



**DEPARTMENT OF HUMAN SERVICES**

**LONG TERM DISASTER RECOVERY COMMITTEE**

# Long-Term Disaster Recovery Guidelines

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# INTRODUCTION

Soon after the 2004 Charley, Frances, and Jeanne hurricanes, the Lee County Long-Term Recovery Committee (LTRC) was formed with the assistance of the World Church Organization and the Federal Emergency Management Agency (FEMA). Key disaster organizations, such as the American Red Cross, The Salvation Army, United Way, Area Agency on Aging, Southwest Florida Workforce Development Board, and Lee County Emergency Operations Center came together to discuss implementation of the LTRC.

The LTRC consists primarily of representatives from Lee County social service agencies and faith-based organizations. The purpose of the LTRC is to coordinate the efforts among community social service and housing agencies in addressing the unmet needs of families and individuals.

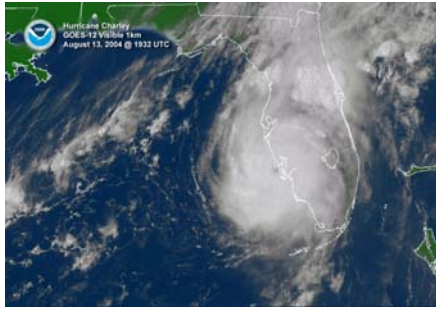
The Guidelines are intended to give an overview of the major players in the County's disaster response and recovery, help with a model to organize for long-term recovery, and offer some tools and samples for adaptation to a particular situation.

What we responded to during the 2004 and 2005 hurricane seasons was to stabilize the working people in our community. We also found many low income and elderly with existing unmet needs months after Hurricane Charley impacted our area.

These guidelines should serve as a beginning to the recovery process. The information and forms that are included were used by "Katrina Aid Today" – UMCOR - 2006. Since then, they have been adjusted to convey the information needed for preliminary case work to begin and be developed into a meaningful case for managers to assist families in the rebuilding of their lives.

Each piece of the recovery phase is essential to getting back to what was once considered a "normal" life. The guidelines are designed to bring as much detail into this procedure as possible. We found when we had explored all of the scenarios, the more information we were able to capture on each individual, as soon as possible, the easier it was to connect people with services they actually needed, without duplicating.

# DISASTERS and



# LONG-TERM RECOVERY



## **A Disaster:**

A disaster is an event that disrupts normal life, causing physical or mental trauma and damage to property and/or community infrastructure. Disasters may include hurricane, tornado, storm, flood, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslide, mudslide, snowstorm, fire, explosion, act of public violence, terrorism, or technological disasters involving toxic materials.

## **Long-Term Recovery:**

The time following a disaster in which agencies and organizations help affected persons and communities to develop and implement plans and structures for an extended recovery over a long period of time. Recovery to each disaster is unique and the **long-term recovery** (going beyond the relief and initial clean-up to actual rebuilding of homes and lives) may last months or years.

The beginning of **long-term recovery** is typified by...

1. The completion of many or all of the emergency and relief programs.
2. A gradual reduction of the presence of outside organizational representatives, staffs, and resource persons.
3. The casework and recovery initiatives being administered by the long-term recovery committee.
4. The initiation of government recovery and/or mitigation programs.

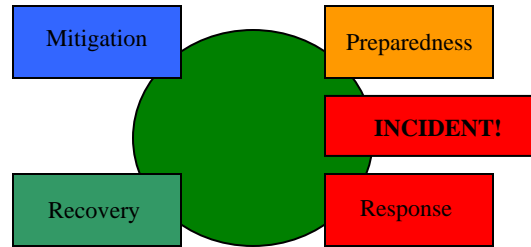
## **Long-term Recovery Committee:**

Experience has shown that a strong, well-organized long-term recovery committee enhances a coordinated response to address unmet human and social recovery needs of communities, families, and individuals.

An organized team for addressing the disaster-caused long-term recovery needs of the community, and its residents, maximizes the use of available resources by gaining community confidence; avoiding duplicative assistance; and generating financial, material, and personnel resources.

## Phases of a Disaster Long-Term Recovery Committee (LTRC) Role

When most of us think about responding to a disaster, we envision people evacuating flooded homes, moving into temporary shelter, or lining up for food and water because this is what we see in the media. What we don't see are the long-term after effects of a disaster. There are actually four phases in the disaster response cycle:



### Preparedness

Survival and quick recovery from disaster depends on providing information and education for personal and community planning. Lee County Emergency Management, Department of Public Safety, published an “All Hazards Guide” & “Make Your Own Family Hurricane Plan” that can be accessed online at [www.leeecoc.com](http://www.leeecoc.com).

### Response

Response is initiated as soon as an incident has occurred. There are two phases to response:

#### 1. Emergency

- First Responders and lead agency in this phase is the Lee County Emergency Operations Center - **EOC**. It is the role of the LTRC representative to assist the EOC leaders.
- EOC, FEMA, SERT, Red Cross, The Salvation Army, all first responders, work together to attend to immediate needs while the LTRC representative assists the EOC and the Red Cross with the opening of shelters and assists in shelters if needed.
- LTRC representative provides information at the shelters and assists the EOC and the Red Cross where needed.

#### 2. Relief

- EOC, working with FEMA, designates sites for Disaster Recovery Centers to set-up.
- LTRC representative assists the EOC, FEMA, and the Red Cross with set-up and organization of the centers to be utilized as a “one stop” for all agencies participating in disaster recovery.

## **Recovery**

During the emergency and relief phases following a disaster, organizational presence, volunteers, and resources are abundant. Soon thereafter, volunteers and resources become scarce. Client needs not met in the emergency and relief phases are addressed in the recovery period. What we learned is that it is important to identify, pool, and coordinate resources as soon as possible.

- LTRC representative meets with first responders and schedules meetings to gather and distribute information to the LTRC participating agencies.

Short term recovery period can be up to 2 weeks; EOC continues to be the lead agency. By this time debris is removed, most of the power is restored to Lee County and businesses are open.

Now money from the Federal government begins to flow in for case workers, building materials, housing repair, and replacement. Other non-profit agencies and faith-based organizations also have money from contributions and grants. The LTRC begins to coordinate these resources and initiate case management structure for individual unmet needs.

The Department of Human Services developed a brochure, ***Recovery Information Guide***, with essential information for individual recovery assistance. This brochure can be found on our website, <http://dhs.lee-county.com>, under Long-Term Disaster Recovery, **Other Helpful Links**.

### **\*Mitigation**

One of the most important elements of long-term recovery is the day-in, day-out efforts to reduce a disaster's long-term risk to people and property. This is achieved by:

- Community education and awareness
- Relocation or elevation of homes and businesses away from high-risk areas
- Promoting sound building design and construction practices
- Helping local communities adopt flood plan ordinances

\*Refer to Comprehensive Emergency Management Plan (CEMP), ESF #18 Long-Term Recovery, Mitigation, & Economic stabilization. Also see CEMP – Local Mitigation Strategy.



## DISASTER DECLARATIONS

STATE  
FEDERAL

Defining an incident as an emergency and/or major disaster is based upon the impact of the incident on the community and the ability of the community to coordinate a response. The emergency management system in the United States is based upon the ability of the local government to provide the first level of response. Should the level of the incident require a response and recovery effort above and beyond the resources of the local government, the local government may request assistance from the next level of government. This process continues until the final level of federal government assistance is sought.

Most disasters that occur in the United States are not at a level that would require the coordination of federal agencies and assets. The absence of a federally declared disaster does not prevent local and state governments from entering into an agreement with federal entities to provide assistance on their own accord.

### 1. State Declared Disaster

State governments have the responsibility to respond to emergency and disaster needs of the state's inhabitants. To do this, each state works in concert with local governments, voluntary agencies, business/industry, and others in the community to develop an all-hazards Emergency Operations Plan (EOP); In Lee County it is The Comprehensive Emergency Management Plan (CEMP). When an emergency and/or disaster occur, state and local government resources will activate their respective EOPs. Should the severity of an emergency and/or disaster be at a level that will require a coordination of state and local government resources, the governor of a state will declare a state of emergency, activating the state's EOP. Once a state of emergency has been declared, full resources of the state can be accessed to respond to the incident.

### 2. Federally Declared Emergencies and Disasters

*The Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, (as amended – The Stafford Act)* was enacted to support state and local governments and their citizens when disasters overwhelm them. This law establishes a process for requesting and obtaining Presidential disaster declaration, defines the type and scope of assistance available under the Stafford Act, and sets the conditions for obtaining that assistance.

At the state's request, state, local, and federal officials conduct a joint Preliminary Damage Assessment (PDA) to estimate the extent of the disaster damage and its impact on individuals and public facilities. The damage assessments gathered during the PDA document the severity and magnitude of the event and serve as an indicator for determining whether effective response is beyond state and local government's capability. If the extent of damage following an event is so extraordinary that PDAs cannot be conducted, the governor may request that the President declare a major disaster prior to the completion of PDAs. In such a case, damage assessments will be completed when the situation allows.

A governor's request for a Federally Declared Emergency or Disaster is made through the regional Federal Emergency Management Agency (FEMA) office. The governor must certify that state and local government obligations and expenditures (of which state commitments must be a significant portion) will comply with all applicable cost-sharing requirements.

A declared disaster is the means by which FEMA assists a state in carrying out its responsibilities to alleviate suffering and damage resulting from a major disaster or emergency. Not all programs are activated in every declared disaster. The governor requests specific areas and programs in the request letter to the President. The results of the joint PDA are used to assist the governor in determining which programs to request. Programs may be added after the original declaration.

Under the Robert T. Stafford Act, there are two categories of declaration that the President may grant in response to a state's request for disaster assistance: 1) Emergency Declaration and a 2) Major Disaster Declaration.

**1. Emergency Declaration**

An Emergency Declaration may provide for debris removal, search and rescue, emergency medical care, emergency mass care, emergency shelter, and provision of food, water, medicine, and other essential needs, including movement of supplies or persons.

**2. Major Disaster Declaration**

Based on the governor's request, the President may declare that a major disaster or emergency exists, thus activating an array of federal programs to assist in the response and recovery effort.



# LEE COUNTY LONG-TERM DISASTER RECOVERY

The following agencies came together to form the Long-Term Recovery Committee and now serve as the Executive Committee

## Lee County Department of Human Services (Chair)

United Way (Co-Chair)	The Salvation Army (TSA)	American Red Cross
Lee County EOC	First United Methodist Church	Goodwill Industries
Church World Service	Area Agency on Aging	CRWRC
Project Hope	Workforce Development Board	FEMA
SERT	Harry Chapin Food Bank	

### 1. Partners in the Lee County Long-Term Recovery

In preparing for or responding to a disaster, we identified agencies and organizations (above) that commonly provide resources during response and recovery. Here is how we have partnered with some of them:



#### Lee County Emergency Operations Center (EOC)

- Lee County EOC is organized around the National Interagency Incident Management System (NIIMS) principles, usually referred to as the Incident Command System (ICS). All personnel housed at the EOC in times of emergency are now trained in the ICS principle.
- The EOC is the official County Warning Point. They are the lead agency in the emergency activation, relief, and immediate response.
- They are the lead for opening the Disaster Recovery Centers (DRCs), and will use an identified Point of Distribution (POD) location as a multi-purpose center for hurricane recovery efforts. This is their POD for supplies and for deployment of volunteers. The Emergency Management Coordinator is the contact.

#### State Emergency Management Team (SERT)



- Develops state and county Emergency Operations Plans for emergency response.
- Identifies and coordinates resources to assist in response and recovery.
- Works closely with EOC in damage assessment.

#### SERT Voluntary Agency Liaison

- Assists with housing coordination between LTRC and FEMA
- Acts as our contact for available FEMA trailers and mobile homes.

- Coordinates with the state/local Voluntary Organizations Active in Disasters (VOAD) for information exchange and identification of resources and presents to the LTRC.

### **Federal Emergency Management Agency (FEMA)**



- Coordinates required resources in a federally declared disaster to assist the EOC and state authorities in responding to, and recovering from, the disaster.
- Assists in developing plans and training for emergency preparedness.

#### FEMA Voluntary Agency Liaison (VAL)

- Works closely with local EOC and voluntary organizations in providing goods or services to disaster survivors.
- Identifies and refers unique individual and family situations, for which assistance cannot be provided through existing programs, to the LTRC.
- Attends the Long Term Disaster Recovery Committee meetings to stay informed of survivors with housing needs, and maintains a close working relationship with the disaster recovery coordinator.

### **American Red Cross (ARC)**



- Works closely with local/state/federal emergency management staff in planning and preparedness for disaster response and is one of the first responders.
- Opens shelters within the community for immediate individual needs. These shelters are already pre-established and have written agreements. ARC assumes liability when they open a shelter. For shelter locations, feeding sites, and distribution site, call 1-866-439-4636.

#### American Red Cross Liaison to Voluntary Agencies

- Communicates with local agencies regarding Red Cross response and recovery activities through meetings with LTRC.
- Conducts an initial assessment for individual unmet needs and opens a case based on information provided by disaster survivor.
- Provides individual client emergency services based on initial disaster assessment.
- Transitions case load to long-term recovery case managers for entry into database and long-term case management.

### **Church World Service (CWS) Emergency Response Program**



- Supports a coordinated faith-based response to human needs in our long-term disaster recovery.

- Assists the LTRC in organizing to respond to a human need component of disaster recovery.

#### Church World Service Disaster Response and Recovery Liaison

- Initiated the development of the LTRC to organize and utilize all available resources in the disaster relief phase.
- Assisted with the formation of the LTRC in collaboration with the Director of Department of Human Services.
- Attends LTRC meetings as needed.

#### United Way of Lee County



- Operates storm hotline (211) in partnership with EOC.
- Shares information with first responders – American Red Cross and The Salvation Army.
- Distributes financial resources to LTRC and participating agencies.
- Acts as the fiscal officer (501c3) for the LTRC financial donations.
- Provides information and referral services: (239) 433-3900 or [www.unitedwaylee.org](http://www.unitedwaylee.org).
- Serves as Co-chair of the LTRC in Lee County.
- Attends all LTRC meetings, and is our primary source of funding information.

#### Lee County Human Services



- Chairs the Long-Term Recovery Committee
- Assists Lee County EOC, American Red Cross, and state and federal emergency management staff in preparedness for disaster response. Begins preparation for long-term recovery.
- GIS will survey impacted areas, develop maps for out-of-county workers, identify outcome of impact, and preliminary housing needs.
- Provides supervision of case managers and office space (if available).

#### Long-Term Disaster Recovery Committee

- Meets as needed to discuss unmet needs of survivors and community resources.
- Supports a coordinated response with faith-based and local volunteer agencies.
- Is composed of agency representatives that have decision-making authority for their organizations.
- Receives all unmet needs cases from ARC, SERT, FEMA, TSA, etc., for long-term case management when there are unmet human needs.
- Promotes public information activities.
- Works closely with SERT and FEMA liaison to identify temporary housing availability and needs.



Repairing lives...



Assisting those in need...

### **National VOAD Members in long-term recovery**

NVOAD representatives are present in the community during long-term recovery and in the organizing work for long-term recovery. NVOAD member agencies also offer their particular resources.

Those present for our (Lee County) long-term recovery:

- Christian Reformed World Relief Committee (CRWRC)
- Lutheran Disaster Response
- Mennonite Disaster Service
- Presbyterian Disaster Assistance
- The Salvation Army (TSA)
- United Methodist Committee on Relief (UMCOR)

## **2. Long-Term Recovery Committee (LTRC) Structure (for Lee County)**

- The first step is for organizational and agency representatives to meet and make basic decisions. Initial meeting/s address:
  - Agreement to work together
  - Logistics about meeting times, spaces, and leadership
  - Committee Chairperson is Director of Human Services
- The coordinator/chair convenes and facilitates regular meetings of the Committee.
  - Meetings are scheduled as needed and members are notified by e-mail or phone as to when and where the meeting will be held.
  - Information about community resources is shared.
  - Case managers are identified by the Disaster Recovery Coordinator and training provided in coordination with the UMCOR area representative.

- Non-profit and faith-based organizations working in disaster recovery transition cases to the LTRC once the response and immediate recovery period are no longer in effect and survivors still have unmet needs.
- A case file is established and kept in a secured common office where client information is entered into a database. (CRWRC and Lutheran Services DRD software used for 2004-2005 storms).
- Case managers report directly to the Coordinator and meet as needed, also meet once a week with the LTRC to report cases with unmet needs.
- All cases presented to the Committee **must** be accompanied by a “*Release of Information*” form (see sample forms) signed by the client so case information can legally be shared.
- Through discussion, sharing options, and resources, the Committee jointly shares their resources to meet the needs of each case brought to the Committee.
- Commitment of resources by an organization is voluntary and based on that organization’s eligibility criteria and approval.
- Minutes of the meetings are recorded and include the details of all agency commitments.
- Professional standards of confidentiality apply to the Committee as a whole.

# OPERATING THE LEE COUNTY LONG-TERM RECOVERY COMMITTEE

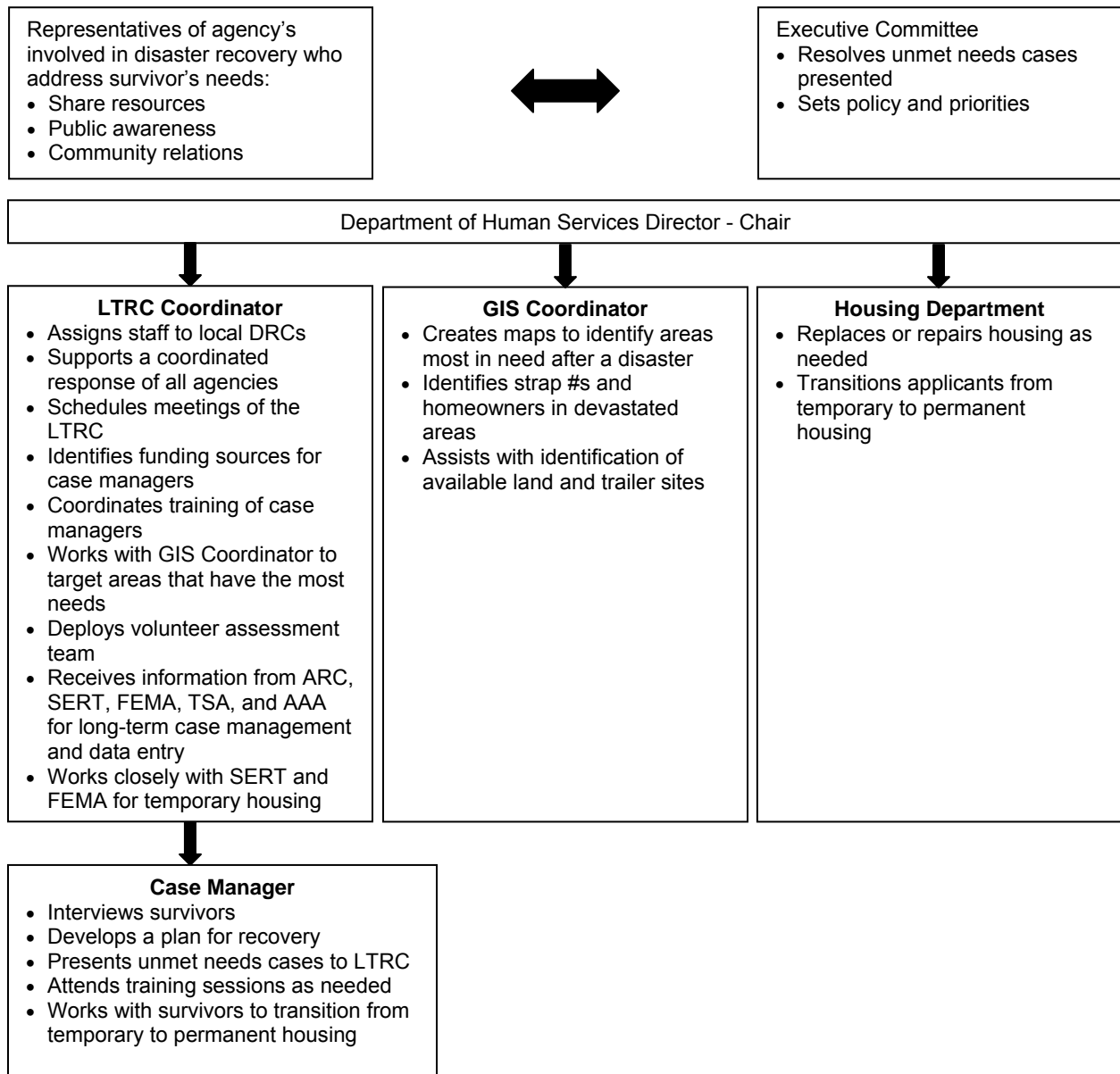
This segment of the guidelines addresses various aspects of the operation of the Long-Term Recovery Committee (LTRC).

