



SBA Referrals SOP
 Effective Date: October 22, 2021

SBA REFERRALS

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I. OVERVIEW

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

Who Gets Assistance?

- Applicants who are referred to the Other Needs Assistance (ONA) through a U.S. Small Business Administration (SBA) referral or referred to ONA due to a failed income test (SBA = FIT).

Purpose of Assistance:

- To provide disaster loans to homeowners and renters for the repair or replacement of disaster damaged transportation, real property, and personal property or provide financial assistance to applicants who DO NOT otherwise qualify for an SBA loan.

The SBA provides disaster loans to homeowners and renters for the repair or replacement of disaster damaged real and personal property.

Basic Documentation Needed:

- SBA Referral: Applicants with an initial SBA referral must complete a disaster loan application before being considered for assistance in SBA-dependent categories.

Other Items to Note:

- Upon registration, an SBA loan referral is auto-generated by the system based on [SBA Income Test Tables](#) for the fiscal year of the disaster declaration.
 - Households with a combined income below the minimum test table amount (per State and number of dependents) are determined FIT (Failed Income Test) and referred to ONA for all categories of assistance.
- Depending on the individual's or household's income level, the applicant may be referred to SBA for disaster loan assistance for SBA-Dependent Categories.
 - SBA-Dependent Categories of ONA include:
 - Group Flood Insurance Policy
 - Personal Property

Households with self-employment income or applicants who refuse to provide their income are initially referred to SBA.



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- Transportation
 - NO other categories require an SBA determination prior to processing IHP eligibility.
- Once the SBA decision is entered (imported) into NEMIS, the system will either create an auto-determination decision for the SBA-dependent categories or will create a workpacket in the **NPSC Program Review** queue for manual processing.
 - SBA-dependent categories verified by a FEMA inspection will generally be auto-processed unless specific Events and Reason Codes force a manual review.



II. IMPORTANT INFORMATION

This section describes information that every employee **must** read **before processing** SBA Referrals.



Prior to Processing:

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



III. PROCESS

A. Eligibility Verifications

1. Income Test Tables

- a. The SBA income test table is updated by fiscal year (FY).
- b. Income test tables reflect the SBA minimum income levels for Disaster Home and/or Renter Loan consideration.
 - i. Individuals and households with incomes below these levels (**SBA = FIT**) are referred directly to ONA.
- c. The income test DOES NOT apply to households with self-employment income or to applicants who refuse to provide their income during the Registration Intake (RI) process.
- d. The following displays the SBA Income Test Tables for Fiscal Years 2021 and 2020.
 - i. **SCROLL** down to the correct Fiscal Year based on the date of the disaster declaration.

FY 2021 (This table only applies to applications entered ON or AFTER August 23, 2021)						
48 STATES & DC			ALASKA		HAWAII	
# of Dep	Income		Income		Income	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	1,986	23,828	2,481	29,767	2,285	27,417
2	2,686	32,227	3,356	40,275	3,090	37,074
3	3,386	40,626	4,232	50,783	3,894	46,731
4	4,085	49,025	5,108	61,291	4,699	56,388
5	4,785	57,424	5,983	71,799	5,504	66,045
6	5,485	65,823	6,859	82,307	6,309	75,702
7	6,185	74,222	7,735	92,816	7,113	85,359
8	6,885	82,621	8,610	103,323	7,918	95,016
For each # over 8 ADD	700	8,399	876	10,506	805	9,657

FY 2021 (This table only applies to applications entered ON or AFTER August 23, 2021)						
PR/USVI			AM SAMOA		Guam/CNMI	
# of Dep	Income		Income		Income	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	1,986	23,828	1,986	23,828	1,986	23,828
2	2,686	32,227	2,686	32,227	2,686	32,227
3	3,386	40,626	3,386	40,626	3,386	40,626
4	4,085	49,025	4,085	49,025	4,085	49,025
5	4,785	57,424	4,785	57,424	4,785	57,424



