processing initial Rental Assistance. 2. Refer to the Insurance Processing for HA and Personal Property SOP for additional information. 	All disasters.
Eligible - Replacement Housing (ERPL) in a Sanctioned Community(SC)	Where applicants are getting paid ERPL in a SC when an Uninsurable Item is also added by the inspector.	<ul style="list-style-type: none"> 1. REVIEW eligibility of assistance under an SC and unmet needs for Uninsurable Items. 2. Refer to the Flood Zones and Other Protected Areas SOP for additional information. 	All disasters.
Primary residence Primary: No (Secondary) and inspection issued but NOT primary residence.	The inspector recorded that the home is NOT the applicant's primary residence, but the system is incorrectly removing this information and allowing the applicant to be processed as eligible or is NOT adding Ineligible – Not Primary Residence (INPR) to the other denial reasons that apply.	<ul style="list-style-type: none"> 1. WinRunner will modify any ineligible decision to include INPR and will change any eligible determination to INPR. 2. If WinRunner is NOT able to complete the action: <ul style="list-style-type: none"> a. For ineligible applicants: <ul style="list-style-type: none"> i. PROCESS INPR to any other ineligible reasons that may apply. 	Default – All DRs from 4193 forward.



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		b. For pending eligibility. 3. DENY using INPR .	
ACE Error-Primary Rsdnc.	Possible NOT primary residence.	1. REVIEW the Inspector's comments: a. X70 – The DDA is NOT the applicant's primary residence; AND b. X100, X430 – The applicant indicated the DDA was their primary residence but there is evidence that it may NOT be. 2. If latest inspection has an X70, X100, or X430 Comment with or without the occupancy verified: a. PROCESS INPR for all denial decisions that apply. 3. If latest completed inspection DOES NOT include an X70, X100, or X430 Comment and has occupancy verified: a. PROCESS all applicable assistance.	Default – All DRs from 4217 forward.



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<p>Any query name variation including a CBRA identifier.</p> <p>1. For example;</p> <ul style="list-style-type: none"> a. CBRA Zone b. NC Street Names in CBRA c. Dare CBRA d. Onslow CBRA 1, 2, or 3 e. Currituck CBRA 1, 2, 3, or 4 <p>NOTE: Some cases may also include a CBRA type stamp or Reg. Status code variation such as CBRA_RVW.</p>	<p>CBRA</p> <p>Applicants who may be in a CBRA Zone but the case was NOT flood mapped before returning from inspection.</p>	<p>1. REVIEW the Insurance Policy frame to VERIFY if the case was flood mapped and if the DD is in CBRA = Yes or No.</p> <ul style="list-style-type: none"> a. If NOT mapped, PLACE on Hold until mapping is completed (should be within 24-48 hrs). b. If DD in CBRA = Yes, PROCESS as outlined in the Flood Zones and Other Protected Areas SOP. c. If NOT in CBRA, PROCESS using standard procedures. 	<p>Disasters with identified CBRA zones, i.e., 4286 SC, 4393 NC</p>
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<p>45 day Registration, HA Max, or FVL Greater than \$10K.</p>	<p>Applicants who completed a registration 45 days after the declaration date and through a Remote Inspection have been determined to have Real Property FVL of \$10,000 or more; OR</p> <p>Applicants who received the HA Max, or a real property FVL of \$10,000 or more as a result of the initial inspection, regardless of the date of their registration.</p>	<ol style="list-style-type: none"> 1. REVIEW the Registrant Info screen and VERIFY date applicant applied. <ol style="list-style-type: none"> a. If applicant applied after 45 days and a Reinspection has NOT occurred OR the applicant received the HA Max or a real property FVL of \$10,000 or more. <ol style="list-style-type: none"> i. UPDATE eligibility decision from eligible to PND or IPND. ii. DELETE any HA PND lines associated with Rental Assistance. b. REQUEST a new inspection. CHOOSE Reinspection as inspection type. c. ROUTE WP to Send to Inspection. 2. REVIEW Line Items screen if latest inspection contains a EV or VV line item. <ol style="list-style-type: none"> a. PROCESS based on information in file. 	<p>Default – All DRs from 4557 forward except DR-4558, DR-4562, DR4569</p>
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<p>Destroyed vehicle</p>	<p>When a Real Property (RP)/PP on-site inspection occurs, vehicle damage may be observed and recorded as Destroyed. For these cases, an auto-generated determination can NOT occur because salvage documentation must be submitted.</p>	<ol style="list-style-type: none"> 1. REVIEW eligibility decision for eligible to for Transportation Assistance award (ONA Vehicle Replacement). a. An Request for Information (RFI) letter will be auto-generated to obtain salvage documentation and additional required documents. 2. If an RFI has NOT already been sent, GENERATE an RFI. a. If eligible based on incoming documentation, PROCESS the award at the ONA Vehicle Replacement maximum amount. 3. Refer to the Transportation and Second Vehicle Requests SOP for additional information in file. 	<p>For all disasters declared AFTER DR-4605-WV.</p>
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<p>Cross-Disaster Occupancy Verification</p>	<p>When Occupancy Verification is NOT verified through NEMIS public records or during the initial inspection, and a PREV_DSTR_OCCV stamp is in file; a manual review will be performed to verify occupancy using prior disaster data.</p> <p>NOTE: For Cross-Disaster Occupancy Verification, there is a two year limit on the age of the cross-referenced disaster, and disasters declared for the COVID-19 Funeral Assistance ONLY are excluded.</p>	<ol style="list-style-type: none"> 1. For Occupancy Verification, REVIEW the Registration Status screen for the PREV_DSTR_OCCV stamp; 2. If the stamp is NOT present, ENTER a Comment and ROUTE the WP to FEMA Manual Determination. 3. If the stamp is present, REVIEW the prior disaster(s) from the Linked Regs screen, SET the Occupancy Verification requirement as Verified on the Info Control screen, and PROCESS accordingly if: <ol style="list-style-type: none"> a. The previous disaster (excluding COVID-19 Funeral Assistance disasters) was declared within two years prior to the declaration date of the current disaster; b. The name, SSN, and date of birth of the applicant and/or co-applicant is an exact match; <ol style="list-style-type: none"> i. Common nicknames, e.g. Susie instead of Susan, are acceptable as long as the SSN and date of birth match. c. The disaster-damaged residence address is an 	<p>For DR-4609-TN and forward.</p>
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		<p>exact match between disasters;</p> <p>i. For the street type, a slight variation, e.g. St and Street, or Ave and Avenue, etc.; is acceptable. A completely different street type, e.g. Street instead of Avenue; is NOT acceptable.</p> <p>d. There are NO unresolved High Risk or Low Risk stamps in ANY disaster; AND</p> <p>e. The CMA has NOT been updated to UNDER REVIEW at ANY time in ANY disaster.</p> <p>4. If the above requirements are NOT met, SET the Occupancy Verification requirement as Not Verified on the Info Control screen, PROCESS as Ineligible – Occupancy not Verified (INONV), and ROUTE the WP to FEMA Ineligible.</p>	
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<p>Cross-Disaster Ownership Verification</p>	<p>When Ownership Verification is NOT verified through NEMIS public records or during the initial inspection, and a PREV_DSTR_OWNV stamp is in file; a manual review will be performed to verify ownership using prior disaster data.</p> <p>NOTE: For Cross-Disaster Ownership Verification, there is NO limit on the age of the cross-referenced disaster, and disasters declared for the COVID-19 Funeral Assistance ONLY are excluded.</p>	<ol style="list-style-type: none"> 1. For Ownership Verification, REVIEW the Registration Status screen for the PREV_DSTR_OWNV stamp; 2. If the stamp is NOT present, ENTER a Comment and ROUTE the WP to FEMA Manual Determination. 3. If the stamp is present, REVIEW the prior disaster(s) from the Linked Regs screen, SET the Ownership Verification requirement as Verified on the Info Control screen, and PROCESS accordingly if: <ol style="list-style-type: none"> a. The name, SSN, and date of birth of the applicant and/or co-applicant is an exact match; <ol style="list-style-type: none"> i. Common nicknames, e.g. Susie instead of Susan, are acceptable as long as the SSN and date of birth match. b. The disaster-damaged residence address is an exact match between disasters; <ol style="list-style-type: none"> i. For the street type, a slight variation, e.g. St and Street, or Ave and Avenue, etc.; is acceptable. A completely different 	<p>For DR-4609-TN and forward.</p>
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		<p>street type, e.g. Street instead of Avenue; is NOT acceptable.</p> <p>c. There are NO unresolved High Risk or Low Risk stamps in ANY disaster; AND</p> <p>d. The CMA has NOT been updated to UNDER REVIEW at ANY time in ANY disaster.</p> <p>4. If the above requirements are NOT met, SET the Ownership Verification requirement as Not Verified on the Info Control screen, PROCESS as Ineligible – Ownership not Verified (IOWNV), and ROUTE the WP to FEMA Ineligible.</p>	
Duplicate Payments	Cases that received a duplicate ERU payment will have the DUP_PAY stamp in the file.	<p>1. If the DUP_PAY stamp is on the Registration Status screen:</p> <p>a. DO NOT reissue funds for these cases.</p> <p>b. PLACE the case on Hold – Program Review until further notice.</p> <p>c. Refer to the DR-4611-LA DSOP for additional processing information.</p>	DR-4611-LA



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B. 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:

a. **CALL** the IHP Helpdesk ((b) (6)) or the applicable extension number) or **EMAIL** the appropriate Supervisor or Point of Contact (POC).

i. If after review by the IHP Helpdesk Specialist or Supervisor/POC it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:

1. **EMAIL** a request for clarification to the appropriate team via the Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov).



III. DEFINITIONS AND ACRONYMS

Definitions

Assisted Living Facility: An assisted living facility is a housing facility for people with disabilities or for adults who can NOT or who choose NOT to live independently. Assisted living facilities, which may include skilled-nursing units, offer a residential setting that provides personal care services, 24-hour supervision, health-related services, and generally have skilled medical staff on duty at all times. **NOTE:** Independent living communities are NOT classified as assisted living facilities or skilled-nursing units. Independent living communities are designed for people, 55 and older, who need little or no assistance with activities of daily living. Although these types of residences may have dedicated medical alert buttons located within the unit, they DO NOT offer 24-hour supervision or health-related services; and, DO NOT have medical staff on duty.

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 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.

Acronyms

COD	Cause of Damage
DDA	Damaged Dwelling Address
DR	Disaster
DSOP	Disaster-Specific Operating Procedure
ERPL	Eligible Replacement Housing
FEMA	Federal Emergency Management Agency
FMR	Fair Market Rent
IHP	Individuals and Households Program
INPR	Ineligible Not Primary Residence



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INR	Ineligible No Relocation
NEMIS	National Emergency Management Information System
NFIRA	National Flood Insurance Reform Act
NONREG	Non-Registration
ONA	Other Needs Assistance
PND	Pending
POC	Point of Contact
PP	Personal Property
RI	Registration Intake
SOP	Standard Operating Procedure
WP	Workpacket



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IV. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures
 - [Cross Disaster Processing](#)
 - [Financial HA and ONA Maximum and Minimum Awards](#)
 - [Flood Zones and Other Protected Areas](#)
 - [Funeral Assistance](#)
 - [Generator](#)
 - [Home Repair Assistance](#)
 - [Home Replacement Assistance](#)
 - [Insurance Processing for HA and Personal Property](#)
 - [Military Personnel and Military Civilian Employees](#)
 - [Moving and Storage](#)
 - [Personal Property Assistance](#)
 - [SBA Referrals](#)
 - [Students in College Dormitories](#)
- Resources
 - [Disaster Specific Information](#)



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APPEAL PROCESSING

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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.



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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**.



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- 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.



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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 [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 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:
 - Ineligible to Eligible: **USE Asst Type: Initial** for HA, and **Reconsideration** for ONA.
 - Eligible to Ineligible: **USE Asst Type: Appeal** for HA, and **Appeal** ONA.
 - Supplemental Payments: Eligible payments for ONA categories are **Reconsideration** payments, with the exception of PP and Transportation, which are **Appeal**.
 - **No Change on Appeal:** When the previous decision can NOT be overturned, **USE Asst Type: Appeal** for HA and ONA.
- **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:
 - **ADD a Comment; AND**
 - **ROUTE the WP to the FEMA Supervisor Review – ADA Process subqueue**
- 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	
I69	Signature not Obtained (only if a Disaster Specific exists)
IMI	Missed Inspection
INCI	No Contact for Inspection
INS (Unless IINR received)	Insured - No Decision
INSFI	Has Flood Insurance
WVO (HA)	Applicant Withdrew Voluntarily
WVOA (ONA)	Voluntary by Applicant

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 or household's Disability and Communication Needs.
 - If the **NEEDS TO DO** link is **RED**:



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- **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.



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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. **CALL** the applicant and **EXPLAIN** what is missing. One call attempt is required.

- i. If the information can be obtained during the call verbally or with documents submitted within the next day:

1. **PROCESS** or **PLACE** the case on **Hold** to await the information, if necessary.

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

1. **GENERATE** and **MAIL** the **ADOC** letter;

2. **ADD** a **Comment**; AND

3. **ROUTE** to **FEMA Complete**.

NOTE: If the appeal processing DOES NOT require an appeal inspection or the decision is ineligible and can NOT be reversed, DO NOT send an **ADOC**. **PROCESS** the applicable ineligible decision without regard to the missing information.

2. 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.



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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.
 - i. **CALL** the applicant and **EXPLAIN** the need for a verifiable invoice/receipt or estimate. One call attempt is required.
 - 1. If the information can be obtained during the call or with documents submitted within the next day,
 - a. **PROCESS** or **PLACE** the case on **Hold** to await the information, if necessary.
 - 2. If the information CANNOT be obtained during the call verbally or it will take longer than a day to supply,
 - a. **GENERATE** and **MAIL** an **ADOC** with the applicable insert for the missing receipt(s) or estimate(s);
 - b. **ADD** a **Comment**; AND
 - c. **ROUTE** to **FEMA Complete** or other appropriate queue as instructed by Supervisor/POC, [Preshift](#), or other authorized source.



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4. For ONA Categories, **GENERATE** a **Request for Information (RFI)** or **ADOC** letter when additional information is required, including an [appeal letter](#). For additional information, refer to the Generate Customized Appeal Request Letters section of the [Appeals – Reference Guide](#).

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:

i. **CALL** the applicant and **EXPLAIN** what is missing. One call attempt is required.

1. If the information can be obtained during the call or with documents submitted within the next day;

a. **PROCESS** or **PLACE** the case on **Hold** to await the information, if necessary.

2. If the information CANNOT be obtained during the call, or it will take longer than a day to supply;

a. **GENERATE** and **MAIL** an **RFI** or **ADOC** with the applicable insert for the missing information; AND

i. DO NOT add a pending (**PND**) or insurance pending (**IPND**) line, or set a **Timer** for the **RFI** when processing an appeal decision.

ii. For additional information, refer to the Generate Customized Appeal Request Letters section of the [Appeals – Reference Guide](#).

b. **ROUTE** to **FEMA Complete** or other appropriate queue as instructed by Supervisor/POC, [Preshift](#), or other authorized source.

5. For ONA Child Care Assistance;



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- a. After the **RFI** letter is mailed, **PROCESS** the denial decision.
- b. If the applicant was automatically processed as **INSS – Insufficient Documents** or **No Documents Submitted**, and necessary documents from the **RFI** are missing;
 - i. **CALL** the applicant and **EXPLAIN** what is missing. One call attempt is required:
 1. If the information can be obtained during the call or with documents submitted within the next day;
 - a. **PROCESS** or **PLACE** the case on **Hold** to await the information, if necessary.
 2. If the information CANNOT be obtained during the call, or it will take longer than a day to supply;
 - a. **GENERATE** and **MAIL** an **ADOC** with the applicable insert selection(s);
 - b. **ADD** a **Comment**; AND
 - c. **ROUTE** to **FEMA Complete**.

C. Processing Eligible Assistance

1. Eligible Appeal Requests:

- a. If the applicant supplies an appeal that meets the requirements listed under [Eligibility Verifications](#); 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](#);



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- vi. [Mold](#);
 - vii. [Boats](#);
 - viii. [Chimney](#); OR
 - ix. Undeclared COD – Fire.
- c. **PROCESS** the eligible award making any applicable deductions for previous assistance received. 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;
- i. Refer to the [Appendix](#) for information on using the **Eligibility Calculators**.
- d. **ADD a Comment**; AND
- e. **ROUTE to FEMA Approval NON-DRM** or other appropriate queue as instructed by Supervisor/POC, [Preshift](#), or other authorized source.

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:

Step:	Action:	
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.?	Yes/Unsure No	<p>1. GO to Step 2.</p> <p>1. PROCESS the ineligible decision:</p> <ul style="list-style-type: none"> a. Home Repair = A - INO – Additional Repair Assistance. b. ONA = IOR - Ineligible – Additional Assistance. <p>2. ADD a Comment; AND</p> <p>3. ROUTE to FEMA Ineligible.</p>
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	Yes	<p>1. CALL the Contractor to verify the losses were disaster-caused,</p> <ul style="list-style-type: none"> c. If verified, REQUEST a complete appeal inspection, refer to the Inspection Requests and Comparison SOP for additional information; OR d. If unverifiable, and an ADOC to request an estimate has NOT been sent previously, GENERATE and MAIL an ADOC.



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The inspector identified the item(s) appealed by the applicant.		<ul style="list-style-type: none"> i. DELETE the PND line; ii. ADD a Comment; AND iii. ROUTE to FEMA Complete. e. If an ADOC was previously sent; iv. PROCESS as ineligible; v. ADD a Comment; AND vi. ROUTE to FEMA Ineligible. 	
	No/Unknown	<ul style="list-style-type: none"> 1. REQUEST an appeal inspection. Refer to the Inspection Requests and Comparison SOP for additional information. f. INCLUDE the specific items identified in the appeal request; AND g. GO to Step 3 when the inspection returns. 	
3. Inspection Completed	FEMA Verified Loss (FVL) Increased	Assistance for the category was NOT previously awarded	<ul style="list-style-type: none"> 1. PROCESS eligible assistance using the most recent inspection; NOTE: If the applicant received a Clean and Removal (CRA) award, VERIFY if the FVL is greater than the CRA amount, DEDUCT if CRA was previously awarded from the eligible assistance. NOTE: DO NOT deduct Clean and Sanitize Assistance (CSA). 2. ADD a Comment; AND 3. ROUTE to FEMA Approval NON-DRM.
		Assistance for the category was previously awarded	<ul style="list-style-type: none"> 1. SELECT the eligible items and amounts for the subsequent inspection; a. Refer to the Appendix for information on using the Eligibility Calculators. 2. SELECT the eligibility determination on the Real Property (RP) and/or PP Worksheet; 3. MAKE any necessary deductions in the Misc. Adj link. DO NOT



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			deduct Service Call line items unless it is an exact duplication, i.e. the same Service Call line item is recorded in both inspections; 4. ADD a Comment ; AND 5. ROUTE to FEMA Approval NON-DRM .
	FVL decreased or stayed the same	1. PROCESS the ineligible decision, such as: a. Home Repair = A - INO – Additional Repair Assistance . 2. ONA = IOR - Ineligible – Additional Assistance .	
	Change in verification requirements = Not Verified	1. GENERATE an ADOC with the Missing Appeal Letter and Ownership not Proven inserts; 2. CALL the applicant to inform them of the missing information. One call attempt is required; 3. ROUTE the WP to FEMA Complete ; AND 4. If previously eligible, CREATE a new WP to FEMA Pre-Recoupment Review – Ownership Review .	

Table 2: Types of Appeal Requests

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:

Step:	Action:	
1. Is the appeal for an essential item eligible under FEMA's assistance category, i.e., damage to essential appliance?	Yes/Unsure No	1. GO to Step 2 . 1. PROCESS the ineligible decision: a. Previously EPP/EPPZ: IOR – Ineligible – Additional Assistance . b. Previously Ineligible: IOR – Ineligible – Unavailable Type of Assistance . 2. ADD a Comment ; AND 3. ROUTE to FEMA Ineligible .



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<p>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</p> <p>The inspector identified the item(s) appealed by the applicant.</p>	Yes	<p>1. CALL the Contractor to verify the losses were disaster-caused,</p> <p>a. If verified, REQUEST a complete appeal inspection, refer to the Inspection Requests and Comparison SOP for additional information; OR</p> <p>b. If unverifiable, and an ADOC to request an estimate has NOT been sent previously, GENERATE and MAIL an ADOC.</p> <p>i. DELETE the PND line;</p> <p>ii. ADD a Comment; AND</p> <p>iii. ROUTE to FEMA Complete.</p> <p>c. If an ADOC was previously sent;</p> <p>i. PROCESS as ineligible;</p> <p>ii. ADD a Comment; AND</p> <p>iii. ROUTE to FEMA Ineligible.</p>
	No/Unknown	<p>1. REQUEST an appeal inspection. Refer to the Inspection Requests and Comparison SOP for additional information.</p> <p>a. INCLUDE the specific items identified in the appeal request; AND</p> <p>b. GO to Step 4 when the inspection returns.</p>
<p>3. The appeal includes estimates or receipts for an inspection recorded line item or room, at a higher degree of damage, i.e.,</p> <p>Repair X to Repair Y</p> <p>Repair Y to Replace Z</p>	Yes	<p>1. CALL the Contractor to verify the damage was disaster-caused,</p> <p>a. If verified: PROCESS the assistance with the line item or room at the higher degree of damage.</p> <p>i. Refer to the Appendix for information on using the Eligibility Calculators.</p> <p>b. If unverifiable: GO to NO below.</p> <p>c. If the applicant was already awarded replacement for the item or room:</p> <p>i. PROCESS as Ineligible.</p> <p>ii. ADD a Comment; AND</p> <p>iii. ROUTE to FEMA Ineligible</p>
	No or call to the contractor unsuccessful	<p>1. CALL the applicant and EXPLAIN the need for an estimate or receipt.</p> <p>2. GENERATE and MAIL an ADOC.</p>



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		3. ADD a Comment ; AND
		4. ROUTE to Complete .
4. Inspection Completed	FVL Increased	<div>Assistance for the category was NOT previously awarded.</div> <div>1. PROCESS eligible assistance using the most recent inspection;</div> <div>2. ADD a Comment; AND</div> <div>3. ROUTE to FEMA Approval NON-DRM.</div>
		<div>Assistance for the category was previously awarded.</div> <div>1. SELECT the eligible items and amounts for the subsequent inspection;</div> <div> <div>a. Refer to the Appendix for information on using the Eligibility Calculators.</div> </div> <div>2. SELECT the eligibility determination on the PP Worksheet;</div> <div>3. MAKE any necessary deductions in the Misc Adj link. 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;</div> <div>4. ADD a Comment; AND</div> <div>5. ROUTE to FEMA Approval NON-DRM.</div>
	FVL decreased or stayed the same	<div>1. PROCESS the ineligible decision, such as:</div> <div> <div>a. Previously EPP/EPPZ: IOR - Ineligible – Additional Assistance.</div> <div>b. Previously Ineligible: A- IID - Ineligible – Minimal or No Personal Property Needs Required.</div> </div> <div>2. ADD a Comment; AND</div> <div>3. ROUTE to FEMA Ineligible.</div>
	Change in verification requirements= Not Verified	<div>1. GENERATE an ADOC with the Missing Appeal Letter and Occupancy not Proven inserts;</div> <div>2. CALL the applicant to inform them of the missing information. One call attempt is required;</div> <div>3. ROUTE the WP to FEMA Complete; AND</div>



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		4. If previously eligible, CREATE a new WP to FEMA Pre-Recoupment Review – Occupancy Review .
5. For additional information refer to Section C.10 , C.11 , and C.12 .		