1. Functional Areas of Structure and Activity
2. Mission Statement – Vision
3. Reporting and Accountability
4. Life Beyond Recovery

## 1. Functional Areas of Structure and Activity

The following chart shows the structure and activity of the LTRC:

### LONG-TERM RECOVERY COMMITTEE



## 2. **Mission Statement for Lee County Long-Term Recovery Committee**

Our Mission Statement describes how our LTRC plans to make a difference in the community.

### **MISSION STATEMENT**

“To expedite the recovery of disaster survivors effectively utilizing available Federal, State, and Local resources and advocate for the community needs in recovery.”

#### OBJECTIVES:

The LTRC meets as needed and communicates on an ongoing basis to assure the most productive possible collaboration in addressing its mission.

The LTRC will assure appropriate linkage to disaster response organizations including FEMA, American Red Cross, Church World Service, The Salvation Army, state and local government entities.

When needed, the LTRC works with surrounding counties to provide community support.

The LTRC builds constructive relationships with community groups to avoid competition or conflict between groups in disaster recovery work.

## 3. **Reporting and Accountability**

We demonstrate to the public that we are responsible in the use of resources and that we produce results with our LTRC partners. The groundwork for reporting and accountability comes from documenting all action taken by case managers, agency representatives, volunteers, and private sector contributors. Clear and concise documentation is the key to reimbursement from the government and establishes credibility within the community.

We created (1) financial controls that made it difficult or impossible for organizational money to be used inappropriately and (2) a system of regular reporting to constituents (clients, members of the disaster-affected community, and donors) that are essential.

- Members reflect community diversity and bring systematic input from members of the community to meetings.
- Members clearly understand their responsibilities and functions and are present at meetings.
- Official minutes that clearly record decisions are kept for each meeting, are approved at subsequent meetings, and may be readily reviewed.
- Meeting discussions are relevant to issues facing the LTRC.

### **Financial Accountability**

Financial controls assure donors that the LTRC takes seriously its public trust. We used our Fiscal Department to oversee our expenditures by using purchase orders to request payment for services and required all vendors to submit a Vendor/Bidder application and a W-9 tax form. Other controls used were:

- Spreadsheet of expenditures and funds available maintained by LTRC Coordinator, and all purchases approved by LTRC Chair.
- The Fiscal Department tracked all expenditures and controlled a running balance of funds available.
- United Way served as our fiscal agent for funds received that needed to be handled by a 501©3 organization.

### **Programmatic Accountability**

We used the Christian Reformed World Relief Committee (CRWRC) software to track survivors that we assisted. The CRWRC volunteers came in and set up the software on a computer used solely as the database for the LTRC. At first, we were unable to document case notes, which are crucial in tracking the “story” of what took place. Eventually, an addition to the software was made which allowed case notes to be entered. We transitioned cases from the American Red Cross, SERT, and FEMA and entered them into our database, which allowed us to then see what assistance was given to each client, and what unmet needs still existed.

Regular reporting from each component of the program, in a consistent and standardized format, gives a sense of organization, clarity of mission, and program accomplishments. Successful reporting indicates measurable standards and objectives. Presently, we are researching other internet based programs and a more useable type of database that all of our non-profit, emergency, and faith-based partners would be able to input and retrieve information from.

### **Review and Evaluation**

We have learned from experience that once a recovery program starts, an evaluation process should drive ongoing planning. Is the LTRC getting the results it wants, and results that can effectively communicate its value to its constituency?

Measurable long-term goals and short-term objectives for the recovery becomes the basis for evaluating accomplishments. An LTRC, with an eye on what it wants to achieve in clearly stated goals and objectives, can:

- Measure its effectiveness.
- Change programs, priorities, and emphasis as needed.
- Recognize and celebrate its accomplishments.
- Launch new work grounded in its experience.



## Communication – “Telling the Story” Lessons Learned

In hindsight, there were many opportunities that were not taken advantage of only because the “big picture” was not there. We were in a “reactive” mode rather than a “proactive” mode. An LTRC that tells a timely, compelling, and accurate story about itself takes advantage of prime opportunities to inform and identify funds, in-kind donations, and volunteers.

Communication and reports from the recovery organization about the impact its program is making on the lives of disaster survivors establishes credibility and accountability.

In developing communication policies, practices, and procedures, seven principles should apply:

1. Credibility. The people and groups who form the audience for communication must have confidence in the organization.
2. Context. Communication and reporting must take place within an environment that is expected, familiar, and comfortable to an audience. We used our Department of Human Services meeting room. Factors to consider included: location (where are people accustomed to receiving information); media (what mode of communication will best serve the audience); and style (fundraisers want reports and budgets, donors want stories, survivor’s need direct referrals).
3. Clarity. Simplicity of your message is crucial.
4. Continuity and consistency. Consistent messages must be repeated. Always be prepared with a statement for the media.
5. Content. Your message must have meaning to your audience. It must be compatible with value systems and relevant to problems.
6. Channels. Employ established channels of communication used and expected by your audience.
7. Capability. Your message and the way it is communicated must be tailored to the audience’s availability, habits, literacy, and language.

## **4. Life Beyond Recovery**

Formal and informal evaluations and reviews of the Mission Statement and strategies to accomplish the goals set for the LTRC help determine the time for closure. The closure may come for several reasons:

- All disaster-related needs have been met.
- Resources are exhausted.
- Client requests are unattainable.

Steps in closure include the following:

- A formal evaluation and review that explores what was accomplished, who provided leadership, and the success of the processes developed and used. Appropriateness of the assistance offered to survivors, and the effect of the LTRCs work on the community.
- A time of community celebration for the successes and expression of appreciation to volunteers, leadership, supporters, and staff/personnel.

- Final closure, transition, or referral of remaining cases.
- Completion of financial operations, including audit/review.
- Final reporting to the community and funding organizations.
- Maintaining a Collaborative Structure for Future Disaster Recovery Work.

Ongoing communication and collaboration among community agencies is an outcome of our work during the disaster recovery. We have adopted the following actions to remain prepared:

- A shift in the mission to focus on planning and mitigation activities to enhance preparedness for the next disaster and reduce the community's vulnerability.
- Maintenance of the LTRC structure and members for future disaster recovery, especially in this area that is disaster prone.
- Maintenance of relationships and structures for on-going community social work.

There are benefits in maintaining an ongoing structure, for example:

- Prepared and educated community leadership.
- Timely and coordinated response for large and small disasters.
- Strengthens the community's social fabric.
- Current information and contacts.

# **LONG-TERM DISASTER RECOVERY GUIDELINES**

## **APPENDIXES**

- I. Individual Sequence of Delivery
- II. Case Work Management Long-Term Recovery for Lee County LTRC
- III. Volunteer Management in Long-Term Recovery
- IV. Solicitation and Utilization of Donations for Long-Term Recovery
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- XI. Forms

## APPENDIX I

### INDIVIDUAL SEQUENCE OF DELIVERY

Disaster assistance is dependant upon a sequential order of accessing many programs, and this is called Sequence of Delivery.

Adherence to the Sequence of Delivery enables governmental and voluntary agencies to work together and help avoid duplication of benefits (DOB). This is important not only because it maximizes limited resources and gives guidance for meeting disaster-related long-term recovery needs, but also because the duplication may be illegal and lead to legal action against the client.

A sequence for delivery of assistance to individuals begins when there is a federal declaration for the disaster and governmental programs of various types are activated.

#### *ASSISTANCE TO INDIVIDUALS IN FEDERALLY DECLARED DISASTERS*

The Sequence of Delivery in a disaster with a Federal Declaration is (see page 35):

- Local government and voluntary agencies' emergency assistance
- Personal Insurance: Homeowners, Renters, and/or National Flood Insurance Program (NFIP)
- Housing Assistance – FEMA
- SBA Disaster Loans
- Other Needs Assistance (ONA)
- Long-Term Recovery Committee

#### Voluntary Agencies

- Various voluntary agencies have response capabilities in their disaster planning. These agencies work closely with local and state emergency management to provide shelter, food, clothing, and replacement of medical supplies (dentures, prescriptions, eyeglasses, etc.).
- These capabilities are not dependent upon a Presidential Declaration in order to be initiated.

#### Personal Insurance

- Owners/Renters who have insurance need to contact their insurance agent at the earliest possible time after the disaster.
- Insurance coverage is settled on before a survivor is determined eligible for Federal programs.
- NFIP is a requirement for owners who reside in the flood plain. Renters may have purchased NFIP insurance for contents only.

#### **FEMA's Individuals and Households Program (IHP) / Small Business Administration Loans**

These programs are a combined FEMA and State program that provides money and help to people in the declared disaster area whose property has been damaged or destroyed and whose losses are not covered by insurance.

### **Housing Assistance – FEMA**

- Temporary Housing (a place to live for a limited period of time) – Money to rent a different place to live, or a government provided housing unit when rental properties are not available.
- Repair – Repairs to your home and/or replacement of damaged items are limited to making your home safe and sanitary so you can live there. FEMA will not pay to return your home to its condition before the disaster.
- Replacement – This type of assistance offers a limited amount of money to replace a disaster-damaged home.
- Permanent Housing Construction – Direct assistance or money for the construction of a home. This type of assistance occurs only in insular areas or remote locations specified by FEMA, where no other type of housing assistance is possible. Insular areas are: Guam, the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, and American Samoa.

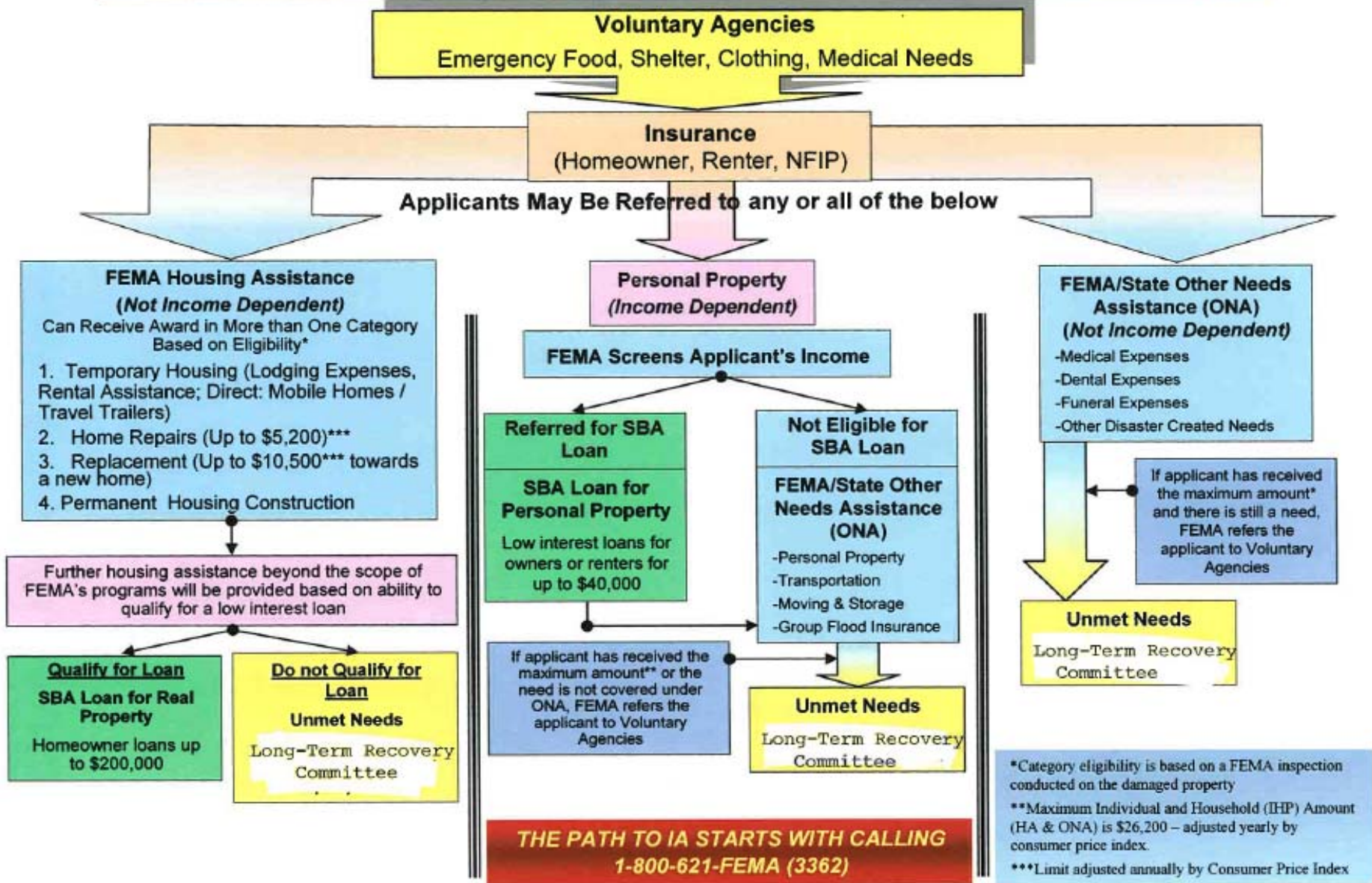
### **Small Business Administration (SBA) Disaster Loans**

- Prior to receipt of further assistance, an SBA application must be filed.
- SBA assistance is available to homeowners and renters for restoring or replacing disaster damaged real and personal property.
- The loan amount is limited to the amount of uninsured SBA verified losses.

### **FEMA/State Other Needs Assistance (ONA)**

- There may be money for necessary expenses and serious needs caused by the disaster.
- These needs include medical, dental, funeral, personal property, transportation, moving and storage, and other expenses that are authorized by law.

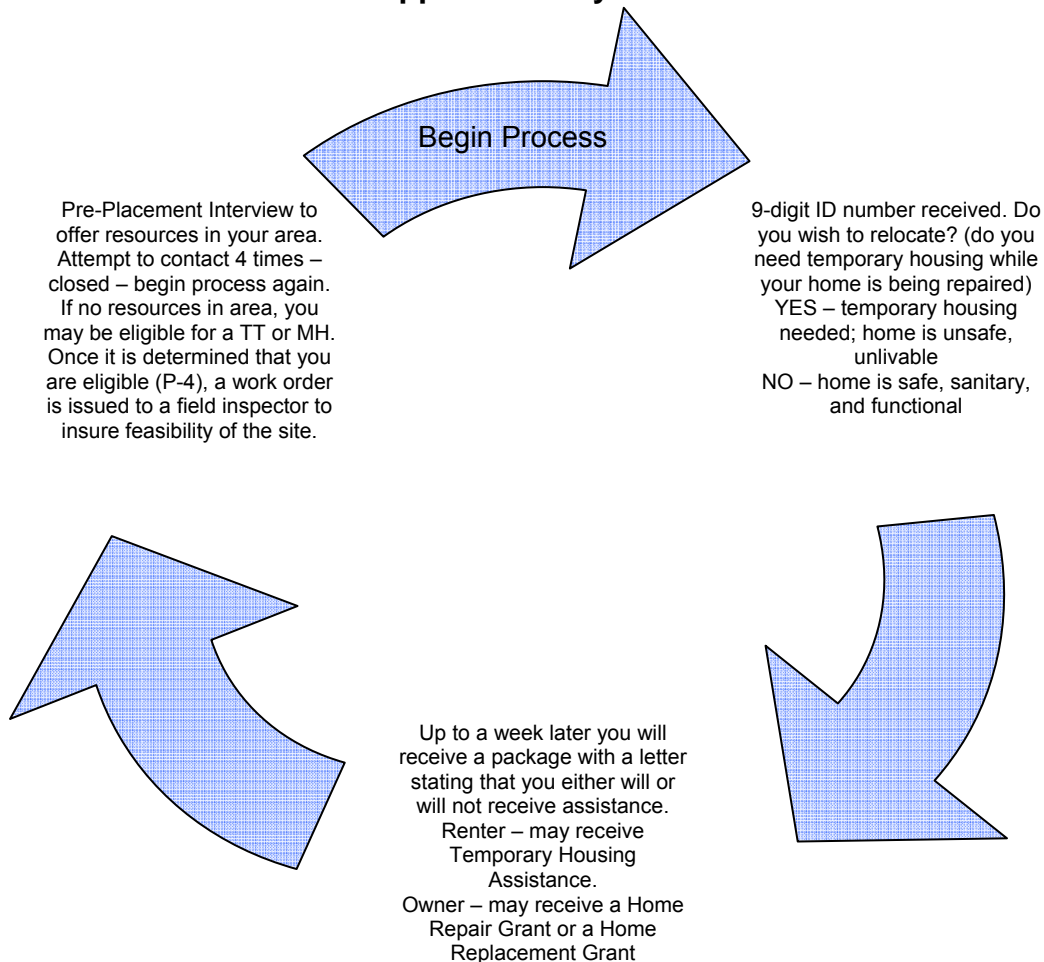
# Individual Assistance Sequence of Delivery



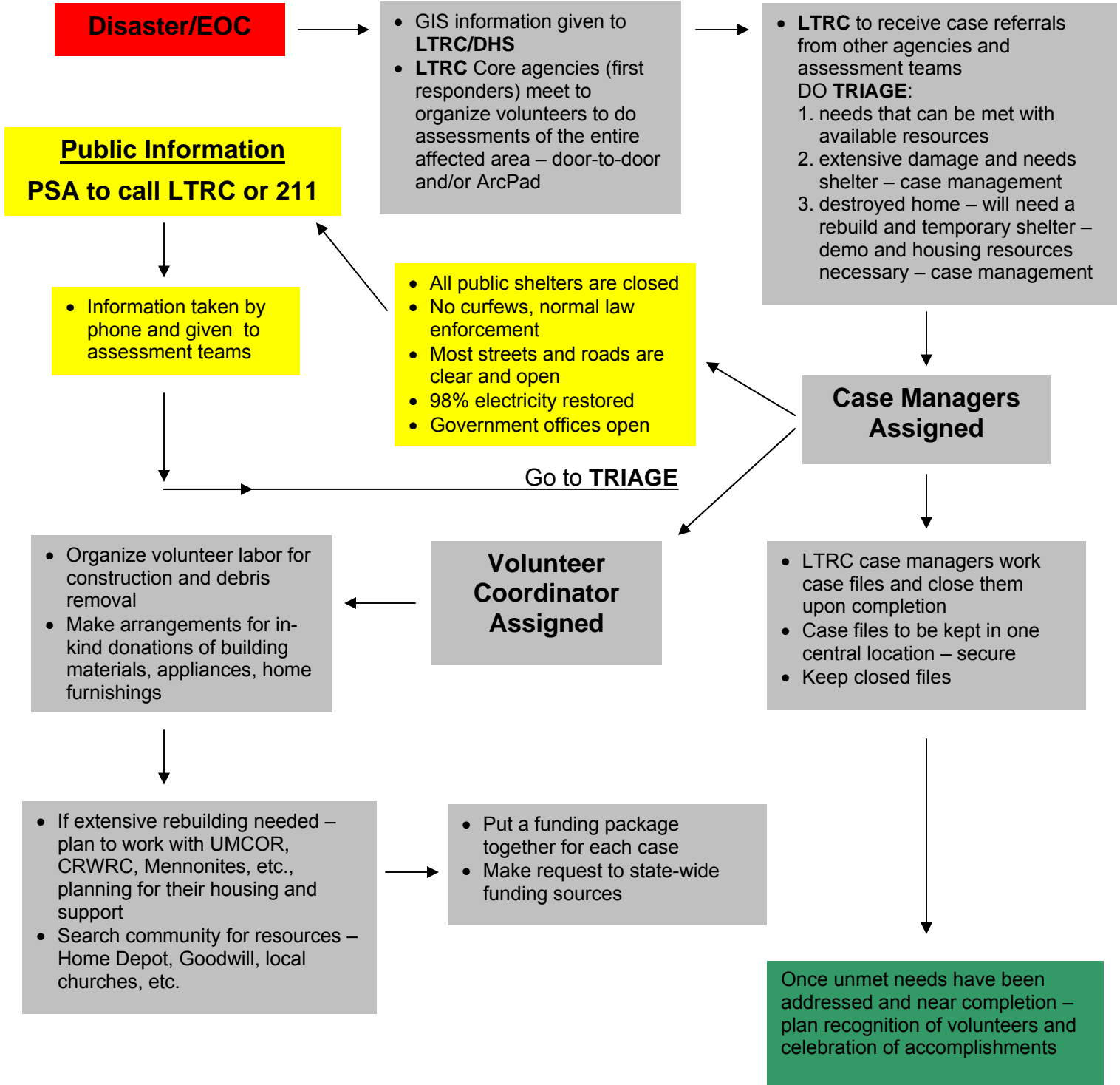
## FEMA process for Individual Assistance

1. First step is to call FEMA (1-800-621-FEMA or 1-800-621-3362) and register. Even if you have insurance, or you do not believe there has been enough damage, call FEMA. Due to the limited time for registration for filing a claim, it is imperative to call. The caller will be given a nine-digit registration ID number. **KEEP THIS IN AN ACCESSIBLE LOCATION** – you will need it to verify that you are a hurricane-affected caller. **Be sure to give them a current contact phone number.**
2. Step two is to call your insurance company (if you have insurance) and file your claim with them. FEMA does not override insurance.
3. Third step is to take pictures of your damage. This is to document your damage, because you will need to secure your home from further damage from the elements. In the case of any major disaster there will be a delay in any inspector coming to your home, whether it is an insurance inspector or a FEMA inspector. One of your main responsibilities is to secure your home to restrict the onset of any further damages from rain, wind, mold and mildew, theft, etc.