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6	5,485	65,823	5,485	65,823	5,485	65,823
7	6,185	74,222	6,185	74,222	6,185	74,222
8	6,885	82,621	6,885	82,621	6,885	82,621
For each # over 8 ADD	700	8,399	700	8,399	700	8,399

FY 2021 (This table only applies to applications entered ON or AFTER August 23, 2021)

Micronesia		
# of Dep	Income	
	Monthly	Annual
1	1,986	23,828
2	2,686	32,227
3	3,386	40,626
4	4,085	49,025
5	4,785	57,424
6	5,485	65,823
7	6,185	74,222
8	6,885	82,621
For each # over 8 ADD	700	8,399

Table 1: FY 2021 Income Test Table (Applications entered ON or AFTER August 23, 2021)

FY 2021 (For all applications entered ON August 22, 2021 or prior)

48. STATES & DC							ALASKA		HAWAII	
# of Dep	Income		Income		Income		Monthly	Annual	Monthly	Annual
	Monthly	Annual	Monthly	Annual	Monthly	Annual				
1	1,595	19,140	1,994	23,925	1,835	22,020				
2	1,796	21,550	2,245	26,938	2,066	24,788				
3	2,263	27,150	2,828	33,938	2,602	31,225				
4	2,729	32,750	3,411	40,938	3,139	37,663				
5	3,196	38,350	3,995	47,938	3,675	44,100				
6	3,663	43,950	4,578	54,938	4,211	50,538				
7	4,129	49,550	5,161	61,938	4,748	56,975				
8	4,596	55,150	5,745	68,938	5,284	63,413				
For each # over 8 ADD	467	5,600	583	7,000	536	6,438				

FY 2021 (For all applications entered ON August 22, 2021 or prior)

PR/USVI			AM SAMOA		CNMI	
# of Dep	Income		Income		Income	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	1,117	13,398	957	11,484	1,669	20,034
2	1,257	15,085	1,078	12,930	1,873	22,481
3	1,584	19,005	1,358	16,290	2,365	28,382
4	1,910	22,925	1,638	19,650	2,843	34,118
5	2,237	26,845	1,918	23,010	3,339	40,065
6	2,564	30,765	2,198	26,370	3,814	45,772
7	2,890	34,685	2,478	29,730	4,310	51,719
8	3,217	38,605	2,758	33,090	4,785	57,419



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For each # over 8 ADD	327	3,920	280	3,360	475	5,700
FY 2021 (For all applications entered ON August 22, 2021 or prior)						
Micronesia						
# of Dep	Income					
	Monthly	Annual				
1	902	10,828				
2	1,010	12,124				
3	1,285	15,423				
4	1,430	17,158				
5	1,640	19,683				
6	1,851	22,207				
7	2,061	24,733				
8	2,269	27,228				
For each # over 8 ADD	208	2,495				

Table 2: FY 2021 Income Test Table (Applications entered ON August 22, 2021 or prior)

FY 2020						
48 STATES & DC			ALASKA		HAWAII	
# of Dep	Income		Income		Income	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	1,561	18,735	1,950	22,770	1,798	21,570
2	1,761	21,138	2,201	25,725	2,027	24,325
3	2,222	26,663	2,777	32,475	2,556	30,675
4	2,682	32,188	3,353	39,225	3,085	37,025
5	3,143	37,713	3,929	45,975	3,615	43,375
6	3,603	43,238	4,505	52,725	4,144	49,725
7	4,064	48,763	5,081	59,475	4,673	56,075
8	4,524	54,288	5,657	66,225	5,202	62,425
For each # over 8 ADD	460	5,525	576	6,913	529	6,350
FY 2020						
PR/USVI			AM SAMOA		CNMI	
# of Dep	Income		Income		Income	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
1	1,093	13,115	937	11,241	1,634	19,610
2	1,233	14,796	1,057	12,683	1,838	22,051
3	1,555	18,664	1,333	15,998	2,323	27,872
4	1,878	22,531	1,609	19,313	2,794	33,532
5	2,200	26,399	1,886	22,628	3,283	39,399
6	2,522	30,266	2,162	25,943	3,753	45,030
7	2,844	34,134	2,438	29,258	4,241	50,897
8	3,167	38,001	2,714	32,573	4,710	56,521