Table 3: Personal Property Appeal Requests

4. Processing from Repair to Replace		
Step:	Action:	
1. Did the previous inspector record an associated line item with a degree of damage: a. Repair b. Clean and Repair c. Clean and Test Refer to the Personal Property Assistance SOP for approved line items.	No	1. GO to the table for Item(s) NOT previously identified during inspection, Not Affected, etc. for additional information to process the assistance.
	Yes	1. GO to Step 2 .
2. Did the applicant submit a verifiable estimate or receipt?	Yes	1. CALL the contractor; AND 2. GO to Step 3 .
	No	1. CALL the applicant and EXPLAIN what information is required, one attempt is required; AND 2. GENERATE and MAIL an ADOC .
3. CONFIRM if the requirement to repair or replacement is/was: a. Verified with an onsite inspection; b. No longer functional as a direct result of the disaster; c. Required and necessary for proper functioning equipment.	All Confirmed	1. GO to Step 4 .
	Not Confirmed	1. END the call; 2. ADD a Contact ; 3. If the applicant needs a new estimate, GO to Step 5 . 4. If the contractor confirmed replacement is NOT necessary: a. PROCESS as Ineligible. Unless there are other items to address, UPDATE the Worksheet with the decision code A-INO Ineligible – Additional Repair Assistance ; AND b. ROUTE to FEMA Ineligible .
4. PROCESS the eligible award. 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	1. For RP; a. ADD a new Worksheet to the Housing Assistance frame: i. Category: Home Repair; ii. Asst Type: Appeal; iii. Eligibility: Pending. b. On the Insp Real Prop frame:	



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<p>appropriate numbers into their desktop calculator application available on all computers.</p>	<ol style="list-style-type: none"> i. ADD the line item as Repair or Replace with the corresponding COD; AND ii. SELECT the Appeal items for payment; c. OPEN the Worksheet and UPDATE to EHR/EHRZ; <ol style="list-style-type: none"> i. ENTER the deductions, if any, for the item in the – Misc. field. 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. d. ADD a Comment; AND e. ROUTE to FEMA Approval NON-DRM. <ol style="list-style-type: none"> i. Refer to the Flood Zones and Other Protected Areas SOP for additional flood damage considerations. <p>2. For PP:</p> <ol style="list-style-type: none"> a. ADD a new Worksheet to the Personal Property frame: <ol style="list-style-type: none"> i. Category: Personal Property; ii. Asst Type: Appeal; iii. Eligibility: Pending. b. On the Insp PP/Other Misc frame: <ol style="list-style-type: none"> i. ADD the line item as Replace with the corresponding COD; ii. SELECT the Appeal items for payment c. OPEN the Worksheet and UPDATE to EPP/EPPZ: <ol style="list-style-type: none"> i. ENTER the deductions, if any, for the item in the – Misc. field. 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. d. ADD a Comment; AND e. ROUTE to FEMA Approval NON-DRM. <ol style="list-style-type: none"> i. Refer to the Flood Zones and Other Protected Areas SOP for additional flood damage considerations. ii. NOTE: Eligible assistance can NOT exceed the line item limit set in NEMIS.
<p>5. CALL the applicant and EXPLAIN the required</p>	<p>1. GENERATE and MAIL an ADOC;</p> <ol style="list-style-type: none"> a. Refer to Section III.B Information Requests



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information. One call attempt is required.

2. **ADD** a **Contact**; AND
3. **ROUTE** to **FEMA Complete**.

Table 4: Processing from Repair to Replace

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 in 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;



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- b. If the receipt/estimate includes an amount for furnace mitigation, **DEDUCT** that amount from the award since the applicant will receive the **4401 – Mitigation – Furnace, Elevate** line item; AND
- c. If the home type is travel trailer or mobile home, do NOT add the **4401 – Mitigation – Furnace, Elevate** line item. It is typically more feasible to elevate the entire unit than individual components.

NOTE: Individual Condo or Co-Op owners who claim responsibility for well, furnace, or septic systems may be considered for actual costs if they submit verifiable documentation to FEMA indicating individual responsibility, including the master insurance policy or bylaws. Refer to the [Home Repair Assistance SOP](#) for additional information.

- 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:

- i. **Habitability Repairs Required (HRR) = Yes**

- 1. If **HRR = No**, **REQUEST** an appeal inspection prior to payment. Refer to the [Inspection Requests and Comparison](#) SOP for additional information.



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- ii. An associated line item recorded for the requested component, i.e., septic tank, pump-out, furnace, clean & repair, etc.
 1. This includes line items for **Service Call** when the extent of the disaster-caused damage is unknown and a professional estimate is needed. Refer to [Line Item Descriptions June 2020](#). The **Service Call** line items are:
 - a. **6400 - Heating, Service Call:** Used for furnaces, heat pumps, and boilers.
 - b. **5100 - Utilities, Service Call:** Used for septic systems, wells and components.
 2. A **Lump Sum** line item recorded for the specific requested component is also acceptable to verify damage.
 3. If multiple inspections occur and the most recent inspection(s) indicates the component being appealed is NOT recorded or is labeled as **Not Affected**, it is NOT eligible for additional funds for repair or replacement. Refer to the [Inspection Requests and Comparison](#) SOP for additional information.
 - a. If there are NO other unmet needs to address, **PROCESS** the applicable ineligible determination. Refer to [Section III.D: Processing Ineligible Decisions](#).
 4. If a line item is NOT present, **REQUEST** an appeal inspection. Refer to the [Inspection Requests and Comparison](#) SOP for additional information.
 - a. Upon return of the inspection, if a line item is present, **CONTINUE** the steps to complete processing of actual expenses in addition to any other unmet need. 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.
 5. Refer to [Line Item Descriptions June 2020](#) on the [Housing Inspection Services \(HIS\) webpage](#).
- iii. A verifiable estimate or itemized invoice/receipt with verbal or written confirmation from the contractor that the associated costs were:
 1. Caused by the disaster;
 2. Verified with an onsite inspection;
 3. Required and necessary for proper functioning equipment, and



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4. NOT considered an upgrade. If the upgrade is required to bring the unit up-to-code and/or like materials are NO longer manufactured, the associated costs to upgrade are eligible for payment.
- d. Considerations for well and related components
- i. The following well line items can be processed at actual cost when recorded during inspection:
 1. **5100, 5146, 5147, 5148, 5149, 5150, 5151, 5152, 5163, and 5198** when recorded specifically for a well.
 2. If the line item **5159 - Water Supply Decontaminate** was recorded during a FEMA inspection, the applicant will be eligible for the actual cost of installing a filter/chlorination system when the following is provided:
 - a. A [signed](#) written statement reflecting the decontamination attempt using chlorine bleach, shocking the well, or invoices demonstrating the applicant paid a third party to complete this process prior to testing.
 - i. Accurate testing CANNOT be conducted until the water well has been decontaminated.
 - b. A statement from the local health department or STT certified lab results indicating standard sanitation methods, i.e. bleach treatments, have NOT adequately decontaminated the well.
 - c. A verifiable estimate or receipt for a filter/chlorination system from a water treatment specialist (someone with specific expertise in evaluating water treatment systems).
 3. If an appeal for **Well Replacement** is received, but the recorded line item is **5159 - Water Supply, Decontaminate**, a water treatment specialist (NOT a well drilling contractor) must provide a statement explaining why a water filtration system will NOT correct the contaminated well, and a well replacement is required.
 - ii. If the applicant is appealing for a well replacement and the line item **5146 - Well Replace** was NOT recorded during inspection, the following must be present in the applicant's file:
 1. A verifiable estimate/receipt indicating the well was physically damaged, collapsed, and/or is NO longer producing potable water as a direct result of the disaster.



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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](#);
 - ii. **ACCESS** the Worksheet and **UPDATE** to **EHR/EHRZ**;
 - iii. **MAKE** any required deductions using the **Misc Adj** link:
 1. See required deductions for prior awards. :
 - iv. **ADD** a **Comment**; AND
 - v. **ROUTE** to **FEMA Approval NON-DRM**.
- 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:
 1. **6461 - Furnace, Clean and repair.**
 2. **6441 - Furnace, Replace.**



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3. **6440 - Furnace, Clean & Test: DEDUCT** only if **Clean and Test** is included within the eligible estimate total.
4. **6465 or 6466 - Central Air Conditioner Repair or Replace**, if paying actual for an integrated heat pump system.
5. If the inspector Recorded a central air conditioner (central A/C) and furnace units separately and the estimate describes a combined system, **VERIFY** if the system is integrated:
 - a. If yes, **PROCESS** using the amount on the estimate or receipt and **DEDUCT** any previously awarded furnace and central A/C amounts from the eligible award. 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.
 - b. If NO, **PROCESS** using the amount on the estimate or receipt for the associated furnace costs and **DEDUCT** the previously awarded furnace line item(s). 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.
 - c. **PROCESS** the central A/C using the applicable line item amount, or actual costs, whichever is less. Payment CANNOT exceed the set line item limit.
6. If the estimate for repair or replacement of the furnace/boiler contains repair or replacement of a water heater, **VERIFY** if the water heater is part of an integrated system:
 - a. If yes, **PROCESS** using the amount on the estimate or receipt and **DEDUCT** any previously awarded furnace and water heater (**6555, 6556**) amounts from the eligible award. 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.
 - b. If NO, **PROCESS** using the amount on the estimate or receipt for the associated furnace costs and **DEDUCT** the previously awarded furnace line item(s). 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.
 - c. **PROCESS** the water heater using the corresponding line item, or actual cost, depending on your verification. Payment CANNOT exceed the line item amount for the level of damage.



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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, **6453 Clean and Sanitize** or **6454 Replace**, from the actual cost of the furnace.

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

Step:	Action:
1. Was the applicant's last inspection completed with RDA line items?	<p>Yes</p> <ol style="list-style-type: none"> 1. If the appeal indicates an unmet need for repair or replacement, REQUEST a complete appeal inspection. Refer to the Inspection Requests and Comparison SOP for additional information. GO to next step. NOTE: An appeal inspection is required even for item(s) traditionally processed without a subsequent inspection, i.e., Septic, Furnace, Replace vs. Repair, etc. 2. If the appeal DOES NOT indicate an unmet need for repair or replacement, PROCESS the ineligible using INO-Ineligible Additional Assistance. <p>No</p> <ol style="list-style-type: none"> 1. PROCESS using the applicable procedure for the particular request.
2. When the inspection returns:	<ol style="list-style-type: none"> 1. FOLLOW the standard procedures identified in: <ol style="list-style-type: none"> a. Inspection Requests and Comparison; AND b. Outbound Calls and Third Party Verifications 2. Unmet need identified: <ol style="list-style-type: none"> a. Scenario: If an estimate was submitted for items eligible for actual expenses, i.e., furnace, upon return of the subsequent inspection: <ol style="list-style-type: none"> i. ADD the text entry amount for the eligible furnace estimate/bill to the Insp Real Prop frame; ii. ZERO OUT any furnace line items from the subsequent inspection; iii. SELECT the items from the subsequent inspection and the text entry for furnace;



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		<ol style="list-style-type: none"> 1. Refer to the Appendix for information on using the Eligibility Calculators. iv. USE the Misc Adj link to DEDUCT the prior EHR/EHRZ payment. 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; AND v. UPDATE the PND/IPND status to EHR/EHRZ, ADD a Comment, and ROUTE to FEMA Approval NON-DRM. 3. If the inspection results DO NOT indicate an unmet need for repair or replacement, PROCESS the ineligible using INO- Ineligible Additional Assistance.
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Table 5: Rapid Damage Assessment (RDA) Appeals

7. Ductwork Appeals				
Step:	Action:			
1. Did the previous inspector record line item(s) 6453 Ductwork Clean & Sanitize or 6454 Ductwork Replace ?	No	Is the ductwork in the appeal required to create a connection between a new furnace and an existing ductwork system?	No	<ol style="list-style-type: none"> 1. REQUEST an appeal inspection. 2. ENSURE the Priority is set as No. DO NOT update the inspection priority.
			Yes	<ol style="list-style-type: none"> 1. ADD the cost of the ductwork connection to the actual cost of the furnace. If the furnace was already processed as appeal, ADD the supplemental payment as line item (8888 - Furnace Connection) PAY the actual cost, and ROUTE to FEMA Approval NON-DRM.
2. What is the reason the ductwork is required?	Yes			<ol style="list-style-type: none"> 1. CALL the contractor (two attempts) to verify information GO to Step 2.
	Cleaning or replacement is required due to the disaster (one of the applicable CODs)			<ol style="list-style-type: none"> 1. GO to Step 3.
	Replacement is NOT required due to the disaster (such as optional relocation, or optional mitigation or it is usable)			<ol style="list-style-type: none"> 1. END the call, ADD a Contact; AND 2. PROCESS as Ineligible: Unless there are other items to address, UPDATE the Worksheet with the decision code A-INO Appeal – Additional Repair Assistance, and ROUTE to FEMA Ineligible.
3. How many LF can be cleaned and how many ft. need to be replaced	RECORD the ductwork type and the number of LF as the contractor indicates. END the call and			<ol style="list-style-type: none"> 1. If unknown, GO to Step 4.
				<ol style="list-style-type: none"> 1. If total LF is 300 ft. or more, GO to Step 5
				<ol style="list-style-type: none"> 1. If total LF is less than 300 ft., GO to Step 6



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	ADD a Contact.	
4. CALL the applicant and EXPLAIN the required information.	<ol style="list-style-type: none"> 1. GENERATE and MAIL an ADOC with the applicable insert; 2. ADD a Contact; AND 3. ROUTE to FEMA Complete or other appropriate queue. 	
5. CALL the IHP Helpdesk	On average, ductwork is equal to one third (1/3) of the square footage (SF) of the home.	<ol style="list-style-type: none"> 1. The IHP helpdesk will review the cause, location of the damage, and the SF of the structure. After review, IHP Helpdesk will email directions to update the Worksheet with the decision and instructions. The email will include directions to: <ol style="list-style-type: none"> a. PROCESS the case for assistance if the estimate is supported by the inspection report. GO to Step 6. b. REQUEST additional information. GO to Step 4. c. PROCESS as a denial if the estimate/bill is NOT supported by the inspection report. <ol style="list-style-type: none"> i. UPDATE the Worksheet to decision code INO with the Appeal – Additional Repair Assistance insert; AND ii. ROUTE to FEMA Ineligible or other appropriate queue.
6. PROCESS the case.	<ol style="list-style-type: none"> 1. ADD the line item for 6454 Ductwork Replace, or 6453 Ductwork Clean & Sanitize with the total LF the Contractor indicated with the applicable COD. NOTE: the amount previously paid for 6454 and 6453; <ol style="list-style-type: none"> a. 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. <p>NOTE: Ductwork is awarded using the corresponding line items, 6453 Clean and Sanitize, or 6454 Replace, for the quantity of LF on the estimate.</p> 2. SELECT the ductwork line item(s) for payment (and any other eligible items); 3. On the Worksheet, MODIFY the eligibility to the applicable EHR or EHRZ code; 4. ENTER the amount previously awarded for ductwork in the – Misc. field. The total award CANNOT exceed the quantity of the LF listed on the estimate. 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; 5. ADD a Comment including all information used for processing; AND 6. ROUTE to FEMA Approval NON-DRM. 	

Table 6: Ductwork Appeals

Step:	Action:			
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	<p>1. GO to Step 2.</p> <p>1. PROCESS the ineligible decision:</p> <ul style="list-style-type: none"> a. Home Repair = A - INO – Additional Repair Assistance. b. ONA = IOR - Ineligible – Additional Assistance. <p>2. ADD a Comment; AND</p> <p>3. ROUTE to FEMA Ineligible.</p>		
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	<p>1. CALL the Contractor to verify the mold growth was disaster-caused.</p> <ul style="list-style-type: none"> a. If verified, REQUEST a complete appeal inspection, refer to the Inspection Requests and Comparison SOP for additional information; OR b. If unverifiable, and an ADOC to request an estimate has NOT been sent previously, GENERATE and MAIL an ADOC. <ul style="list-style-type: none"> i. DELETE the PND line; ii. ADD a Comment; AND iii. ROUTE to FEMA Complete. c. If an ADOC was previously sent; <ul style="list-style-type: none"> i. PROCESS as ineligible; ii. ADD a Comment; AND iii. ROUTE to FEMA Ineligible. 		
	No/Unknown	<p>1. REQUEST an appeal inspection. Refer to the Inspection Requests and Comparison SOP for additional information.</p> <ul style="list-style-type: none"> a. INCLUDE the specific location of the mold growth affected room/area(s) identified in the appeal request; AND b. GO to Step 3 when the inspection returns. 		
3. Inspection Completed	FVL Increased	<table border="1"> <tr> <td>Assistance for the category was NOT previously awarded</td> <td> <p>1. PROCESS eligible assistance using the most recent inspection;</p> <p>NOTE: If the applicant received a Clean and Removal (CRA) award, VERIFY if the FVL is greater than the CRA amount, DEDUCT if CRA was previously</p> </td> </tr> </table>	Assistance for the category was NOT previously awarded	<p>1. PROCESS eligible assistance using the most recent inspection;</p> <p>NOTE: If the applicant received a Clean and Removal (CRA) award, VERIFY if the FVL is greater than the CRA amount, DEDUCT if CRA was previously</p>
Assistance for the category was NOT previously awarded	<p>1. PROCESS eligible assistance using the most recent inspection;</p> <p>NOTE: If the applicant received a Clean and Removal (CRA) award, VERIFY if the FVL is greater than the CRA amount, DEDUCT if CRA was previously</p>			



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			<p>awarded from the eligible assistance.</p> <p>NOTE: DO NOT deduct Clean and Sanitize Assistance (CSA).</p> <p>2. ADD a Comment; AND</p> <p>3. ROUTE to FEMA Approval NON-DRM.</p>
	Assistance for the category was previously awarded		<p>1. SELECT the eligible items and amounts for the subsequent inspection;</p> <p>a. Refer to the Appendix for information on using the Eligibility Calculators.</p> <p>2. SELECT the eligibility determination on the Real Property (RP) Worksheet;</p> <p>3. MAKE any necessary deductions in the Misc Adj link. 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;</p> <p>4. ADD a Comment; AND</p> <p>5. ROUTE to FEMA Approval NON-DRM.</p>
	FVL decreased or stayed the same	1. PROCESS the ineligible decision, such as:	<p>a. Home Repair = A - INO – Additional Repair Assistance.</p>

Table 7: Mold Damage Appeals

9. Boat Appeals				
Step:	Action:			
1. Did the previous inspector record line item 6600 Service Call – Boat .	No	Did the inspector record another boat line item?	No	<p>1. REQUEST an appeal inspection if the applicant indicates the boat is damaged and requires an inspection;</p> <p>2. ENSURE the Priority is set as No. DO NOT update the inspection priority.</p> <p>3. ENTER a Comment; AND</p>



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				4. ROUTE to Send for Inspection.
			Yes	1. GO to Step 4.
	Yes	Is the boat able to be inspected? VERIFY with a supplied estimate of costs to tow and dock the boat or CALL the applicant to ask.	Yes	1. REQUEST an appeal inspection; 2. ENSURE the Priority is set as No . DO NOT update the inspection priority. 3. ENTER a Comment ; AND 4. ROUTE to Send for Inspection.
			No or unsure	1. CALL the applicant. One call attempt is required; AND 2. GO to Step 2.
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.				1. If the applicant indicates the boat can be inspected, REQUEST an appeal inspection; a. If the applicant has supplied an estimate for towing/docking expenses, GO to Step 4: Yes. 2. ENSURE the Priority is set as No . DO NOT update the inspection priority; 3. ENTER a Comment ; AND 4. ROUTE to Send for Inspection.
				1. If the applicant indicates they can NOT find the boat to tow and dock, advise the applicant to submit an estimate for the boat and any supporting documents verifying the type and size of the boat. 2. GENERATE and MAIL an ADOC with Missing Contractor Estimate insert. 3. Once the appeal and estimate are supplied, GO to Step 4: Yes.
				1. If the applicant indicates they have NOT yet towed the boat to a safe location and has supplied an estimate for the costs to tow and safely store the boat, GO to Step 4.
3. REVIEW and PROCESS the appeal inspection.				1. SELECT the applicable line item(s) for payment; a. Refer to the Appendix for information on using the Eligibility Calculators . 2. 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;



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		3. If the applicant also submitted an estimate for the costs to tow and dock the boat that were NOT previously paid, GO to Step 4: Yes to include the payment in the eligible award; AND
		4. ROUTE to FEMA Approval NON-DRM or other appropriate queue.
4. Did the applicant submit an appeal with a contractor's estimate for costs to tow the boat to another location?	Yes	<p>1. CALL the contractor (two attempts) to verify the associated costs are required due to the location and equipment required to locate and tow the boat.</p> <p>a. If verified as required, PROCESS:</p> <p>i. The verified costs associated with locating and towing the boat to a safe location for the confirmed actual expense using the Text Entry field; AND</p> <p>ii. The costs associated with dry-docking the boat with line item 6659 – Dry Dock for the confirmed Linear Foot length of the boat. Any additional docking fees beyond the first month will be reviewed upon appeal as a supplemental payment.</p> <p>iii. Refer to the Appendix for information on using the Eligibility Calculators.</p> <p>b. If the estimate CANNOT be verified;</p> <p>i. GENERATE and MAIL an ADOC.</p> <p>c. If you have any questions regarding approved processing, CALL or EMAIL the FEMA-IHPHelpdesk for assistance.</p>
	No	<p>1. If the estimate requires an appeal inspection, FOLLOW standard appeal guidelines to request and PROCESS accordingly.</p> <p>2. Refer to the Inspection Requests and Comparison SOP for additional information.</p>

Table 8: Boat Appeals

10. Chimney Appeals				
Step:	Action:			
1. Did the previous inspector record line item Chimney Clean & Inspect (6862)	No	Did the inspection record another chimney line item?	No	<p>1. REQUEST an appeal inspection to verify damage.</p> <p>2. ENSURE the Priority is set as No. DO NOT update the inspection priority.</p> <p>NOTE: Also REQUEST an appeal inspection if the applicant indicates damage to areas surrounding the</p>



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				chimney NOT previously identified during inspection.
			Yes	1. CALL the contractor (two attempts), GO to Step 3 .
	Yes	Did the applicant supply an estimate for chimney repair or replacement?	Yes	1. CALL the contractor (two attempts), GO to Step 3
			No	1. CALL the applicant (one attempt), GO to Step 2 .
2. CALL the applicant and EXPLAIN the required information.		1. GENERATE and MAIL an ADOC with the applicable insert;		
		2. ADD a Contact ; AND		
		3. ROUTE to FEMA Complete or other appropriate queue.		
3. VERIFY with the contractor;		1. If confirmed and all numbers obtained, move to Step 4		
a. The disaster-caused the damage;		2. If the information CANNOT be confirmed;		
b. The chimney(s) CANNOT be repaired;		3. GENERATE and MAIL an ADOC ;		
c. The length in LF of the area that needs to be repaired, removed and replaced;		a. Refer to Section III.B Information Requests		
d. If the applicant requires a metal liner and the chimney DOES NOT need to be replaced, the number of LF required;		4. ADD a Contact ; AND		
e. If the estimate includes flashing, if so, how much; AND		5. ROUTE to FEMA Complete .		
f. Does the estimate include flashing or a chimney cap?				
4. PROCESS the case for the assistance.	Removing and replacing the chimney	1. ADD the foundation/masonry line items Chimney Remove (6853) and Chimney Replace (6855) for the applicable COD, with the linear foot (LF) measurement verified by the contractor.		For all awards: 1. DEDUCT Chimney Clean and Inspect amount if included on the estimate and the estimate is less than the line items. 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;
ADD a Home Repair PND line with Appeal Asst Type .	Repairing a portion of the chimney	1. ADD the foundation/masonry line items Chimney Remove (6853) and Chimney Replace (6855) for the applicable COD, with the LF measurement verified by the contractor.		
DO NOT use the Eligibility Calculator when processing FEMA Review or Actual Cost	Metal chimney liner – chimney replacement NOT necessary	1. ADD the foundation/masonry line items Chimney Remove (6853) and Chimney Replace (6855) for the applicable COD, with the LF		



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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.		measurement verified by the contractor.	2. UPDATE the Worksheet to EHR/EHRZ ; AND 3. ROUTE to FEMA Approval NON-DRM .
	Flashing and/or chimney cap	1. ADD the foundation/masonry line items Chimney Cap Replace (6857) line item (Item Qty), and the Flashing Replace (6353) line item for the applicable COD with the LF measurement verified by the contractor.	