### What happens when you call FEMA



## Plan of Response for Long-Term Recovery Committee





## APPENDIX II

### **CASE WORK MANAGEMENT LONG-TERM RECOVERY FOR LEE COUNTY LTRC**

Case management is a method of providing services whereby the case manager assesses the needs of the survivor and develops a Recovery Plan with the survivor to address those needs. Case management involves both the survivor (client) and the resources.

#### **MANAGING CASEWORK**

When managing casework, keep in mind the following basic information about determining unmet recovery needs: confidentiality and various responsibilities of the case manager and the client.

#### **Determining Unmet Long-Term Recovery Needs**

- A disaster-caused serious unmet need is something the survivors cannot meet for themselves.
- It may be a loss of life, injury, income, housing, vehicle, or household goods.
- It may be caused by stress.
- It is **NOT** a pre-disaster condition.
- It is **NOT** an ongoing social issue.
- It is not intended to be an upgrade to the client's previous living condition, although this may happen in reconstruction for obvious reasons in order to provide safe, sanitary, secure, and appropriate housing.
- It should be identified by the survivor, verified by the case manager, and agreed upon by the LTRC.

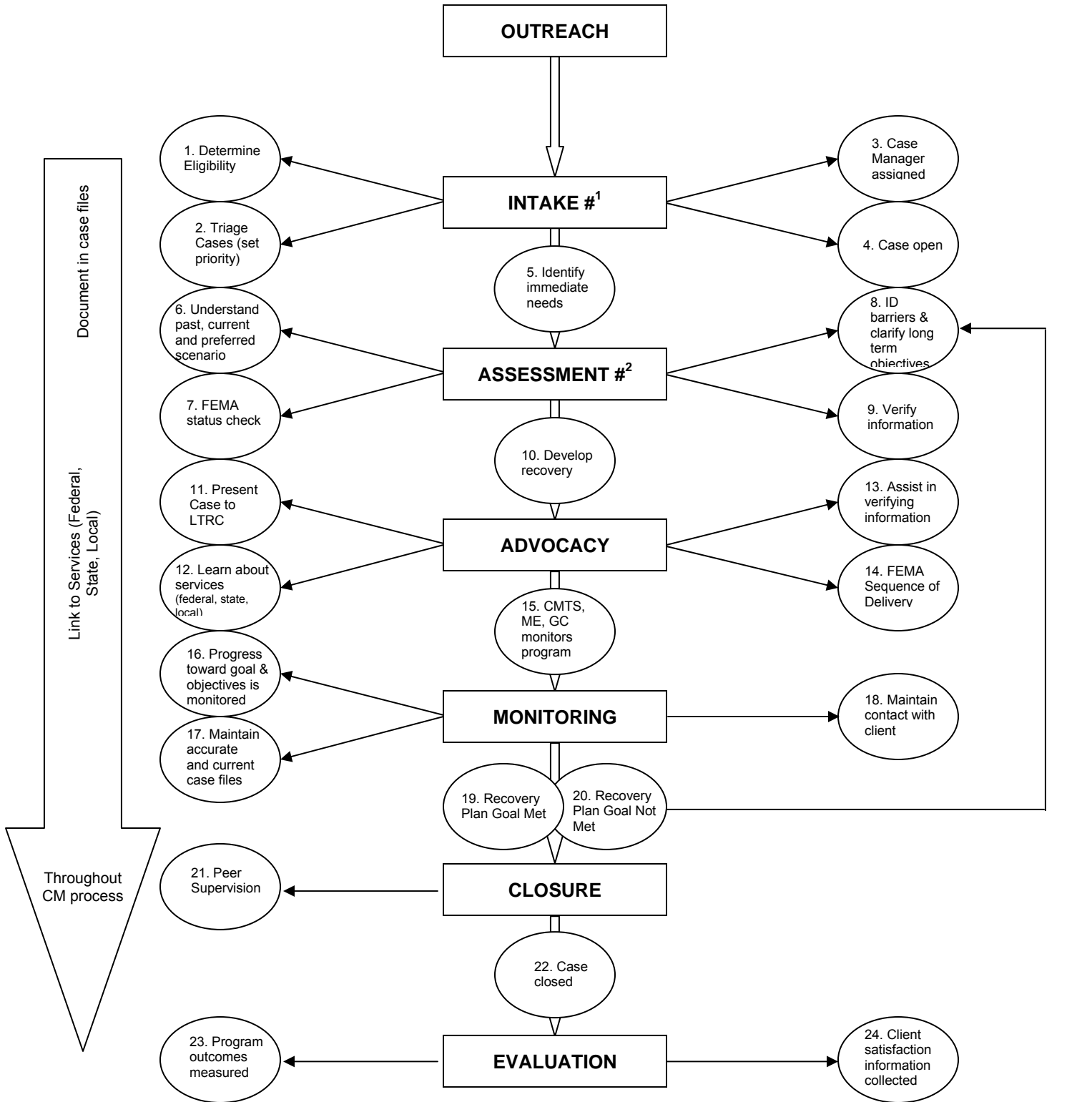
Some assistance programs are designed to assist all affected by the disaster, especially during the early relief and rescue efforts.

**IT IS COMMONLY UNDERSTOOD THAT ASSISTANCE FROM THE LTRC IS RESERVED FOR THE SERIOUS AND BASIC LIFE NEEDS WHICH ARE NOT OTHERWISE RESOURCED.**

#### **Confidentiality**

- Confidentiality is a legal consideration for the LTRC and the individual participant agencies. There is a Release of Confidential Information form on page 57 which needs to be signed.
- Although confidentiality is of the utmost importance, we operate with disclosure of family names in order to give all agencies an opportunity to verify previous assistance and conflicts of interest.
- The importance of client confidentiality extends to all those that service a client's case, including vendors paid to provide goods and services.

## Case Management Process for Disaster Recovery



CM	Case Management
CMTS	Case Management Technical Supervisors
GC	Grants Compliance
LTRC/UNT	Long-Term Recovery Committee / Unmet Needs Table
ME	Monitoring and Evaluation

## APPENDIX III

### **VOLUNTEER MANAGEMENT IN LONG-TERM RECOVERY**

Volunteers are crucial to the initial response and the long-term recovery when disasters occur.

Volunteers bring to the LTRC a variety of skills. Services that are volunteer staffed include: debris removal and muck-out, office personnel, coordinating and programmatic leadership, rehabilitation and construction, case managers, and professional services (legal, accounting, construction contractors, trainers, computer experts, etc.).

#### **Managing Volunteers for Construction and Rehabilitation**

- The agencies that are receiving and coordinating volunteers belong at the LTRC table to help complete a recovery plan.
- In Lee County, Senior Friendship/Volunteer Services serves as the designated volunteer center [www.1-800Volunteer.org](http://www.1-800Volunteer.org).
  - Or for many needed volunteers, Workforce Council or Southwest Florida will provide both skilled and unskilled staff that are, or have become, unemployed due to a disaster at no cost to the LTRC.
- It is recommended that the LTRC Coordinator use [www.1-800Volunteer.org](http://www.1-800Volunteer.org) to recruit and manage volunteers. Screening is at the discretion of the LTRC. A local background check is available through the Clerk of Courts website.

## APPENDIX IV

### SOLICITATION AND UTILIZATION OF DONATIONS FOR LONG-TERM RECOVERY

The LTRC needs to access donations of funds and offers of donated materials, volunteer time, and professional services. The organized and timely access to these resources is easier during the early days of the disaster response, and necessary to the work of the long-term recovery.

The LTRC did not secure a Volunteer Coordinator until much later in the year when we discovered that we needed to track and funnel the donations of both material and volunteer labor. This is a cumbersome task that should be taken care of by one person. This was a lesson that we learned from our experience. The following was taken out of the *Long-Term Recovery Manual by National Voluntary Organizations Active in Disaster...*

#### **Preparing to Solicit Donated Materials, Funds, and Personnel**

The most effective guidelines for soliciting donations are:

- Identify immediate needs and project future needs so solicitations will enable materials to arrive when they are best used.
- Determine exactly what is needed and the circumstances under which donations will be received; communicate this information clearly and concisely to the public.
- Educate the media, churches, and civic groups as to the exact nature of materials, funds, or skills needed.
- If necessary or helpful, identify an organization to manage receipt, warehousing, and distribution of material or professional service donations.

#### **CONTRIBUTIONS OF CASH – OFTEN THE BEST DONATION**

**FEEL CONFIDENT IN REQUESTING MONETARY CONTRIBUTIONS IF THAT IS AN IDENTIFIED NEED**



- **Allows the supplies to be purchased in locations near the disaster site for timely delivery**
- **Allows the LTRC to purchase exactly what is most urgently needed**
- **May stimulate the local economy with local purchases**

## APPENDIX V

### JOB DESCRIPTIONS

#### **Long-Term Disaster Recovery Coordinator Job Description**

The Long-Term Disaster Recovery Coordinator's job is to expedite the recovery of disaster survivors using available Federal, State, and Local resources, and advocates the community's needs for recovery.

The Coordinator's duties consist of, but are not limited to, the following:

- Organize and maintain a long-term recovery committee.
- Assist in the coordination of setting up the disaster recovery centers.
- Coordinate transitional, temporary, and long-term housing assistance with Federal, State, and Local agencies.
- Secure funding for case managers to address unmet needs. Coordinate training for case managers and meet with them regularly to discuss unmet needs.
- Receive and handle unmet needs cases from voluntary relief agencies through long-term case manager resources.
- Maintain a database of disaster impacted homes/families.
- Recruit, assign, and manage assessment surveyors and case managers.
- Coordinate completion of necessary applications for grants and/or other funding.
- Oversee, control, and ensure appropriate documentation to support resource allocations and/or funding expenditures.
- Provide monthly progress reports to the Long-Term Recovery Committee.
- Present potential client paperwork to the Long-Term Recovery Committee.
- Monitor progress of casework to ensure timely completion.
- Review cases weekly with case manager for accuracy and answer any questions.
- Fulfill all other duties as directed by the Disaster Advisory Council or the Board of County Commissioners.

## Case Manager Job Description

The Case Manager's job in long-term recovery after a disaster is to identify survivors' needs and connect them to resources. They work with the long-term recovery committee to do what is necessary, with survivors' cooperation and within reason, to get them back to where they were before the disaster.

The case manager works over the long-term with survivors to make an in-depth assessment of their disaster related needs and to **assist** in the development of a recovery plan.

The case manager's relationship with survivors is as an advocate, and the development of such a relationship is a key first step in successful case management. An effective case manager in a large disaster requires a commitment of part-time effort over a period of 18 months to 2 years.

The Case Manager will:

- Report to the LTRC Coordinator for assignments and scheduling.
- Make contact with survivors (clients) as soon as possible.
- Secure and maintain appropriate "Release of Confidential Information" form for each client.
- Help clients develop a Recovery Plan by jointly reviewing the assistance they have received, identifying any unmet needs, and determining possible sources for gaps in resources.
- Present individual cases to the Long-Term Recovery Committee when they have unmet needs.
- Follow up with other agencies to assure that assistance commitments have been met.
- Remain in contact with the client until the disaster-related needs are met and/or the case is closed.
- Close or refer the case when no more can be accomplished, being certain to take time for closure with the family.
- **Keep detailed records of every case, every home visit, every referral, and every contact with resources on client's behalf.**
- Report to the LTRC Coordinator on a daily basis.
- Network with other agencies to stay informed about services and resources.
- Respect confidentiality at all times; at home, in public, in committee meetings, and in consultations.
- Attend training sessions when offered.
- Enable clients to take responsibility for their recovery, acting as an advocate and facilitator as opposed to rescuer.

## **Case Manager Responsibilities**

The case manager assumes the following responsibilities:

- Develop a resource list of inter-agency contacts and have a working understanding of the programs available.
- Assist the client to develop a long-range Recovery Plan, explore all available options, identify the client's own resources, and access government and community resources that will address disaster-caused needs (a sample form is on page 40)
- Help the client develop a plan of action.
- Assess unmet recovery needs with the client, through interviewing, making appropriate referrals, and providing advocacy for the client.
- Keep a written narrative of the work done on the case and document every phone call and contact with the client, with any vendors, agencies, and co-workers that are doing anything on behalf of the client or the LTRC. **THIS IS MOST IMPORTANT.**
- Present the high priority unmet needs cases to the LTRC (a sample of the presentation form is on page 28).
- Communicate back to the client the assistance to be provided from the LTRC and any limitations to the assistance available.
- Make any necessary referrals to fill gaps in assistance.
- Verify the results of the assistance provided and document in the file in order to close the case.

## APPENDIX VI

### COMMON TERMS AND DEFINITIONS

**Affected Structure:** A structure that received damage but is usable for its intended purpose

**Applicant** (relating to a major disaster or emergency):

- For Public Assistance – any local or state government or eligible private non-profit organization submitting a project application or request for direct federal assistance under the Disaster Relief Act of 1974. The governor’s authorized representative takes such action on behalf of the applicant.
- For Individual Assistance – an individual or family who submits an application or request for assistance under the Disaster Relief Act.

**Casework or Case Management:** The process of determining needs experience by a disaster victim, identifying available resources (both personal and from assistance programs) to address the needs, discerning the unmet needs, and securing resources for those needs. The casework may be handled by a single agency that works in concert with other agencies through a committee process.

**Civil Resources:** Resources that normally are not controlled by a government, for example:

- Human power
- Food and water
- Health resources
- Industrial production
- Housing and construction
- Telecommunications
- Energy
- Transportation
- Minerals
- Materials
- Supplies

**Community Organizations Active in Disaster (COAD):** A community level version of the state VOAD. See “Voluntary Organizations Active in Disaster”.

**Community:** A political entity that has the authority to adopt and enforce building codes and ordinances for the area under its jurisdiction. In most cases, the community is an incorporated city, township, village, or unincorporated area of a county.

**Contents Coverage:** Insurance to cover loss to personal property or business property. Contents must be located within an eligible building. Contents within an



eligible building that is not fully enclosed must be secured to prevent flotation out of the building during flooding.

**Contiguous:** Connected in an unbroken sequence along a boundary. For the National Flood Insurance Program, a row of townhouses would qualify. For agricultural declaration, adjoining counties would qualify.

**Cooperative Disaster Child Care Program:** A volunteer program administered by the Church of the Brethren (COB) designated to meet the needs of children of victims of the impacted area in the American Red Cross service center and the FEMA Disaster Recovery Center.

**Coverage (Insurance):** The insurance purchased against specific losses provided under the terms of a policy of insurance. "Coverage" is frequently used interchangeably with the words "protection" and "insurance".

**Crisis Counseling:** The application of individual and group treatment procedures that are designed to improve the mental and emotional crisis and their subsequent short or long-term psychological and behavioral conditions resulting from a major disaster or its aftermath.

**Damage Assessment:** The appraisal or determination of the effects on human, economic, and natural resources resulting from human-caused or natural disasters.

**Deductible:** For any loss covered by insurance, a deductible may be set by the insurer and is the fixed dollar amount or percentage, which is borne by the insured prior to the insurer's liability.

**Destroyed:** A facility or structure that, pursuant to *Lee County Comprehensive Emergency Plan*, received severe damage (over 50% of the building) and is no longer technically or economically usable.

**Disaster Mental Health:** Mental health services that take into consideration the unique aspects of trauma by a natural or human-caused disaster. Outreach is often necessary to deliver services to those who are in need. Communities affected by Presidential declared disasters may receive immediate, short-term crisis counseling, as well as ongoing support for emotional recovery.

**Disaster Welfare Information:** A service operated by the American Red Cross in which, when given appropriate information, the American Red Cross will make inquiries about a family situation and welfare.

**Donations:** Voluntary offerings by the public, businesses, or organizations for the benefit of the disaster-affected area. Donations may be classified as "financial donations" or "in-kind donations". "In-kind donations" are considered to include materials, professional services, and volunteers.

**Donations Management:** Management of donations is generally thought to involve logistics for receipt, storage and distribution or use of materials, services and volunteers. In addition, management of donations should include identification of needs (current and future), intentional solicitation of needed donations (including cash), and discernment regarding usefulness of unsolicited offers of materials, services, and volunteers.

**Duplication of Benefits (DOB):** Duplication of Benefits occurs when assistance is granted to a disaster victim for which other designated resources are available. Example 1: payment of home repair costs when personal insurance would have taken care of the cost. Example 2: payment of costs that a federal or state assistance program would have addressed. When public money is involved, DOB may be a legal issue. When voluntary agency money is involved, DOB will take already limited resources.

**Eligible Community (or Participating Community):** A community for which the Federal Insurance Administrator has authorized the sale of flood insurance under the National Flood Insurance Program.

**Emergency Operations Center (EOC):** The protected site from which civil governmental officials (municipal, county, state, or federal) exercise direction and control in an emergency. Voluntary agencies such as the American Red Cross and Voluntary Organizations Active in Disaster may also have liaisons present in the EOC.

**Family Recovery Plan:** A part of the case management process that identifies the family or individual needs, prioritized needs, and the “maps” the resources to address the needs, how the resources will be acquired, and who will take the necessary steps to secure the resources. This may be a formal or informal process.

**Federal Coordinating Officer (FCO):** In a federally declared disaster, the person appointed by the director of FEMA to coordinate federal assistance in an emergency or major disaster.

**Federal Disaster Assistance:** Aid to disaster victims or local or state governments by federal agencies under provisions of the Disaster Relief Act of 1974 as amended.

**Flash Flood:** A flood condition in which rainfall is of sufficient intensity and severity that water levels rise (and may fall) rapidly. Often occurs with little advance warning.

**Flood:** A general and temporary condition of partial or complete inundation of normally dry land areas from the following:

- Overflow of inland or tidal waters
- Unusual or rapid accumulation or runoff of surface waters
- Mudslides and mudflows caused by accumulation of heavy rain on unstable slopes

**Habitable Residence:** A living unit that has sustained minor or no damage and is safe, sanitary, secure, and habitable.

