

Application Instructions

For Cedar County Unmet Needs Disaster Grant Program

About the Grant

Eligible Cedar County Residents affected by the flood disaster between 5/24/08 and 8/14/08 can apply for an unmet needs grant by the Rebuild Iowa Bill. The unmet needs grants can provide up to \$2500 per household to pay for losses or expenses from the 2008 flooding disaster which have not yet been covered by other forms of assistance (including insurance, charity and/or other government agency or grant program)

The \$56 million Rebuild Iowa Bill included \$10 million for individual disaster grants for unmet needs. The funds are allocated through the Department of Human Services, providing up to \$2,500 for unreimbursed expenses for person property, home repair, food assistance, mental/medical health assistance, child care, and temporary housing incurred as a result of the flood.

Application Deadline

Applicants have until June 30, 2010 to apply for assistance from the Unmet Needs Grant program.

(Unless the program is terminated earlier upon exhaustion of allocated funds)

Duplication of Benefits/Documentation

It is the responsibility of the applicant to provide adequate documentation that no other funding source has paid for the claimed expense or need, duplication of benefits is not allowed. **Applicants are responsible for gathering and submitting all required supporting documentation to prove they are not receiving duplicate benefits.** Once verification of unreimbursed expenses and unmet need(s) has been established, assistance may be provided through receipt reimbursement and/or vouchers for goods and services up to a maximum of \$2,500 per household.

Eligibility Requirements

1. Gross household income at or below 300% of the federal poverty level.
2. Must be registered with FEMA and have a FEMA ID number.
3. All persons in household receiving assistance must be legal U.S. residents.
4. Must have been living in Cedar County between 5/24/08 and 8/14/08.
5. Address of damaged dwelling must be in eligible area impacted by the disaster in Cedar County.
6. Must be able to document no duplication of benefits.

How the program works

To apply for an Unmet Need Grant, an application and release forms including all requested information must be completed. All applications will be reviewed to ensure they meet eligibility requirements and information will be verified with the Department of Human Services (DHS), the agency overseeing the grant program. DHS will provide details about any FEMA awards the applicant has received that were intended to be used for housing repairs, temporary housing or other needs assistance (ONA). This information will be noted on the application. After the application has been processed, eligible applicants will be called to schedule an interview with the Case Manager.

During the interview the Case Manager and the applicant will review the documentation the applicant provides and determine what the applicant is eligible for. **Once again, it is the responsibility of the applicant to provide receipts and/or sufficient documentation about what their FEMA money or any funding received from other sources has been spent on to ensure that there is no duplication of benefits.** Applicants must certify that the information they provide is true and accurate and agree that any claimed expenses found to be paid for by another entity or program will be repaid to the state of Iowa.

Reimbursements

If an eligible item or service has been paid for by an applicant using his or her own money and has not already been reimbursed by another funding source, the applicant may be reimbursed by a check issued by the state. Checks will be sent directly from the state to the applicant by mail. In the case of a need that must still be purchased, a voucher (valid for 60 days) may be issued at the time of the interview to a participating vendor.

Change in Contact Information

IMPORTANT: If you have a change of address or phone number please mail the updated information to:

Cedar County Long Term Recovery Center

Attn: Unmet Needs Grant Program

711 East South St

Tipton, IA 52772

You should include your FEMA# and full name along with both your old and new contact information (including address and phone number) so your file can be updated.

If you have questions, please call the Cedar County Long Term Recovery Center at 563-86-3355 and ask to speak to the Unmet needs Case Manager.

Written Consent Authorization: Duplication of Benefits Check

The duplication of benefits check process is in place to protect clients from receiving duplication services from Federal, State, non-profit, voluntary, and faith based agencies. This information is used to determine client eligibility for additional assistance provided for by the unmet needs funding. The following information must be collected for individuals seeking financial assistance through the Iowa Unmet Needs Grant Program and other community financial assistance programs.