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, **GENERATE** an **ADOC** and **CALL** the applicant. 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:



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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.

13. Replacement Requests for Items Previously Recorded as Repair



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- 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**:
 - a. **OBTAIN** the required information from the service/repair technician;
 - b. **ADD** a detailed **Contact** in NEMIS; AND
 - c. **CONTINUE** processing.
 2. If the call attempt is **UNSUCCESSFUL**:
 - a. **REVIEW** all other verification requirements and documents received;
 - b. **CALL** the applicant, **PROVIDE** details of information required from the service/repair technician, **RESOLVE** any outstanding questions; AND



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- c. **PROCESS** the PP as Ineligible Other Reason (IOR): **Ineligible Unavailable Type of Assistance**.
- 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



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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:
- i. **GENERATE** and **MAIL** the **Medical RFI** letter.
 - ii. **CALL** the applicant and **EXPLAIN** what documentation is needed. One call attempt is required.
- 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/TDY 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



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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 items(s) including installation or construction costs.
 - b. If the applicant's appeal is missing any of the verification requirements:
 - i. **GENERATE** and **MAIL** the appropriate **ADA Post-Disaster Real Property ADOC** letter.
 - ii. **CALL** the applicant and **EXPLAIN** what documentation is needed. Three call attempts are required.
 - c. If all required documentation is present:
 - i. **CALL** the contractor (3 attempts) that will be installing or constructing the ADA RP item to verify:
 1. What type of ADA RP item(s) is/are being installed?



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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,
- i. **CREATE** the **HA – PND** line, if one is not already present;
 - ii. **EMAIL** the [Housing Inspection Services - Task Monitors](#) (HIS) using the subject line **ADA PROCESSING – DISASTER-CAUSED NEED**.
 1. **INCLUDE** all specific items to be addressed in appeal request, the disaster number, registration number, ADA RP item(s) being requested, and details on the outcome of the contractor contact.
 - iii. **REQUEST** an appeal inspection to verify the damaged or lost accessibility and that the ADA items requested will properly fit the home.
 - iv. **ENSURE** the **Priority** is set as **No**. DO NOT update the inspection priority.
 - v. **ENTER** a **Comment** to request the inspector pay special attention to specific ADA RP item(s) being requested, and details on the outcome of the contractor contact i.e. measurements, location; AND
 - vi. **ROUTE** to **Send for Inspection**.
 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:



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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.

1. **GO** to the **Personal Property** processing screen;
2. **SELECT** the **Add** link on the **Personal Property Line Items** frame;
3. **SELECT APPLIANCE** for the **Category Type** field, **TEXT ENTRY** for the **Item Name** field; and **ENTER** the name of the item being paid in the **Other Desc** field as shown below.

Figure 1: Appliance Text Entry

- ii. To process Home Repair Assistance(Pre-disaster and Disaster-Caused):

1. **GO** to the **Home Repair** processing screen;
2. **SELECT** the **Add** link on the **Real Property Line Items** frame;
3. **SELECT GENERAL** for the **Item Category** field, **TEXT ENTRY** for the **Item** field; and **ENTER** the name of the item being paid in the **Other Desc** field as shown below.

Figure 2: Real Property Text Entry

- b. If an initial HA or PP award was processed for the ADA item reviewed on appeal, **USE** the **Misc Adj** link on the **Payment Calculator** frame to **DEDUCT** the previous ADA line item amount. **DO NOT** deduct **Service Call** line items unless it



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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:
 - a. For HA, **SELECT** only the non-ADA line items in the **Real Property Line Items** frame and **CLICK** the **Select Item** link;
 - b. For ONA, **SELECT** only the non-ADA line items in the **Personal Property Line Items** frame and **CLICK** the **Select Item** link; AND
 - c. On the **Confirmation** screen, **SELECT Split Workpacket** and **ROUTE to FEMA Approval NON-DRM.**
 2. Once the processing of non-ADA line items has been completed:
 - a. **SELECT** the RP/PP ADA items for payment;
 - b. **GENERATE** the **ADA Approval Letter**;
 - i. When generating the ADA **Super Letter**, **INSERT** the total dollar amount of assistance (combined HA + ONA amount) for the ADA line item(s) being processed for payment.
 1. To access the letter, **USE** the **Letter Wizard** and **SELECT**:
 - a. **Notification Letters**;
 - b. **MISC**; AND
 - c. For Pre-disaster **SELECT ADA Approval Letter**;
 - d. For disaster-caused **SELECT ADA Post-Disaster Approval Letter.**
 - c. **ADD** a **Comment**; AND
 - d. **ROUTE** the ADA award to **FEMA Approval NON-DRM.**



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- ii. If the HA or ONA [FVL](#) DOES exceed the financial HA or ONA maximum:
 1. **PROCESS** all non-ADA items for payment:
 - a. For HA, **SELECT** only the non-ADA line items in the **Real Property Line Items** frame and **CLICK** the **Select Item** link;
 - b. For ONA, **SELECT** only the non-ADA line items in the **Personal Property Line Items** frame and **CLICK** the **Select Item** link; AND
 - c. On the **Confirmation** screen, **SELECT Split Workpacket** and **ROUTE** to **FEMA Approval NON-DRM**.
 2. Once the processing of non-ADA line items has been completed:
 - a. **PLACE** the existing WP on **Hold – Program Review**; AND
 - b. **EMAIL** the applicant details to the IHP Helpdesk using the subject line “ADA PROCESSING - FINANCIAL MAX”. **INCLUDE** the disaster and registration number.
 - i. Only refer cases where the applicant’s RP/PP award is over the financial HA/ONA maximum and an ADA item within either category must be addressed.
 - ii. For example, if the applicant only reached the financial HA maximum,
 1. Refer the HA-ADA portion to the IHP Helpdesk; AND
 2. **PROCESS** ONA non-ADA and ADA items according to [Section III.C.13.i](#), above.
 - 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



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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. ONA ineligible decisions only have the ability to select one reason for denial. If more than one reason applies, **SELECT** the eligibility decision that best applies. **CALL** the applicant and **EXPLAIN** the multiple denial reasons, one call attempt is required. Refer to the specific ONA SOP for additional information.
 - b. HA ineligible decisions may get multiple initial reasons. **ADDRESS** the determinations associated to the previous decision and **REVIEW** for any other outstanding issues.
 - 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. **A-IID - Appeal - Ineligible Home is Safe to Occupy**
 - i. The damage caused by the disaster has NOT made the home unsafe to occupy (**HRR = No**).
- b. **A-INO - Appeal - Additional Repair Assistance**
 - i. The applicant has received the maximum amount of assistance available for the item;
 1. **GENERATE** the applicable **ASUPER** denial letter with the **Appeal - Additional Repair Assistance** insert.
- c. **A-IIDV - Appeal - Ineligible Failed Identity Verification**
 - i. The applicant's identity has NOT been verified and they have a status of **IDV_FAILED**.
- d. **A-INONV - Ineligible Occupancy Not Verified**
 - i. The applicant has NOT verified occupancy for the DD.



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e. A-IOWNV - Ineligible Ownership Not Verified

- i. The applicant has NOT verified ownership for the DD.

f. A-ISC - Ineligible Sanctioned Community

- i. The DD is in a SC.

g. A-ICBRA - Damaged Dwelling located in CBRA or OPA

- i. The DD is in a CBRS.

3. For every type of ineligible decision:

- a. **ADD** a **Comment** to describe the denial reason; AND
- b. **LIST** the documents, if any, which can be supplied to overturn the decision.
 - i. **GENERATE** the decision letter(s), as necessary; AND
 - ii. **ROUTE** to **FEMA Ineligible**.

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:

- a. **GENERATE** and **MAIL** an **Appeal Final (AAFIN)** letter;
- b. **DELETE** all **PND/IPND** lines for the **Category**;
- c. **ADD** a **Comment**; AND
- d. **ROUTE** to **FEMA Complete** or **FEMA Supervisor Review** as directed by Supervisor/POC.

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.



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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:
 - a. **ROUTE** the existing WP to the **State Manual Determination** queue.
 2. There are HA categories to address:
 - a. On the **Confirmation** screen, **SELECT** the appropriate **Routing** location for all HA categories;
 - b. **SELECT State Manual Determination** for all ONA categories; AND
 - c. **CLICK Submit**

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.

	Initial Decision	2 nd Decision - Asst Type Initial/Reconsideration for PP If:	Appeal Decision
HA	INS/INSFI	Initial INI/INFI or Initial EHR(Z)/EPP(Z)	A-INI/INFI or Initial/A-EHR(Z)/EPP(Z)
HA	INI/INFI (Manual)	_____	A-INI/INFI or Initial EHR(Z)/EPP(Z)
PP	INS	Reconsideration INI or EPP(Z)	A-INI or Reconsideration/Appeal EPP(Z) Reconsideration if first eligible payment, Appeal if second.
PP	INI (Manual)	_____	A-INI or Reconsideration/Appeal EPP(Z) Reconsideration if first eligible payment, Appeal if second.



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	Initial Decision	2 nd Decision - Asst Type Initial/Reconsideration for PP If:	Appeal Decision
Refer to the Insurance Processing for HA and Personal Property SOP for additional information to process Insurance related decisions.			
HA or PP	Initial IMI – Ineligible Missed Inspection*	Initial IMI or EHR(Z)/EPP(Z)	A-IMI or Initial /A-EHR(Z)/EPP(Z)
HA or PP	Initial - WVO Withdrawn*	Initial /Reconsideration WVO	A-WVO
HA or PP	Initial INCI No Contact Inspection*	Initial/Reconsideration INCI	A-INCI

Table 10 Exceptions to the Standard Initial Appeal

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:

- a. **CALL** the IHP Helpdesk **(b) (6)** or the applicable extension number) or **EMAIL** to the appropriate Supervisor or Point of Contact (POC).
- i. If after review by the IHP Helpdesk Specialist or Supervisor/POC it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:
 1. **SEND** a request for clarification to the appropriate team via the IHP Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov.)



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:

1. **DELETE** any **PND/IPND** lines;
2. **GENERATE** an **AAFIN** letter with the **Home Repair Category**;
3. **ADD** a **Comment**:
 - a. **Summary Line**: NPSC# HA APPEAL = INELIGIBLE
 - b. **Details**: Applicant submitted Doc # (**INCLUDE** ID#) requesting Home Repair Assistance. Per inspection report, DD is a secondary home and Home Repair Assistance is NOT available according to the [Home Repair Assistance](#) SOP.

Generated **AAFIN** for Home Repair.

Routed to Complete.

4. **ROUTE** to **FEMA Complete**.

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:

1. **DELETE** any **PND/IPND** lines;



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2. **GENERATE** and **MAIL** an **ADOC** letter with the **Missing Contractor Estimate** insert;
3. **CALL** the applicant and **EXPLAIN** the need for a new contractor estimate. One call attempt is required;
4. **ADD** a **Contact** and **Comment**; AND
5. **ROUTE** to **FEMA Complete**.

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:

1. **ADD** a **Home Repair, Appeal, PND/IPND** line.
2. **REQUEST** an appeal inspection according to inspection guidelines including specific information about all of the items the applicant identified, in this case, the plumbing and electrical systems.
3. **ENSURE** the **Priority** is set as **No**. DO NOT update the inspection priority.
4. **ADD** a **Comment**:
 - a. **Summary Line:** NPSC# HA APPEAL = INSPECTION REQUEST



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- b. **Details:** Applicant submitted [appeal letter](#) Doc # (**INCLUDE** ID#) requesting additional funds to repair plumbing and electrical items with a contractor's estimate.

A review of the initial inspection report indicates that plumbing and electrical items were NOT recorded as damaged or identified as **NCD**.

Please perform an appeal inspection with attention to plumbing and electrical items.

ROUTE to Send for Inspection.

- c. **SELECT No** in **Send to Inspector** dropdown.

5. **ROUTE** the WP to **Send for Inspection**.

Result: REQUEST an appeal inspection.

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:
 - i. COD to the plumbing and electrical items.
 - ii. That the damage was disaster-caused.
 - iii. If any part of the estimate in an upgrade.
 - b. If unable to verify, **GENERATE** and **MAIL** an **ADOC** following [Section C.2. Step 2](#).



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Process:

1. If the answers verify the damage was disaster-caused and NOT an upgrade, **ADD** a **Home Repair, Appeal, PND/IPND** line.
2. **REQUEST** an appeal inspection according to inspection guidelines with attention to the plumbing and electrical systems.
3. **ENSURE** the **Priority** is set as **No**. DO NOT update the inspection priority.
4. **ADD** a **Contact**:
 - a. **Summary Line**: NPSC# CALL TO CONTRACTOR
 - b. **Details**: Verified COD, the damage was disaster-caused, and the estimate is NOT for an upgrade.
5. **ADD** a **Comment**:
 - a. **Summary Line**: NPSC# HA APPEAL = INSPECTION REQUEST
 - b. **Details**: Applicant submitted [appeal letter](#) Doc # (**INCLUDE** ID#) requesting Additional funds to repair plumbing and electrical items and a contractor's estimate. A review of the inspection report indicated that plumbing and electrical items were listed as **NCD**.

Verified with contractor the COD, the damage was disaster-caused, and the estimate is NOT for an upgrade.
Please perform an appeal inspection with attention to plumbing and electrical items.

Routed to Send for Inspection.
 - c. **SELECT No** in **Send to Inspector** dropdown.
 - d. **ROUTE** the WP to **Send for Inspection**.

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.



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1. A contractor's estimate was included for repairs to the well.
2. The inspection included a line item for **Well Pressure Tank, Replace**.
3. The inspector commented that there was damage that was NOT caused by the disaster, NOT functioning prior to the disaster, or **NCD** but DID NOT include specific information for the well.
4. Since the **Comment** DID NOT include specific information, **CALL** the contractor (two attempts), and **VERIFY** the damage,
 - a. If unable to verify, **GENERATE** and **MAIL** an **ADOC** following [Section C.2. Step 2](#).
 - b. **VERIFY** with contractor the:
 - i. COD;
 - ii. That the damage was disaster-caused;
 - iii. If any part of the estimate in an upgrade; AND
 - iv. Are connections to public water available to the applicant?
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.

1. **ADD** a **Home Repair, Appeal, PND/IPND** line;
2. **ADD** the applicable RP text line item for the actual expense for the repair;
3. **UPDATE** the **Worksheet** to eligibility code **EHR**;
4. **DEDUCT** the line item amount for the **Well Pressure Tank, Replace** previously awarded using the **Misc Adj** link. 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;
5. **ADD** a **Contact**:



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- a. **Summary Line:** NPSC# CALL TO CONTRACTOR
- b. **Details:** Verified COD, the damage was disaster-caused, the estimate was NOT an upgrade and public water connections are NOT available.

6. **ADD a Comment:**

- a. **Summary Line:** NPSC# HA APPEAL = ELIGIBLE
- b. **Details:** Applicant submitted contractor estimate Doc # (**INCLUDE ID#**) requesting Additional funds to repair her water well. A review of the inspection report indicated that the water well pressure tank was recorded as replace.

Verified with contractor the COD, the damage was disaster-caused, the estimate was NOT an upgrade and public water connections are NOT available.
Processed EHR for difference in estimate and item previously awarded.

Route to Approval

7. **ROUTE** the WP to **FEMA Approval Non-DRM**.

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:

- 1. **GENERATE** an **ADOC** letter with **Ownership Not Proven** text;



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2. **CALL** the applicant and **EXPLAIN** the documents required to verify ownership. One call attempt is required.
3. **ADD a Contact:**
 - a. **Summary Line:** NPSC# COURTESY CALL – ADOC LETTER
 - b. **Details:** Explained the documentation requirements to prove ownership.
4. **ADD a Comment:**
 - a. **Summary Line:** NPSC# HA APPEAL = **ADOC** LETTER
 - b. **Details:** Applicant submitted Doc # (**INCLUDE ID#**) requesting Home Repair Assistance. Per inspection report, applicant could NOT prove ownership.

Generated **ADOC** for ownership documentation.

Route to Complete.
5. **ROUTE** the WP to **FEMA Complete**.

Result: Missing supporting documents for appeal, generated **ADOC**, and **ROUTE to Complete**.

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:

1. **CALL** the applicant to:
 - a. **DETERMINE** the reason for the late appeal request, AND
 - b. **INFORM** the applicant of any additional documentation needed to determine their eligibility, i.e., an estimate, proof of ownership/occupancy, etc.



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- c. One call attempt to all numbers is required. Refer to the [Outbound Calls and Third Party Verifications](#) SOP for additional information.
2. If the call is successful and a reason for the late appeal is given:
 - a. **PROCESS** the appeal.
 - b. **ADD** a **Contact** and **RECORD** the reason for the late appeal.
 - c. **ADD** a **Comment** to describe actions taken.
 - d. **ROUTE** as required.
3. If contact with the applicant is unsuccessful:
 - a. **DOCUMENT** the question(s) for the applicant in a **Comment**. The HL/JFO/DRC will use the questions to update information in the file regarding the applicant's late appeal request.
 - b. **GENERATE** and **MAIL** an **ADOC** with the **Reason for Late Appeal** insert.
 - c. **ADD** a **Contact**.
 - d. **ADD** a **Comment**: (Example based on unsuccessful courtesy call)
 - e. **Summary Line**: NPSC# HA APPEAL = **ADOC** FOR LATE APPEAL REASON
 - f. **Details**: Applicant submitted Doc # (**INCLUDE** ID#) requesting Home Repair Assistance 80 days after initial decision letter. Applicant DID NOT specify why the appeal request was late.

Courtesy call unsuccessful.

Generated **ADOC** for late appeal reason.

Routed to FEMA Complete.
4. **ROUTE** the WP to **FEMA Complete**.

Result: CALL the applicant to determine the reason for the late appeal. **PROCESS** if a reason is supplied and sent an **ADOC** if unable to obtain a reason.



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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:

1. **GENERATE** and **MAIL** an **ADOC** letter with **Missing Appeal Letter** insert;
2. **CALL** the applicant and **EXPLAIN** the appeal requirements. One call attempt to all numbers is required. For additional information, refer to the [Outbound Calls and Third Party Verifications](#) SOP for additional information.
3. **ADD** a **Contact**:
 - a. **Summary Line**: NPSC# COURTESY CALL – ADOC LETTER
 - b. **Details**: Explained the requirement for an [appeal letter](#). Refer to [Eligibility Verifications](#) for additional information.
4. **ADD** a **Comment**:
 - a. **Summary Line**: NPSC# HA APPEAL = ADOC LETTER
 - b. **Details**: Applicant submitted Doc# (**INCLUDE ID#**), an estimate from ABC Plumbing for water heater replacement. Appeal letter NOT submitted.

Generated **ADOC** with **Missing Appeal Letter** insert.

Routed to Complete.

5. **ROUTE** the WP to **FEMA Complete**.

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.



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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:

1. **DELETE** any **PND/IPND** lines;
2. **GENERATE** an **ADOC** with the **Separate Household** insert;
 - a. **Summary Line:** NPSC# HA APPEAL = ADOC REQUESTED
 - b. **Details:** Applicant submitted Doc# (**INCLUDE** ID#) requesting Rental Assistance. Per review, applicant is linked with HOH (**INCLUDE** HOH registration #).

Generated **ADOC** to request proof of separate household.

Route to Complete.
3. **CALL** the applicant and **EXPLAIN** the request for missing documents. One call attempt is required.
4. **Add a Contact.**
5. **ROUTE** to **FEMA Complete.**

Result: Appeal request did NOT include proof of **pre-disaster** financial responsibility. **GENERATE** and **MAIL** an **ADOC** with the **Separate Household** insert, and; **CALL** to **EXPLAIN** what is required on the letter.

Frequently Asked Questions:

1. **What if an applicant with an IIDV decision sends in Identity Verification documents without an appeal letter?**
 - a. An [appeal letter](#) is required. First, **VERIFY** that the documents are acceptable according to the [Identity Verification](#) SOP.