**Hazard Mitigation:** Any cost-effective measure that will reduce the potential for damage to a facility from a disaster event. Also called Reduction of Vulnerability. See Mitigation.

**Incident Command/Coordination System (ICS):** A formal understanding of coordinating response to an event by delineating tasks/functions and the person(s) who have the authority/responsibility to carry out those tasks.

**Individuals and Households Programs (IHP):** Under Presidential declared disasters, the program that enables families and individuals to receive assistance for eligible disaster-related expenses such as essential home repairs.

**Interfaith Response:** Local congregations and worshipping communities working together for long-term recovery.

**Long-Term Recovery:** The extended period of time following a disaster in which affected persons and communities work to rebuild and regain a sense of normality.

**Long-Term Recovery Committee:** A committee of agency representatives who cooperate in addressing the needs of the community and individuals following a disaster. Involves a variety of community, government, and faith-based organizations.

**Long-Term Recovery Organization:** An organization, operating under the auspices of another agency or independently, that works to address the needs of the community and individuals following a disaster. May be entirely faith-based or may be a collaboration of faith-based and secular agencies.

**Major Damage:** A structure that has received substantial damage and will require considerable time to repair, but is technically and economically feasible to repair.

**Minimal Repairs:** The necessary repairs authorized to quickly repair or restore to a habitable condition that portion of the essential living area of an owner-occupied primary residence that was damaged as a result of the disaster.

**Minor Damage:** A structure that has received such damage that it is no longer usable for its basic purpose, but can be easily repaired and made useable in a short time.

**Mission:** The task, together with its purpose, thereby clearly indicating the action to be taken and the reasoning for the action.

**Mission Assignment:** A work order or request for performance of work; directs completion by that agency of specified tasks and cites funding, other managerial controls, or guidance.

**Mitigation:** Those activities designed to alleviate the effects of a major disaster or emergency or long-term activities to minimize the potentially adverse affects of future disaster in affected areas. Also called Reduction of Vulnerability. See Hazard Mitigation.

**National Emergency Management Information System (NEMIS):** An integrated database system providing local processing support for FEMA assistance programs and support activities.

**National Voluntary Organizations Active in Disaster (NVOAD):** A partnership in disaster response and planning, NVOAD has 34 national member organizations, 52 state and territorial VOADs, and a growing number of local VOADs and COADs. See the Appendix for the current listing of member agencies. See also Voluntary Organizations Active in Disaster.

**One-Hundred Year (100-year) Floodplain:** The land area adjoining a river, stream, lake, or ocean that, based on past observations, statistically has a chance of being inundated only once in 100 years. Also referred to as a flood having a 1% chance of occurring in any given year. The 100-year flood is the regulatory base flood under the National Flood Insurance Program (NFIP).

**Participating Community (or Eligible Community):** A community for which the Federal Insurance Administrator has authorized the sale of flood insurance under the National Flood Insurance Program.

**Preliminary Damage Assessment (PDA):** A damage assessment by a team of governmental (federal, state, local) inspectors viewing the disaster impact for purposes of projecting impact relative to various declaration requirements.

**Private Non-profit Organization:** Any non-governmental agency or entity that currently has either –

- An effective ruling letter from the U.S. Internal Revenue Service, granting tax exemption under Section 501(c), (d), or (e) of the Internal Revenue Code of 1954, or
- Satisfactory evidence from the state that the non-revenue producing organization or entity is a non-profit organized or doing business under state law.

**Public Assistance (PF) (FEMA program):** Assistance program for local and state governments and certain private non-profit organizations after a Presidential disaster declaration. Usually for replacement of infrastructure.

**Reduction of Vulnerability:** See Hazard Mitigation or Mitigation.

**Small Business Administration (SBA):** Provides loans for disaster related damage at lower than market rate for:

- Home rebuilding or replacement
- Business rebuilding
- Personal property loss
- Economic injury disaster loss

**Structure:** For floodplain management purposes, a structure is a walled and roofed building, including a gas or liquid storage tank that is principally above ground. For insurance coverage purposes, a structure is a walled and roofed building other than a gas or liquid storage tank that is principally above ground and is affixed to a permanent site, including a manufactured home on a permanent foundation. Includes buildings under construction, alteration, or repair, but does not include building materials or supplies intended for use in such unless such materials or supplies are within an enclosed building on the premises.

**Substantial Damage:** Damage of any origin sustained by a structure whereby the cost of restoring the structure to its before-damaged condition would equal or exceed 50% of the market value of the structure before the damage occurred.

**Temporary Housing:** Housing accommodation provided on a temporary basis by the federal government to eligible individuals or families made homeless by a major disaster or emergency.

**Uninhabitable Residence:** A living unit that has sustained sufficient damages and thus is judged unsafe, unsanitary, and insecure.

**Volunteer:** A person who, of his or her own free will, assumes responsibility for the performance of a task for which he or she will receive no compensation.

**Volunteer (Voluntary) Organization:** Any chartered or otherwise duly recognized local, state, or national organization that provides needed services to communities or individuals in coping with a disaster.

**Voluntary Organizations Active in Disaster (VOAD):** A network that provides the venue for voluntary organizations with disaster response and recovery operations to collaborate, coordinate, cooperate, and communicate. State VOADs work in non-disaster times to promote training and preparedness; they work in times of disaster to facilitate coordination of response and recovery efforts. VOADs are present at national, state, and sub-state levels.

## APPENDIX VII

### COMMONLY USED ACRONYMS

AB	American Baptist
AAA	Area Agency on Aging
ABM	American Baptist Men
ACS	Adventist Community Services
ARC	American Red Cross
ARRL	American Radio Relay League
CAP	Community Action Program
	or
	Civil Air Patrol
CBO	Community Based Organization
CDBG	Community Development Block Grant
CDCC	Cooperative Disaster Child Care
CDR	Christian Disaster Response
CERT	Community Emergency Response Team
CMHC	Community Mental Health Center
COAD	Community Organizations Active in Disaster
COB	Church of the Brethren
CRWRC	Christian Reformed World Relief Committee
CSS	Catholic Social Services
CWS	Church World Service
DCF	Department of Children and Families
DED	Department of Economic Development
DFO	Disaster Field Office
DH	Disaster Housing
DHS	Department of Human Services
DMH	Disaster Mental Health
	or
	Department of Mental Health
DNN	Disaster News Network
DOB	Date of Birth
	or
	Duplication of Benefits

DRC..... Disaster Recovery Center  
or  
Disaster Recovery Coordinator

DUA..... Disaster Unemployment Assistance

EA..... Emergency Assistance

EFS..... Emergency Food and Shelter

EMA..... Emergency Management Agency

EMR..... Emergency Minor Repair

EOC..... Emergency Operations Center

ESF..... Emergency Support Functions

FB..... Farm Bureau

FCIC..... Federal Crop Insurance Corporation

FCO..... Federal Coordinating Officer

FEMA..... Federal Emergency Management Agency

FHA..... Federal Housing Administration

FIA..... Federal Insurance Administration

FmHA..... Farmers Home Administration

FSA..... Farm Services Agency

FRP..... Federal Response Plan

HMGP..... Hazard Mitigation Grant Program

HUD..... Department of Housing and Urban Development

HSUS..... Humane Society of the United States

ICISF..... International Critical Incident Stress Foundation

ICS..... Incident Command System  
or  
Incident Coordination System

IHP..... Individuals and Household Program (FEMA)

IRFF..... International Relief Friendship Foundation

JTPA..... Job Training Partnership Act

LDR..... Lutheran Disaster Response

LSS..... Lutheran Social Services

LTR..... Long-Term Recovery

LTRC..... Long-Term Recovery Committee

LTRO..... Long-Term Recovery Organization

MDS..... Mennonite Disaster Services

MH..... Mobile Home  
 NEG..... National Emergency Grant  
 NFIP..... National Flood Insurance Program  
 NFO..... National Farmers Organization  
 NGO..... Non-Governmental Organization  
 NOVA..... National Organization for Victims Assistance  
 NVOAD..... National Voluntary Organizations Active in Disaster  
 NWS..... National Weather Service  
 PDA..... Preliminary Damage Assessment  
           or  
           Presbyterian Disaster Assistance  
 PIO..... Public Information Officer  
 RD..... Regional Director – FEMA  
 RFO..... Regional Field Office – FEMA  
 SBA..... Small Business Administration  
 SEMA..... State Emergency Management Agency  
 SC..... Service Center  
 SCO..... State Coordinating Officer  
 SVDP..... St. Vincent DePaul Society  
 TSA..... The Salvation Army  
 TH..... Temporary Housing  
 UCC..... United Church of Christ  
 UMCOR..... United Methodist Committee On Relief  
 USDA..... United States Department of Agriculture  
 VA..... Veteran’s Administration  
 VAL..... Voluntary Agency Liaison  
 VISTA..... Volunteers in Service to America  
 VITA..... Volunteers in Technical Assistance  
 VOAD..... Voluntary Organizations Active in Disaster



APPENDIX VIII

AGENCIES DISASTER ROLE

Resource	Preparedness	Impact	Response	Recovery
<b>American Red Cross</b>	<ul style="list-style-type: none"> <li>- Community disaster education</li> <li>- Operates local shelters in partnership with emergency management and evacuation</li> <li>- Partner with LTRC and serves on Executive Committee</li> </ul>	<ul style="list-style-type: none"> <li>- Shelter</li> <li>- Mass feeding</li> <li>- Individual client services; individual emergency based on initial disaster assessment</li> <li>- Operate secondary shelters as determined</li> </ul>	<ul style="list-style-type: none"> <li>- Fixed/mobile feeding</li> <li>- Cleaning supplies</li> <li>- Comfort kits</li> <li>- First aid</li> <li>- Food and clothing</li> <li>- Transportation</li> <li>- Medical supplies</li> <li>- Disaster mental health</li> </ul>	<ul style="list-style-type: none"> <li>- Rent</li> <li>- Home repairs</li> <li>- Household items</li> <li>- Short term counseling</li> <li>- Assist with long-term recovery through referrals and collaborative case management as determined by LTRC</li> </ul>
<b>America's Second Harvest (Harry Chapin Food Bank)</b>	<ul style="list-style-type: none"> <li>- Collects, transports, warehouses, and distributes donated food and grocery items for other VOLAGs</li> </ul>		<ul style="list-style-type: none"> <li>- Provides food, water, snacks, bleach, diapers, personal hygiene products, insect repellent to shelters and PODs</li> <li>- Take in donated product and distribute through own trucks</li> </ul>	<ul style="list-style-type: none"> <li>- Develops, certifies, and supports local food banks</li> </ul>
<b>Catholic Charities, USA</b>	<ul style="list-style-type: none"> <li>- Local church preparedness training, collaboration building</li> </ul>		<ul style="list-style-type: none"> <li>- Convene local church groups for purposes of collaboration, mitigation, and resource sharing</li> <li>- Relief grants to supplement local response endeavors and to facilitate beginning the long-term recovery process</li> </ul>	<ul style="list-style-type: none"> <li>- Crisis and recovery needs for local families</li> <li>- Temporary housing assistance for low income families</li> <li>- Counseling programs for children and elderly</li> <li>- Special counseling services for disaster workers</li> </ul>

<b>Resource</b>	<b>Preparedness</b>	<b>Impact</b>	<b>Response</b>	<b>Recovery</b>
<b>Christian Disaster Response</b>	<ul style="list-style-type: none"> <li>- Provides training for churches, community organizations, and volunteers</li> </ul>	<ul style="list-style-type: none"> <li>- Disaster assessments and support to local churches</li> </ul>	<ul style="list-style-type: none"> <li>- Facilities for fixed/mobile feeding</li> <li>- Facilities for in-kind disaster relief supplies and spiritual care support</li> </ul>	<ul style="list-style-type: none"> <li>- Coordinates collection of donated goods</li> <li>- Needs assessment case work support</li> </ul>
<b>Christian Reformed World Relief Committee</b>	<ul style="list-style-type: none"> <li>- Training volunteers and churches</li> <li>- Participates in LTRC meetings</li> </ul>		<ul style="list-style-type: none"> <li>- Clean-up</li> <li>- Emotional and spiritual care</li> </ul>	<ul style="list-style-type: none"> <li>- Organizational capacity building</li> <li>- Needs assessment</li> <li>- Construction estimating</li> <li>- Housing repair and construction</li> <li>- Emotional and spiritual care</li> </ul>
<b>Church world Service</b>	<ul style="list-style-type: none"> <li>- Training faith-based and community groups in preparedness and mitigation</li> <li>- Join in formation of LTRC</li> </ul>	<ul style="list-style-type: none"> <li>- Disaster assessment</li> </ul>	<ul style="list-style-type: none"> <li>- Convene local churches to assist in coordinating response</li> <li>- Material resource such as blankets, health kits, and clean-up kits</li> </ul>	<ul style="list-style-type: none"> <li>- On-site intervention and transition to long-term care</li> </ul>
<b>First United Methodist Church</b>	<ul style="list-style-type: none"> <li>- Prepares a plan for their community and shares information</li> <li>- Serves on the LTRC Executive Committee</li> </ul>		<ul style="list-style-type: none"> <li>- Works closely with LTRC – provides space for donations and distribution of food and services</li> </ul>	<ul style="list-style-type: none"> <li>- Assists LTRC with unmet needs using volunteers for installing tarps; minor home repairs; food and temporary housing</li> </ul>
<b>Friends Disaster Service</b>	<ul style="list-style-type: none"> <li>- Strengthening our own agency to better respond, by recruiting and training new volunteers</li> </ul>	<ul style="list-style-type: none"> <li>- To assist victims with clean-up and rebuild</li> </ul>	<ul style="list-style-type: none"> <li>- Friends Disaster Service mission is not geared nor trained to respond to immediate emergencies</li> </ul>	<ul style="list-style-type: none"> <li>- Trained volunteers respond with clean-up and rebuild assistance both short and long-term</li> </ul>

<b>Resource</b>	<b>Preparedness</b>	<b>Impact</b>	<b>Response</b>	<b>Recovery</b>
<b>Lee County Human Services</b>	<ul style="list-style-type: none"> <li>- Distribute roster of LTRC members</li> <li>- GIS staff identify and map impact areas and resources; provide paper maps</li> <li>- Coordinate with SERT, ARC, and FEMA re: estimated housing needs</li> </ul>	<ul style="list-style-type: none"> <li>- A presence at EOC to track storm</li> <li>- Assist EOC with information gathering</li> </ul>	<ul style="list-style-type: none"> <li>- Assist EOC with set-up of DRCs and bulk distribution center – staff as needed</li> <li>- Coordinate public information activities</li> <li>- Schedule LTRC meetings and identify case workers to begin assessments</li> </ul>	<ul style="list-style-type: none"> <li>- Case management; receives all unmet needs cases from participating agencies for long-term case management</li> <li>- Identify temporary housing plan; identify housing for out of area volunteers</li> <li>- Manage database for entry of all disaster-related survivors with unmet needs</li> </ul>
<b>Lutheran Disaster Response</b>	<ul style="list-style-type: none"> <li>- Preparedness planning for congregations, judicatories, and agencies</li> <li>- Coordination of volunteers</li> </ul>	<ul style="list-style-type: none"> <li>- Shelter, feeding, and assessments</li> <li>- Organizational skills</li> </ul>	<ul style="list-style-type: none"> <li>- In kind supplies</li> <li>- Emotional and spiritual care</li> <li>- Volunteer management and support for clean-up</li> </ul>	<ul style="list-style-type: none"> <li>- Repair and rebuilding by skilled and semi-skilled volunteers</li> <li>- Emotional and spiritual care</li> <li>- Programs for traumatized children</li> <li>- Collects and distributes contributions for long-term recovery</li> </ul>
<b>Mennonite Disaster Service</b>			<ul style="list-style-type: none"> <li>- Clean-up and debris removal</li> </ul>	<ul style="list-style-type: none"> <li>- Repair and rebuilding by skilled volunteers</li> <li>- Special emphasis on vulnerable population</li> </ul>
<b>Society of St. Vincent DePaul</b>	<ul style="list-style-type: none"> <li>- Provides social services</li> </ul>			<ul style="list-style-type: none"> <li>- Grants for food, housing, and repairs</li> <li>- Collects and distributes goods</li> </ul>

Resource	Preparedness	Impact	Response	Recovery
<b>The Salvation Army</b>	<ul style="list-style-type: none"> <li>- Comprehensive national training program for volunteers and TSA personnel – serves on the Executive Committee of the LTRC</li> <li>- Maintain personnel and equipment readiness/response capabilities at local centers of operations</li> <li>- Distribution of disaster preparedness literature to family households and community organizations</li> <li>- Maintains local, divisional, territorial, and national Emergency Preparedness Manuals</li> </ul>	<ul style="list-style-type: none"> <li>- Mass care services</li> <li>- Shelter</li> <li>- Mass feeding fixed sites</li> <li>- Mobile feeding</li> <li>- Emotional and spiritual support</li> </ul>	<ul style="list-style-type: none"> <li>- Mass care services</li> <li>- Mass feeding</li> <li>- Temporary shelters</li> <li>- Receiving and distribution centers – food and personal essentials</li> <li>- Home recovery teams</li> <li>- Emergency social services (financial grants, food, clothing, medications, etc)</li> <li>- Spiritual care, chaplains</li> </ul>	<ul style="list-style-type: none"> <li>- Acts as a referral service and provides services such as gift cards, appliances, medical, utility payments, household items, clothing, food, rent, or mortgage assistance</li> <li>- Refers cases to LTRC with unmet needs to be entered into database</li> </ul>
<b>Senior Friendship Volunteer Centers</b>	<ul style="list-style-type: none"> <li>- Recruits and trains volunteers for disasters</li> </ul>		<ul style="list-style-type: none"> <li>- Works closely with the Emergency Operations Center to distribute food, water, ice; clear debris; deploy volunteers as needed</li> </ul>	<ul style="list-style-type: none"> <li>- Works with the Long-Term Recovery Committee to deploy volunteers where they are needed</li> </ul>
<b>United Methodist Committee on Relief</b>	<ul style="list-style-type: none"> <li>- Training volunteers</li> <li>- Preparedness training for local congregations and judicatories</li> </ul>	<ul style="list-style-type: none"> <li>- Organizational skills</li> </ul>	<ul style="list-style-type: none"> <li>- Volunteer management</li> <li>- Volunteer teams for clean-up</li> <li>- Information and referral training</li> </ul>	<ul style="list-style-type: none"> <li>- Spiritual and emotional care to disaster victims</li> <li>- Long-term care for children impacted by disaster</li> <li>- Repair and rebuilding assistance</li> <li>- Case management training</li> </ul>

Resource	Preparedness	Impact	Response	Recovery
<p><b>United Way of Lee County, FL</b></p>	<ul style="list-style-type: none"> <li>- Operates storm hotline in partnership with Emergency Operations Center</li> <li>- Works closely with LTRC as part of the Executive Committee</li> </ul>	<ul style="list-style-type: none"> <li>- Operated storm hotline at Emergency Operations Center using dedicated phone lines</li> <li>- Shares information with first responders</li> </ul>	<ul style="list-style-type: none"> <li>- Operates 211/storm hotline at Emergency Operations Center using dedicated phone lines</li> <li>- Volunteer coordination with the Emergency Operations Center and Friendship Volunteer Center</li> </ul>	<ul style="list-style-type: none"> <li>- Acted as the fiscal agent for the Long-Term Recovery Committee</li> <li>- Referral for clients' unmet needs 211/ storm hotline</li> </ul>
<p><b>Workforce Council of Southwest Florida, Inc.</b></p>	<ul style="list-style-type: none"> <li>- Takes steps to mitigate business impact – fuel, etc.</li> <li>- Serves on Executive Committee of LTRC</li> <li>- Update space (real estate) listing</li> </ul>		<ul style="list-style-type: none"> <li>- Onsite at Emergency Operations Center to assist business community with recovery</li> </ul>	<ul style="list-style-type: none"> <li>- Access business community for resources; assist with recovery</li> <li>- Bridge loan for small business</li> <li>- Allocate funding for labor – skilled and unskilled as used for obtaining case workers</li> </ul>