The following information must be provided on this written consent authorization form to receive duplication of benefits information:

1	FEMA ID # (9 digits)	
2	Client Full Name	
3	Date of Birth	
4	Social Security Number	
5	Place of Birth	
6	Co-Applicant Name	
7	Date of Birth	
8	Social Security Number	
9	Place of Birth	
10	Damaged Dwelling Address	
11	Phone number(s)	
12	Current Address	

13. Specific information you want released from FEMA:

Housing Repair Award Dollars?

Temporary Housing Award Dollars?

Other Needs Assistance (ONA) Award Dollars?

I swear that the statements and information above are declared under the penalty of perjury to be true. I release the above information for a duplication of benefits verification with FEMA and the CCLTRC.

Signed by the Applicant

Date Signed

Unmet Needs Administrator will verify signed form with FEMA Other Needs Assistance. FEMA will review the information and verify with the Unmet Needs Administrator what the reward amounts were.

Consent to the release of Confidential Information

Signing and returning this form authorizes Cedar County Long Term Recovery Coalition (CCLTRC) to share certain personal information collected about you and your family with other disaster relief and voluntary organizations participating in the Coordinated Assistance Network (CAN). CCLTRC 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 CAN are committed to respecting you 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 CCLTRC 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 with obtaining the disaster relief services in the most expeditious and least cumbersome manner.

Consent and Release

I, _____, hereby authorize the CCLTRC 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 as a result of the following disaster: Spring Storms 2008, with other disaster relief and voluntary organizations participating in CAN, 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 CCLTRC except when action has already been taken to obtain and/or release such information to organizations participating in CAN.

My signature on this release indicates that I have read the above, of 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 of Head of Household

Signature of Spouse

Identification Date

Identification Date

General Release of Information Form

The Cedar County Long Term Recovery Coalition (CCLTRC) is comprised of the community and faith-based organizations in flood recovery efforts in Cedar County, Iowa. To perform our work in advocating for you, our client, and to seek and obtain resources and funding to support you, we require a Release of Information be signed to exchange and share client specific information between our organization partners and other organizations that may assist you. This exchange of information is intended to clarify services and funding available to you, to determine whether or not you meet eligibility requirements for programs, services of funding, to refer you to services you need or desire, and to ensure that benefits and services to you are not duplicated. This release of information is to assist you, the client, by allowing agencies to share information about you.

Signing and returning this form authorizes CCLTRC, its partner organizations, and agencies written below to share personal information collected about you or your family with each other. Specifically, you are allowing CCLTRC to provide and exchange information with the following agencies, organizations, or individuals:

Jump Start

Public Assistance Programs

All organizations, agencies, and individuals working with the CCLTRC are screened, have signed a confidentiality agreement, and are committed to respecting your privacy and using the information you release solely for the purpose of coordinating and providing disaster relief assistance to you and your family. Therefore, we need your written consent to disclose and receive information with the above named organizations to assist you in the most expeditious and least cumbersome manner.

I _____, hereby authorize CCLTRC and the above named organizations to share any of my personal information in its possession to coordinate available disaster relief and community services and assistance as I may become eligible to receive. I recognize that release of information does not guarantee eligibility for programs or services with whom the information is shared.

IF YOU WISH CERTAIN INFORMATION TO BE WITHHELD OR TO BE WITHHELD FROM A SPECIFIC AGENCY: I recognize and exercise my right to have the following information withheld knowing that this withholding may result in a denial of benefits due to insufficient information: _____

I understand that I may revoke this consent at any time by contacting the CCLTRC or the above named organizations except when action has already been taken to obtain and/or release such information. 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 of this agreement. 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 of Head of Household Date

Signature of Spouse Date

State of Iowa Unmet Needs Grant Program Application

Please print legibly

Any flood-affected household is welcome to apply for the state’s unmet needs funds. Specific requirements must be met and documentation provided, including a release of information, to determine eligibility. Funding is restricted to two categories of unmet needs and the total benefit cannot exceed \$2,500 per household. The Unmet Needs Grant program is not an entitlement program. State funds may be available to clients answering YES to all questions below and providing the required documentation to the CCLTRC.