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- b. If the documents are acceptable, **GENERATE** and **MAIL** an **ADOC** with the **Missing Appeal Letter** insert, if NOT previously requested.
 - i. **CALL** the applicant to explain the missing information. One call attempt is required.
 - ii. If the documents are NOT acceptable, **GENERATE** and **MAIL** an **ADOC** with the **Missing Appeal Letter** and **Failed Identity Verification** inserts, and **CALL** the applicant to explain the missing information. One call attempt is required.
 - c. If an **ADOC** was previously generated for the missing information, **PROCESS** the appeal request as ineligible **A-IDV**. Refer to the [Identity Verification](#) SOP for additional information.
2. **What if the appeal DOES NOT include the applicant's signature?**
- a. **CALL** the applicant. One attempt is required;
 - b. **GENERATE** and **MAIL** an **ADOC** letter with the **Missing Appeal Letter** insert;
 - i. If the decision is ineligible and CANNOT be reversed, DO NOT send an **ADOC**. **PROCESS** the applicable ineligible decision without regard to the missing information.
 - c. Refer to the [Information Requests](#) section for creating an **ADOC**; AND
 - d. Refer to [Signature](#) below for information on what constitutes a valid 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.



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NOTE: See **Exception Processing Sequences** for **INS**, **INSFI**, **IMI**, **WVO**, **INCI**, and **FEMA Correction (FCOR)**.

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?**
- a. Yes, if the applicant provides a verbal or written statement explaining the reason for the late appeal submission.

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):

- a. Hospitalization, illness, disability, or death of the applicant or an immediate family member;
- b. Personal or business travel keeping the applicant out of the area for the full appeal period;
- c. Any circumstance that may have prevented an applicant from submitting an appeal in a timely manner. This may include inability to secure a contractor, additional clean-up work as a result of the disaster, or other justification that indicates a reason for the delayed request; OR
- d. Any unique disaster-specific circumstances confirmed by the Specialized Processing Unit (SPU) with the PMS Policy and Doctrine Unit (PDU), JFO, and/or Region.

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?**
- a. Refer to the [Congressional Inquiries](#) SOP for additional information.



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7. **When HRR = NO, can I process Rental Assistance without an appeal inspection if the LL confirms the home is damaged but DOES NOT state the applicant has to move out?**

No, the LL would have to indicate the applicant has to relocate (move) as a result of the disaster, NOT just that the unit is damaged.

- a. **CALL** the LL to **VERIFY** if the applicant has to relocate while repairs are being made and the duration of the relocation.

i. Refer to the [Rental Assistance](#) SOP for additional processing details.

8. **How do I process the applicant's request? The inspection for a renter indicates HRR = NO, IID, and contains an inspector Comment that repairs have been made. The applicant and their LL state the applicant must relocate.**

- a. **MAKE** all possible attempts to verify with the LL that the applicant is required to move due to disaster-caused damage that may NOT have been identified at the time of inspection.

i. Refer to the [Rental Assistance](#) SOP for additional processing details.

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?**

- a. Refer to the [Home Repair Assistance](#) SOP for specific information to verify if the item is the applicant's responsibility and NOT covered by any insurance policy.

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?**

- a. Once an appeal inspection has been issued, **USE** the **Appeal** type of inspection for future inspection requests.

11. **I have to send an ADOC. Other than creating the letter with the correct insert, what is required?**

- a. DO NOT set a **Timer** for an ADOC.
- b. **SELECT** the **Send letter to mail queue** option.
- c. **ROUTE** the WP to **FEMA Complete**.



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- d. **CALL** the applicant and **EXPLAIN** exactly what is needed in order to process them for assistance.
 - i. If the applicant **DOES NOT** respond to the **ADOC**, NO further action is required on the appeal request.

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?

- a. **REQUEST** an appeal inspection for the appliance. Refer to the [Inspection Requests and Comparison](#) SOP for additional information.

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

The inspection determination for clothing is based on whether or NOT the damage has caused a clothing need for the household dependent.

- a. They are NOT eligible. Stored clothing is NOT eligible for assistance unless Disaster Specific Operating Procedures exist.
- b. Clothing will NOT to be recorded unless the clothing is destroyed, physically gone, e.g. blown away, or contaminated by chemicals, sewer backup, etc.
- c. It is expected that clothing soaked by wind-driven-rain, seepage, or flood waters will be cleaned by the applicant. Cleaning costs are NOT eligible for assistance.

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?

- a. The inspector determines the need for uniforms in the same manner as standard clothing. It is only recorded if the uniforms CANNOT be cleaned using standard methods such as a washing machine or dry cleaner.
- b. If the inspection report DOES NOT indicate uniform loss, the applicant will be considered Ineligible.

15. How do I process an appeal for RP/PP when the applicant has some type of insurance?

- a. **REVIEW** the COD for each of the line items.
 - i. Flood damages may have already been paid if there is NO flood insurance policy listed.



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- ii. If a single line item on the inspection report is categorized as **Insured**:
 - 1. A copy of the insurance settlement or denial for the existing insurance policy is required (or confirmed with the insurance company verbally) before processing. If a HOI policy denial for water, surface water and/or flood damage is on file, a settlement or denial (or verbal confirmation with the insurance company) for the perils that a HOI generally covers must be in the file for any items with the corresponding HOI covered COD.
- iii. If the information is NOT in the file:
- b. **PROCESS** the insurance related denial and **GENERATE** the denial letter.
 - i. Refer to the [Insurance Processing for HA and Personal Property](#) SOP for additional information.
- 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.?**
 - a. **REVIEW** the appeal request to determine if verifiable supporting documentation was submitted to show the item was fully paid-off at the time of the disaster.
 - i. Applicant's may potentially be eligible if the personal property item was fully paid-off at the time of the disaster.
 - ii. If the information is available, **PROCESS** the request and **PROVIDE** the appropriate eligibility determination.
 - iii. If the information is NOT available, **GENERATE** an **ADOC** to request documentation confirming the personal property item was fully paid-off prior to the disaster.
 - iv. Refer to the [Personal Property Assistance](#) SOP for additional information.
- 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?**
 - a. **REVIEW** the file to determine if there are any potential eligible items.
 - b. If there are additional **Uninsurable** or **Not Insured** items after making an inspection comparison, **PROCESS** the eligible assistance.



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- c. If there are NO additional **Uninsurable** or **Not Insured** items, **PROCESS** a denial for the remaining **Insured** items.
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?
- a. **PROCESS** as **A-INI** and **GENERATE** the **INI** letter with the **Missing Insurance Settlement or Denial Letter** insert.
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?
- a. Yes, an insurance settlement or denial letter that includes a date of loss within the disaster incident period must be submitted or verbally verified with the insurance company.
20. What are the requirements when calling a third-party, e.g. contractor; to verify information?
- a. **CALL** all numbers listed on the submitted documentation. If a number is NOT listed, you may search for a valid number on the internet. Two call attempts are required.
 - b. First attempt:
 - i. If the attempt is successful, **ASK** all necessary questions pertaining to the submitted documentation.
 - 1. **ENTER** a **Contact**; AND
 - 2. **PROCESS** the appeal request accordingly.
 - ii. If the attempt is NOT successful, **LEAVE** a message, if possible.
 - 1. **ENTER** a **Contact** that includes the numbers dialed and the questions for Helpline to ask if the third-party calls back; AND
 - 2. **PLACE** the WP on **Hold** in your name.
 - c. Second attempt (NO less than 24 hours after the first and both attempts CANNOT be on a weekend):



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- i. If the attempt is successful, **ASK** all necessary questions pertaining to the submitted documentation.
 1. **ENTER** a **Contact**; AND
 2. **PROCESS** the appeal request accordingly.
 - ii. If the attempt is NOT successful, **LEAVE** a message, if possible.
 1. **ENTER** a **Contact** that includes the numbers dialed and the questions for Helpline to ask if the third-party calls back;
 2. **GENERATE** an **ADOC**, if one has NOT been requested for the same reason previously. **CALL** the applicant to explain the missing information. One call attempt is required; AND
 - a. If an **ADOC** was previously generated, **PROCESS** the appeal request accordingly.
 3. **ROUTE** the WP to the appropriate location.
21. **Is the applicant required to submit estimates/receipts from a licensed contractor?**
- a. No, FEMA DOES NOT require estimates/receipts to be from a licensed contractor. They only need to be verifiable.
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?**
- a. Every property that has been remapped from a zone **A**, **V**, or **W** to a zone **O** will require a manual review to determine if the Special Flood Hazard Area (SFHA) designation for the property has been changed.
 - i. Applicants are required to maintain flood insurance on the property until the SFHA review is complete.
 - ii. If a disaster occurs before the review is complete, the applicant will still have a NFIRA requirement, even if the file indicates the property is in a zone **O**.
 - b. **EMAIL** the [FEMA-IHP-Flood-Mapping-Team](#) and **REQUEST** they coordinate with Program Management Section to have the NFIRA requirement removed.
 - c. **INCLUDE** in the email:
 - i. Disaster and registration numbers; AND



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- ii. Reason for the request to have the requirement removed.

23. How do you process an appeal to increase an RP line item (excluding furnace, well, or septic items) from repairable to replace?

- a. If the line item is listed as repairable on the initial inspection, but the applicant submits a verifiable estimate/receipt to replace the item, **CALL** the contractor to confirm the need for replacement. Once confirmed, **PROCESS** the payment; **AND**
- b. **DEDUCT** the previous repair assistance for the item. 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. The replacement award CANNOT exceed the line item replacement cost, however if the replacement cost on the estimate or receipt is less than the line item for replacement, the total award for the item CANNOT exceed the amount on the estimate/receipt.

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.
 - 3. **Real Property** frame:
 - a. **ADD** the Water Heater replacement line item with applicable COD.
 - 4. **SELECT** for payment
 - a. **Make** adjustments in the **Payment Calculator** frame:
 - 5. **DEDUCT** \$250: The initial water heater award (\$200) and the difference between the line item pricing and the eligible total (\$50)
 - 6. Total eligible appeal of \$450 for water heater.



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NOTE: This process is the same for PP items that are initially identified as repair and confirmed as requiring replacement. An inspection is necessary if the item was NOT identified during an inspection as affected by the disaster in any way in order to verify the loss or to verify habitability repairs are required. (for RP items only). Refer to the Personal Property Assistance SOP for approved RP/PP line items to process from **Repair to Replacement** for the list of approved RP/PP items.

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?
- a. If the dehumidifier was part of the **pre-disaster** furnace, **INCLUDE** the costs as part of the furnace award (not separated).
 - b. This is NOT considered an upgrade.
25. What are the processing procedures if there are changes in quantities of costly line item(s), e.g. furnace, water heater, boiler, etc.?
- a. DO NOT reissue for inspection.
 - b. **EMAIL** the [FEMA-IHPHelpdesk](#) with all pertinent information:
 - i. Disaster and registration numbers; AND
 - ii. Issue to be addressed.
 - c. After review by designated Program Specialist, the issue will be forwarded to: [FEMA-VA-NPSC-Task-Monitors](#).
 - d. **ADD** a **Comment**. **STATE** only that the case is on **Hold – Program Review**.
 - e. **PLACE** case on **Hold – Program Review** until a response is provided by HIS.
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?
- a. **CALL** the applicant to determine if the applicant is now available for the inspection. One call attempt is required.
 - b. If the applicant is available, **ADD** a **Contact** and **REISSUE** the appeal inspection.



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- c. If the applicant is NOT available or the call attempt was unsuccessful, **ADD** a **Contact** and **PROCESS** the applicable denial reason.
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?**
- a. **CALL** the applicant and **CONFIRM** the applicant's intent to withdraw. One call attempt is required.
 - i. If the applicant confirms the withdrawal, **ADD** a **Contact** and **PROCESS** the **WVOWVOA** decision.
 - ii. If the applicant is NOT available or the call attempt was unsuccessful, **ADD** a **Contact** and **PROCESS** the applicable denial reason, e.g. **INO – Additional Repair Assistance**.
 - iii. If the applicant DOES NOT wish to withdraw, **REQUEST** a **Withdrawn** inspection if a **Withdrawn** inspection was NOT previously issued.
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).**
- a. **REVIEW** each line item to determine if it is located in the same area of the home, e.g. basement.
 - i. If yes, DO NOT process the item again. **JUSTIFY** your reason for NOT awarding the line item in your **Comment**.
 - ii. If no, **PROCESS** accordingly.
29. **If an applicant submits multiple invoices for pump out, can they all be paid?**
- a. If otherwise eligible for Home Repair Assistance and the inspector recorded at least one pump out, **PROCESS** the additional pump outs as documented on the invoices provided the date of service on the invoice is on or after the start date of the incident period for the disaster. Payments are limited to the line item cost for pump out or the invoice cost, whichever is less.
30. **How do I process an appeal for a sump pump?**
- a. If an applicant submits documentation related to sump pump expenses (NOT included on inspection) and the documentation:



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- i. Confirms that the sump pump is a new addition to the home (such as installed to protect furnace from future flooding), deny with the **INO - Additional Repair Assistance** under HA.
 - ii. DOES NOT confirm the sump pump is a replacement (whether it includes installation costs or not), **CALL** the applicant or contractor to confirm the requirement of the sump pump. If you confirm that it is a replacement, **REQUEST** an appeal inspection. Refer to the [Inspection Requests and Comparison](#) SOP for additional information.
- 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.

Reason Purchased	And HRR=	And Pump Out Line Item	Then
Have on hand for future flooding	N/A	N/A	It is a mitigation item and denied under HA.
Pump water out of the home due to the disaster	Yes	Is Listed	PROCESS the additional pump out if the receipt is dated after the inspection and on or after the incident period start date. Otherwise, it is ineligible.
	Yes	Is NOT Listed	REQUEST an appeal inspection. ENSURE the Priority is set as No . DO NOT update the inspection priority. In the Comment , SPECIFY when the portable pump was purchased and the dates on which the applicant claims to have used it to pump water from the home. Refer to the Inspection Requests and Comparison SOP for additional information.
	No	N/A	If the appeal issue is for this item alone, PROCESS the applicable denial. If there are additional appeal items to address, FOLLOW standard guidelines to determine if an appeal inspection is warranted. If so, in the inspection request, SPECIFY the dates the pump was purchased and the dates the applicant claims to have used it to pump water from the home.

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?

- a. **USE** the **RFI**, **First** and/or **Second Request**. DO NOT set a **Timer**;



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- b. **DELETE** all **PND/IPND** lines; AND
 - c. **CALL** the applicant and **EXPLAIN** what documentation is needed. One call attempt is required.
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?**
- a. Yes, if the document clearly states the applicant or household occupant has a medical requirement for the appliance/equipment for a life-sustaining purpose. For disasters occurred after the date on the document, **CALL** the applicant to determine if the appliance/equipment is still required. One call attempt is required.
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?**
- a. No, a call is NOT required when the ONLY items listed are NOT eligible under the IHP.
34. **If an applicant has already appealed once, can they appeal again?**
- a. An applicant may appeal as many times as they want, as long as, they submit new information or are appealing for a different reason/item. Refer to [Scenario 2](#) for information related to appeals submitted with the same documents previously submitted.
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.



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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.



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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



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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



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SFHA	Special Flood Hazard Area
SPU	Specialized Processing Unit
STT	State, territorial, or tribal government
WP	Workpacket
WVO	Withdrawn – Applicant Withdrew Voluntarily



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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](#)



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- [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):

- a. On the **Real Property Line Items** frame, **CLICK Eligibility Calculator**.
 - i. On the **Eligibility Calculator History** window, **CLICK Add**;
 - ii. On the **Inspection and Insurance Comparison** frame, **SELECT** each inspection that requires comparison.
 1. For each inspection, **CLICK Select** under the **Insurance Compare** column.
 - a. On the **Select Insurance** window, **SELECT** the appropriate insurance line; AND
 - b. **CLICK Save**.
 - iii. On the **Eligibility Summary** frame, **CLICK Calculate**.
 - 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**.

2. Observed Amount GREATER than the HA Quantity Amount (Same COD):



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- a. On the **Real Property Line Items** frame, **CLICK Eligibility Calculator**.
 - i. On the **Eligibility Calculator History** window, **CLICK Add**;
 - ii. On the **Inspection and Insurance Comparison** frame, **SELECT** each inspection that requires comparison;
 1. For each inspection, **CLICK Select** under the **Insurance Compare** column.
 - a. On the **Select Insurance** window, **SELECT** the appropriate insurance line; AND
 - b. **CLICK Save**.
 - iii. On the **Eligibility Summary** frame, **CLICK Calculate**;
 1. **USE** your desktop calculator to determine the **Overpayment** or **Underpayment** amount by deducting the **Eligible Amount** from the **Observed Amount** for each inspection.
 2. **CLICK** the **Adjustment** link for each inspection and **ENTER** the amount you calculated.
 - a. If entering an adjustment for an **Underpayment**, **ENTER** a negative (-) symbol in front of each entry in the **Adjustment** link.
 - b. If entering an adjustment for an **Overpayment**, a negative (-) symbol is NOT required.
 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**.

3. More than one COD Recorded (e.g. Wind changed to Flood):



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When more than one COD is recorded between inspections, an adjustment will be required when using the **RP Eligibility Calculator**.

- a. On the **Real Property Line Items** frame, **CLICK Eligibility Calculator**.
 - i. On the **Eligibility Calculator History** window, **CLICK Add**;
 - ii. On the **Inspection and Insurance Comparison** frame, **SELECT** each inspection that requires comparison;
 1. For each inspection, **CLICK Select** under the **Insurance Compare** column.
 - a. On the **Select Insurance** window, **SELECT** the appropriate insurance line; AND
 - b. **CLICK Save**.
 - iii. On the **Eligibility Summary** frame, **CLICK Calculate**;
 1. For both inspections:
 - a. If the **Observed Amount** is greater than the **Eligible Amount**, **USE** your desktop calculator to determine the **Overpayment** or **Underpayment** amount by deducting the **Eligible Amount** from the **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 **Eligible Amount** for the COD that has changed.
 3. **CLICK Calculate**.
 4. **CLICK Save**.



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- 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**.

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**.

- a. On the **Real Property Line Items** frame, **CLICK Eligibility Calculator**.
 - i. On the **Eligibility Calculator History** window, **CLICK Add**;
 - ii. On the **Inspection and Insurance Comparison** frame, **SELECT** each inspection that requires comparison;
 - 1. For each inspection, **CLICK Select** under the **Insurance Compare** column.
 - a. On the **Select Insurance** window, **SELECT** the appropriate insurance line; AND
 - b. **CLICK Save**.
 - iii. On the **Eligibility Summary** frame, **CLICK Calculate**;
 - 1. For the initial inspection:
 - a. If the **Observed Amount** is greater than the **Eligible Amount**, **USE** your desktop calculator to determine the **Overpayment** or **Underpayment** amount by deducting the **Eligible Amount** from the **Observed Amount** for each inspection; AND
 - b. **CLICK** the **Adjustment** link on each inspection and **ENTER** the amount you calculated for that inspection.



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- 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 the entry in the **Adjustment** link.
 - iv. **CLICK Calculate**.
 - v. **CLICK Save**.
 - vi. **REVIEW** the **Final Pending Eligible Amount** to ensure it is correct;
 - vii. **ENSURE** the **Do Not Add to Calculator** box is NOT checked;
 - viii. **ENTER** a **Comment** in the **Notes** field to explain your calculations;
 - ix. **CLICK Save**; AND
 - x. **CLICK Close**.

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):

- a. On the **Personal Property Line Items** frame, **CLICK Eligibility Calculator**.
 - i. On the **Eligibility Calculator History** window, **CLICK Add**;



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- ii. On the **Inspection and Insurance Comparison** frame, **SELECT** each inspection that requires comparison.
 1. For each inspection, **CLICK Select** under the **Insurance Compare** column.
 - a. On the **Select Insurance** window, **SELECT** the appropriate insurance line; AND
 - b. **CLICK Save**.
- iii. On the **Eligibility Summary** frame, **CLICK Calculate**.
- 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**.

2. Observed Amount GREATER Than Quantity Amount (Same COD):
--

- a. On the **Personal Property Line Items** frame, **CLICK Eligibility Calculator**.
 - i. On the **Eligibility Calculator History** window, **CLICK Add**;
 - ii. On the **Inspection and Insurance Comparison** frame, **SELECT** each inspection that requires comparison;
 1. For each inspection, **CLICK Select** under the **Insurance Compare** column.
 - a. On the **Select Insurance** window, **SELECT** the appropriate insurance line; AND
 - b. **CLICK Save**.
 - iii. On the **Eligibility Summary** frame, **CLICK Calculate**;
 1. **USE** your desktop calculator to determine the **Overpayment** or **Underpayment** amount by deducting the **Eligible Amount** from the **Observed Amount** for each inspection.



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- a. The **Eligible Amount** is the amount that was paid to the applicant from the previous inspection(s).
- b. If the **Eligible Amount** has NOT been paid, it can be determined by adding the **Quantity** amount for each eligible line item.
2. **CLICK** the **Adjustment** link for each inspection and **ENTER** the difference amount you calculated.
 - a. If entering an adjustment for an **Underpayment**, **ENTER** a negative (-) symbol in front of each entry in the **Adjustment** link.
 - b. If entering an adjustment for an **Overpayment**, a negative (-) symbol is NOT required.
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**.

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**.

- a. On the **Personal Property Line Items** frame, **CLICK Eligibility Calculator**.
 - i. On the **Eligibility Calculator History** window, **CLICK Add**;
 - ii. On the **Inspection and Insurance Comparison** frame, **SELECT** each inspection that requires comparison;
 1. For each inspection, **CLICK Select** under the **Insurance Compare** column.



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- a. On the **Select Insurance** window, **SELECT** the appropriate insurance line; AND
- b. **CLICK Save.**
- iii. On the **Eligibility Summary** frame, **CLICK Calculate**;
 1. For both inspections:
 - a. If the **Observed Amount** is greater than the **Eligible Amount**, **USE** your desktop calculator to determine the **Overpayment** or **Underpayment** amount by deducting the **Eligible Amount** from the **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 **Eligible Amount** for the COD that has changed.
 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.**

4. ADA Items Included in Inspection:



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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**.
 - i. On the **Eligibility Calculator History** window, **CLICK Add**;
 - ii. On the **Inspection and Insurance Comparison** frame, **SELECT** each inspection that requires comparison;
 1. For each inspection, **CLICK Select** under the **Insurance Compare** column.
 - a. On the **Select Insurance** window, **SELECT** the appropriate insurance line; AND
 - b. **CLICK Save**.
 - iii. On the **Eligibility Summary** frame, **CLICK Calculate**;
 1. For the initial inspection:
 - a. If the **Observed Amount** is greater than the **Eligible Amount**, **USE** your desktop calculator to determine the **Overpayment** or **Underpayment** amount by deducting the **Eligible Amount** from the **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 the entry in the **Adjustment** link.
 3. **CLICK Calculate**.
 4. **CLICK Save**.



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- 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**.