## APPENDIX IX

### WEBSITE ADDRESSES

American Red Cross .....	<a href="http://www.redcross.org">www.redcross.org</a>
America's Second Harvest .....	<a href="http://www.secondharvest.org">www.secondharvest.org</a>
Area Agency on Aging of Southwest Florida .....	<a href="http://www.aaaswfl.org">www.aaaswfl.org</a>
Catholic Charities .....	<a href="http://www.catholiccharitiesusa.org">www.catholiccharitiesusa.org</a>
Census and Demographic Information .....	<a href="http://factfinder.census.gov">factfinder.census.gov</a>
Poverty .....	<a href="http://www.census.gov/hhes/www/poverty.html">www.census.gov/hhes/www/poverty.html</a>
Christian Reformed World Relief Committee .....	<a href="http://www.crwrc.org">www.crwrc.org</a>
Church World Service Emergency Response Program.....	<a href="http://www.cwserp.org">www.cwserp.org</a>
Department of Children and Families .....	<a href="http://www.state.fl.us/cf_web">www.state.fl.us/cf_web</a>
Disaster News Network .....	<a href="http://www.disasternews.net">www.disasternews.net</a>
Federal Emergency Management Agency .....	<a href="http://www.fema.gov">www.fema.gov</a>
First United Methodist of Fort Myers .....	<a href="http://fumcftmyers.org">fumcftmyers.org</a>
Humane Society of the U.S. ....	<a href="http://www.hsus.org">www.hsus.org</a>
Lee County Emergency Management .....	<a href="http://www.leeecoc.com">www.leeecoc.com</a>
Lee County Health Department .....	<a href="http://www.lee-county.com/healthdept">www.lee-county.com/healthdept</a>
Lee County Long-Term Disaster Recovery .....	<a href="http://www.dhs.lee-county.com">www.dhs.lee-county.com</a>
Lee County Property Appraiser .....	<a href="http://www.leepa.org">www.leepa.org</a>
Lutheran Disaster Response .....	<a href="http://www.ldr.org">www.ldr.org</a>
and .....	<a href="http://www.elca.org/dcs/disaster">www.elca.org/dcs/disaster</a>
Mennonite Disaster Services.....	<a href="http://www.mds.mennonite.net">www.mds.mennonite.net</a>
National Flood Insurance Program.....	<a href="http://www.fema.gov/business/nfip">www.fema.gov/business/nfip</a>
Presbyterian Disaster Assistance.....	<a href="http://www.pcusa.org/pda">www.pcusa.org/pda</a>
The Salvation Army .....	<a href="http://www.salvationarmyfortmyers.com">www.salvationarmyfortmyers.com</a>
Senator Bill Nelson's Office .....	<a href="http://billnelson.senate.gov">billnelson.senate.gov</a>
SERT .....	<a href="http://www.floridadisaster.org">www.floridadisaster.org</a>
Senior Friendship/Volunteer Center .....	<a href="http://www.1-800-volunteer.org/1800Vol/fvc">www.1-800-volunteer.org/1800Vol/fvc</a>
United Church of Christ Disaster Ministries .....	<a href="http://www.ucc.org/disaster">www.ucc.org/disaster</a>
United Methodist Committee on Relief .....	<a href="http://www.umcor.org">www.umcor.org</a>
United Way of Lee County .....	<a href="http://www.unitedwaylee.org">www.unitedwaylee.org</a>

APPENDIX X

**RESOURCES**  
**Mobile Home/RV Parks & Campgrounds**

<b>Name</b>	<b>Phone Number</b>	<b>MH #</b>	<b>RV #</b>	<b>Total #</b>
Aspen Bonita Lake Resort: William Halliday – 1976	239-992-2481	38	129	167
Sun Communities: Joanne Duenas – 1979	239-466-6060	353	1,118	1,471
Siesta Bay: Melinda Schirk – 1983	239-466-8988	64	795	859
Bamboo Mobile Village	239-543-5444	267		267
Bayshore Mobile Home – 1985	239-466-6042	585		585
Bayside Estates	239-283-2244	33	16	49
Bocilla Island Seaport – 1955	239-498-1605		108	108
Bonita Springs Trailer Park – 1999	239-992-1375		200	200
Bonita St. James Village – 1987	239-495-7007	97		97
Bruce J. Scott Mobile Home Rentals – 1965	239-543-5828	22		22
Bruce J. Scott Mobile Home Rentals North - 1970	239-590-0593	5		5
Buccaneer Mobile Estates – 1998	239-995-3337	972		972
Buttonwood Trailer Park – 1969	239-656-4801	6		6
Caloosa Mobile Home Estate	239-995-6442	98	5	103
Cap-N-Mac Mobile Home Park – 1998	239-283-1022	30		30
Carriage Village - 1970	239-543-2771	388		388
Century 21 Mobile Community – 1976	239-466-4616	320		320
Charlotte Harbor Resort, LTD – 1955	239-283-5858	64	12	77
Cherry Estates	239-283-1144		65	65
Citrus Park RV Resort & Mobile Home – 1980	239-992-3030	563	968	1,531
Coach Light Manor – 1974	239-267-3040	179		179
Coconut Palms Trailer Village – 1952	239-997-4570	58	6	64
Coralwood Village Mobile Home Park – 1984	239-574-4945	57	7	64
Country Lakes – 1985	239-693-5441	106		106
Covered Wagon Travel Park – 1972	239-992-0965	3	155	158
Crystal Lakes	239-694-6127			338
Cypress Bend – 1979	239-992-7555		402	402
Davis Trailer Park – 1952	239-543-3395	9		9
Del Tura Country Club – 1981	239-731-3395	1,170		1,170
Ebb Tide Travel Park – 1969	239-463-5444	2		2
Corkscrew Woodlands – 1998	239-992-5294	565		565
Engel RV Park – 1957	239-992-6020	1		1
Esterio River Trailer RV Park – 1998	239-992-0311	4		4
Evergreen Trailer Park – 1990	239-936-6167	14		14
Flamingo Mobile Home Resort – 1953	239-693-2707	26		26
Forest Park – 1970	239-543-1155	435		435
Fort Myers Campground – 1974	239-267-2141		345	345
Fort Myers Beach RV Resort – 1970	239-466-7171	1	305	306
Fort Myers/Pine Island KOA – 1989	239-283-2415		361	361

<b>Name</b>	<b>Phone Number</b>	<b>MH #</b>	<b>RV #</b>	<b>Total #</b>
Fountain View – 1998	239-731-5051	320	18	338
Fox Mobile Home & RV Park – 1967	239-995-4695	36	44	80
Garden Cove – 1998	239-481-3100	101		101
Garden RV Park – 1959	239-995-7417	20	32	52
Granada Lakes – 1998	239-437-8187	131	20	151
Gulf Coast Camping Resort – 1990	239-992-3808		260	260
Gulf Cove - 1964	239-463-9559	57	1	58
Gulf Waters RV Park	239-437-5888		320	320
The Heritage – 1990	239-731-1795	389		389
Horizon Village	239-997-1140	619		619
Imperial Bonita Estates (IBE) – 1998	239-992-0511	245	312	557
Imperial Harbor – 1978	239-992-3231	669		669
Imperial River Court – 2001	239-992-3491	22	5	27
Iona Ranch Mobile Home & RV Park – 1969	239-466-0440	150	16	166
Island Bay Marina & Apts – 1944	239-463-5522	10		10
Island Vista Estates – 1974	239-995-5455	617		617
Islanders' Landing – 1981	239-472-3000	13		13
Jamaica Bay – 1996	239-481-1343	1,417		1,417
Jones Trailer Park & Motel – 1998	239-995-2454	99	69	168
Julia & Siesta Parks – 1998	239-543-4701	90	7	97
Lake Arrowhead Village – 1998	239-995-1672	352		352
Lakes Park RV & Motor Home Community – 1958	239-278-5900	43	59	102
Lazy Days Mobile Village – 1972	239-995-5880	421		421
Lazy J Mobile Home & RV Park – 1980	239-694-5038	57	55	112
Lee-Max Mobile Home Park – 1967	239-992-7259	13		13
Lee Plantation – 1998	239-454-0550	125		125
Le-G Trailer Park – 1990	239-283-1212	8		8
Leisure Time – 1998	239-992-7797		206	206
Leitner Creek – 1998	239-947-2533	293		293
Lime Tree – 1998	239-947-0880		241	241
Manna Christian Missions – 1980	239-495-9700		210	210
Mere's Mobile Home Park – 1946	239-995-1393	48	7	55
Oak Park Village Co-op – 1997	239-728-2109	199		199
Oakland Park – 1998	239-947-5008	13		13
Old Bridge Park	239-543-4000	800		800
Orange Grove Mobile Home Village – 1960	239-694-5534	48	87	135
Orange Harbor Mobile Home Park – 1974	239-694-3707	365	127	492
Palm N Pine Park – 1972	239-334-8232	168		168
Palmetto Palms – 1998	239-466-1515		685	685
Periwinkle Way Trailer Park – 1967	239-472-1433	360	80	440
Pine Island Cove – 1998	239-283-3100	323		323
Pine Lakes Country Club – 1992	239-731-5565	844		844
Plantation Estate – 1998	239-437-9261	151		151



<b>Name</b>	<b>Phone Number</b>	<b>MH #</b>	<b>RV #</b>	<b>Total #</b>
Poinsettia Mobile Home Park	239-694-5355	310		310
R&W Mobile Home Park – 1966	239-731-8694	14		14
Koreshan State Historic Site	239-992-0311	2	48	50
Red Coconut RV Park – 1965	239-463-7200	74	176	250
River Estate Mobile Home Park – 1980	239-543-4500	118		118
River Trails Mobile Home Park – 1980	239-543-4500	233		233
Royal Coach Village – 1998	239-543-7000	66		66
Royal Coach Estates – 1973	239-543-1979	43		43
San Carlos RV Park & Island – 1963	239-466-3133	18	120	138
Seminole Campground – 1976	239-543-2919		128	128
Serendipity Mobile Home Park – 1974	239-997-7144	338		338
Siesta Mobile Home Park – 1998	239-543-4701	72		72
Silver Tarpon Lodge – 1950	239-283-0212	8		8
Simmon's Park – 1998	239-992-1149	7	2	9
Six Lakes Country Club	239-995-0595	594		594
Southern Pines – 1985	239-947-1515	400		400
Wayne Kennedy	239-995-0595	63		63
Southwind Village – 1970	239-465-7400	58	18	76
Spring Creek Village	239-992-3800	350		350
Sunburst RV – 1981	239-466-8100		180	180
Sun-N-Fun	239-694-5536	88	50	138
Sunny Court	239-995-4533	10		10
Sunny Grove Park – 1977	239-992-5218	155	12	167
Sunnyland Court – 1961	239-765-1828	30		30
Sunseekers – 1978	239-731-1303	9	224	233
Sunshine Mobile – 1973	239-466-1551	198		198
Swan Lake Mobile Home – 1989	239-995-3397	104	104	208
Swift's Trailer Park – 1972	239-997-4636	45	38	83
Tahiti Mobile Village – 1971	239-992-4333	225		225
Tamiami Village	239-997-2697	730	241	0
Tara Woods – 1998	239-731-1011	531		0
The Groves – 1974	239-466-5909		287	287
Thunderbird – 1968	239-466-8916	341		341
Tice Mobile – 1978	239-694-3545	71	34	105
Tropic Isles – 1983	239-283-4456		145	145
Tropicaire Trailer – 1977	239-498-0592	13	26	39
Tropical Palms – 1964	239-995-4533	23		23
Tropical Trailer	239-992-7260	14		14
Tropical Trailer – 2005	239-332-0019	90	50	140
Tropicana Mobile – 1978	239-466-4616	470		470
Twin Pines	239-995-2467	92	3	95
Twin Pines	239-995-2467	72	2	74
Winter Dream – 1965	239-731-5404	25	5	30

<b>Name</b>	<b>Phone Number</b>	<b>MH #</b>	<b>RV #</b>	<b>Total #</b>
Windmill Village – 1950	239-995-7626	491		491
Woodsmoke Camping Rest	239-267-3456	1	302	303
Upriver Campground – 1975	239-543-3330		296	296

APPENDIX X, cont'd

**RESOURCES**  
**Hotels/Motels & Resorts**

<b>Name</b>	<b>Phone Number</b>	<b>CITY</b>	<b>ROOMS</b>
Abaco Beach Villas & Cottages	239-463-2611	Fort Myers Beach	4
Admiral Lehigh Golf Resort	239-369-2121	Lehigh Acres	133
American Realty of Captiva	239-395-2490	Captiva Island	29
Amercinn Motel & Suites	239-495-9255	Bonita Springs	87
Anchor Inn Cottages	239-463-2630	Fort Myers Beach	10
Bay to Beach Resorts	239-463-5846	Fort Myers Beach	14
Beach Club I	239-463-2882	Fort Myers Beach	15
Beach Road Villas	239-395-1314	Sanibel	4
Beach Shell Inn	239-463-9193	Fort Myers Beach	15
Beachouse Inn	239-283-4303	Bokeelia	5
Beachview Cottages	239-472-1202	Sanibel	22
Best Western – Airport	239-561-7000	Fort Myers	106
Best Western – Beach Resort	239-463-6000	Fort Myers Beach	75
Best Western – Coral Ridge Terry	239-454-6363	Fort Myers	100
Best Western – Sanibel Island Beach	239-472-1700	Sanibel	46
Best Western – Springs Resort	239-467-7900	Fort Myers	49
Best Western – Waterfront NFM	239-997-5511	North Fort Myers	108
Blue Dolphin Cottage	239-472-1600	Sanibel	10
Bokeelia Tarpon Inn	239-283-8961	Bokeelia	5
Bonita Bay Trianon	239-948-4400	Bonita Springs	100
Bonita Beach Tennis Club	239-992-1121	Bonita Springs	360
Bonita Harbour Inn	239-949-9400	Bonita Springs	60
Brennen's Tarpon Tale Inn	239-472-0939	Sanibel	5
Bridge Water Inn	239-283-2423	Matlacha	9
Buttonwood Cottages	239-395-9061	Sanibel	5
Cabbage Key	239-283-2278	Pineland	13
Cactus Court Motel	239-995-2456	North Fort Myers	12
Cane Palm Beach Condominium	239-463-3222	Fort Myers Beach	38
Captiva Hide-A-Way	239-395-2490	Captiva Island	8
Captiva Island Inn Bed and Breakfast	239-395-0882	Captiva Island	21
Caribe Beach Resort	239-472-1166	Sanibel	32
Carousel Inn on the Beach	239-463-6131	Fort Myers Beach	28
Casa Loma Motel	239-549-6000	Cape Coral	49
Casa Ybel Resort	239-472-3145	Sanibel	114
Castaways At Blind Pass	239-472-1252	Sanibel	35
Clarion Hotel	239-936-4300	Fort Myers	192
Collier Inn & Cottages	239-283-1061	Bokeelia	11
Colonial Resort Motel & Apartments	239-542-2149	Cape Coral	25
Colony Resort	239-472-5151	Sanibel	40

<b>Name</b>	<b>Phone Number</b>	<b>CITY</b>	<b>ROOMS</b>
Comfort Inn	239-936-3993	Fort Myers	80
Comfort Inn – Bonita Beach	239-992-5001	Bonita Springs	69
Comfort Inn – Fort Myers	239-694-9200	Fort Myers	61
Comfort Suites – Airport	239-768-0005	Fort Myers	65
Cottages to Castles	239-472-6385	Sanibel	40
Country Inn & Suites	239-454-9292	Fort Myers	112
Country Inn & Suites	239-454-0040	Fort Myers	85
Courtyard by Marriott	239-275-8600	Fort Myers	149
Crestwood Suites	239-415-8440	Fort Myers	137
Days Inn – NFM	239-995-0535	North Fort Myers	126
Days Inn – South	239-936-1311	Fort Myers	121
Del Prado Inn	239-542-3151	Cape Coral	100
DiamondHead Resort	239-765-7654	Fort Myers Beach	124
Dolphin Inn	239-463-6049	Fort Myers Beach	19
Driftwood Inn	239-395-8874	Sanibel	4
EconoLodge	239-995-0571	North Fort Myers	48
Edgewater Inn	239-765-5959	Fort Myers Beach	6
Edison Beach House	239-463-1530	Fort Myers Beach	24
Embassy Suites	239-949-4222	Estero	150
Estero Island Beach Club	239-463-6116	Fort Myers Beach	75
Fairfield Inn	239-437-5600	Fort Myers	104
Flamingo Inn	239-463-9194	Fort Myers Beach	37
Flamingo Motel	239-992-7566	Bonita Springs	16
Fort Myers Inn & Suites	239-278-3949	Fort Myers	104
Fort Myers Shores Motel	239-694-4046	Fort Myers	7
Forty Fifteen Motel	239-472-1232	Sanibel	10
Fountain Motel	239-481-0429	Fort Myers	18
Four Winds Marina Condo	239-283-0250	Bokeelia	30
Gasparilla Inn	239-964-2201	Boca Grande	138
Golf View Motel	239-936-1858	Fort Myers	38
Grande Island Vacations	239-472-5322	Sanibel	380
Guesthouse Inn/Mariners Lodge	239-466-9700	Fort Myers Beach	34
Gulf Breeze Cottages	239-472-1626	Sanibel	13
Gulf Motel	239-463-9247	Fort Myers Beach	12
Gulfview Manor	239-463-4446	Fort Myers Beach	33
Gull Wing Resort	239-765-4300	Fort Myers Beach	66
Hampton Inn – Airport	239-768-2525	Fort Myers	87
Hampton Inn – Bonita Springs	239-947-9393	Bonita Springs	92
Hampton Inn & Suites	239-540-1050	Cape Coral	75
Hampton Inn & Suites – Ft. Myers Beach	239-437-8888	Fort Myers	120
Hibiscus House	239-332-2651	Fort Myers	5
Hilton Garden Inn	239-790-3500	Fort Myers	126
Holiday Inn – Bonita Springs	239-948-0699	Bonita Springs	108

<b>Name</b>	<b>Phone Number</b>	<b>CITY</b>	<b>ROOMS</b>
Holiday Inn – Ft. Myers Beach Gulfside	239-463-5711	Fort Myers Beach	103
Holiday Inn – Fort Myers	239-332-3232	Fort Myers	122
Holiday Inn – Sanibel Island	239-472-0930	Sanibel	98
Holiday Inn Select – Airport	239-482-2900	Fort Myers	227
Homewood Suites Hotel	239-275-6000	Fort Myers	130
Howard Johnson – Beachfront	239-463-9231	Fort Myers Beach	24
Howard Johnson – Fort Myers	239-936-3229	Fort Myers	111
Howard Johnson – Riverfront	239-656-4000	North Fort Myers	121
Hurricane House	239-472-1696	Fort Myers Beach	15
Hyatt Regency Coconut Point	239-444-1234	Bonita Springs	450
Island House Motel	239-463-9282	Fort Myers Beach	5
Island Inn	239-472-1561	Sanibel	53
Jensen's On The Gulf	239-472-4684	Captiva Island	10
Jensen's Twin Palm Resort	239-472-5800	Captiva Island	14
Jug Creek Cottages	239-283-0015	Bokeelia	5
Knolls Court Motel	239-283-0616	Matlacha	6
Kona Kai Motel	239-472-1001	Sanibel	13
La Quinta Inn & Suites Gateway	239-466-1200	Fort Myers	320
La Quinta Inns	239-275-3300	Fort Myers	131
Lahaina Inn Resort	239-463-4414	Fort Myers Beach	37
Lani Kai Island Resort Hotel	239-463-3111	Fort Myers Beach	100
Lighthouse Resort & Club	239-463-9392	Fort Myers Beach	79
Lighthouse Resort & Club	239-472-4162	Sanibel	30
Lovers Key Beach Club & Resort	239-765-1040	Fort Myers Beach	100
Malaga Motel Apartments	239-542-3464	Cape Coral	23
Marina Inn – Burnt Store M & CC	239-575-4488	Punta Gorda	22
Mariner's Boathouse	239-463-4374	Fort Myers Beach	22
Matanzas Inn	239-463-9258	Fort Myers Beach	11
Matlacha Island Cottages	239-283-0715	Bokeelia	4
Mitchell's Sand Castle Motel	239-472-1282	Sanibel	15
Nani Li'i Captiva Bayside Cottage	239-395-2490	Captiva Island	9
Neptune Inn	239-463-6141	Fort Myers Beach	70
North Captiva Island Club Resort	239-395-1001	Captiva Island	90
Ocean's Reach Condominium	239-472-4554	Sanibel	64
Outrigger Beach Resort	239-463-3131	Fort Myers Beach	144
Palm Terrace Apts. Resort	239-765-5783	Fort Myers Beach	8
Palm View Inn	239-472-1606	Sanibel	5
Palms of Sanibel	239-395-1775	Sanibel	4
Parrots Nest Old – Sanibel Resort	239-472-4212	Sanibel	6
Pelican's Roost Condominium	239-472-2996	Sanibel	21
Periwinkle Motel	239-463-3155	Fort Myers	8
Pink Shell Beach Resort & Spa	239-463-6181	Fort Myers Beach	192
Pointe Estero Resort	239-765-1155	Fort Myers Beach	60

