

Resources Agencies Flood Team (RAFT)

February 2012

Dear Community Member:

The Resources Agencies Flood Team (RAFT) cooperative effort has proven to be the most effective way for faith-based and community based agencies to work together in a crisis. It is our mission to bring caring and compassion to people whose lives have been impacted by suffering and destruction caused by disaster. Our role in the face of disaster is to come together to find resources to assist in recovery.

Enclosed you will find an application form and release of information. Please complete these forms and return.

If you live in Ward, McHenry, Renville, Burleigh or Morton Counties return the form to RAFT, 1905 2nd St SE Suite 1B, Minot, ND 58701.

If you live in other counties in North Dakota return the forms to RAFT, 1720 3rd Ave North, Fargo, ND 58102.

Include any pictures of the damage sustained, estimates for replacement or repair of damage and a copy of your 2010 or 2011 income tax return (if possible).

If you have insurance coverage but still have an unmet need, it is important that you complete these forms and return them. If your county has been declared by FEMA for Individual Assistance, please register now. These resources will also assist in your recovery.

Once your completed application has been received, a case manager will be assigned to you and then you will be contacted to discuss your unmet need. The case manager will help you through the long term recovery process by accessing resources for which you may be eligible.

While we may not be able to meet all of the recovery needs due to limited resources, please know that you are not alone and we are here to walk with you in the process.

Sincerely,

Shirley Dykshoorn

Lutheran Disaster Response ND
Resource Agencies Flood Team Member

Resource Agencies Flood Team (RAFT)

Response Team Members:

- † Dakotas Conference United Methodist Disaster Response
- † Lutheran Social Services of North Dakota /Lutheran Disaster Response
- † Thrivent Financial † Northern Plains Conference UCC † Seventh Day Adventist
- † Catholic Charities North Dakota /Catholic Charities USA-Disaster Response Office
- † The Salvation Army † Presbytery of the Northern Plains (PCUSA) ▪ United Way ▪ American Red Cross

**Many of these organizations are also members of the
North Dakota VOAD (Voluntary Organizations Active in Disaster)**

INTAKE FORM

Name of Applicant (print): _____

Today's date (MM/DD/YYYY): _____/_____/_____ FEMA #: _____

Date of Birth (MM/DD/YYYY): _____/_____/_____

PRE-DISASTER	Pre-Disaster Address (including Apt #, Rm #)					
	Pre-Disaster Mailing Address (if different)					
	County					
	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
	Did applicant share housing expenses?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, describe:		
	Number of persons residing in pre-disaster household:					
	<i>Adults:</i> _____ <i>Dependent Children:</i> _____					
	CURRENT CONTACT INFORMATION	Current Address (including Apt #, Rm #)				
Current Mailing Address, (if different)						
County						
Applicant's Phone #						
Alternate phone #						
E-Mail Address						
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
Does applicant share housing expenses?		<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, describe:		
Number of persons residing in current household:						
<i>Adults:</i> _____ <i>Dependent Children:</i> _____						

HOUSEHOLD

Enter information for all disaster-affected household members

Name Of Each Household Member <i>Currently Residing In Household</i>	Relationship	Date of Birth <i>(mm/dd/yyyy)</i>	Gender	Ethnicity*	FEMA # <i>(If different)</i>
	Head of Household				

***ETHNICITY CODES** 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	White	Other	Choose not to specify
1	2	3	4	5	6	7	8	9

RISK INVENTORY 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 (reference FPL table): Applicant's income: \$ _____
	<input type="checkbox"/> Applicant is age 65 or over.
	<input type="checkbox"/> Applicant or other disaster-affected household member has a disability.
	<input type="checkbox"/> Applicant or other disaster-affected household member has medically related needs. Specify: _____
	<input type="checkbox"/> Applicant or other disaster-affected household member is receiving or is in need of mental health intervention.
	<input type="checkbox"/> Applicant is a single head of household with dependent children.
	<input type="checkbox"/> Applicant is active military or first responder.
	<input type="checkbox"/> Applicant is uninsured or underinsured.

Financial Information:

Pre-disaster Income:

Gross Monthly Income \$ _____
 Savings \$ _____
 Child Support \$ _____
 Investments \$ _____
 Other Income \$ _____
 Post-disaster Income \$ _____

Monthly Expenses:

Car Payment \$ _____
 Child Care \$ _____
 Child Support \$ _____
 Credit Cards \$ _____
 Food/clothing \$ _____
 Mortgage/rent \$ _____
 Medical \$ _____
 Student loan \$ _____
 Utilities \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Resources Received: **Date received**

FEMA Minimal Repair \$ _____ /___/___

FEMA Furnace \$ _____ /___/___

FEMA Hot Water Heater \$ _____ /___/___

FEMA Electric Panel \$ _____ /___/___

FEMA Foundation \$ _____ /___/___

FEMA Rental Assistance \$ _____ /___/___

SBA Loan offered \$ _____ /___/___

SBA Loan Accepted \$ _____ /___/___

I & H \$ _____ /___/___

Flood Insurance \$ _____ /___/___

Personal Insurance \$ _____ /___/___

Personal Insurance Co _____

IMMEDIATE UNMET NEEDS

<i>Check all that apply</i>	<input type="checkbox"/>	Housing (pending eviction, in arrears)	<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. Specify language:				

APPLICANT'S VERIFICATION

CATEGORIES of IMPACT	⇒ I verify that I have been affected by flooding in the following way(s):					
	<input type="checkbox"/>	I suffered physical injury directly caused as the result of the disaster or developed severe 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 as a result of the disaster.				
	<input type="checkbox"/>	I am / was an emergency response or relief worker.				
	<input type="checkbox"/>	I resided in a mandatory evacuation zone.				

CERTIFICATION Required	⇒ 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 complete my recovery from Spring 2011 flooding.					
	Applicant Name (print):					
	Applicant Signature:					
	Co-Applicant Name (print):					
	Co-Applicant Signature:					

Resource Agencies Flood Team (RAFT) CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATION

INSTRUCTIONS

Signing and returning this form authorizes the Resource Agencies Flood Team (RAFT) to share certain personal information collected about you or your family with other disaster relief and voluntary organizations participating in the Coordinated Assistance Network. RAFT 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 Coordinated Assistance Network are committed to respecting your privacy and using the information solely for the purpose of coordinating and providing disaster relief assistance.

With the exception of certain limited circumstances, it is the policy of RAFT not to release information about individual or family disaster relief assistance, or other personal information obtained through the provision of disaster relief services, without the written consent of the individual or family. Therefore, we need your written consent to share this information and to assist you or your family with obtaining the disaster relief services in the most expeditious and least cumbersome manner.

CONSENT AND RELEASE

I, _____, hereby authorize the Resource Agencies Flood Team (RAFT) 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 Coordinated Assistance Network and other agencies that may be able to provide assistance for disaster-caused unmet needs 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 RAFT except when action has already been taken to obtain and/or release such information to organizations providing resources and/or participating in the Coordinated Assistance Network. 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 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 confidence. 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