Approval Queue Errors
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APPROVAL QUEUE ERRORS

I. Overview	<ul style="list-style-type: none"> ■ Purpose <p>***This can be referenced by all staff (JFO, DRC, DSA, Helpline)***</p>	2
II. Important Information	<p>***ALL processing employees must read this section***</p> <ul style="list-style-type: none"> ■ Prior to Processing ■ Additional Information 	3 3
III. Process	<ul style="list-style-type: none"> A. Eligibility Verifications B. Under Review and Risk Codes C. Non-Registration (NONREG) Status D. Processing Eligible Assistance E. Exceptions 	4 4 6 7 18
IV. Examples and FAQs	<ul style="list-style-type: none"> ■ Applicant with flood insurance and approval decision = EHRZ 	19
V. Definitions and Acronyms	<ul style="list-style-type: none"> ■ Definitions ■ Acronyms 	20 20
VI. Related Guidance	<ul style="list-style-type: none"> ■ Links to Related Guidance 	23



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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.



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II. IMPORTANT INFORMATION

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



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**.



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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:



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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
 - i. **HRP_IDD**;
 - ii. **BANK_VRFN**;
 - iii. **BANK_VRFN_CD**;
 - iv. **BANK_VRFN_CD_HR**; OR
 - v. **EMU_TMR_CD_HR**.
 - b. If two of the following Low Risk codes are present:
 - i. **LTT_NDNCA**;
 - ii. **EMU_TMR**;
 - iii. **EMU_TMR_CD**; OR
 - iv. **MDD_TMR**.
 - c. **REVIEW** the **Info Control** screen to see if **Risk Status Cleared** is set as **Verified**.
 - i. If yes, **CONTINUE** to [section III.C](#).
 - ii. If no, **CONTINUE** to [step d](#).
 - d. **REVIEW** the **Communication** screen or **Event History** for a **Comment** that says **PMS REVIEW = OK TO PROCESS**.
 - i. If the **Comment** is in the file, **CONTINUE** to [section III.C](#).



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- ii. If the **Comment** is NOT in the file; **EMAIL** the [IHP Helpdesk](#). The email **must** include:
 1. **Disaster number**;
 2. **Registration number**;
 3. **Applicants name**; **AND**
 4. **List of all codes found in file**.
- iii. **ENTER a Comment**.
 1. **Summary**: SPU – HOLD PROGRAM REVIEW
 2. **Detail**: Email sent to IHP Helpdesk for High Risk/Low Risk code review.
- 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.

1. **REVIEW** the **Registrant Info** screen for the following:
 - a. **CHECK** the **General** frame to ensure the **Loss Date** is within the incident period and the **Applied Date** is prior to the filing deadline;
 - b. **CHECK** the **Damaged Address** frame to ensure the **County** and **Designated Place** are included in the disaster declaration;
 - c. **CHECK** the **Residence** frame to ensure the **Primary** status is set to **Yes (Primary)**; **AND**
 - d. **CHECK** the **Cause of Damage** frame to ensure the COD's are included in the disaster declaration.
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:
 - a. **ENTER a Comment** for the Caseworker to complete a call to the applicant to confirm the incorrect information and **Return to Sender**.



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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:

- a. The update may include a need for additional information, an award adjustment, or updating a decision from eligible to ineligible.
- b. If necessary, **ROUTE** the Workpacket (WP) to **FEMA Supervisor Review - Failed Batch Approvals** for corrections; AND
- c. **UPDATE/CORRECT** the required field(s);
 - i. **ADD a Comment**; AND
 - ii. **ROUTE** the WP to the designated queue as instructed by Supervisor/Point of Contact (POC), Preshift, or other authorized source.

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**:

- a. The case was routed to **FEMA Approval NON-DRM**, but rejected because the **Duplicate** or **Linked Status** was NOT resolved.
- b. **CLEAR** the **Duplicate** or **Link Status**;
 - i. **DOUBLE-CLICK** the unresolved **Duplicate** or **Link Status** box; AND
 - ii. **SELECT Not Duplicate per DOB Review** to clear a duplicate status and/or **Not Linked** to clear a link status.
- c. **ADD a Comment**; AND
- d. **ROUTE** to **FEMA Approval NON-DRM**.



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3. Requires Fulsome Letter: IOR - Ineligible Other Reason custom text has NOT been added:

- a. If an eligible award is connected to a WP with an **IOR** decision without the custom text selection, the award will be rejected during **Approval**.
- b. To correct this type of error:
 - i. **USE** the **Letter Wizard** to generate the custom letter.
 1. The approved standard text insert **must** be used for all manual text entries. Refer to the [Codes, Verifications, Request Letters, and Assistance Types](#) SOP for the approved inserts.
 2. **SELECT** the **Communication** screen;
 3. **SELECT Add** in the **Outgoing Correspondence** frame;
 - a. **SELECT HA** for the **Program Code**;
 - b. **SELECT Eligibility Decision** under **Available Letters**.
 - i. **SELECT Eligibility Decision** again, then **CLICK Next**.
 4. **SELECT** the appropriate decision and **CLICK Next**;
 5. **PASTE** the insert into the **Custom Text** entry screen;
 6. **CLICK Finish**;
 7. **ADD** a **Comment**; AND
 8. **ROUTE** to **FEMA Approval NON-DRM**.

4. Requires Fulsome Letter: INI - Ineligible Insurance, INFI - Has Flood Insurance, and INO - Ineligible Other decisions require a fulsome text selection:

- a. If an eligible award is connected to a WP with an **INI**, **INFI**, or **INO** decision without the fulsome text selection, the award will be rejected during **Approval**.
- b. To correct this type of error:
 - i. **USE** the **Letter Wizard** to generate the fulsome letter.
 1. **SELECT** the **Communication** screen;



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2. **SELECT Add** in the **Outgoing Correspondence** frame;
 - a. **SELECT HA** for the **Program Code**.
 - b. **SELECT Eligibility Decision** under **Available Letters**.
 - i. **SELECT Eligibility Decision** again, then **CLICK Next**.
 3. **SELECT** the appropriate decision and **CLICK Finish**;
 4. **SELECT** the appropriate fulsome decision and **CLICK Next**;
 5. **ADD a Comment**; AND
 6. **ROUTE to FEMA Approval NON-DRM**.
5. **Assistance Type: Appeal** included in the WP with other **Assistance Types**, e.g. **Initial, Reconsideration, or FEMA Review**:
- a. If a decision with **Assistance Type: Appeal** and a decision with **Assistance Type: Initial, Reconsideration, or FEMA Review** are associated with the same WP, it will be rejected during **Approval**.
 - b. The **Assistance Type** selected determines the type of ineligible letter to be used:
 - i. **Initial, FEMA Review, and Reconsideration** decisions **must** use the **Initial Super Letter**; AND
 - ii. **Appeal** decisions **must** use the **Appeal Super Letter**.
 - c. To correct this type of error:
 - i. On the **Confirmation** screen, **SELECT** the appropriate **Routing** location for all **Initial, Reconsideration, and FEMA Review** decisions;
 - ii. **SELECT** the **Split Workpacket** checkbox;
 - iii. **CLICK Submit**;
 - iv. **SELECT** the appropriate **Routing** location for all **Appeal** decisions;
 - v. **ENTER a Comment**; AND
 - vi. **CLICK Submit**.



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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:
 - i. **ROUTE** the WP to **FEMA Supervisor Review - Failed Batch Approvals**;
 - ii. **ADJUST** the amount for the assistance being processed; AND
 - iii. **ROUTE** to **FEMA Approval NON-DRM**.
- d. If the eligibility is related to flood damages and payment of **Group Flood Insurance Policy (GFIP)**, **REVIEW** for the following errors:
 - i. It is important to remember that the \$2,400 GFIP award **must** be counted toward the financial ONA maximum when processing assistance in flood zones **A, V, or W**.
 - 1. When making an overmax deduction for an ONA award, **ENSURE** an additional \$2,400 has been deducted to compensate for the GFIP award.
 - ii. Renters have six months from the date of the **Eligible Personal Property Special Flood Zone (EPPZ)** letter to notify FEMA of their decision to return to the disaster-damaged residence address and to request a GFIP. The \$2,400 will be withheld pending their decision. However, a policy will NOT be purchased until the applicant notifies FEMA within six months. Refer to [GFIP Eligibility](#) SOP for additional information.

7. Assistance routed to FEMA Approval NON-DRM with an Unverified Requirements description:

- a. Prior to routing an eligible decision to **FEMA Approval NON-DRM**, all verification requirements associated with the **Assistance** line, e.g. **ER – Eligible Rental**;



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must be set as **Verified** on the **Info Control** screen. If the requirements are **NOT Verified**, the payment will be rejected.

- b. To correct this type of error:
 - i. On the **Info Control** screen, **SELECT** the affected **Category** in the **Verification Requirements** frame;
 - ii. **HIGHLIGHT** any requirement that is **NOT** set as **Verified** and **CLICK** the **Decision** link;
 - iii. **SELECT** the appropriate substantiation in the **Associate** frame;
 - iv. **UPDATE** the **Verification Status** to **Verified** in the **Verification Requirements** frame;
 - v. **SELECT** all appropriate categories in the **Assistance Affected By Verification Requirement** frame;
 - vi. **CLICK Save**;
 - vii. **ADD** a **Comment**; AND
 - viii. **ROUTE** to **FEMA Approval NON-DRM**.

8. Flood Insurance box NOT checked:

- a. If the applicant meets the requirements for FEMA to purchase a GFIP policy, the **Flood Insurance** box **must** be selected when they receive a National Flood Insurance Reform Act (NFIRA) requirement due to being awarded Home Repair Assistance (**EHRZ**), Home Replacement Assistance (**ERPLZ**), or Personal Property Assistance (**EPPZ**).
 - i. If the **Flood Insurance** box is **NOT** checked, **ENSURE** you check the box prior to routing.
 - 1. If the applicant already has a flood insurance policy, the **Flood Insurance** box should **NOT** be checked.
- b. To correct this type of error:
 - i. **MANUALLY** approve the assistance by updating the **Approved** box from **No** to **Yes**. This will allow payment to go through without the box being checked.



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9. Assistance routed with a pending (**PND**) eligibility code or ONA assistance category marked for deletion attached to the WP:

- a. If a pending (**PND**) eligibility code was NOT addressed prior to being routed to **FEMA Approval NON-DRM**, the payment will be rejected.
- b. If an ONA category is marked for deletion, it will be identified by a red X on the **Assistance** screen. This is caused when a Small Business Administration (SBA) non-ONA referral status, e.g. **HAPP**; is added to NEMIS after the applicant already received assistance for an SBA dependent ONA category.
- c. To correct these types of errors:
 - i. **REVIEW** the **Needs/To Do** screen to determine which decisions are attached to the WP;
 - ii. **IDENTIFY** the **PND** assistance or ONA category that needs to be separated from the eligible decision;
 - iii. **ADD** a **Comment**;
 - iv. **ROUTE** all approved eligibility decision(s) to **FEMA Approval NON-DRM**;
 - v. **ROUTE** all ONA categories marked for deletion to **FEMA Complete**; AND
 - vi. **ROUTE** all **PND** assistance to the designated queue as instructed by Supervisor/POC, Preshift, or other authorized source.

10. Insured items paid without entering an insurance settlement or denial letter description:

- a. If **Insured** items are paid without an insurance settlement or denial being entered on the **Insurance Substantiation/Settlement** frame, the payment will be rejected during the **Approval** process;
- b. To correct this type of error:
 - i. **ADD** the insurance settlement or denial information to the **Insurance Substantiation/Settlement** frame any time insured items are being paid;
 - ii. **UPDATE** flood-damaged real property line items from **Insured** to **Not Insured**, when paying **EHRZ** flood damages in flood zone **A, V or W**;
 - iii. **UPDATE** flood-damaged PP line items from **Insured Yes** to **Insured No** when paying **EPPZ** flood damages in flood zone **A, V, or W**;



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iv. **ADD a Comment**; AND

v. **ROUTE to FEMA Approval NON-DRM.**

11. Lodging Expense Reimbursement (LER) over \$120 per day:

- a. If an LER payment exceeds the NEMIS limit of \$120 per day, it CANNOT be approved as part of a batch.
- b. To correct this type of error:
 - i. **REVIEW** the LER payment and submitted receipts to ensure the correct daily amount was awarded.
 1. If an error is identified, **ROUTE** the WP to **FEMA Supervisor Review - Failed Batch Approvals**;
 2. **ADJUST** the payment amount and/or eligible time period; AND
 3. **ROUTE to FEMA Approval NON-DRM.**
 - ii. If the LER payment amount is correct, **MANUALLY** approve the WP.
 1. **CLICK View** to verify the case;
 2. **CLICK Approve** to override the business rules and approve the case for payment;
 3. **ADD a Comment**; AND
 4. **ROUTE to FEMA Approval NON-DRM.**

NOTE: There is NO dollar limit in the award amount for LER reimbursement. However, it is limited by the date Rental Assistance (RA) is approved on the applicant's behalf. Refer to the Lodging Expense Reimbursement SOP for further information.

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:



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b. To correct this type of error:

- i. On the **Assistance** screen, **CLICK** the **Finance** link and **HIGHLIGHT** each payment with an **Active Recoup Status** on the **Elig Decisions w/Recoup** frame.
- ii. **REVIEW** the **Recoup Details** frame for the assistance that is being recouped.
 1. If there is an active recoupment for the same assistance category being approved, **EMAIL** the [FEMA-IHP-Specialized-Processing-Unit](#) to confirm if any adjustments are needed;
 2. **ADD a Comment:**
 - a. **Summary:** SPU – HOLD PROGRAM REVIEW
 - b. **Details:** Email forwarded to SPU mailbox to confirm if Recoupment adjustments are needed.
 3. **PLACE** the case on **Hold – Program Review**.
- iii. After SPU provides a response:
 1. If an adjustment is needed, **ROUTE** the WP to **FEMA Supervisor Review - Failed Batch Approvals** for correction.
 2. If the payment is correct, **MANUALLY** approve the WP.
 - a. **CLICK View** to verify the case;
 - b. **CLICK Approve** to override the business rules and approve the case for payment;
 - c. **ADD a Comment;** AND
 - d. **ROUTE** to **FEMA Approval NON-DRM**.

13. Initial Rental Assistance (ER) Decision with Habitability Repairs NOT Required - HRR = NO:

- a. If an initial Rental Assistance payment is routed to **FEMA Approval NON-DRM** with a status of **HRR = NO**, the award will be rejected during **Approval**.
- b. To correct this type of error:



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- i. **REVIEW** the **Communication** screen to verify a Landlord (LL) statement or other document requiring the applicant to relocate while disaster-caused repairs are made is on file; and, it was verbally verified with the LL.
 1. If the LL statement is NOT on file, or it has NOT been verbally verified with the LL, **ROUTE** the WP to **FEMA Supervisor Review - Failed Batch Approvals** for verifications to be made or the assistance to be deleted.
 2. If the LL statement is on file and has been verified.
 - a. **CLICK View** to verify the case;
 - b. **CLICK Approve** to override the business rules and approve the case for payment;
 - c. **ADD a Comment**; AND
 - d. **ROUTE** to **FEMA Approval NON-DRM**.

14. Housing Operations Management Enterprise System (HOMES) **P4** status:

- a. If a financial Rental Assistance decision (**ER, ERIA, ERU, ERCT, ERSUPP, ENCOMP, or ECBRA**) is routed to **FEMA Approval NON-DRM** with a HOMES **P4** status and a Direct Housing Assistance (**ERFD**) eligibility code, the award will be rejected during **Approval**.
- b. To correct this type of error:
 - i. **REVIEW** the **Event History** to verify if the applicant has moved into the Temporary Housing Unit (THU).
 1. If the applicant has moved into the THU, **ROUTE** the WP to **FEMA Supervisor Review - Failed Batch Approvals** for correction.
 2. If the applicant has NOT moved into the THU, **MANUALLY** approve the WP.
 - a. **CLICK View** to verify the case;
 - b. **CLICK Approve** to override the business rules and approve the case for payment;
 - c. **ADD a Comment**; AND
 - d. **ROUTE** to **FEMA Approval NON-DRM**.



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15. Approved status = NO:

- a. If any assistance attached to the WP has an **Approved** status set to **NO**, the payment CANNOT be approved as part of a batch.
- b. To correct this type of error:
 - i. **REVIEW** the file to determine if the payment is correct.
 1. If the payment is NOT correct, **ROUTE** the WP to **FEMA Supervisor Review - Failed Batch Approvals** for correction.
 2. If the payment is correct, **MANUALLY** approve the WP.
 - a. **CLICK View** to verify the case;
 - b. **CLICK Approve** to override the business rules and approve the case for payment;
 - c. **ADD a Comment**; AND
 - d. **ROUTE** to **FEMA Approval NON-DRM**.

16. Current user made a previous eligibility decision:

- a. Caseworkers (Current User) are NOT permitted to approve assistance if they previously processed eligible assistance for the same applicant.
- b. To correct this type of error:
 - i. **ROUTE** the WP to **FEMA Supervisor Review - Failed Batch Approvals** for another Caseworker to approve the payment;
 - ii. **ADD a Comment**; AND
 - iii. **ROUTE** to **FEMA Approval NON-DRM**.

17. ERFD status without THU lease in file:

- a. If an **ERFD** status is routed to **FEMA Approval NON-DRM** without a THU lease in the file, the award will be rejected during **Approval**.
- b. To correct this type of error:



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- i. **REVIEW** the **Communication** screen and **Event History** to confirm the applicant was leased into a THU., **ROUTE** the WP to the applicable **FEMA Supervisor** queue for corrections.
 1. If a lease is NOT available in the file or it CANNOT be confirmed the applicant is leased into a THU, **ROUTE** the WP to **FEMA Supervisor Review - Failed Batch Approvals** for correction.
 2. If the lease is available in the file, **MANUALLY** approve the WP.
 - a. **CLICK View** to verify the case;
 - b. **CLICK Approve** to override the business rules and approve the case for payment;
 - c. **ADD a Comment**; AND
 - d. **ROUTE** to **FEMA Approval NON-DRM**.

18. Ineligible decision with award amount:

- a. If the WP has an ineligible decision, e.g. **IID – Home is Safe to Occupy**; and an award amount is attached, the payment will be rejected during **Approval**.
- b. To correct this type of error:
 - i. **REVIEW** the file to determine if the applicant is eligible for assistance.
 1. If the applicant is eligible, or the ineligible decision is correct; **ROUTE** the WP to **FEMA Supervisor Review - Failed Batch Approvals** for correction.
 2. **ADD a Comment**; AND
 3. If eligible, **ROUTE** to **FEMA Approval NON-DRM**; OR
 4. If ineligible, **ROUTE** to **FEMA Ineligible**.

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

- a. If the WP has a **WVO** or **WVOA** status and an award amount is attached, the payment will be rejected during **Approval**.
- b. To correct this type of error:



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- i. **REVIEW** the entire case to determine if the applicant wishes to be withdrawn from the program or any specific categories of assistance.
 1. If the applicant is eligible, or the **WVO/WVOA** is correct, **ROUTE** the WP to **FEMA Supervisor Review - Failed Batch Approvals** and make the correction;
 2. **ADD a Comment**; AND
 3. If eligible, **ROUTE** to **FEMA Approval NON-DRM**; OR
 4. If ineligible, **ROUTE** to **FEMA Ineligible**.

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:

- a. **CALL** the IHP Helpdesk (b) (6) or the applicable extension number; or **EMAIL** the appropriate Supervisor/POC.
- i. If after review by the IHP Helpdesk Specialist or Supervisor/POC it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:
 1. **EMAIL** a request for clarification to the appropriate team via the Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov).



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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.

Result: MANUALLY approve the assistance. **UPDATE** the **Approved** status from **No** to **Yes**. This will allow the payment to go through without the need to check the **Flood Insurance** box.



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



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EPPZ	Eligible Personal Property, Flood Insurance Required
ER	Eligible Rental Assistance
ERCT	Eligible Recertification
ERFD	Eligible Readily Fabricated Dwelling
ERIA	Eligible Inaccessible
ERPLZ	Eligible Replacement Housing Flood Insurance Required
ERU	Eligible Utilities Out
FEMA	Federal Emergency Management Agency
GFIP	Group Flood Insurance Policy
HA	Housing Assistance
HOMES	Housing Operations Management Enterprise System
HRR	Habitability Repairs Required
IHP	Individuals and Households Program
INI	Ineligible Insurance
INO	Ineligible Other
IOR	Ineligible Other Reason
LER	Lodging Expenses Reimbursement
NEMIS	National Emergency Management Information System
ONA	Other Needs Assistance
RA	Rental Assistance
SBA	Small Business Administration
SOP	Standard Operating Procedure
THU	Temporary Housing Unit
WP	Workpacket



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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](#)



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MEDICAL AND DENTAL

I. Overview	<ul style="list-style-type: none"> ■ Purpose of Assistance 2 ■ Who May Get Assistance? 2 ■ What are Eligible Expenses? 2 ■ Documentation or Verification Needed 3 ■ Other Items to Note 3 <p style="text-align: center;">***This can be referenced by all staff (JFO, DRC, DSA, Helpline)***</p>
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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.

NOTE: Financial assistance may be awarded for disaster-caused losses and needs for medical/dental items or services, including prescriptions.

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



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- 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).



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- 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](#).



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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](#).
 - **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 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.



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- 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;
 - **SPLIT/ROUTE** the Funeral pending (**PND**) line to the **FEMA** or **State Funeral** queue for processing by designated staff. Refer to the [Funeral Assistance](#) SOP for additional information.
 - When moving to the next eligible award in the sequence, if necessary, **ADJUST** the eligible award by one full funeral maximum amount to ensure funds are available for funeral expenses.
 - 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)



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- 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 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.
 - i. If a WP with RP ADA line items is identified outside of the **FEMA Special Handling** queue;
 - **ADD** a **Comment**; AND
 - **ROUTE** to the **FEMA Supervisor Review – ADA Process** subqueue.



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.



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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.



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- 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.



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- 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.

Expense	Verbal confirmation from insurance OR medical insurance settlement/denial documentation required	Verbal confirmation from insurance OR dental insurance settlement/denial documentation required	Required statement from applicant or household member indicating they DO NOT have medical or dental insurance
Medical and no insurance			X – Medical
Medical with medical insurance	X		
Medical with dental insurance only			X – Medical
Medical with medical and dental insurance	X		
Dental and no insurance			X – Dental
Dental with medical insurance only	X		
Dental with dental insurance only		X	
Dental with medical and dental insurance	X	X	

Table 1: Insurance document and statement verification chart

- a. If the applicant DOES NOT have insurance:



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- 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;



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- 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.
 - 1. **GENERATE** an RFI for HA-ADA Disaster-Caused Real Property
 - 2. **SELECT** the appropriate **REQUEST FOR INFORMATION** based on if the applicant has received an **RFI** for that specific category or not;
 - 3. **CLICK** the Next **button**;
 - 4. **SELECT** the **appropriate** category option;
 - 5. **CLICK** the Next **button**;



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6. **CLICK** the Finish button; AND
 7. **CALL** the applicant, **PROVIDE** details of the **REQUEST FOR INFORMATION**. Three call attempts are required.
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.
 - c. **GENERATE** and **MAIL** the **Identity Proofing** letter as a companion to the **RFI**.
 - i. The **IDP** letter is available in English and Spanish..
 1. To access the letters: **GO** to **Notification Letters**, **CLICK** on the **Letter Wizard** button, **SELECT** the **MISC** option, and from the dropdown list, **SELECT** the **Identity Proofing Letter** insert.
 - a. Refer to the Medical or Dental Assistance Basic Processing Steps on the [Web NEMIS Initial Assistance Reference Guide](#) for additional information.
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.