<b>Name</b>	<b>Phone Number</b>	<b>CITY</b>	<b>ROOMS</b>
Pointe Santo de Sanibel	239-472-9100	Sanibel	141
Quality Inn Nautilus	239-542-2121	Cape Coral	142
Rainbow Motel Resort	239-542-0061	Cape Coral	14
Ramada Inn Beachfront	239-463-6158	Fort Myers Beach	70
Ramada Limited	239-275-1111	Fort Myers	130
Residence Inn By Marriott	239-936-0110	Fort Myers	78
Rip Tide Motel	239-463-9778	Fort Myers Beach	14
Rock Lake Resort	239-332-4080	Fort Myers	18
Royal Shell Vacations	239-472-9111	Sanibel	54
Sabal Park Inn	239-995-2455	North Fort Myers	13
Sandalfoot Condominium	239-472-2275	Sanibel	60
Sandcastle Beach Club	239-463-9368	Fort Myers Beach	29
Sandpiper Gulf Resort	239-463-5721	Fort Myers Beach	63
Sandpiper Inn	239-472-1529	Sanibel	4
Sandy Bend	239-472-1190	Sanibel	9
Sanibel Accommodations	239-472-3191	Sanibel	134
Sanibel Arms Condominium	239-472-2259	Sanibel	64
Sanibel Arms West	239-472-1138	Sanibel	104
Sanibel Beach Club I	239-472-3382	Sanibel	31
Sanibel Beach Club II	239-472-5772	Sanibel	82
Sanibel Cottages	239-472-1868	Sanibel	28
Sanibel Harbour Resort & Spa	239-466-4000	Fort Myers	401
Sanibel Holiday	239-472-6565	Sanibel	124
Sanibel Inn	239-472-3181	Sanibel	94
Sanibel Moorings	239-472-4119	Sanibel	122
Sanibel Siesta Condominiums	239-472-4117	Sanibel	62
Sanibel's Seaside Inn	239-472-1400	Sanibel	32
Santa Maria Resort	239-765-6700	Fort Myers Beach	60
Sea Chest Motel	239-332-1545	Fort Myers	329
Sea Shells of Sanibel	239-472-4634	Sanibel	44
Seahorse Cottages on Sanibel	239-472-4262	Sanibel	3
Seaside All Suite Resort	239-463-4944	Fort Myers Beach	50
Shalimar Resort	239-472-1353	Sanibel	33
Shell Island Beach Club	239-472-4497	Sanibel	44
Shell Point Guest House	239-466-1131	Fort Myers	39
Shipwreck Motel	239-463-4691	Fort Myers Beach	30
Signal Inn Beach & Racquetball	239-472-4690	Sanibel	19
Silver Sands Villas	239-463-2755	Fort Myers Beach	20
Silver Tarpon Lodge Motel Apts.	239-283-0212	Bokeelia	7
Smuggler's Cove	239-463-4128	Fort Myers Beach	84
Song of the Sea	239-472-2220	Sanibel	30
South Point West & Cross Creek	239-433-4555	Fort Myers	90
South Seas Resort	239-432-6760	Captiva Island	600

<b>Name</b>	<b>Phone Number</b>	<b>CITY</b>	<b>ROOMS</b>
Staybridge Suites	239-949-5913	Bonita Springs	106
Suburban Lodge	239-938-0100	Fort Myers	101
Sun Communities / Siesta Bay	239-466-8988	Fort Myers Beach	823
Sun Deck Resort	239-463-1842	Fort Myers Beach	7
Sun Tan Village	239-463-5803	Fort Myers Beach	22
Sundial Beach Resort	239-472-4151	Sanibel	270
Sunshine Island Inn	239-395-2500	Sanibel	5
Super 8 Motel	239-275-3500	Fort Myers	123
Surf View Villas	239-379-9999	Fort Myers Beach	5
Surfrider Beach Club	239-472-2161	Sanibel	31
Surfsong Apartments	239-283-2823	Bokeelia	3
Tahitian Inn	239-466-9636	Fort Myers Beach	28
Tarpon Lodge	239-283-3999	Pineland	21
The Golf Club	239-542-3191	Cape Coral	100
Tiki On The Beach Motel	239-463-9547	Fort Myers Beach	11
Tortuga Beach Club	239-472-0400	Sanibel	54
Tradewinds	239-992-2111	Bonita Springs	8
Tropical Inn Resort Motel	239-463-3124	Fort Myers Beach	28
Tropical Winds Motel & Cottages	239-472-1765	Sanibel	10
Tween Waters I	239-472-5161	Captiva Island	138
Two Fish Inn	239-283-4519	St. James City	6
VIP Vacation Rentals – BS	239-472-1613	Sanibel	40
VIP Vacation Rentals – FM	239-472-1613	Sanibel	120
Vision One Seasonal Rentals	239-543-4777	North Fort Myers	48
Waters Edge Motel & Apartments	239-283-0515	St. James City	20
Waterside Inn on the Beach	239-472-1345	Sanibel	42
Welcome Inn Motel	239-332-3500	North Fort Myers	15
West Wind Inn	239-472-1541	Sanibel	104
West-End Paradise	239-472-9088	Sanibel	4
Wild Wave Resort	239-463-8900	Fort Myers Beach	10
Wonderland Motel	239-995-1132	North Fort Myers	38
Wynstar Inns & Suites	239-791-5000	Fort Myers	77

APPENDIX XI

FORMS

The sample forms and agreements on subsequent pages are used by UMCOR Katrina Aid Today. Adaptation to current needs is appropriate and recommended. These forms are completed by the Case Manager in consultation with the Long-Term Disaster Recovery Coordinator.

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**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

I, the undersigned, authorize the Federal Emergency Management Agency (FEMA), the State of Florida and appropriate agencies of the State of Florida responsible for providing disaster assistance to release information relating to my eligibility for monetary or other forms of assistance arising from the major disasters declared: **Hurricane Wilma FEMA-DR-1609-FL**, to those agencies that provide disaster-related assistance. This authorization permits the release of information that is deemed confidential under Federal and State Privacy Acts.

This authorization is given to obtain and/or provide assistance I need as a result of this federal disaster to insure that benefits are not duplicated. It includes the sharing of information about my application in FEMA’s possession or under FEMA’s control.

This authorization includes only information necessary to allow the appropriate agency or organizations to determine if I am eligible for assistance from that agency or organization. This information is not to be used for any other purpose.

I also understand and acknowledge that signing this does not guarantee that I will get assistance from Voluntary Agencies and/or appropriate Federal and State agencies. However, without my permission, my information cannot be shared with other agencies or organizations for consideration. I understand that I will still receive all FEMA assistance for which I am eligible.

This authorization is submitted pursuant to 28 U.S.C. § 1746 under penalty of perjury.

OPTIONAL – I chose to exclude the following agencies from access to this information:  
-----

**I understand that is my choice to sign this Release.**

\_\_\_\_\_  
Name (Printed) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Pre-Disaster Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone or Message #: \_\_\_\_\_ FEMA Registration #: \_\_\_\_\_



### AUTORIZACIÓN PARA DIVULGAR INFORMACIÓN CONFIDENCIAL

Yo, el que subscribe, autorizo a la Agencia Federal para el Manejo de Emergencias (FEMA por sus siglas en inglés), al Estado de Florida, y a las agencias apropiadas del Estado de Florida responsables de proveer asistencia para desastres, a divulgar información correspondiente a mi elegibilidad para recibir ayuda monetaria u otra forma de asistencia relacionada a la declaración por desastres **de los Huricans Charlie (designada FEMA-1539-FL), Francis (designada FEMA-1545-FL), Ivan (designada FEMA-1551-FL) y/o Jeanne (designada FEMA-1561-FL)**, a esas agencias que proveen asistencia relacionada a desastres. Esta autorización permite suministrar información considerada confidencial bajo las Leyes de Privacidad Federales y Estatales.

Doy esta autorización para obtener y/o proveer la asistencia que necesito a consecuencia de este desastre Federal, para asegurar que los beneficios recibidos no hayan sido duplicados. Esto incluye compartir la información contenida en mi solicitud que FEMA posee o tiene bajo su control.

Esta autorización solamente incluye la información necesaria que permita a las agencias pertinentes y otras organizaciones determinar mi elegibilidad para asistencia. Esta información no se usará para ningún otro propósito.

Además entiendo y reconozco que el firmar este documento no garantiza que recibiré asistencia de las Agencias Voluntarias y/u otras agencias Federales o Estatales. Sin embargo, sin mi permiso, mi información no puede ser compartida con otras agencias u organizaciones para su consideración. Yo entiendo que, aun así, al ser elegible, recibiré ayuda de FEMA.

Someto esta autorización bajo pena de perjurio conforme a 28 U.S.C. § 1746.

OPCIONAL – Deseo excluir a las siguientes agencias del acceso a ésta información:  
-----

**Yo entiendo que es mi opción firmar esta Autorización.**

\_\_\_\_\_  
Nombre (Letra de Molde) \_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma

Dirección antes al Desastre: \_\_\_\_\_

Dirección actual: \_\_\_\_\_

Número de Teléfono o para Mensajes: \_\_\_\_\_

Número de Registro de FEMA: \_\_\_\_\_

**Lee County Long-Term Recovery Committee  
CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATION**

**INSTRUCTIONS**

Signing and returning this Consented Release Form authorizes the **Lee County Long-Term Recovery Committee (LTRC)** to share certain personal information collected about you or your family with other disaster relief and voluntary organizations participating in the **LTRC**. The **LTRC** needs to share this information in order to coordinate available disaster relief services and assistance, and to reduce the paperwork and applications necessary in order for you or your family to receive disaster relief assistance and services from multiple relief organizations. All disaster relief organizations participating in the **LTRC** are committed to respecting your privacy and using the information solely for the purpose of coordinating and providing disaster relief assistance.

Certain records are exempt from disclosure pursuant to Chapter 119 Florida Statutes. These include but are not limited to: Social Security Numbers, Bank Account Information, Debit and Credit card numbers, health and property insurance information by an applicant for or participation in Federal, State, or local housing assistance programs, certain home addresses, phone numbers and photographs of former or current law enforcement officers and others as listed in Chapter 119 Florida Statutes. If you believe that you and/or your spouse or children qualify for an exemption under F.S. 119.041 for your home address, telephone number and photograph, you must make the request for exemption in writing and submit it with this consent form. Medical records are also exempt and confidential.

**CONSENT AND RELEASE**

I, \_\_\_\_\_, hereby authorize the **LTRC** to share any of my information in its possession, including but not limited to, my name, address, other personal information and the type of assistance I am receiving with other disaster relief and voluntary organizations participating in the **LTRC** in order to coordinate available disaster relief services and assistance.

If you wish to limit this release to specific information, please specify the information that may be released.

I understand that I may revoke this consent at anytime by contacting the **LTRC** except when action has already been taken to obtain and/or release such information to organizations participating in the **Long-Term Recovery Committee**. My signature on this release indicates that I have read the above, or had it read to me, and that I understand the terms and conditions. I have also had the opportunity to ask any questions. I am also signing this release on behalf of my children that are under the age of eighteen (18).

---

Signature Head of Household

Date

---

Signature of Co-Applicant

Date

**CONFIDENTIALITY AGREEMENT**

Any information provided by the client(s) to the Organization's Staff or Volunteers is to be kept in the strictest of confidences. None of the information exchanged about donor individuals, donor organizations, or client cases will be discussed outside of the official interview and decision-making process of the Organization, except as authorized above.

---

Signature of Worker

Date

## CLIENT RIGHTS AND RESPONSIBILITIES

**As a client of any service provider working under the banner of Long-Term Recovery, you have the right:**

1. To be informed of your responsibilities in the recovery process.
2. To available services, regardless of your age, race, ethnicity, gender, religious or political affiliation, physical or mental disability, and the right to referral, as appropriate, to other service providers.
3. To be treated with courtesy and respect.
4. To be fully informed about client services provided to you and to be told who will be providing the client services.
5. To receive services in a manner that you understand with any necessary reasonable accommodations and language access.
6. To give or refuse consent to the provision of any community service.
7. To expect all communication and records pertaining to your service to be treated as confidential and protected to the extent required by law. (All information about a client and the client's family that is obtained by the worker in carrying out case management tasks shall be held in the strictest confidence. Information may be released to other professionals and agencies only with written permission from you or your guardian. This release shall detail what information is to be disclosed, to whom, and in what time frame.)
8. To receive a notice of the agency's Privacy Practices and to have them explained to you.
9. To be aware of the relationship the case management agency has with other programs that may impact your services.
10. To report suspected fraud to FEMA by calling 1-800-323-8603.
11. To raise concerns or recommend changes in connection with the services provided to you and in connection with policies and decisions that affect your interests, to the service provider, government officials or any other person, without fear of interference, coercion, discrimination or reprisal.

*You may report concerns regarding your rights to:* **Long-Term Recovery Committee  
(239) 533-7921**

**As a client of any service provider working under the banner of Long-Term Recovery, you have the responsibility:**

1. To be willing to accept responsibility for your own recovery, taking an active role, and participating with the agreed upon plan for recovery.
2. To be willing to provide current and accurate information, documentation and verification that is required for the completion of applications and the casework process.
3. To be willing to explore all options and available resources that will help you in your recovery.

4. To accept the limitations of resources available through the Long-Term Recovery Committee assistance.
5. To treat staff, other clients and property with respect, and to work cooperatively with the case manager.
6. To notify your case manager if you have changed contact information, are unable to meet an appointment, or you are unable to fulfill your own tasks/goals of your recovery plan.
7. To use, but not waste or duplicate resources.
8. To know your rights and let your grievances be known.

*Failure to meet your responsibilities may lead to a suspension of services by the agency.*

**LONG-TERM RECOVERY COMMITTEE  
INTAKE FORM**

Name of Applicant (print):	MR.   MS.   MRS. _____	
Date of Intake (Month/Day/Year)	___ / ___ / _____	File # _____
FEMA #	_____	DR # _____
SSN	____ - ____ - _____	Date of Birth (Month/Day/Year) ___ / ___ / _____

➔  Applicant has reviewed and signed the Organization and FEMA authorizations to release confidential information.

<b>CURRENT CONTACT INFORMATION</b>	Applicant's Phone #	
	Alternate Phone #	
	Current Address (including Apt #, Rm #)	
	Mailing Address (if different)	
E-Mail Address		
County / Parish		

<b>CURRENTLY</b>	Does applicant currently...	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Live with family/friends	<input type="checkbox"/> Reside in transient shelter or is homeless	<input type="checkbox"/> Other	
	This residence is a...	<input type="checkbox"/> Apartment	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Mobile Home/Trailer	<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Other	
	This housing is subsidized by...	<input type="checkbox"/> USDA	<input type="checkbox"/> FEMA	<input type="checkbox"/> HUD/Section 8	<input type="checkbox"/> HUD/Grant or Loan	<input type="checkbox"/> HUD/Public Housing	<input type="checkbox"/> None
	Does applicant share housing expenses?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, describe:			
	Number of disaster-affected persons residing in current household:			Adults:	Dependent Children:		

<b>PRE-DISASTER</b>	Address of Pre-Disaster housing (including Apt #, Rm #)	
	Mailing Address of pre-disaster housing (if different)	
	County / Parish	

## LONG-TERM RECOVERY COMMITTEE INTAKE FORM

<b>PRE-DISASTER</b>	Did applicant formerly... <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with family/friends <input type="checkbox"/> Reside in transient shelter or is homeless <input type="checkbox"/> Other
	This residence was... <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Mobile Home/Trailer <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Other
	This housing was subsidized by... <input type="checkbox"/> USDA <input type="checkbox"/> FEMA <input type="checkbox"/> HUD/Section 8 <input type="checkbox"/> HUD/Grant or Loan <input type="checkbox"/> HUD/Public Housing <input type="checkbox"/> None
	Did applicant share housing expenses? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, describe:
	Number of persons residing in pre-disaster household: Adults: Dependent Children:
<b>NEEDS ASSESSMENT</b>	
<b>RISK INVENTORY</b> Check all that apply	<input type="checkbox"/> Applicant currently resides in a shelter, or other temporary housing situation.
	<input type="checkbox"/> Household's annual income is below the Federal Poverty Line. <b>Applicant's income \$:</b> _____
	<input type="checkbox"/> Applicant is age <b>55</b> or over.
	<input type="checkbox"/> Applicant or other member of the household is physically or mentally disabled.
	<input type="checkbox"/> Applicant or other disaster-affected household member has medically related needs. <b>Specify:</b> _____
	<input type="checkbox"/> Applicant or other disaster-affected household member has mental illness.
	<input type="checkbox"/> Applicant is a single female head of household with dependent children.
Head of Household is a <input type="checkbox"/> US Citizen <input type="checkbox"/> Lawful permanent resident <input type="checkbox"/> Alien authorized to work <input type="checkbox"/> Other	
<b>IMMEDIATE UNMET NEEDS</b> Check all that apply	<input type="checkbox"/> Housing (repair, modifications, eviction, etc) <input type="checkbox"/> Food / nutrition <input type="checkbox"/> Employment
	<input type="checkbox"/> Utilities (shut-off or pending shut-off) <input type="checkbox"/> Medical health care <input type="checkbox"/> Transportation
	<input type="checkbox"/> Furniture, Appliances <input type="checkbox"/> Medication <input type="checkbox"/> Child Care
	<input type="checkbox"/> Clothing <input type="checkbox"/> Mental health care <input type="checkbox"/> Application assistance/ benefits restoration
	<input type="checkbox"/> Other:
	<input type="checkbox"/> Applicant requests language, sign language, or literacy assistance. <b>Specify language:</b>
<input type="checkbox"/> Applicant has pending eviction and/or utility shut-off notices.	
<input type="checkbox"/> Client was provided referrals for urgent needs.	