APPLICATION DATE: _____

1. I am registered with FEMA: ___ Yes ___ No FEMA Number: _____

Did you have flood insurance on your home at the time of the flood? ___ Yes ___ No

Household Members at time of Disaster (List Primary Applicant that FEMA # is registered under on the first line)

Applicant Name	Date of Birth	Age	Gender (M or F)	Social Security # (over 18)	copy of ID
1					
2					
3					
4					
5					
6					
7					
8					

2. Everyone in your household a US citizen or Legal Citizen: _____ Yes _____ No\

3. Please include, employment, public assistance, social security, SSDI, SSI, Veterans Benefits, Railroad, Child Support, Dividend, Interest, etc...

3. Gross Family Income	Monthly	Yearly	Certified <=300% FPL?

4. Address of Damaged Dwelling:

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Zip
code

Street City County LTRC Certified

5. Current Mailing Address and phone number

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Street City Zip County Phone Number

6. We lived in Cedar County after May 24th and before August 14th 2008: _____ Yes _____ No

7. List all benefits received as a result of the disaster:

Agency	Amount	Type of Assistance Received
FEMA	\$	
SBA	\$	
Jumpstart	\$	
United Way	\$	
Habitat for Humanity	\$	
Project Rebuild	\$	
Other	\$	

8. List all other forms of assistance received to date from any local, state, federal, private insurance, charity or faith-based organization. Examples include: Other Needs Assistance, Red Cross, Salvation Army, Churches, Catholic Charities, HACAP, General Assistance, Helping Hands, Disaster Food Stamps, Disaster Unemployment and other Non-Profit Organizations.

Organization	Description of Assistance

Category of Assistance: You may request assistance in two out of the following six categories.

Mark no more than 2 categories of need below:

<input type="checkbox"/>	Personal Property (furniture, electronics, household items, clothing appliances, etc.)
<input type="checkbox"/>	Home Repair (to include only items/services not eligible for funding from other agencies/organizations)
<input type="checkbox"/>	Food Assistance
<input type="checkbox"/>	Mental/Medical Health Services
<input type="checkbox"/>	Childcare (licensed or registered)
<input type="checkbox"/>	Temporary housing (up to 2 months)

State of Iowa Unmet Needs Grant Program Application

You must use the attached “**Unmet Needs Applicant Statement of Loss**” form to tell your story about your current unmet need(s) and how it is directly related to the flooding of 2008. You must document why you still have unmet needs at this time.

All applicants are required to read, sign, and date the attached “**Written Consent Authorization: Duplication of Benefits Check**” form, “**Consent to the Release of Confidential Information**” form and the “**General Release of Information**” form.

ALL FEMA AWARDS WILL BE VERIFIED to qualify for any unmet needs program.

I understand the eligibility requirements and the rules of use for the voucher/receipt program and will comply.

Client Signature

Date

Unmet Needs Applicant Statement of Loss

Application Date:		First Name	
FEMA #		Last Name	

SUMMARY OF MY CURRENT FLOOD-RELATED NEEDS: Tell your story about the unmet need(s) that have not been addressed through any other program or insurance fund and how it is directly related to the flooding of 2008. You must document why you still have unmet needs at this time.

____Summary continued on back of form.

Certification by Applicant: I attest that the information provided on this form about my flood-related unmet needs is true and accurate. I attest that persons receiving assistance in this household are legal residents of the United States. **I understand that I am not eligible for benefits under this program if I have insurance that covers losses claimed or if I have received assistance from other programs and that this program does not provide payment for insurance deductibles. I understand and agree that is expenses claimed on this form are found to have been paid for by another entity or program including Jumpstart, Rebuild, HACAP, Charities, FEMA, SBA, etc..., I will repay the funds to the State of Iowa.** I understand that I have a right to withdraw this claim. I understand I have a right to appeal eligibility and damage award decisions within 15 days of a decision.

Release of Information: By my signature below, I give permission to the State of Iowa Department of Human Services, RIO, the LTRC, Other Needs Assistance, FEMA, SBA, non-profit, and faith-based organizations to share my personal information and the information of my family members listed at this address held by any disaster related organization for the purpose of verification of non-duplication of benefits in this matter.

I swear that the statements and information above are declared under penalty of perjury to be true.

Signature _____

Date _____