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- b. If the call attempt is **SUCCESSFUL**:
 - i. **OBTAIN** the required information from the medical/dental provider;
 - ii. **RECORD** the response(s) in NEMIS; AND
 - iii. **CONTINUE** processing.
- c. If the call attempt is **UNSUCCESSFUL** (due to non-response or privacy disclosure issues related to [HIPPA](#)):
 - i. **REVIEW** all other verification requirements and documents received;
 - ii. **CALL** the applicant, **PROVIDE** details of information required from the medical/dental provider, resolve any outstanding questions; AND
 - iii. **PROCESS** the Medical determination as **Ineligible - Insufficient or No Substantiation Submitted (INSS)**.
- 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.

5. Clarification of coverage and calls to the insurance provider:

- a. **CALL** the insurance company for verification of coverage or denial. If unsuccessful:
 - i. **CALL** the medical/dental provider to clarify the applicant's insurance coverage or denial for the item(s) or service(s) provided.

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:



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- a. **CALCULATE** the unmet need by comparing the net insurance settlement to the expense/service cost, i.e., expense/service cost - the net insurance settlement = unmet need; AND
- b. **DETERMINE** if there is a continuing need for medical/dental services.

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:
 - i. **UPDATE** the **Insurance Policy** frame on the **Assistance** screen.



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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:

1. There is no RP or PP insurance;
2. There are no itemized settlements on file from non-medical policies; OR
3. Itemized settlement from another source DOES NOT provide assistance for medical/dental items or expenses.

b. Medical/Dental Expenses

i. **SET to Verified** when accepting eligible bills, estimates, or receipts.

c. Medical/Dental Statement of Condition

i. **SET to Verified** when accepting a medical/dental provider's statement.

d. Signature Obtained

i. For disasters declared after September 19, 2017, **SET to Verified**. A declaration is confirmed at the time of registration.

e. Health Insurance for Medical/Dental

i. **SET to Verified** When:

1. The applicant submits a statement indicating they DO NOT have medical/dental insurance;
2. A coverage denial is confirmed with the insurance company or health care provider; OR
3. Unmet needs are identified after an insurance comparison is completed.

f. Identity Verification



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- i. **SET** to **Verified** when accepting documents that meet the Identity Verification Requirement.

NOTE: Identity Verification: If at any time the applicant's identification verification has failed, this will also appear as the sixth requirement.

- Verification of homeowner's insurance is NOT required for the medical/dental categories; however, it must be set to **Verified** when processing an award. If the applicant voluntarily submits an itemized estimate, **REVIEW** the settlement information to ensure assistance was NOT provided for the disaster-caused expense.

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;
 - i. **PROCESS** the eligible Medical/Dental Assistance award;
 - ii. **SET** all [verification requirements](#) associated to Medical/Dental of the **Verification Requirements** frame on the **Info Control** screen.
 - iii. Refer to the Medical or Dental Assistance Basic Processing Steps section of the [Web NEMIS Initial Assistance Reference Guide](#) for additional information

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

USE all standard ineligible decisions when processing requests for Medical and Dental Assistance. **PROCESS** all denial decisions with the **Category** Medical or Dental, the applicable Assistance Type (**Asst Type**), and **Eligibility Code** selection.



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1. Common ineligible decisions - Further information on applicable ineligible codes and reasons for denial are detailed below:

a. INDR - Ineligible - Damages Not Disaster Related:

- i. Damage or expenses are NOT caused by the disaster.

b. IINS - Ineligible Due to Insurance Coverage:

- i. The applicant received assistance from another source, such as insurance;
- ii. The applicant received insurance funds in hand equal to or in excess of the disaster-caused medical/dental expense;
- iii. The applicant failed to file a claim in a timely manner with their medical/dental insurance company; OR
- iv. Any other reason attributed to the applicant's failure to properly file a claim.

c. IID - Ineligible - Minimal or No Medical/Dental Needs Required:

- i. A review of the initial eligible amount or combined category award total is below the \$50 IHP minimum requirement.

d. IOR - Ineligible Other Reason:

- i. The item(s) is considered an upgrade.
 1. Prior to processing an **IOR** determination, if there is reason to believe a medical or dental item or service appears to be an upgrade, refer to [Section G: Exceptions](#).
 - a. Other reason(s) NOT identified by standard ineligible determinations.
 2. **USE the Ineligible – Unavailable Type of Assistance (IOR)** letter insert:
 - a. Refer to the [Codes, Verifications, Request Letters, and Assistance Types](#) SOP for additional information.

e. INSS - Ineligible - Insufficient or No Substantiation Submitted:

- i. The applicant has NOT been determined programmatically ineligible for Medical/Dental assistance (for other reasons such as **INDR**, **IINS**, **IID**, or **IOR**) but has submitted no information or insufficient information in response to the **RFI** letter.



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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**).

i. **CALL** to the applicant to discuss ineligible reasons;

ii. **SELECT** the applicable ineligible decision (in this case **INDR**);

iii. **ADD** a **Comment** explaining the ineligible reasons identified; AND

iv. **ROUTE** to **FEMA Ineligible** or specific queue approved by Supervisor/POC, Preshift, or other authorized source.

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

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

i. If an additional WP is available in a state processing queue or subqueue 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:

a. **ROUTE** the existing WP to the **State Manual Determination** queue.



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2. There are HA categories to address:
 - a. On the **Confirmation** screen, **SELECT** the appropriate **Routing** location for all HA categories;
 - b. **SELECT State Manual Determination** for all ONA categories; AND
 - c. **CLICK Submit**.

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:

- a. **CALL** the IHP Helpdesk (b) (6) for the applicable extension number) or **EMAIL** the appropriate Supervisor or Point of Contact (POC).
- i. If after review by the IHP Helpdesk Specialist or Supervisor/POC it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:
 1. **EMAIL** a request or clarification to the appropriate team via the Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov).

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:
 - 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.



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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.

Total Dental Expenses	Net Insurance Settlement	Applicant's Unmet Need
Dentist's Bill = \$2,500.00 Co-Pay = \$40.00	\$1,750.00	$\$2,540.00 - \$1,750.00 = \$790.00$
Total = \$2,540.00	Total Ins. = \$1,750.00	Total Unmet Need: \$790.00

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.



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- 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.

Total Medical Expenses	Net Insurance Settlement	Applicant's Unmet Need
Hospital Bill = \$4,900.00 Co-Pay = \$100.00	\$4,900.00	\$5,000.00 – \$4,900.00 = \$100.00
Doctor's Bill = \$480.00 Co-Pay = \$20.00	\$480.00	\$500.00 – \$480.00 = \$20.00
Total = \$5,500.00	Total Ins. = \$5,380.00	Total Unmet Need: \$120.00

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.



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Total Prescription Expenses	Net Insurance Settlement	Applicant's Unmet Need
Cost of prescriptions = \$150.00 Co-Pay = \$50.00 Total = \$200.00	\$150.00 Total Ins. = \$150.00	$\$200.00 - \$150.00 = \$50.00$ Total Unmet Need: \$50.00

Table 5: Prescription loss with itemized bill calculation

Result: PROCESS medical assistance (EMED) in the amount of \$50.00.

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.

Total Prescription Expenses	Net Insurance Settlement	Applicant's Unmet Need
Cost of prescriptions = Unknown Co-Pay = \$50.00 Total = \$50.00	Unknown Total Ins. = \$0.00	\$50.00 Total Unmet Need: \$50.00

Table 6: Prescription loss with provider verification calculation

Result: PROCESS medical assistance (EMED) in the amount of \$50.00.

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.



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Total Medical Expenses	Net Insurance Settlement	Applicant's Unmet Need
Adjusted Doctor's Bill = \$4,400.00 Deductible payment = \$500.00 Co-pay for prescriptions = \$150.00	\$4,400.00	\$5,050.00 – \$4,400.00 = \$650.00
Total = \$5,050.00	Total Ins. = \$4,400.00	Total Unmet Need: \$650.00

Table 7: Deductible and Co-payment calculation

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.

Total Expenses	Applicant's Unmet Need
Cost of new animal (including paperwork fees)	\$2,500.00
Cost of training schedule 1 (analysis and basics)	\$1,000.00
Cost of training schedule 2 and 3 (continuation and final training)	N/A
	Total Unmet Need: \$3,500.00

Table 8: Service animal loss

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.

- Medical/dental insurance proceeds are generally paid directly to the provider, and the applicant DOES NOT receive payments from insurance.

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.



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Supplemental Award: Additional financial support when the applicant is initially determined eligible for a medical/dental assistance award.

Acronyms

ADA	Americans with Disabilities Act
DRM	Disaster Recovery Manager
EDTL	Eligible Dental
EMED	Eligible Medical
FEMA	Federal Emergency Management Agency
HA	Housing Assistance
HIPAA	Health Insurance Portability and Accountability Act of 1996
IDV_PASS	A NEMIS Registration Status Code that Identifies a Contractor Has Confirmed/Passed the Applicant's Identity Verification Requirement
IHP	Individuals and Households Program
IID	Ineligible Due to Minimal or No Medical/Dental Needs Required
IINS	Ineligible Due to Insurance Coverage
INDR	Ineligible Damages Not Disaster Related
INSS	Ineligible Insufficient or No Substantiation Submitted
IOR	Ineligible Other Reason
NEMIS	National Emergency Management Information System
ONA	Other Needs Assistance
POC	Point of Contact
PP	Personal Property
RFI	Request for Information



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RI	Registration Intake
RP	Real Property
SBA	Small Business Administration
SOP	Standard Operation Procedure
STT	State, Territorial, or Tribal Government
WP	Workpacket



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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](#)



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MISCELLANEOUS OTHER ITEMS

I. Overview	<ul style="list-style-type: none"> ■ Purpose of Assistance 2 ■ Who May Get Assistance? 2 ■ What Are Eligible Expenses? 2 ■ Basic Documentation or Verification Needed 3 ■ Other Items to Note 3 <p style="text-align: center;">***This can be referenced by all staff (JFO, DRC, DSA, Helpline)***</p>
II. Important Information	<p style="text-align: center;">***ALL processing employees must read this section***</p> <ul style="list-style-type: none"> ■ Prior to Processing 5 ■ Limitations and Exclusions 7
III. Process	<ul style="list-style-type: none"> A. Eligibility Verifications 8 B. Information Requests 9 C. Processing Eligible Assistance 10 D. Processing Ineligible Assistance 14 E. Joint Option Disaster Information (ONA Only) 16 F. Appeals 16 G. Exceptions 16
IV. Examples and FAQs	<ul style="list-style-type: none"> ■ How to create an IOR letter 18 ■ Misc/Other Item = Eligible 19 ■ Misc/Other Item Appeal = Ineligible 19 ■ Previous Misc/Other Item awards 20 ■ Misc/Other Item = Eligible - Due to safety need 20 ■ Misc/Other Item = Ineligible - Not primary residence 21 ■ Multiple Misc/Other Item = Added at time of inspection 21
V. Definitions and Acronyms	<ul style="list-style-type: none"> ■ Definitions 23 ■ Acronyms 23
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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.



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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.



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- 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](#).



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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](#).
 - **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 **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;



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- **SPLIT/ROUTE** the Funeral pending (**PND**) line to the **FEMA** or **State Funeral** queue for processing by designated staff. Refer to the [Funeral Assistance](#) SOP for additional information.
- When moving to the next eligible award in the sequence, if necessary, **ADJUST** the eligible award by one full funeral maximum amount to ensure funds are available for funeral expenses.
- 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**.
 - **EMAIL** the [IHP Helpdesk](#) for assistance:
 - **INCLUDE** the following on the email:
 - **Subject Line:** DR #, Reg #, and a subject that includes 'System Limit Exceeded'.



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- **Body:** A description of the request and list of processing actions pending.
 - 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.
 - If a WP with RP ADA line items is identified outside of the **FEMA Special Handling** queue:
 - **ADD a Comment;** AND
 - **ROUTE** to the **FEMA Supervisor Review – ADA Process** subqueue.

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.



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- 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:

- a. **SELECT** the **RFI-Misc Other Items** letter found under **Notification Letters** section of the **Letter Wizard**.
 - i. To access the letter: **GO** to **Notification Letters**, **CLICK** on the **Letter Wizard** button, **SELECT** the **MISC** option, and **SELECT** the **RFI-Misc Other Items** letter.
- b. DO NOT set a **Timer** for **Misc/Other** item requests.
- 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.



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- 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.
 - 1. To access the letters: **GO** to **Notification Letters**, **CLICK** on the **Letter Wizard** button, **SELECT** the **MISC** option, and from the drop down list **SELECT** the **Identity Proofing letter** insert.

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**.
 - i. **ADD** a second **PND** line for the category, **CREATE** the **RFI** letter for required information/documentation for Child Care Assistance, and **ROUTE** to **Info Control – Pending Receipt**.
 - 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**.



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- 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. To process assistance specific to chainsaw reimbursement, an inspection or the applicant must have demonstrated:
 - i. The debris or tree presents a clear danger to either the dwelling or access;
OR
 - ii. The debris or tree presents a health or safety hazard.
- b. When an inspection is NOT required, the applicant can confirm the debris is a danger or health/safety hazard with:
 - i. A written statement; OR
 - ii. Verbally from the applicant with a courtesy call.
- c. Refer to the Miscellaneous/Other Basic Processing Steps section of the [Web NEMIS Initial Assistance Reference Guide](#) for additional information.

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 to be taken:
 - i. **GO** to the **Inspection Status** screen;
 - ii. **REVIEW** the **Timeline** frame;
 - iii. **DETERMINE** if an **Initial** inspection exists;
 - 1. If an inspection DOES NOT exist, **PROCESS** per current guidance.
 - 2. If an inspection does exist:



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c. **REVIEW** the **Completion Status**:

- i. If the **Completion Status** is **Open**, **ROUTE** the WP to **FEMA Complete**.
 - 1. Under this condition, there will be no **Other PND** line available;
 - 2. The **Needs/To Do** screen will NOT list **Other** as a **Category**;
- ii. If the **Completion Status** = **Complete**, **DETERMINE** if the Misc/Other items requested were addressed by the previous inspection.

d. **DETERMINE** if the **Misc/Other** items were NOT addressed, **PROCESS** per current guidance.

- i. If the items were previously paid from inspection, **ENSURE** all items requested by the applicant were addressed to maximum award amount:
- ii. If the items were previously paid from inspection, **ENSURE** all items requested by the applicant were addressed to maximum award amount: If yes, **ROUTE** the WP to **FEMA Complete**.
 - 1. If no, **PROCESS** eligible amount. Example: Applicant was previously inspected and paid \$59.15 for heating fuel. Receipts submitted show purchase of \$89.00. Applicant should be processed for additional assistance (\$89.00 – \$59.15).
 - 2. If No, **PROCESS** eligible amount.

5. If the applicant submits the required documentation, identifies the need for the item(s) during the eligible timeframe, and meets all verifications and conditions of eligibility in [Section III. A](#):

a. **PROCESS** the **EMISC – Eligible Miscellaneous Items** assistance award.

- i. The eligible award is the line item amount, regardless if the submitted receipt or agreement is less.
 - 1. DO NOT exceed the line item pricing.

b. The Inspection Miscellaneous (**Insp Misc**) tab appears as:

- i. **SELECT** or **ADD** eligible **Misc/Other** items for payment on this tab.

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



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6. **Misc/Other** item assistance awards:

- a. To process the eligible **Misc/Other** Assistance award;
 - i. **SET** the verification requirements associated with the **Other** category to **Verified** on the **Info Control** tab;
 - ii. **VERIFY** the item award quantity (**Award Qty**) is correct **according** to the line item quantity limit and **ADJUST** if necessary;
 - iii. **SELECT** all eligible items for payment (**Select Items**); AND
 - iv. On the **worksheet**:
 1. **UPDATE** the **PND** line to the **Eligible Miscellaneous Items (EMISC)** eligibility determination.
 - a. If necessary, **ADD** a new **PND** line on the Other Needs Assistance (**Other Asst**) tab:
 - i. **Category: Other**;
 - ii. **Asst Type: Initial, Reconsideration, or Appeal.**
 2. **MAKE** any applicable deductions and **ADJUST** the award to the Financial ONA Maximum in the **- Misc** field;
- b. **ADD** a **Comment** explaining the eligibility, including information about the verification items; AND
 - i. If additional funds are available under the Financial ONA Maximum award, move to the next step in the sequence of delivery following the applicable Standard Operating Procedures (SOPs).
- c. **ROUTE** to **FEMA Approval NON-DRM** or other appropriate queue as instructed by Supervisor/POC, Preshift, or other authorized source.

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.



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D. Processing Ineligible Decisions

USE all standard ineligible decisions when processing requests for **Misc/Other** item assistance. **PROCESS** all denial decisions with the **Category** Other, the applicable Assistance Type (**Asst Type**), and **Eligibility Code** selection or selections.

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:

- a. **ADD a Comment** to describe the specific reason they DO NOT qualify;



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- i. **INCLUDE** types of documents that can be supplied to overturn the decision, if applicable.
- b. **GENERATE** any required letters, if necessary; AND
- c. **ROUTE** to **FEMA Ineligible** or other appropriate queue as instructed by Supervisor or Point of Contact (POC), Preshift, or other authorized source.

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:

- a. **REVIEW/PROCESS** any outstanding issues within HA categories.
 - i. If an additional WP is available in a state processing queue or subqueue such as **State Manual**, **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:
 - a. **ROUTE** the existing WP to the **State Manual Determination** queue.
 - 2. There are HA categories to address:
 - a. On the **Confirmation** screen, **SELECT** the appropriate **Routing** location for all HA categories;
 - b. **SELECT State Manual Determination** for all ONA categories; AND
 - c. **CLICK Submit**.

F. Appeals

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

G. Exceptions



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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:

- a. **EMAIL** the case to IHP Helpdesk for review.

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

- a. **CALL** the IHP Helpdesk (b) (6) or the applicable extension number) or **EMAIL** the appropriate Supervisor/POC.

- i. If after review by the IHP Helpdesk Specialist or Supervisor/POC it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:

1. **EMAIL** a request for clarification to the appropriate team via the Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov).



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.

2. **GO** to the **Communication** screen;
3. **UPDATE** the Worksheet for the specific ONA category with an **IOR (ONA)** decision code;
4. **CLICK Add** on the **Outgoing Correspondence** frame;
5. **CLICK ELIGIBILITY DECISION**, then **SELECT Eligibility Decision** (even though it is already highlighted);
6. **CLICK** the **Letter Wizard** button;
7. **SELECT** the **Eligibility Decision, Flood Rqmnt, Miti List** line decision, **flood rqmnt, miti list**;
8. **CLICK** the **Next** button;
9. **SELECT OTH – Other – IOR** eligibility decision;
10. **CLICK** the **OK– Other Reason - Initial** button;
11. **SELECT TEXT ENTRY** option;
12. **CLICK** the **Next** button; AND
13. **CLICK** the **Finish** button.
14. **ENTER** appropriate text in the **Custom Text** field;
15. **CLICK** the **OK** button; AND
16. When the **IOR** letter is displayed, **CLICK** the **OK** button.

The following process scenarios are examples if the applicant met all verification and eligibility requirements.



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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:

1. **PROCESS** the assistance as **Initial**.
2. **ROUTE** the WP to **FEMA Approval NON-DRM**.
 - 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.

Result: The applicants request would be processed as an Initial award and would be eligible for the dehumidifier line amount.

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:

1. **PROCESS** the assistance as **A-IOR (Appeal Ineligible)**.
2. **ENTER** letter text for **Unavailable Type of Assistance**:
 - a. FEMA has determined your request is NOT an eligible expense for assistance within FEMA's IHP.
3. **ADD a Comment**:



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- a. **Summary Line:** FACILITY# MISC OTHER – NO UNMET NEED;
 - b. **Details:** Applicant submitted DOC# containing **Misc/Other** item expense receipt(s). Previous **Misc/Other** assistance awarded is greater than the total eligible amount listed on receipts. Routing to **FEMA Ineligible**.
4. **ROUTE WP to FEMA Ineligible.**
- a. Example: An applicant received an inspection where a humidifier (\$109.99) and a chainsaw (\$144.88) were recorded and auto-determined. The applicant submits receipts for a humidifier (\$56.98), chainsaw (\$74.99), and a dehumidifier (\$119.99).

Result: The total incurred cost to the applicant (\$251.96) for the Misc/Other category is less than the amount previously provided for the Misc/Other category (\$254.87).

Scenario 3: Issues Addressed on Previous Misc/Other Item Award

An applicant's inspection report recorded a disaster-caused **Misc/Other** item expense, which was auto-determined as eligible and paid at the line item amount. The applicant submitted a receipt for the **Misc/Other** item, which was less than the line item amount.

1. Recoupment should NOT be initiated for this reason.
- a. Example: An applicant received an inspection where a chainsaw was recorded and auto-determined for \$226.80. The applicant submitted a receipt for the chainsaw that totaled \$187.99.

Result: No Recoupment should be initiated.

Scenario 4: MISC OTHER ITEM = ELIGIBLE - Due to Safety Need

If an applicant incurred a **Misc/Other** item expense beyond the incident period, he/she may be eligible for assistance if he/she is able to demonstrate a safety or sanitary need.

1. **PROCESS** the assistance as an **Initial**;
2. **ROUTE** the WP according to eligibility decision.
- a. **Example for DR-4605-WV and prior:** An applicant submitted a receipt for a chainsaw, along with a letter that explained that a large maple tree had fallen over their driveway 2 days after the disaster incident period closed. They have no other access to their home. They enclosed a report from an arborist that confirmed the tree had been damaged by the severe storms. A review of the



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inspection report revealed there was no mention of any debris or tree damage and the applicant did NOT receive any assistance for either 5741 Debris Removal or 5742 Tree(s) Removal.

- b. **Example beginning with the first disaster declared after DR-4605-WV:** An applicant submitted a receipt for a chainsaw, along with a letter that explained that a large maple tree had fallen over their driveway 2 days after the disaster incident period closed. They have no other access to their home. They enclosed a report from an arborist that confirmed the tree had been damaged by the severe storms

Result: The applicant would be eligible for the chainsaw.

Scenario 5: MISC OTHER ITEM = INELIGIBLE - DD Not Primary Residence

An applicant indicated at time of registration that the home was NOT his/her primary residence. After he/she received his/her Ineligibility letter, the applicant submitted a utility bill dated prior to the disaster. Upon review, the utility bill was NOT for the address recorded as the damaged dwelling; rather, it was the same as the applicant's current mailing address.