## LONG-TERM RECOVERY COMMITTEE INTAKE FORM

<b>APPLICANT'S VERIFICATION</b>	
<b>CATEGORIES OF IMPACT</b>	<b>➔ I verify that I have been affected by Hurricane _____ in the following way(s):</b>
	<input type="checkbox"/> I suffered physical injury directly caused as the result of the disaster or developed sever mental health issues.
	<input type="checkbox"/> I was displaced from my primary residence as the result of a disaster.
	<input type="checkbox"/> I suffered substantial or complete loss or damage to my primary residence due to the disaster.
	<input type="checkbox"/> I suffered the loss of household income directly related to the disaster.
	<input type="checkbox"/> I am grieving over the death of a loved one.
	<input type="checkbox"/> I am / was an emergency response or relief worker.
	<input type="checkbox"/> I resided in a mandatory evacuation zone.
<b>VERIFICATION OF FINANCIAL NEED <small>Required</small></b>	<b>➔ I certify and declare to the best of my knowledge and belief that the information I have provided is true, accurate, and complete, and that I lack the financial resources necessary to meet basic living expenses.</b>
	Applicant Name (print):
	Applicant Signature:
	Co-Applicant Name (print):
	Co-Applicant Signature:
	Intake Worker Name (print):
	Intake Worker Signature:



**LONG-TERM RECOVERY COMMITTEE  
INTAKE FORM**

File # \_\_\_\_\_

**HOUSEHOLD**

**Enter information for all disaster-affected household members**

Name of Each Household Member	Relationship	Date of Birth	Gender	Ethnicity *	FEMA # <i>If Different</i>
	HEAD OF HOUSEHOLD				

<b>*ETHNICITY CODES</b> Please select number which best describes applicant's race/ethnicity as identified by applicant.								
African American or Black	American Indian or Alaska Native	Asian	Hispanic/Latino	Native Hawaiian or Pacific Islander	Tribal Affiliation	Other	White	None of the Above
1	2	3	4	5	6	7	8	9

Are you missing relatives?    NO    YES

List the name(s) and relationship(s) of missing relatives: \_\_\_\_\_

## LONG-TERM RECOVERY COMMITTEE INTAKE FORM

NAME of Applicant: Mr. Ms. Mrs. \_\_\_\_\_

<b>ELIGIBILITY IS ESTABLISHED WHEN ALL REQUIREMENTS BELOW ARE MET</b>			
<b>ELIGIBILITY</b>		Applicant has authorized release of confidential information for Organization and FEMA	
		Applicant meets program requirement for disaster-related impact.	
		Applicant meets program requirement for US Citizen, Lawful Permanent Resident, Alien Authorized to Work. Other.	
		Applicant meets program requirement for financial need.	
		Applicant is not receiving case management services from any other Disaster Recovery Organization <i>confirmed</i>	
<b>DETERMINATION</b>	<b>INELIGIBLE</b> Applicant does not meet all criteria for eligibility		
	Initial	Applicant referred to (inter-agency):	
		Referred within agency for alternate program (intra-agency):	
	<b>ELIGIBLE</b> Applicant meets all criteria eligibility. Case is <b>OPEN</b> .		
	Initial	Files updated and printed to client file.	
		Case worker assigned:	
	<b>ELIGIBLE</b> Applicant meets all criteria for eligibility. Case is <b>TRANSFER RECEIVED</b> .		
	Initial	Client is being received as a transfer from (agency):	
<b>PRIORITY</b>	Emergency		Assigned for Long-Term Case Management
	Urgent		Information & Referral Only
	Assigned for Short-Term Case Management		Not urgent needs but case management necessary

### NOTES

\_\_\_\_\_  
Signature of authorized personnel

\_\_\_\_\_  
Date of determination



**LONG-TERM RECOVERY COMMITTEE  
INTAKE FORM**

**Disaster Recovery Partnership Plan  
Page 1 of 2**

Client Name: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Category(s) of Impact:    Displaced Resident    Physical Injury    Income Loss    Deployed in Emergency Response    Death of Significant other    Other

Next Review Date: \_\_\_\_\_ Level of Contact:    monthly    weekly    bi-weekly    as needed

GOAL: \_\_\_\_\_

Areas of Service: **HWB-P** – Health & Well-being Physical; **HWB-M** – Health & Well-being Mental Health; **HWB-S** – Health & Well-being Spiritual; **HO** – Housing; **FO** – Food; **US** – Utilities; **FIN** – Financial; **EMP** – Employment; **TR** – Transportation; **Y** – Youth & Children; **AD** – Aged/Disabled; **ED** – Education; **LEG** – Legal; **BR** – Benefits Restoration; **CL** – Clothing; **FU** – Furniture; **LA** – Language; **Other** – Specify:

Area of Service	Objectives	Action Steps	Responsible Person	Target Date	Date Met	Outcome

**LONG-TERM RECOVERY COMMITTEE  
INTAKE FORM**

**Disaster Recovery Partnership Plan  
Page 2 of 2**

Area of Service	Objectives	Action Steps	Responsible Person	Target Date	Date Met	Outcome

Client Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Worker Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Reviewed by Supervisor:

\_\_\_\_\_

Date:

\_\_\_\_\_

**DISASTER RECOVERY CASE MANAGEMENT ORGANIZATION**  
 (Sample Outline for the Initial Assessment Narrative)

NAME of Client: \_\_\_\_\_ File # \_\_\_\_\_

DATE	PROGRESS NOTES
<b>Date and Introduction to client</b>	(Summarize age, gender, relationship status, ethnicity, religion, number in household, ages of children) (Client) was referred by (name of individual or organization). (When and where did you contact the client? Who participated in the interview?) <i>EX: Worker spoke with client via phone yesterday and met with client and his wife in temporary housing this date.</i>
<b>Client's Relationship to Disaster</b>	<p>This is the critical narrative for future advocacy and submissions on behalf of the client. Summarize the client's story. What happened (objective) and what was the impact to the client (subjective). Category(ies) of impact; displaced resident; displaced worker; mental health; physically injured; etc. If the client was physically injured, relate their story and try to obtain medical verification for treatment.</p> <p>VERIFICATION DOCUMENTATION RELEVANT FOR THIS SECTION: Letter from therapist; medical reports re: treatment of injuries sustained; mental health history, if applicable; employment; housing; etc.</p>
<b>Financial Summary</b>	<p>Client's pre- and post-disaster income. What percentage loss in HOUSEHOLD income did they experience? You will need to get information for all household income, not just the head of household. Specify source of information, such as W-2 or tax return or Social Security summary of income, welfare benefits, etc. When did they receive their last pay...get copy of this pay stub, if possible. Note amount of any unemployment or disability (SSI or SSD) or worker's comp received...(make sure you know the difference)...when did it start/stop? Is there any child support coming in or going out? Any other source of income? What expenditures are not "essential" to the client's recovery? If it is part of the procedure for your organization, note the income vs. expenses deficit from the household budget.</p> <p>VERIFICATION DOCUMENTATION RELEVANT FOR THIS SECTION: Tax returns; W-2 form for same period; pay stub prior to the disaster; most recent pay stub; unemployment or disability or worker's comp benefits letter; confirmation of child support order (received or sent); income/expense form.</p>
<b>Resources</b>	<p>Note what disaster resources have been received from the various organizations. Note bank balance or savings accounts, and significant financial resources such as stocks, bonds, 401K or IRA. If home is owned, what is the equity in the home? Rent or homeowners insurance? Also note what services are on-going, such as Medicaid, Food Stamps, Welfare/TANF benefits, WIC, etc. Are they receiving re-employment or job training benefits, such as FEES? Get verification documentation for resources whenever possible.</p> <p>Other non-tangible resources include family and/or friends. Obtain contact information as is relevant.</p> <p>VERIFICATION DOCUMENTATION RELEVANT TO THIS SECTION: Most recent bank statement and/or savings statement, etc; copy of Medicaid card; TANF check stub or award letter; re-training verification of enrollment or benefit; document verbal verification when possible from other organizations.</p>

<p><b>Employment</b></p>	<p>Note education and occupation. Currently employed? Unemployed? Seeking re-employment in same field? Different field? Is receiving or desires job counseling or job re-training? Others in the household and their employment situation. How are they managing the job search? If the client is a displaced worker, make sure you note where they worked, their job title, how long did they work for the company, when did they get laid off, fired, quit, etc. Detail relevant employment information, such as to what extent their based company did business in the affected area. Obtain employment verification if possible to confirm hire date, termination date, and reason for termination. Especially if the client experiences mental health impact, specify where they were at the time of the disaster, what they experienced on that day. Be as specific as the client explains. Details are very important. If the client attempted to return to work or was re-located after the disaster the time line may be critical to assessing eligibility for other services.</p> <p>VERIFICATION DOCUMENTATION RELEVANT TO THIS SECTION: If currently employed, recent pay stub; resume, verification of job search.</p>
<p><b>Health and Well-Being</b></p>	<p>Make a mental health assessment: How do they SAY they feel: use their words and put them in “quotes”. How do they present to you? How are their thought processes? Their speech (clear and cogent: tangential? Circumstantial? Poverty of speech? Rapid? ). Are they receiving mental health care? Where? With whom? How is it being paid for? What do they do that makes them feel better? Walk or exercise? Drink or take medication or drugs? Pray? Call a friend? Go to work? If they offer a diagnosis, note it here. Ask if you can get a letter from the therapist. How is their physical health? Are they diabetic? If so, do they monitor their blood sugar? Do they have the equipment necessary to do so? Are they experiencing gastric problems? Take note and document if the client offers information such as feeling heart palpitations, change in sleep patterns, nightmares, unrealistic or increased fears. Note if the client voices spiritual discord. They might say “I can’t understand how God could allow this” or “I don’t know why I’m here”. Note any feelings of hopelessness or helplessness, or whether they are hopeful and empowered. Do they have health insurance? Medicaid or Medicare (make sure you know the difference). Does it cover medications? How do they pay for medications? What meds are they taking? Are there accessibility issues?</p> <p>VERIFICATION DOCUMENTATION RELEVANT TO THIS SECTION: letter from therapist; medication bottles; verbal confirmation from therapist of medication ordered and needed; copies of health coverage cards, etc.</p>
<p><b>Housing</b></p>	<p>How many people in the household? Do they own or rent? How much is/was the monthly mortgage or rent? Have they received FEMA? If so, for what purpose? If for rental assistance, for how many months? (obtain copy of FEMA approval or denial letters). Do they understand they need to re-certify periodically? Are they behind in rent/mortgage? How much? What other costs are related to housing (condo fees, maintenance fees, repairs, etc). Consider what percentage of the total household income is the cost of housing. Did they have homeowners insurance? Flood insurance? Did they or will they receive any insurance monies?</p> <p>VERIFICATION DOCUMENTATION RELEVANT TO THIS SECTION: copy of lease or mortgage; letter from landlord certifying overdue rent; related bills, property insurance statements.</p>
<p><b>Utilities</b></p>	<p>(Gas, electric, phone, cable). Note any issues here with utility payments. Do they have a land phone line? A cell phone? Are they behind or current? Do they have or did they have energy assistance? Note any special needs associated with energy consumption, such as client has lung disease necessitating air conditioning or oxygen.</p> <p>VERIFICATION DOCUMENTATION RELEVANT TO THIS SECTION: Bills; LIHEAP or other utility assistance verification.</p>

<b>Nutrition</b>	<p>Are they eating well? If not, why not? What food resources are they aware of in the community? Do they have medically-related dietary requirements? Do they have transportation to get to the store?</p> <p>VERIFICATION DOCUMENTATION RELEVANT TO THIS SECTION: Food Stamp certification, if relevant.</p>
<b>Transportation</b>	<p>Note how many cars clients own or lease, monthly payments, car insurance. Note if client takes public transportation. Are there car repairs needed? How accessible is the public transportation and are they able to afford it? Have they accessed FEMA and/or insurance for transportation assistance?</p> <p>VERIFICATION DOCUMENTATION RELEVANT TO THIS SECTION: related bills; see also financial statements.</p>
<b>Legal</b>	<p>Are there disaster-created legal problems such as divorce, child custody, court-ordered eviction, bankruptcy court, immigration issues? Do they have an attorney? Have they been referred to legal aid or other legal assistance? What is the status of the complaint? Consider organization's policy before inquiring about immigration status. How was the immigration status impacted or interrupted?</p> <p>VERIFICATION DOCUMENTATION RELEVANT TO THIS SECTION: court/legal papers</p>
<b>Other</b>	<p>Senior services, language services for translation, children's issues, or other specialized need.</p> <p>VERIFICATION DOCUMENTATION RELEVANT TO THIS SECTION: as relevant</p>
<b>PLAN/ Impression</b>	<p>Summarize and prioritize areas of impact and immediate and future needs. Project where you might refer or advocate for resources for these. Is the goal achievable? If not, state why or why not and establish a date to meet with the client for revision. Note here whether the client would benefit from developing a financial recovery plan in order to make a plan to decrease expenditures. When do you propose to present this to the client? Would they also benefit from credit counseling? Financial planning? (Make sure you know the difference). How does client respond to suggestions to minimize expenditures? To make changes to adapt to the current situation?</p> <p><i>EX: Client's goal is to attain stable affordable rental housing in (city, state) by (date). To achieve this client will need to (tasks). Worker will (tasks).</i></p>
	<p>Case Worker signature</p>



**LONG-TERM RECOVERY COMMITTEE  
INITIAL ASSESSMENT**

Name of Client/Head of Household (print): \_\_\_\_\_

Date of Initial Assessment (month/day/year): \_\_\_ / \_\_\_ / \_\_\_\_\_ File #: \_\_\_\_\_

Case Worker (print name): \_\_\_\_\_

Other Persons present at interview: \_\_\_\_\_

Location of Interview (assure confidentiality): \_\_\_\_\_

Referral Source (How did client learn of the organization?): \_\_\_\_\_

Case Worker has reviewed and affirmed the confidential context of the client/worker relationship with the client(s).

If Client's address or phone number has changed, enter changes here:

**STEP 1: NARRATIVE – The Client's Story**

Describe the Client's **pre-disaster scenario**: *EX: What was the client's Pre-Disaster life like? What happened immediately before, during, and after the disaster?*

Describe the Client's **current scenario**: *EX: What has been the impact to the client? What has the client achieved so far? What are the client's primary concerns?*

Describe the Client's **preferred scenario**: *EX: What are the client's expectations for recovery? What does the client expect from the organization/worker?*

*In language that is appropriate to the Client/Worker, reassure the Client and explain that information will be gathered so that a plan can be developed for recovery.*

**LONG-TERM RECOVERY COMMITTEE  
INITIAL ASSESSMENT**

Client: \_\_\_\_\_ File #: \_\_\_\_\_

**STEP 2: DISASTER RELIEF**

**SEQUENCE OF DELIVERY: EA – Emergency Disaster Assistance**

**American Red Cross**

Applied      **YES**    **NO**  
 Received    **YES**    **NO**      Amount Received    \$ \_\_\_\_\_      In-Kind: \_\_\_\_\_

**Salvation Army**

Applied      **YES**    **NO**  
 Received    **YES**    **NO**      Amount Received    \$ \_\_\_\_\_      In-Kind \_\_\_\_\_

**Disaster Unemployment**

Applied      **YES**    **NO**      INELIGIBLE  
 Received    **YES**    **NO**      Amount Received    \$ \_\_\_\_\_      In-Kind \_\_\_\_\_

**Other resources(s) accessed or pending:**

Applied      **YES**    **NO**  
 Received    **YES**    **NO**      Amount Received    \$ \_\_\_\_\_      In-Kind \_\_\_\_\_

**SEQUENCE OF DELIVERY: Insurance**

**Condition of Primary Residence**

*Assessment of disaster-related damage to pre-disaster residence. (If Client is a homeowner, also complete the Homeowner's Assessment Form)*

Destroyed       Major Damage       Partial Damage       No Damage

**Insurance Information:**       Homeowners       Renters       Auto       Flood       None

If YES, has insurance adjuster made contact:      **YES**    **NO**

Insurer(s): \_\_\_\_\_

**SEQUENCE OF DELIVERY: IHP – FEMA Individuals and Households Program**

**Has Client registered with FEMA?**      **YES**    **NO**

If NO, are you willing to register at this time?      **YES**    **NO**

If NO, why not? \_\_\_\_\_

Have you received any assistance from FEMA to date?      **YES**    **NO**

If YES, how much have you received?

EA (expedited assistance)      \$ \_\_\_\_\_  
 RA (rental assistance)      \$ \_\_\_\_\_  
 Real Property (owners only)      \$ \_\_\_\_\_  
 Personal Property (contents – owner or renter)      \$ \_\_\_\_\_

Did you apply for a travel trailer?      **YES**    **NO**

If YES, what is the status of the trailer application? \_\_\_\_\_

## LONG-TERM RECOVERY COMMITTEE INITIAL ASSESSMENT

Client: \_\_\_\_\_ File #: \_\_\_\_\_

### STEP 2: DISASTER RELIEF *continued from previous page*

#### SEQUENCE OF DELIVERY: SBA – Small Business Association

<b>Have you requested or received an SBA application?</b>	<b>YES</b>	<b>NO</b>	
<i>If YES, have you returned the completed application?</i>	<b>YES</b>	<b>NO</b>	
<i>Have you received an SBA loan?</i>	<b>YES</b>	<b>NO</b>	

#### SEQUENCE OF DELIVERY: IHP / ONA – FEMA Other Needs Assistance

**What other disaster-created needs do you have that are or may be FEMA eligible?**

**NOT SBA dependent**

<input type="checkbox"/> <b>Medical</b>	Applied	Received	\$ _____	Pending	Referred
<input type="checkbox"/> <b>Dental</b>	Applied	Received	\$ _____	Pending	Referred
<input type="checkbox"/> <b>Funeral</b>	Applied	Received	\$ _____	Pending	Referred

**SBA dependent**

<input type="checkbox"/> <b>Personal Property</b>	Applied	Received	\$ _____	Pending	Referred
<input type="checkbox"/> <b>Transportation</b>	Applied	Received	\$ _____	Pending	Referred
<input type="checkbox"/> <b>Moving and Storage</b>	Applied	Received	\$ _____	Pending	Referred
<input type="checkbox"/> <b>Group Flood Insurance</b>	Applied	Received	\$ _____	Pending	Referred

#### SEQUENCE OF DELIVERY: Summary

*Describe how client has spent, or plans to spend, benefits received. Describe any difficulties client is experiencing with Insurance, FEMA, SBA, or other disaster-related application processes. Provide relevant information as it relates to the client's recovery process.*

## LONG-TERM RECOVERY COMMITTEE INITIAL ASSESSMENT

Client: \_\_\_\_\_ File #: \_\_\_\_\_

### STEP 3: HOUSING ASSESSMENT/HOUSING RECOVERY PLAN

→ Has client made a decision to obtain permanent housing

NO YES If YES, where? \_\_\_\_\_

**Note:** Ask the client if s/he plans on staying in the area or if s/he is planning on relocating to another area. If the plan is to relocate, obtain at least the city and state they are relocating to. This information will be added to the database.

- At my current address (see *Intake* or *Initial Assessment* p. 1)
- At my pre-disaster address (see *Intake*)
- At a new address, in my pre-disaster count/parish
- Other (list address, if known, city, state)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TARGET DATE: \_\_\_\_\_

#### RELOCATION PENDING (Barriers – check all that apply)

- Awaiting trailer on own property
- Awaiting trailer on alternate site
- Locate rental property
- Locate HUD housing
- Transportation \$
- Home repairs
- Insurance pending
- SBA pending
- Debris removal
- Furnishings/appliances
- FEMA application processes (pending verification, duplication registration, etc.)
- Other: \_\_\_\_\_

Is client facing eviction? YES Date of pending eviction: \_\_\_\_\_ NO (skip to next question)

If YES, has the client received written notice? YES NO  
If YES, has client provided Case Worker with copy of written notice? YES NO

Is client currently residing in a shelter or FEMA sponsored housing? YES NO

If YES, what is the date of shelter closing or the expiration date of the housing voucher? \_\_\_\_\_

What resources are available for homelessness prevention? (describe)

- If client is a homeowner, check box and complete the *Homeowners Assessment Form*.
- If client is currently renting, sub-letting, or staying with a host family, check box and provide the Client with the *Landlord/Host Verification form*.

#### Housing Plan Summary

Summarize complexities relating to housing recovery. If eviction is pending, describe immediate actions to be taken by Client and/or Worker. (Record here, or in progress notes/contact log.)