1. **PROCESS** the assistance as **Appeal – INPR**; AND
2. **ROUTE** WP to **FEMA Ineligible**.

Result: The applicant would be ineligible for the Misc/Other item.

Scenario 6: MULTIPLE MISC OTHER ITEMS = Added at time of inspection

An applicant's inspection report recorded more than one disaster-caused **Misc/Other** item expense, e.g. generator and humidifier. The humidifier receipt was verified during inspection. The applicant has NOT submitted a verifiable letter from a physician showing a medical need for a generator.

1. **PROCESS** the humidifier **EMISC** assistance as **Initial**.
2. **SPLIT** the WP to **FEMA Approval NON-DRM**.
3. **SEND** an **RFI** for the missing documentation (generator).
 - a. DO NOT set timers for Misc/Other Generator requests.
 - b. Refer to the [Generator](#) SOP for additional information.



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Result: The applicant would be eligible for the humidifier and will need to submit additional documentation for the generator.



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



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INPR	Ineligible Not Primary Residence
IOR	Ineligible Other Reason
JFO	Joint Field Office
MISC	Miscellaneous
NEMIS	National Emergency Management Information System
NONREF	Non-Referral
ONA	Other Needs Assistance
PND	Pending
POC	Point of Contact
PP	Personal Property
RFI	Request for Information
RI	Registration Intake
SBA	Small Business Administration
SOP	Standard Operating Procedure
STT	State, Territorial, or Tribal Government
WP	Workpacket



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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](#)



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MOVING AND STORAGE

I. Overview	<ul style="list-style-type: none"> ■ Purpose of Assistance 2 ■ Who Gets Assistance? 2 ■ What are Eligible Expenses? 2 ■ Basic Documentation or Verification Needed 2 ■ Other Items to Note 3 <p style="text-align: center;">***This can be referenced by all staff (JFO, DRC, DSA, Helpline)***</p>
II. Important Information	<p style="text-align: center;">***ALL processing employees must read this section***</p> <ul style="list-style-type: none"> ■ Prior to Processing 4
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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.

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

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.

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.

Basic Documentation or Verification Needed:

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



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- 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](#).



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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](#).
 - **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 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.



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- 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:
 - **SPLIT/ROUTE** the Funeral pending (**PND**) line to the **FEMA** or **State Funeral** queue for processing by designated staff. Refer to the [Funeral Assistance](#) SOP for additional information.
 - When moving to the next eligible award in the sequence, if necessary, adjust the eligible award by one full funeral maximum amount to ensure funds are available for funeral expenses.
 - 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 Assistance; AND



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- 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.
 - If a WP with RP ADA line items is identified outside of the **FEMA Special Handling** queue:
 - **ADD** a **Comment**; AND
 - **ROUTE** to the **FEMA Supervisor Review – ADA Process** subqueue.



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. Habitability repairs are required (**HRR = Yes**) by an onsite or other approved alternative inspection type, such as geospatial;
 - a. Applicants who are **HRR = No** with an inspection **Comment of Repairs Made** may be eligible for moving and storage expenses up to the date the inspection was completed.



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- 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



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- c. The initial **RFI** has NOT been generated and required information for processing is missing.

2. To manually generate the **RFI**:

- a. **SELECT** the **M&S – Moving and Storage** option from the **RFI Request** field.
- b. Refer to the [Web NEMIS Initial Assistance Reference Guide](#) for additional information.

3. Making outbound clarification calls:

- a. Occasionally, a situation can be resolved by performing a courtesy call to clarify information in lieu of generating an **RFI** letter or denying the applicant.
 - i. If there are charges on the storage facility receipt that lack description, **CALL** the storage facility and **CLARIFY** the information, e.g. the cost of tape and boxes, storage unit fees/rates, associated sales taxes, or details of charges identified on the receipt.
 - 1. If successful, **OBTAIN** all required information, **RECORD** the response(s) in NEMIS, and **PROCESS**. Refer to [Section C: Processing Eligible Assistance](#) for additional information.
 - 2. If unsuccessful, **CALL** the applicant and **ADVISE** them of the required information. **PROCESS** the Moving and Storage Assistance determination as:
 - a. **INSS - Ineligible Insufficient or No Substantiation Submitted**.
 - b. Refer to [Section D: Processing Ineligible Decisions](#) for additional information.
 - 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.
 - 1. The description of the essential PP items being stored or moved may be verbally clarified with the applicant, but the other four elements of the written statement must be in writing.
 - 2. If unsuccessful, **CALL** the applicant and **ADVISE** them of the required information and **PROCESS** the Moving and Storage Assistance determination as:



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- a. **INSS - Ineligible Insufficient or No Substantiation Submitted.**
- b. Refer to [Section D: Processing Ineligible Decisions](#) for additional information.

C. Processing Eligible Assistance

Eligible Period of Assistance:

- The eligible period of assistance is from the incident period start date up to, and including, the IHP Financial Closure date if all other criteria are met.
 - If the receipt/bill pre-dates the incident period start date: **CALCULATE** the award amount for the eligible period of assistance.
 - If an estimate pre-dates the incident period start date: **CONTACT** the provider and **CLARIFY** the scheduled moving dates.

1. Applicant meets all [verification requirements](#):

- a. **PROCESS** the **Eligible Moving and Storage (EMS)** award;
 - i. Refer to the [Web NEMIS Initial Assistance Reference Guide](#) for additional information.
- b. **ADD** a **Comment** that includes the following:
 - i. All verifications made;
 - ii. Detailed list of all items included in the payment; e.g. storage unit fees, pad lock, moving truck rental, boxes, etc.;
 - iii. The price for each listed item;
 - iv. The time period covered for the storage unit fees; e.g. 4/1/2020 to 4/30/2020; AND
 - v. **EXPLAIN** the calculation of eligible items, e.g. eligible storage months and truck rentals.
- c. **ROUTE** to **FEMA Approval NON-DRM** or specific queue approved by Supervisor/POC, Preshift, or other authorized source.



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2. Applicant has a continuing need for Moving and Storage Assistance:

- a. The applicant is NOT appealing the initial assistance as their need continues beyond the initial **EMS** award.
- b. **PROCESS** the Supplemental payments for **EMS**.
- c. Refer to the [Web NEMIS Initial Assistance Reference Guide](#) for additional information.
- d. **ADD** a **Comment** that includes the following:
 - i. All verifications made;
 - ii. Detailed list of all items included in the payment; e.g. storage unit fees, pad lock, moving truck rental, boxes, etc.;
 - iii. The price for each listed item;
 - iv. The time period covered for the storage unit fees; e.g. 4/1/2020 to 4/30/2020; AND
 - v. **EXPLAIN** the calculation of eligible items; e.g. eligible storage months and truck rentals.
- e. **ROUTE** to **FEMA Approval NON-DRM** or specific queue approved by Supervisor/POC, Preshift, or other authorized source.

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:

- a. **NCOMP – Ineligible Non-Compliant**
 - i. Non-Compliant for moving expenses less than \$1,000. Refer to the [Flood Zones and Other Protected Areas](#) SOP for additional information.
- b. **IINS – Ineligible Due to Insurance Coverage**



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- i. Itemized insurance settlement shows payment for moving and storage expense.
- c. **INSS - Ineligible Insufficient or No Substantiation Submitted**
 - i. Applicant did NOT provide the required documentation for processing
- d. **ICBRA - Ineligible DD Located in CBRA**
 - i. The applicant's pre-disaster primary residence is located in a CBRS unit.
- e. **IOR – Ineligible Other Reason**
 - i. **USE** the following insert:
 - 1. **Ineligible – Unavailable Type of Assistance (IOR)**
FEMA has determined your request is NOT an eligible expense for assistance within FEMA's Individuals and Households Program.
 - ii. Other reason(s) NOT identified by standard ineligible determinations. The ineligible reasons may include:
 - 1. The property being moved and stored is NOT considered essential PP; e.g. folding camper, fishing gear, canoes, or jet skis.
 - 2. The items were moved into storage as a preventive measure, and damages DID NOT occur to the primary residence (NO habitability repairs required).
 - 3. The applicant will NOT return the PP to their primary residence.
 - iii. **VIEW IOR** text options in the [Codes, Verifications, Request Letters, and Assistance Types](#) SOP.
 - iv. **CALL** the applicant to explain the **IOR** decision.
 - v. **ADD** a **Contact**.

2. Processing actions required for every type of ineligible decision:

- a. **GENERATE** any required letters, if necessary
- b. **ADD** a **Comment** to describe the specific reason they DO NOT qualify; AND
 - i. **INCLUDE** types of documents that can be supplied to overturn the decision, if applicable.



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- c. **ROUTE** to **FEMA Ineligible** or specific queue approved by Supervisor/POC, Preshift, or other authorized source.

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:

- a. **REVIEW/PROCESS** any outstanding issues within HA categories.
 - i. If an additional WP is available in a state processing queue or subqueue such as **State Manual**, **State Appeal**, or **State Supervisor Review**, NO further action for ONA is required.
 - ii. If an additional WP is NOT available in a state, territorial, or tribal queue; AND
 - 1. There are NO HA categories to address:
 - a. **ROUTE** the existing WP to the **State Manual Determination** queue.
 - 2. There are HA categories to address:
 - a. On the **Confirmation** screen, **SELECT** the appropriate **Routing** location for all HA categories;
 - b. **SELECT State Manual Determination** for all ONA categories; AND
 - c. **CLICK Submit**.

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.



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

- a. **CALL** the IHP Helpdesk **(b) (6)** or the applicable extension number) or **EMAIL** the appropriate Supervisor or Point of Contact (POC).
- i. If after review by the IHP Helpdesk Specialist or Supervisor/POC it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:
 1. **EMAIL** a request for clarification to the appropriate team via the [IHP Helpdesk](#).



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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

Eligible Period of Assistance				
Moving Initial Date	Moving Final Date	Storage Start Date	Storage End Date	Eligible Dates
08/15/20	10/15/20	08/15/20	10/15/20	08/15/20 through 10/15/20
	Initial Moving	Final Moving	Storage	
Eligible Expense	\$105.00 (with tax)	\$105.00 (with tax)	\$210.00 (two months)	
Total Eligible Expense: \$420.00				

Table 1: Eligible period of assistance.

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).

Eligible Period of Assistance					
Moving Initial Date	Moving Final Date	Storage Start Date	Storage End Date	Eligible Dates	Ineligible Dates
08/09/20	10/15/20	08/09/20	10/15/20	08/11/20 through 10/15/20	08/09/20 through 08/10/20
	Initial Moving	Final Moving	Storage		
Eligible Expense	\$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 2: Eligible period of assistance



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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				
Moving Initial Date	Moving Final Date	Storage Start Date	Storage End Date	Eligible Dates
08/15/20	10/15/20	08/15/20	10/15/20	08/15/20 through 10/15/20
	Initial Moving	Final Moving	Storage	
Eligible Expense	\$275.00 (with tax)	\$300.00 (with tax)	\$180.00 (two months)	
				Total Eligible Expense: \$755.00

Table 3: DD in CBRS

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

ADA	Americans with Disabilities Act
CBRS	Coastal Barrier Resource System
DD	Damaged Dwelling
DOB	Duplication of Benefits
DR	Disaster
DRC	Disaster Recovery Center



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DSA	Disaster Survivor Assistance
DSOP	Disaster-Specific Operating Procedure
EMS	Eligible Moving and Storage
EPP	Eligible Personal Property
FEMA	Federal Emergency Management Agency
FIT	Failed Income Test
HA	Housing Assistance
HAPP	Home/Personal Property
HRR	Habitability Repairs Required
IDV_PASS	Identity Verification Passed
IHP	Individuals and Households Program
INSS	Ineligible No Substantiation Submitted
IOR	Ineligible Other Reason
JFO	Joint Field Office
NCOMP	Non-compliant with Flood Insurance Requirement
NEMIS	National Emergency Management Information System
ONA	Other Needs Assistance
POC	Point of Contact
PP	Personal Property
RFI	Request for Information
RP	Real Property
SBA	Small Business Administration
SOP	Standard Operating Procedure
WP	Workpacket



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Moving and Storage
Effective Date: August 27, 2021

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](#)



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GFIP Eligibility
Effective Date: May 27, 2021

GFIP Eligibility

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GFIP Eligibility
Effective Date: May 27, 2021

I. OVERVIEW

This section describes information that every employee **must** read **before** **addressing** Group Flood Insurance Policy (GFIP) eligibility.

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.

NOTE: The NFIP sends an alert to remind GFIP certificate holders of their need to purchase and maintain flood insurance 60 days prior to the expiration of a certificate.

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;



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- 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 it 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.



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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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- **SPLIT/ROUTE** the Funeral pending (PND – Pending) line to the **FEMA** or **State Funeral** queue for processing by designated staff. Refer to the [Funeral Assistance](#) SOP for additional information.
- When moving to the next eligible award in the sequence, if necessary, adjust the eligible award by one full funeral maximum amount to ensure funds are available for funeral expenses.
- 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.



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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
9. Refer to the [examples of GFIP eligibility](#) for additional information.

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

B. Information Requests

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

C. Processing Eligible Assistance

1. General eligibility information



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- 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.



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- ii. **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.
 - a. Helpline: Refer to the [Helpline NPSC Caller Services Reference Guide](#) for additional information.
 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



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- ii. The **EHRZ**, **ERPLZ**, or **EPPZ** award follows the [Sequence of Delivery](#):
- iii. **CHECK** the **Flood Insurance box** in the NEMIS **Worksheet** or the Web NEMIS **Eligibility** Frame under **the Payment Calculator**.
 - 1. FEMA may purchase a GFIP certificate with **EHRZ** and **ERPLZ** awards for eligible owners that are referred to ONA, but that are not necessarily paid any ONA award. .

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:
 - i. **ADD** the **Info Control Renter Requested GFIP** verification to the file and set the verification to **Verified**.
 - 1. Once the verification is set, the file will be referred to the NFIP for the purchase of a GFIP certificate.

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:
 - 1. **CLICK** on the **Info Control** tab in NEMIS (any process queue) or Web applicant update;
 - 2. **CLICK Add**;
 - 3. **SCROLL DOWN** to **Renter Requested GFIP** in the **Verification Requirement** field;
 - 4. **HIGHLIGHT Renter Requested GFIP**;
 - 5. **SELECT** either **Pending Request** or **Pending Response** (staff will be immediately changing it);
 - 6. **CLICK OK**, and **Renter Requested GFIP** (showing pending request or pending response) will now be displayed in the **Verification Requirements** box;



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7. **HIGHLIGHT Renter Requested GFIP** in the **Verification Requirements** box;
8. In the **Substantiation Received** box, **HIGHLIGHT** the correspondence the applicant submitted, which states they are returning to the damaged dwelling;
 - a. **HIGHLIGHT 90-69**, for example, if no such correspondence has been submitted but the applicant calls and states they are returning to the damaged dwelling;
9. **CLICK** the Associate (**Assoc**) button, and the **Substantiation Review** box will pop up;
10. **SELECT Verified** from the **Verification Status** drop-down menu; AND
11. **CLICK OK**, and the verification will be set to **Verified**.
- ii. **ADD a Comment**, and include the following:
 1. **Comment Summary Line:** FACILITY/NPSC# SET RRGFIP VERIFICATION.
 2. **Comment Text:** State whether the verification was added based on the applicant statement or applicant correspondence. If the applicant submitted correspondence, include the document number in the comment text.
- b. For casework staff after the NEMIS Comment is completed:
 - i. **ROUTE to FEMA Approval NON-DRM** or specific queue approved by Supervisor/Point of Contact (POC), Preshift, or other authorized source.
 1. **ROUTE to FEMA Approval NON-DRM** when there is a combination of eligible and ineligible determinations.

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.



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b. FEMA staff is authorized to process HA categories.

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

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

i. If an additional WP is available in a state processing queue or subqueue such as **State Manual**, **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:

a. **ROUTE** the existing WP to the **State Manual Determination** queue.

2. There are HA categories to address:

a. On the **Confirmation** screen, **SELECT** the appropriate **Routing** location for all HA categories;

b. **SELECT State Manual Determination** for all ONA categories; AND

c. **CLICK Submit**.

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:

a. **CALL** the IHP Helpdesk at (b) (6) for the applicable extension number; or **EMAIL** the appropriate Supervisor/POC.

i. If after review by the IHP Helpdesk Specialist or Supervisor/POC it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:

1. **EMAIL** a request for clarification to the appropriate team via the Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov).



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**).

Verification Checklist	No	Yes
Is the damage to the applicant's property caused by flooding and the damaged items are insurable under NFIP (excludes uninsurable - UI items)?		X
Did the applicant have flood insurance coverage at the time of the disaster?	X	
Is the applicant's damaged residence located in a SFHA (flood zone A, V, or W)?		X
Is the applicant's damaged residence located in a sanctioned community or CBRS Unit?	X	
If the damaged dwelling is a travel trailer, is the unit on a permanent foundation (Travel Trailer — Permanent Foundation ; line item 6920)?		X
Is the applicant eligible for Home Repair (EHRZ), Replacement Housing (ERPLZ), or Personal Property (EPPZ) assistance, prompting the requirement to maintain flood insurance on the damaged residence?		X
Was the applicant referred to ONA as a result of a failed income test (SBA = FIT) OR as a result of their SBA loan eligibility determination?	X	

Result: UNCHECK the Flood Insurance box in the NEMIS Worksheet or the Web NEMIS Eligibility Frame under the Payment Calculator.

- o The applicant is not ONA referred and does not qualify for a GFIP certificate.

Table 1: Example Describing GFIP Eligibility for an Owner.

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.



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Verification Checklist	No	Yes
Is the damage to the applicant's property caused by flooding and the damaged items are insurable under NFIP (excludes uninsurable - UI items)?		X
Did the applicant have flood insurance coverage at the time of the disaster?	X	
Is the applicant's damaged residence located in an SFHA (flood zone A, V, or W)?		X
Is the applicant's damaged residence located in a sanctioned community or CBRS Unit?	X	
If the damaged dwelling is a travel trailer, is the unit on a permanent foundation (Travel Trailer — Permanent Foundation ; line item 6920)?		X
Is the applicant eligible for Personal Property (EPPZ) assistance, prompting the requirement to maintain flood insurance on the damaged residence?		X
Was the applicant referred to ONA as a result of a failed income test (SBA = FIT) OR as a result of their SBA loan eligibility determination?		X
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.		X

Table 2: Example Describing GFIP Eligibility for a Renter.

Result: CHECK the Flood Insurance box in the NEMIS Worksheet or the Web NEMIS Eligibility Frame under the Payment Calculator.

- The applicant is eligible for a GFIP certificate.



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 comprised 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



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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.

Acronyms

CBRS	Costal Barrier Resources System
COD	Cause of Damage
DDA	Damaged Dwelling Address
DRC	Disaster Recovery Center
DSA	Disaster Survivor Assistance
EHRZ	Eligible Home Repairs, Flood Insurance Required
EPP	Eligible Personal Property
EPPZ	Eligible Personal Property (PP), Flood Insurance Required
ERPLZ	Eligible Replacement Housing, Flood Insurance Required
FEMA	Federal Emergency Management Agency
FIT	Failed Income Test (SBA)
FVL	FEMA Verified Loss
GFIP	Group Flood Insurance Policy
HA	Housing Assistance
IHP	Individuals and Households Program
JFO	Joint Field Office
NEMIS	National Emergency Management Information System
NFIP	National Flood Insurance Program



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NFIRA	National Flood Insurance Requirement Act
ONA	Other Needs Assistance
OPA	Otherwise Protected Area
POC	Point of Contact
SBA	Small Business Administration
SFHA	Special Flood Hazard Area
SOP	Standard Operating Procedure
STT	State, Territorial, or Tribal Government
WP	Workpacket



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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](#)



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Personal Property Assistance
 Effective Date: September 17, 2021

PERSONAL PROPERTY ASSISTANCE

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Personal Property Assistance Effective Date: September 17, 2021

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.

NOTE: Personal Property Assistance is intended to meet the basic needs of the household, NOT to restore all PP items to a pre-disaster condition.

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;



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- 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:
 - The DD is NOT in a Sanctioned Community (SC); AND
 - 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.



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- 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](#).



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II. IMPORTANT INFORMATION

This section describes information that every employee **must** read **before** processing Personal Property 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](#).
 - **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:



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- **REVIEW** the damaged dwelling's mapping information in NEMIS on the **Banner (DD in CBRA: Yes/No or Sanctioned Comm: Yes/No** when flood damage occurs) 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.

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 (**Fld Zn: 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;



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- **SPLIT/ROUTE** the Funeral pending (PND – Pending) line to the **FEMA** or **State Funeral** queue for processing by designated staff. Refer to the [Funeral Assistance](#) SOP for additional information.
- When moving to the next eligible award in the sequence, if necessary, adjust the eligible award by one full funeral maximum amount to ensure funds are available for funeral expenses.
- 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**".
 - **EMAIL** the IHP Helpdesk for assistance: fema-ihphelpdesk@fema.dhs.gov.
 - **INCLUDE** the following on the email:



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- **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:
 - **ADD a Comment;** AND
 - **ROUTE** to the **FEMA Supervisor Review – ADA Process** subqueue.

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.



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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.



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- 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:

- i. **USE** the **PP - Personal Property RFI** Letter option when processing requests for Essential Stored Personal Property Assistance.

1. **SELECT** the **PP - Personal Property** option from the **RFI Request** field.

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.



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- 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:
 - i. Room line item damage levels are identified as:
 - 1. Repair X: 25 percent of Replace;
 - 2. Repair Y: 50 percent of Replace; OR
 - 3. Replace Z: 100 percent.
 - 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.



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- d. Each line item will display a line item quantity max/limit.
- e. If an inspection identifies any PP item(s) as **Not Affected**, **Insured**, or **Landlord Owned** and the quantity max/limit has been met, the applicant will be ineligible for Personal Property Assistance for those item(s).
- 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**



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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. Assistance with appliances is based on the inspection level of damage of **Not Affected**, **Landlord Owned**, **Repair (X)**, or **Replace (Z)**.
 - i. 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.



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- ii. If the number of **Not Affected, Insured** or **Landlord Owned** item(s) meets the item quantity limit, the applicant will then be ineligible for assistance for that item(s) because the item(s) meets the household's need.
- iii. If the number of **Not Affected, Insured** or **Landlord Owned** item(s) DOES NOT meet the item quantity limit, the applicant will then be awarded the minimum amount of assistance to meet the household needs, NOT to exceed the quantity limit.
- 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. FEMA defines an essential need for clothing if the existing clothing has been destroyed, is physically gone, e.g. blown away, or contaminated by chemicals or sewer backup as a result of disaster.
 - i. FEMA expects applicants to clean clothing soaked by wind-driven rain, seepage, or flood waters.
 - ii. The COD for clothing will appear in the **Personal Property/Other Misc** frame.
- 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.
- d. At the time of inspection, if an occupant has damaged clothing but still has available clothing to meet their essential need, clothing will NOT be recorded.
 - i. This includes seasonal clothing.
 - ii. Stored clothing is generally NOT eligible for assistance.