Signature of Worker: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

## LONG-TERM RECOVERY COMMITTEE INITIAL ASSESSMENT

Client: \_\_\_\_\_ File #: \_\_\_\_\_

### STEP 4: FINANCIAL ASSESSMENT

- Complete the Income vs. Expense Form with client. (*Obtain relevant verification for fields, when possible.*)
- If appropriate, complete the Financial Recovery Plan.
- Identify Financial Resources immediately available to client:
  
- Identify other assets:

### STEP 5: IDENTIFY CLIENT STRENGTHS AND RESOURCES

*Identify the client's personal strengths and resources. Check all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> Able to establish realistic goals  | <input type="checkbox"/> Motivated for recovery                                   |
| <input type="checkbox"/> Able to verbalize needs  | <input type="checkbox"/> Community involvement                                    |
| <input type="checkbox"/> Finds strength in faith  | <input type="checkbox"/> Involved in meaningful activity (leisure, hobbies, etc.) |
| <input type="checkbox"/> Has access to financial resources  | <input type="checkbox"/> Client is a Veteran                                      |
| <input type="checkbox"/> Has supportive family/friends  | <input type="checkbox"/> Self-determining   |
| <input type="checkbox"/> Interested in the well-being of others   |   |
| <input type="checkbox"/> Carefully considers options and resources available                            |   |
| <input type="checkbox"/> Able to navigate complexities of social service delivery systems independently |   |
| <input type="checkbox"/> Other:   |   |

**LONG-TERM RECOVERY COMMITTEE  
INITIAL ASSESSMENT**

Client: \_\_\_\_\_ File #: \_\_\_\_\_

**STEP 6: NEEDS ASSESSMENT**

*Check only those boxes which currently apply.*

- APP Health & Well-Being** Physical Health, Medically related needs, Mental Health, and/or Spiritual Well-Being.  
(See Health and Well-Being Screen)
- HO Housing** (See Housing Assessment and Recovery Plan)
  - Emergency Housing Assistance needed
- FO Food/Nutrition**
  - Special dietary needs
  - Needs financial assistance or referral to acquire food
- US Utilities/Services**
  - Phone  Water  Other *describe*
  - Heating/Cooling  Garbage collection
  - Electric  Storage
- EMP Employment/Job Training** (See Employment Assessment)
- TR Transportation**
  - Public transportation  Gas/tolls
  - Car repair  Car insurance
  - Medical transportation (see also Health and Well-Being Screen)
  - Other: \_\_\_\_\_
- Y Children and Youth**
  - Needs childcare
  - Needs access to public education (children)
  - Other: \_\_\_\_\_
- AD Aged/Disabled**
  - Need to access senior services
  - Need to access services for the disabled
  - Other: \_\_\_\_\_
- APP Application Assistance**
- FI Financial** (Complete Financial Recovery Plan)
- LEG Legal**
- BR Benefits Restoration**
- CL Clothing**
- FU Furniture/Appliances**
- LA Language Assistance**
- OT Other:**

## LONG-TERM RECOVERY COMMITTEE INITIAL ASSESSMENT

Client: \_\_\_\_\_ File #: \_\_\_\_\_

### STEP 7: COMPLETED PLAN FOR DISASTER RECOVERY

→ **Has Client completed a recovery plan?**  YES **If not, complete Plan and return to check YES.**

### STEP 8: VERIFICATION

Ask the client to provide as much verification/documentation as possible. Explain that this will be helpful or even necessary in providing case management services. Examples of relevant verification are in italics. Check verification obtained.

- Identification for all household members: *driver's license, social security cards, passport, workers permit.*
- Proof of current assets and resources: *recent bank statements for checking, savings, etc.*
- Proof of current residence: *lease, mortgage, utility bill, or host family letter.*
- Proof of residence in disaster-affected area (pre-disaster): *lease, mortgage, or utility bill.*
- Verification of current household income (include all income from all household members): *pay stub, unemployment check stub, and/or disability income.*
- Verification of disaster-related loss of employment, if applicable: *termination letter from employer, disaster unemployment verification.*
- Verification of FEMA application, if applicable: *FEMA letter(s).*
- Verification of income prior to disaster (include all income from all household members): *pay stubs, unemployment check stub, disability income, tax returns, W-2s, social security income.*
- Verification of need: *outstanding bills, damage assessments, repair estimates, etc.*
- Other: \_\_\_\_\_
- Client has agreed to provide case worker with the following additional verification:
- Client is unable to provide the following verification because *(list document and reason):*

### STEP 9: SERVICE AND REFERRAL

This disaster recovery will provide the client with the following services:

- Case Management     Advocacy     Other:

Case Worker has referred client to appropriate provider/resource for each service area checked (complete Referral Form): *check all that apply:*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Physical/Medical | <input type="checkbox"/> Transportation       | <input type="checkbox"/> Language Assistance |
| <input type="checkbox"/> Mental Health    | <input type="checkbox"/> Youth & Children     | <input type="checkbox"/> Other – Specify     |
| <input type="checkbox"/> Spiritual        | <input type="checkbox"/> Aged/Disabled        |  |
| <input type="checkbox"/> Housing          | <input type="checkbox"/> Education            |  |
| <input type="checkbox"/> Food             | <input type="checkbox"/> Legal                |  |
| <input type="checkbox"/> Utilities        | <input type="checkbox"/> Benefits Restoration |  |
| <input type="checkbox"/> Financial        | <input type="checkbox"/> Clothing             |  |
| <input type="checkbox"/> Employment       | <input type="checkbox"/> Furniture            |  |

## SERVICES and REFERRAL TRACKING

**Service, Program and Agency Referrals:** *List all referrals made and indicate if and when the client accessed the service.*

Service, Program, or Agency Referral	Client Accessed Service			Dates of Access <i>Include multiple dates if appropriate</i>	Client deemed eligible for referral	
	Yes	No	Pending		Yes	No

**Services Provided and Value:** *Indicate agency provider, service/assistance type, cost and date of service.*

Agency Provider	Service/ Assistance Type	Value of Assistance			Date of Service <i>Include multiple dates if appropriate</i>
		Quantity	Unit Cost	Total	

### Long-Term Recovery Committee

Was this client's case presented to a LTRC?     Yes     No

Assistance Type	Value of Service/ Assistance	Date of Service <i>Include multiple dates if appropriate</i>



Dear (client name):

All landlord affirmation is to be **completed and signed** by your landlord or property manager **for each month** you request rental assistance.

The signed affirmation must be returned to the (*organization*) prior to processing your request for rental assistance.

If you require additional originals, or have questions, you may contact our office at (phone number).

Please send your mail to:

*Address*

**LANDLORD'S AFFIRMATION**

Date \_\_\_\_\_

Landlord's/Property Mgr's Name \_\_\_\_\_

Landlord's/Property Mgr's Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Landlord's/Property Mgr's daytime phone number \_\_\_\_\_

To whom it may concern:

This letter will certify that I, \_\_\_\_\_,  
*(Landlord)*

am the Landlord/Owner or Property Manager representing the Owner of  
\_\_\_\_\_  
*(Property address)*

This property is currently rented to \_\_\_\_\_  
*(Tenant's name)*

at the monthly rental of \$ \_\_\_\_\_ which is payable on the \_\_\_\_\_ of each month.

The previously indicated rental has been paid in full through the month/year of \_\_\_\_\_.

The next payment for the month of \_\_\_\_\_, is due on \_\_\_\_\_.

Please indicate to whom rental payments should be made:

NAME of PAYEE: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Landlord/Property Manager*

\_\_\_\_\_  
*Witness*



**LONG-TERM RECOVERY COMMITTEE  
HOMEOWNER'S ASSESSMENT**

**CLIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HOMEOWNER'S INSURANCE INFORMATION**

1. Do you/did you have insurance on your home?  YES  NO
- a. If YES, what type of insurance did you carry?  Homeowners  Flood
- b. If YES, have you settled with your insurance company?  YES  NO
- c. If you have reached a settlement, how much did you/will you receive? \$ \_\_\_\_\_

2. Name, address and phone number of homeowners insurance company:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Describe how you have spent, or plan to spend, the insurance settlement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. If you still have monies remaining from the insurance settlement, where is that money held at the present time?

Name, address, and phone of banking institution \_\_\_\_\_

Account #: \_\_\_\_\_ Name(s) on account: \_\_\_\_\_

**INSURANCE SUMMARY**

Insurance	\$ Estimated Disaster Loss	Amount of Coverage	Amount of Settlement	Amount of settlement available today	Name and address of insurance company or agent	Verified by \ date
Home						/
Contents						/

**LONG-TERM RECOVERY COMMITTEE  
HOMEOWNER'S ASSESSMENT**

**CLIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**IMPROVEMENTS TO PRE-DISASTER DWELLING**

1. What repairs and/or improvements have been made to your home as of today?
  
2. What repairs and/or improvements are planned in order for your home to be made habitable?
  
3. What is the timeline for these repairs?
  
4. Do you have estimates for these repairs?     **YES**    Total estimates \$ \_\_\_\_\_     **NO**
  
5. Are you contracting with FEMA approved service providers for these repairs?
  
6. If you have any funds to apply towards the construction/rebuilding of your home, how much will you commit?
  
7. What financial or other resources are still needed to make the necessary repairs so that your home can be habitable?
  
8. Have you consulted with a financial planner or other professional in your decision-making process?     **YES**     **NO**  
If NO, would you like a referral for financial planning assistance?     **YES**     **NO**
9. Will you be able to work with volunteer builders on the construction of your home?     **YES**     **NO**
10. Are there family and/or friends that can help in the rebuilding of your home?     **YES**     **NO**

Referred for financial counseling / legal counseling / real estate agent of client's choice: \_\_\_\_\_

\_\_\_\_\_  
*Caseworker's Signature*

\_\_\_\_\_  
*Date*

## PROBLEM-SOLVING CHECKLIST

NEEDS	POTENTIAL RESOURCES
<input type="checkbox"/> <b>HOUSING</b> <ul style="list-style-type: none"> <li>• Relocating to less expensive housing, security deposits</li> <li>• Relocating to stable housing</li> <li>• Property taxes</li> <li>• Arrears related to disaster</li> <li>• Home repairs</li> </ul>	FEMA Subsidized housing Bank loans Family loans Board of Social Services Housing Assistance Program
<input type="checkbox"/> <b>UTILITIES</b> <ul style="list-style-type: none"> <li>• Heat, gas, phone, electricity, water, cable</li> </ul>	L.I.H.E.A.P. Energy assistance LifeLine
<input type="checkbox"/> <b>NUTRITION</b> <ul style="list-style-type: none"> <li>• Food, education</li> </ul>	Food certificates, local food banks Food stamps, WIC Local hospital, community nursing
<input type="checkbox"/> <b>CHILDCARE</b>	Local religious institution Volunteers, after school programs
<input type="checkbox"/> <b>CONCRETE NEEDS</b> <ul style="list-style-type: none"> <li>• Clothing, furniture, appliances</li> </ul>	Salvation army
<input type="checkbox"/> <b>EDUCATION</b>	
<input type="checkbox"/> <b>EMPLOYMENT</b>	
<input type="checkbox"/> <b>HEALTH/MEDICAL</b>	Hospital Assistance Program Medicaid/Medicare Visiting nurse agencies, Parish nursing PAAD
<input type="checkbox"/> <b>IMMIGRATION ISSUES</b>	
<input type="checkbox"/> <b>INCOME ASSISTANCE</b>	Board of Social Services Unemployment Disability (Social Security) Worker's Compensation
<input type="checkbox"/> <b>LANGUAGE/INTERPRETER</b>	International Institute
<input type="checkbox"/> <b>LEGAL SERVICES</b>	Legal Aid Local Law School
<input type="checkbox"/> <b>FINANCIAL SERVICES</b>	Credit Counseling Bankruptcy Financial Planning Association
<input type="checkbox"/> <b>SENIOR SERVICES</b>	Area Office on Aging
<input type="checkbox"/> <b>TRANSPORTATION</b> <ul style="list-style-type: none"> <li>• Public transportation, car repair, auto insurance</li> </ul>	
<input type="checkbox"/> <b>VOLUNTEER ASSISTANCE</b>	
<input type="checkbox"/> <b>WELL-BEING</b> <ul style="list-style-type: none"> <li>• Mental health, spiritual needs</li> </ul>	

## UNMET NEEDS WORKSHEET

NAME of CLIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

OUTSTANDING BILLS (Obtain Documentation)	ESTIMATED AMOUNT \$	DUE BY
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>ANTICIPATED COSTS OF HOME REPAIR EXCEEDING INSURANCE, STATE AND/OR FAMILY RESOURCES</b>		
a. Total of estimates for home repair	\$	
b. Total amount of resources available from Insurance, State, Federal, and/or Family resources (a. minus b.)	-\$	
c. Repair deficit, if applicable	\$	
<b>OTHER NEEDS FOR ESSENTIAL LIVING EXPENSES not met by known available resources such as FEMA, insurances, family resources</b>		
a.	\$	
b.	\$	
c.	\$	
d.	\$	
e.	\$	
f.	\$	
g.	\$	
<b>TOTAL AMOUNT OF ANTICIPATED NEED:</b>	\$	
Will client's resources meet disaster-based needs?	YES	NO
If not, what resources can the worker and client access to achieve recovery? Include in Recovery Plan.		

\_\_\_\_\_  
Signature of worker





## HOUSEHOLD MONTHLY INCOME vs EXPENSES

<b>Income</b>	
<b>All sources of household income must be indicated</b>	
Salary/Wages	Indicate NET MONTHLY amount
Self	\$
Spouse	\$
Other adults in household	\$
Small business	\$
Worker's Comp	\$
Disability	\$
Unemployment	\$
Alimony/Child Support	\$
Social Security (indicate name/amount/type)	
	\$
	\$
	\$
Welfare/Food Stamps	\$
Rental Properties	\$
Home-based business	\$
Interest/Dividends	\$
Annuity Payments	\$
	\$
	\$
Pension/IRA/Keogh, etc.	\$
	\$
Other Income (indicate source and amount)	
	\$
	\$
	\$
	\$
<b>Total Income</b>	<b>\$</b>

<b>Expense Recap</b>	
Total Column 1 (page 1)	\$
Total Column 2 (page 1)	\$
<b>Total Expenses</b>	<b>\$</b>

<b>Summary</b>	
	Monthly Amount
Total Income	\$
Less Total Expenses	\$
<b>Excess/Shortfall</b>	<b>\$</b>

<b>Instructions</b>
Be certain that all expense/income figures are expressed as <b>MONTHLY</b> figures.
Be certain that all expenses relate to your household, not your business.
Income figures should be <b>NET</b> figures
To <b>convert</b> from a <b>weekly</b> to a <b>monthly</b> figure, multiply by 52 and divide by 12. Simply multiplying by 4 is not accurate – it results in a lower figure than the method above and therefore does not accurately represent the monthly financial status.
To <b>convert</b> from <b>yearly</b> to <b>monthly</b> , divide by 12.
To <b>convert</b> from <b>bi-monthly</b> (i.e. twice a month) to <b>monthly</b> , multiply by 2.
If you listed expenses related to credit cards and/or loans other than auto or mortgage, please complete the table below, Credit Card and Loan Detail.

<b>Credit Card and Loan Detail</b>		
Name of Credit Card/ Holder of Loan	Balance	Interest Rate
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%
	\$	%

**FINANCIAL RECOVERY PLAN**

Step 1: Complete the Income vs. Expense form.

Step 2: Determine your monthly budget deficit:

Total your monthly expenses: \$ \_\_\_\_\_

Total your monthly household net income: \$ \_\_\_\_\_

What is the difference? \$ \_\_\_\_\_

Step 3: Make adjustments to minimize expenses.

Consider how to decrease your monthly expenses, and/or increase your household income. Examples include but are not limited to: reducing or canceling non-essential bills and services; receiving credit counseling or financial counseling; obtaining employment or self-employment income; making adjustments in transportation-related expenses; moving to less expensive housing or obtaining housing assistance; applying for energy assistance; applying for social welfare benefits. These changes are not life-long commitments; however they may help you to achieve financial stability. Your signature below indicates your commitment to include these adjustments as part of your disaster recovery plan. Please list those changes that you and/or your family are willing to make.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Amount of savings these changes will make: \$ \_\_\_\_\_

I desire a referral for debt management.

I desire a referral for financial counseling.

I verify that I have reviewed the above plan with my Case Manager. I agree that these recommendations should be included as an addendum to my long-term plan.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Case Manger's Signature*

\_\_\_\_\_  
*Date*

**WORK SEARCH RECORD**

**Name:** \_\_\_\_\_ **Soc. Sec. No.** \_\_\_\_\_

List all the employers and labor unions you contact each week. You will be asked to present this list to evaluate your work search efforts.

Date of Contact	Employer's Name, Address & Phone Number	Method of Contact*	Name of Person Contacted	Position	Was application taken?	Result of Contact
	Name: _____					
	Address: _____					
	_____					
	Phone: _____					
	Name: _____					
	Address: _____					
	_____					
	Phone: _____					
	Name: _____					
	Address: _____					
	_____					
	Phone: _____					
	Name: _____					
	Address: _____					
	_____					
	Phone: _____					

**\*T = Telephone; P = In Person; R = Resume; I = Internet**



**DECLARATION OF OCCUPANCY**

I declare that due to Hurricane \_\_\_\_\_, I am unable to provide the following proof of occupancy documents (please check the boxes that apply):

- Driver’s license that includes my name and damaged address;
- First-class mail that includes my name and damaged address;
- Utility bill in my name at my damaged address;
- Merchant’s statement, such as a credit card bill that includes my name and damaged address;
- Employer’s statement, such as a pay stub that includes my name and damaged address; or
- Voter’s registration card that includes my name and damaged address.

If you have any of the documents above in your control, please submit to the address provided.

I understand that:

- I must be a resident of the household at the time of the disaster in order to be eligible to receive FEMA Disaster Assistance.
- FEMA will verify all information given by me about my place of residence in order to determine my eligibility for disaster assistance.
- If I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of Federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§287, 1001, and 3571).

By my signature, I declare under penalty of perjury that:

- I was residing at the damaged address listed below at the time of disaster; and
- The abovementioned is true and correct.

Name (Print):		FEMA Application #:	
Address of Damaged Property:		City:	State: Zip Code:
Signature and Date:			

To establish if applicant's household's annual income is below the Federal Poverty Line, compare Applicant's Gross Annual Income and disaster-affected Household size to FPL Table below.

<b>INCOME LEVELS (AS OF 3-20-07) Median Income \$54,700</b>			
<b>FAMILY SIZE</b>	<b>LOW (80% of Median)</b>	<b>VERY LOW (50% of Median)</b>	<b>VERY, VERY LOW (30% of Median)</b>
1	31,350	19,600	11,750
2	35,850	22,400	13,450
3	40,300	25,200	15,100
4	44,800	28,000	16,800
5	48,400	30,250	18,150
6	51,950	32,500	19,500
7	55,550	34,700	20,850
8	59,150	36,950	22,200

For additional family members, add 8% to 4 person household, for each additional member (ie: 9 person household, \$44,800 x 140%; 10 person household, \$44,800 x 148%).

\* DCA Program – WAP, LIHEAP, LEHRP \*

<b>FAMILY SIZE</b>	<b>150% POVERTY GUIDELINES AS OF 1-24-07</b>
1	15,315
2	20,535
3	25,755
4	30,975
5	36,195
6	41,415
7	46,635
8	51,855

For family units with more than 8 members add \$5,220 for each additional member

## REFERENCES FOR LONG-TERM RECOVERY GUIDELINES

*Managing & Operating the Faith-Based Disaster Recovery Organization*  
Church World Service Emergency Response

*Long Term Recovery Manual*  
National Voluntary Organizations Active in Disaster

*Local Interfaith Disaster Preparedness Guidelines*  
North Carolina Interfaith Disaster Response

*Tools of the Trade*  
Community Interfaith/Interagency Network

*Training Handouts for Disaster Response*  
Lutheran Services Florida/Lutheran Disaster Response  
Stew Gaylord

*Casework in Disaster, Response and Recovery*  
The United Methodist Committee on Relief (UMCOR)

*Assessment Forms/Construction Forms/Case Notes Forms*  
Christian Reformed World Relief Committee (CRWRC)

*Individual Assistance Sequence of Delivery*  
Federal Emergency Management Agency (FEMA)

*Comprehensive Emergency Management Plan*  
Lee County Emergency Operations Center

*Lessons Learned:*  
*A Review of Our Regional Disaster Response*  
Gulf Coast Community Foundation of Venice

*State Emergency Response Team (SERT)*  
Florida Division of Emergency Management Volunteers