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- iii. **REVIEW** the **Inspection History** link to identify if a clothing loss (# Required Clothes) was recorded at the time of inspection.
- 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;
 - ii. **SELECT** the **Clothing** line item, **CLICK** the **Edit** link, and **UPDATE** the **Clothing** line item **Quantity** based on observed quantity.
 - iii. **DO NOT** exceed the number of **# Required Clothes** recorded at the time of inspection or the line item limit recorded in NEMIS.

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.
 - 1. The line item **Limit** represents the number/quantity of that type of appliance required to meet the needs of a household.
 - 2. If the **Not Affected, Insured, or Landlord Owned** item(s) meet(s) the item quantity limit, the applicant will then be ineligible for assistance for that/those item(s) because the item(s) meet(s) the household's need.
 - 3. If the **Not Affected, Insured, or Landlord Owned** item(s) DO NOT meet the item quantity limit, the applicant will then be awarded the minimum amount of assistance to meet the household needs, NOT to exceed the quantity limit.
- iv. **Bedrooms:** The number of occupied bedrooms is recorded at the time of inspection.
 - 1. Eligibility is based on:
 - a. The number of occupied bedrooms vs. the number of damaged bedrooms; AND
 - b. The number of bedrooms that are **Not Affected, Insured, or Landlord Owned**.
 - c. Refer to the [examples](#) for additional information.
 - 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



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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.



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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;



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- 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.

NOTE: In some self-employed situations, it is possible the applicant may seek work with an employer that requires them to provide their own tools. In this situation, the applicant is an employee of another company and a W-2 form is filed. The inspector may record the item appropriately, but the self-employed status in NEMIS CANNOT be updated. NO additional **Comment** from the inspector is required. If this occurs and the applicant is referred to ONA, **GENERATE** an **ADOC** with the **Essential Tools** insert.

- 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;



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- a. **PROCESS** the line item amount, regardless if any available receipts are less. DO NOT exceed the NEMIS line item pricing amount.
 2. If the line item DOES NOT have a dollar amount (amount set a zero), **PROCESS** the eligible award amount based on eligible receipts. DO NOT exceed the \$799.99 line item limit.
 3. If the Essential Tool line item(s) DOES NOT include an award amount for use in NEMIS; **CLICK** the **Edit** link on the **Personal Property Line Items** frame, **UPDATE** the **Item Quantity**, and **ENTER** the eligible total.
 4. Refer to the [Appendix](#) for information on using the **Eligibility Calculator**.
- 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:

- a. Prior to processing, **REVIEW** the inspector's **Comments** to determine if the inspector was able to confirm with the fire department that the fire was directly caused by the disaster.
 - i. If yes, and the applicant has met all other [eligibility verification](#) requirements; **PROCESS** as eligible **EPP**.
 - ii. If no, **CONTINUE** to [step b](#).
- b. **REVIEW** the **Communication** screen for a report from the Fire Department that confirms the fire was directly caused by the disaster.
 - i. If available, and the applicant has met all other [eligibility verification](#) requirements; **PROCESS** as eligible **EPP**.



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- ii. If NOT available, **CALL** the Fire Department to confirm the fire was directly caused by the disaster. Three call attempts are required. If the Fire Department contact number is NOT available in the inspector's **Comment**, **PERFORM** an internet search for the non-emergency contact number for the Fire Department that services the city/town where the disaster-damaged residence is located.
 1. If confirmed, and the applicant has met all other [eligibility verification](#) requirements; **PROCESS** as eligible **EPP**.
 2. If NOT confirmed, or the Fire Department indicates the report is NOT finalized; **PROCESS** as **Ineligible – Damage Not Caused by the Disaster (INDR)** and **CALL** the applicant to explain the decision. One call attempt is required.

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:
 1. **ADD** a **Comment**; AND
 2. **ROUTE** the WP to the **FEMA Supervisor Review – ADA Process** Subqueue.
- 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;



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- 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**:
 - 1. For each RP ADA line item separately, **CLICK** the **Edit** link on the PP Line Items frame, and **UPDATE** the **Item Quantity** to zero.
 - 2. **SELECT** Non-ADA PP line items, **UPDATE** status code to EPPZ, EPP,
 - 3. On the **Confirmation** screen, **SELECT** the **Split Workpacket** option, **ENTER** a **Comment**, and **CLICK Submit** to route the Non-ADA line items to **FEMA Approval NON-DRM**.



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- iii. Once the processing of Non-ADA line items has been completed:
 - 1. **PROCESS** all PP ADA line items for payment;
 - 2. **SELECT** each PP ADA line item separately, **CLICK** the **Edit** link on the PP line items frame, and **UPDATE** the line **Item Quantity** based on observed quantity.
 - 3. **UPDATE** status code EPPZ, EPP;
 - 4. **GENERATE** the **ADA Approval Letter**;
 - a. Staff must **INSERT** the total dollar amount of assistance (combined HA + ONA amount) for the ADA line item(s) being processed for payment.
 - 5. **ADD** a **Comment**; AND
 - 6. **ROUTE** the ADA award to **FEMA Approval NON-DRM**.
- i. When the FVL exceeds the Financial HA Maximum:
 - i. **PROCESS** all Non-ADA line items for payment first.
 - 1. SPU must **SELECT** each PP ADA line item separately, **CLICK** the **Edit** link on the **Personal Property Line Items** frame and **UPDATE** the line **Item Quantity** to zero.
 - 2. **SELECT** Non-ADA PP line items, **UPDATE** status code to EPPZ, EPP.
 - 3. On the **Confirmation** screen, **SELECT** the **Split Workpacket** option, **ENTER** a **Comment**, and **CLICK Submit** to route the Non-ADA line items to **FEMA Approval NON-DRM**.
 - ii. Once the processing of Non-ADA line items has been completed:
 - 1. **PLACE** the existing WP on **Hold – Program Review**; AND
 - 2. **SEND** an email with the applicant details to the [FEMA IHP Helpdesk](#) using the subject line **ADA PROCESSING - FINANCIAL MAX. INCLUDE** the disaster and registration number.
 - a. Only refer cases where the applicant's PP award is over the Financial HA Maximum and an ADA line item within either category must be addressed.



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- b. For example, if the applicant only reached the financial ONA maximum,
 - i. Refer the ONA-ADA portion to the IHP Helpdesk; AND
- iii. **PROCESS** HA non-ADA and ADA line items according to the [Home Repair Assistance](#) SOP.

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:



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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.



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- 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:

- 1. **CALL** the IHP Helpdesk who will review the request and assist in determining if an inspection is necessary.

- a. If the applicant DOES NOT meet the requirements for an inspection or the applicant is determined ineligible for assistance, the IHP Helpdesk will advise staff to:

- i. **PROCESS** the appropriate denial decision, OR
- ii. **GENERATE** an **ADOC** to request the missing information.

- b. If all verifications are complete, the IHP Helpdesk will advise staff to:

- i. **ADD** a PP **PND** line;
- ii. **REQUEST** a **FEMA Appeal** Inspection;
- iii. **ADD** the following **Comment**; AND

- 1. Stored PP only, NO inspection of the applicant's primary residence is required. Damaged address reflects location of the storage unit. **ADDRESS** all PP furnishings and/or appliances in comments with the respective level of damage and the method of verification. Please flag the inspection for manual review.

- iv. **ADD** any standard processing comments, and **ROUTE** the case to **Send for Inspection**.

- 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.



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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.1.](#)
- 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.
 1. The caseworker will manually **ADD** the line items to the **Line Items** frame on the **Personal Property Processing** screen according to the damage type, line item quantity limit, and degree of damage (award level) 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.



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- 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.

10. Determining GFIP Eligibility



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- 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):



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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)**



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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 minimum IHP award amount. There is NO minimum for subsequent awards.

2. For every type of ineligible decision:

- a. **GENERATE** any required letters when necessary, e.g. **IOR**;
- b. **ADD** a **Comment** to describe the specific reason(s) the applicant DID NOT qualify for assistance; AND
 - i. **INCLUDE** types of documents that can be supplied to overturn the decision, if applicable.
- c. **ROUTE** to **FEMA Ineligible** or another appropriate queue as instructed by supervisor/POC, pre-shift, or other authorized source.

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 minimum IHP award amount (**IID**).
 - i. **CALL** to the applicant to discuss ineligible reasons;
 - ii. **SELECT** the applicable ineligible decision (in this case **IINS**);
 - iii. **ADD** a **Comment** explaining the multiple ineligible reasons identified; AND
 - iv. **ROUTE** to **FEMA Ineligible** or another appropriate queue as instructed by a supervisor/POC, pre-shift, or other authorized source.

E. Joint Option Disaster Information (ONA Only)

1. If processing a Joint Option Disaster:

- a. ONA categories are only processed by the STT.



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- b. FEMA staff is authorized to process HA categories.

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

- a. **REVIEW/PROCESS** any outstanding issues within HA categories.
 - i. If an additional WP is available in a state processing queue or subqueue such as **State Manual**, **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:
 - a. **ROUTE** the existing WP to the **State Manual Determination** queue.
 - 2. There are HA categories to address:
 - a. On the **Confirmation** screen, **SELECT** the appropriate **Routing** location for all HA categories;
 - b. **SELECT State Manual Determination** for all ONA categories; AND
 - c. **CLICK Submit**.

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;



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- 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. The item(s) level or degree of damage (**Not Affected, Repair, Replace**);
AND
 - 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:

- a. **CALL** the IHP Helpdesk at (b) (6) or the applicable extension number; or **EMAIL** the appropriate Supervisor or POC.
 - i. If after review by the IHP Helpdesk Specialist or Supervisor/POC it is determined additional clarification is required, the IHP Helpdesk Specialist or Supervisor/POC will:
 - 1. **EMAIL** a request for clarification to the appropriate team via the Helpdesk (FEMA-IHPHelpdesk@fema.dhs.gov).



IV. EXAMPLES AND FAQs

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

Determining the Need for Appliances

1. **Furniture-Type Items Recorded under Appliances:** There are a few line items included in the appliance listings that are NOT typically considered appliances. Specific furniture line items are selected as appliances in order to list these line items separately from room furnishings or additional line items NOT included in any room awards.
 - a. **Twin Bed:** The bedroom line item includes an allowance for a queen bed for two occupants. If there are more than two occupants in a damaged bedroom, an additional twin bed line item will be added for each additional occupant. In the example below, an applicant has a basement bedroom shared by three children who each has a damaged twin bed. One queen bed is included as part of the bedroom furnishings (In the room PP history) and the additional twin bed would be recorded using the **Twin Bed** line item under appliances.
 - b. **Every Day Dining Table:** Inspectors DO NOT use the **Room** furnishings to record everyday dining table and chairs. They use a line item in the PP appliance screens to address them, regardless of the table's actual location in the home.
 - c. **Children's Accessories:** Inspectors also record children's accessories as appliances. Inspectors will record cribs, high chairs, strollers, and playpens for children age 3 and under. Toys are recorded for children age 17 and under, and car seats have NO age criteria. These are the only age-related line items that will be eligible upon inspector verification. Inspectors will NOT record children's accessories unless an occupant requiring the item is a member of the household composition.

Standard PP Line Items

The following section contains the standard PP line items as established by FEMA and acknowledged by the STT, including the line items and quantity of each. The STT has the ability to request additional line items be added to the eligible PP list and/or remove some of the individual line items during disaster setup, but it CANNOT remove components within a specific room type. Each line item section is covered separately below. Requests to add or remove line items must be received within the first 72 hours after a disaster declaration.

Standard PP Line Items	
Line Item Description	Quantity
Living Room	



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Standard PP Line Items	
Coffee table	1
Lamp (1 floor – 1 table)	2
Upholstered 8' sofa	1
Upholstered chair	1
Bedroom	
18" x 48" Mirror	1
4 Drawer chest	1
4' x 5' Mini-blind set	1
Bed – frame/frame/mattress	1
Bedsprad	1
Blanket	1
Lamp	1
Nightstand	1
Sheet set	1
Standard pillow	1
Bathroom	
3' x 4' Mini-blind set	1
Panel shower curtain	1
Set of personal brushes/combs, etc. - \$50 Hygiene Allowance	1
Set of personal hygiene items - \$50 Hygiene Allowance	1
Shower rod	1
Towels - (1) 4-piece towel set	4
Tub mat	1
Trash can	1
Kitchen	
2' x 4' Area rug	1
3' x 4' Mini-blind set	1
Blender	1
Broom	1
Can opener (electric)	1
Coffee maker	1
Cooking utensils (miscellaneous)	1
Dinnerware (service for 8)	1
Dish rack and drainer	1
Dishtowels and pot holders (4 pieces)	1
Fire extinguisher (9 lbs.)	1
Flatware (service for 8)	1
Fork (meat)	1
Glassware (service for 8)	1
Knife set (7 pieces)	1
Mixer (handheld)	1
Mixing bowl set (4 pieces)	1
Mop and bucket	1
Pots and pans w/lids set (8 pieces)	1
Spatula	1
Spoon (cooking)	1
Toaster (2 slots)	1
Trash can	1
Whisk	1
Dining Room	



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Standard PP Line Items	
Dining table and chairs (4 persons)	1
PP Appliance Line items	
*** Air Conditioner	1:1 ratio
Appliance Service Call	1
* Carbon Monoxide Detector - Misc/Other line item also.	1
* Chainsaw - Misc/Other line item also.	1
** Child Car Seat	Pre-disaster household need
** Clothing	Pre-disaster household need
* Dehumidifier - Misc/Other line item also	1
Dryer	1
*** Electric Fan	1:1 ratio
Freezer	1
* Generator - Misc/Other line item also	1
** High Chair	Pre-disaster household need
* Humidifier - Misc/Other line item also	1
** Infant crib	Pre-disaster household need
** Infant stroller	Pre-disaster household need
Microwave	1
Playpen	1
Radio	1
Range/Oven	1
Refrigerator	1
*** Space Heater	1:1 ratio
Telephone	1
Television	1
** Toys	Pre-disaster household need
*** Twin Bed	1:1 ratio
Vacuum	1
Washer	1
* Weather Radio - Misc/Other line item also.	1
PP Heat Source Line items [Previously Owned]	
Coal or Wood Pellet	1 Ton
Cord of Wood	1
Kerosene (Gallons)	200 Gallons
Oil (Gallons)	200 Gallons
Propane (Gallons)	200 Gallons
Miscellaneous/Other Line items	
* Carbon Monoxide Detector	1
* Chainsaw	1
* Dehumidifier	1
* Generator	1
* Humidifier	1
Smoke Detector - One per damaged floor	1
* Weather Radio	1
ADA Line Items [Previously Owned]	
ADA Accessible Bed	1
ADA Accessible Computer	1
ADA Accessible Raised Toilet Seat	1
ADA Accessible Refrigerator	1
ADA Accessible Washer	1



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Standard PP Line Items	
ADA Flashing Fire Alarm – one per damaged floor and occupied bedroom	1
ADA Shower Chair	1
ADA Walker	1
ADA Wheel Chair	1
Advance TTY/TDY Telephone	1
NOTE: * - These items can either be previously owned or purchased post-disaster. Assistance will only be awarded under one category and will be paid under PP first. ** - The quantity for the item will be based on the number of pre-disaster occupants who need or are required to use the item. *** - The quantity for the item will be based on a 1:1 ratio of one item per occupied bedroom.	

Table 1: Standard PP Line Items

1. Appliances

- 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:
 - i. The maximum household limit, e.g. one refrigerator;
 - ii. The number of pre-disaster occupants who need or require use of the item;
OR
 - iii. One item per occupied bedroom (1:1 ratio).
- 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.
- c. Some appliances are listed under PP and Miscellaneous/Other Items. These items can only be awarded under one category.
 - i. If the item was owned before the disaster and it was damaged, it will be awarded as Personal Property Assistance.
 - ii. If the item was purchased after the disaster, it will be awarded as a Miscellaneous/Other Item.
 - 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.

2. Living Room



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- 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).



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- 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?**
 - a. If the applicant is an **SBA = FIT** (NOT referred to SBA for a loan) and has supplied income documents indicating their gross income exceeds the minimum income level listed on the [SBA Referrals](#) SOP, **ADDRESS** the SBA referral accordingly.
 - i. When pre-disaster income documents are available and an income increase would change the ONA **FIT** referral to an SBA Home/PP (**HAPP**) referral (**VERIFY** using the income test tables), **DO NOT** process an eligibility determination for the income-dependent category(s), delete any available pending lines, and **ROUTE to FEMA Complete**.
 - ii. **REVIEW** the registration period to determine if an SBA referral can be added to the registration prior to the routing event:
 1. RI period open: If the increase changes the ONA **FIT** referral to a **HAPP** referral and the registration period has NOT closed for the disaster, manually **ADD** the SBA referral using the **Assistance** screen.
 2. RI period closed: If the increase changes the SBA= **FIT** referral to SBA=**HAPP** referral and the registration period has closed for the disaster, **DO NOT** add the SBA Referral using the NEMIS **Assistance** screen. **CALL** all numbers on file to advise the applicant to contact the SBA at (800)659-2955 to request a late loan application due to the income change. One attempt to all numbers listed on file is required.



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 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 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



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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.

Acronyms

ADA	Americans with Disabilities Act
ADOC	Appeal Documentation Request



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BFE	Base Flood Elevation
CBRA	Coastal Barrier Resources Act
CBRS	Coastal Barrier Resources System
COD	Cause of Damage
CPI	Consumer Price Index
DAC	Disaster Assistance Center
DD	Damaged Dwelling
DR	Disaster
DRC	Disaster Recovery Center
DSA	Disaster Survivor Assistance
DSOP	Disaster-Specific Operating Procedure
EHRZ	Eligible Home Repair, Flood Insurance Required
EPP	Eligible Personal Property
EPPZ	Eligible Personal Property – Flood Insurance Required
ERPL	Eligible Replacement Housing
ERPLZ	Eligible Replacement Housing – Flood Insurance Required
FEMA	Federal Emergency Management Agency
FIT	Failed Income Test
FVL	FEMA Verified Loss
GFIP	Group Flood Insurance Policy
HA	Housing Assistance
HAPP	SBA Home/PP
ICBRA	Damaged Dwelling Located in CBRA



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IDV_PASS	Identity Verification Pass
IHP	Individuals and Households Program
IID	Ineligible Minimal or No Personal Property Needs Required
IINSF	Flood Insurance Only, Inspection Completed
INFI	Ineligible Flood Insurance
INI	Ineligible has Insurance
INONV	Ineligible – Occupancy Not Verified
IOR	Ineligible Other Reason
IOVR	Ineligible Over Program Maximum
ISC	Ineligible Sanctioned Community
JFO	Joint Field Office
NCOMP	Non-compliant with Flood Insurance Requirement
NCT	National Coordination Team
NEMIS	National Emergency Management Information System
NFIRA	National Flood Insurance Reform Act
NONREF	Non-Referral
ONA	Other Needs Assistance
PMS	Program Management Section
PND	Pending
POC	Point of Contact
PP	Personal Property
RFI	Request for Information
RI	Registration Intake



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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



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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):

- a. On the **Personal Property Line Items** frame, **CLICK Eligibility Calculator**.
 - i. On the **Eligibility Calculator History** window, **CLICK Add**;
 - ii. On the **Inspection and Insurance Comparison** frame, **SELECT** each inspection that requires comparison.
 1. For each inspection, **CLICK Select** under the **Insurance Compare** column.
 - a. On the **Select Insurance** window, **SELECT** the appropriate insurance line; AND
 - b. **CLICK Save**.
 - iii. On the **Eligibility Summary** frame, **CLICK Calculate**.
 - 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**.

2. Observed Amount GREATER Than Quantity Amount (Same COD):



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- a. On the **Personal Property Line Items** frame, **CLICK Eligibility Calculator**.
 - i. On the **Eligibility Calculator History** window, **CLICK Add**;
 - ii. On the **Inspection and Insurance Comparison** frame, **SELECT** each inspection that requires comparison;
 1. For each inspection, **CLICK Select** under the **Insurance Compare** column.
 - a. On the **Select Insurance** window, **SELECT** the appropriate insurance line; AND
 - b. **CLICK Save**.
 - iii. On the **Eligibility Summary** frame, **CLICK Calculate**;
 1. **USE** your desktop calculator to determine the **Overpayment** or **Underpayment** amount by deducting the **Eligible Amount** from the **Observed Amount** for each inspection.
 - a. The **Eligible Amount** is the amount that was paid to the applicant from the previous inspection(s).
 - b. If the **Eligible Amount** has NOT been paid, it can be determined by adding the **Quantity** amount for each eligible line item.
 2. **CLICK** the **Adjustment** link for each inspection and **ENTER** the amount you calculated.
 - a. If entering an adjustment for an **Underpayment**, **ENTER** a negative (-) symbol in front of each entry in the **Adjustment** link.
 - b. If entering an adjustment for an **Overpayment**, a negative (-) symbol is NOT required.
 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;



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vii. **CLICK Save**; AND

viii. **CLICK Close**.

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**.

- a. On the **Personal Property Line Items** frame, **CLICK Eligibility Calculator**.
 - i. On the **Eligibility Calculator History** window, **CLICK Add**;
 - ii. On the **Inspection and Insurance Comparison** frame, **SELECT** each inspection that requires comparison;
 1. For each inspection, **CLICK Select** under the **Insurance Compare** column.
 - a. On the **Select Insurance** window, **SELECT** the appropriate insurance line; AND
 - b. **CLICK Save**.
 - iii. On the **Eligibility Summary** frame, **CLICK Calculate**;
 1. For both inspections:
 - a. If the **Observed Amount** is greater than the **Eligible Amount**, **USE** your desktop calculator to determine the **Overpayment** or **Underpayment** amount by deducting the **Eligible Amount** from the **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:



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- a. **CLICK** the **Adjustment** link and **ENTER** the **Eligible Amount** for the COD that has changed.
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.**

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**.
 - i. On the **Eligibility Calculator History** window, **CLICK Add**;
 - ii. On the **Inspection and Insurance Comparison** frame, **SELECT** each inspection that requires comparison;
 1. For each inspection, **CLICK Select** under the **Insurance Compare** column.
 - a. On the **Select Insurance** window, **SELECT** the appropriate insurance line; **AND**
 - b. **CLICK Save.**
 - iii. On the **Eligibility Summary** frame, **CLICK Calculate**;
 1. For the initial inspection:
 - a. If the **Observed Amount** is greater than the **Eligible Amount**, **USE** your desktop calculator to determine the **Overpayment** or **Underpayment** amount by deducting the **Eligible Amount** from the **Observed Amount** for each inspection; **AND**



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- 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 the 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.**