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For each # over 8 ADD	322	3,868	276	3,315	469	5,624
Micronesia						
# of Dep	Income					
	Monthly	Annual				
1	883	10,599				
2	991	11,892				
3	1,262	15,146				
4	1,405	16,863				
5	1,613	19,356				
6	1,821	21,847				
7	2,028	24,340				
8	2,234	26,802				
For each # over 8 ADD	205	2,463				

Table 3: FY 2020 Income Test Table

2. SBA Events and Reasons Codes

- a. **NPSC Program Review** queue processing decisions for SBA-dependent categories are determined by SBA **Events** and **Reason** Codes.
 - i. The **Event Code**, **Reason** code, and information specific to loan eligibility is located within NEMIS under:
 - 1. The NEMIS Banner;
 - 2. The **SBA Activity** link on the **SBA** frame within the **Assistance** screen; AND
 - 3. The **Events** History.
 - ii. If SBA has imported more than one decision on the same date, **USE** the most recent event code to determine ONA eligibility.
- b. When an SBA decision has [ONA referral and non-referral codes](#), the non-referral code(s) will supersede the referral code(s).
 - i. SBA Status will be DECFa and referred to ONA if reason codes 42 or 43 are accompanied with reason codes 21, 26, 27, 28, 29, and/or 45.
- c. If the SBA Status is CANCEL (Event Code 13), the only Reason Code that prompts an ONA Referral is '12' (Adverse Change).



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3. Events History

- a. When multiple workpackets exist, **REVIEW** the workpacket history status (locked) and dates to ensure you are working with the correct SBA event reason and code.

4. SBA Status Codes, Descriptions, and Referral Status Matrix

Code	Description	Referral Status
CANCEL	Loan cancelled	Referred for possible ONA, Cancellation Code 12 Only
DECFA	Loan declined for lack of repayment ability/Lack of assurance with loan	Referred for possible ONA.
DECFL	Approved for partial Loan – Applicant has limited ability to repay a loan	Referred for possible ONA.
DECS	Summary decline by SBA	Referred for possible ONA.
FIT	Failed income test	Referred for possible ONA.
APPEAL	Subsequent (and final appeal) of prior reconsideration decision	NOT a Referable Code, SBA is processing, refer Applicant to SBA if assistance is needed.
APPR	Loan approved	NOT a Referable Code, SBA is processing, refer Applicant to SBA if assistance is needed.
APPRCVD	Loan application received by SBA, this DOES NOT mean approved	NOT a Referable Code, SBA is processing, refer applicant to SBA if assistance is needed.
BAPP	Business loan application issued	NOT a Referable Code, DOES NOT apply to ONA.
CANCEL	Loan cancelled	NOT Referred for ONA, Cancellation Codes 10, 11, 13, 14, 15, 16, 20, 21, 22, 23, 24, 25, 26, and 27.
DECFDA	Approved for reduced loan amount due to other compensation, i.e. EHR, insurance coverage, etc.; OR Applicant requested partial loan	NOT referred for ONA.
DECFFN	Loan declined for other reasons	NOT Referred for ONA.
DECFFW	Loan application withdrawn (either by SBA or at the Applicant's request)	NOT Referred for ONA.
DISB	Some or all of loan proceeds have been disbursed	NOT a Referable Code, SBA is processing, refer Applicant to SBA if assistance is needed.
HAPP	Initially referred to SBA (home loan application issued)	NOT a Referable Code. Advise Applicant to submit application.
LOSSVFD	Loss verified; inspector has the file	NOT a Referable Code, SBA is processing, refer Applicant to SBA if assistance is needed.
RECON	Initial appeal of original loan decision	NOT a Referable Code, SBA is processing, refer Applicant to SBA if assistance is needed.
REFS	Loan refused before loan packet is completed (application refused)	NOT referred for ONA, refer Applicant to SBA for possible continued processing.
REVIEW	Must be manually reviewed by processing staff to determine ONA eligibility.	Referable for ONA, NOT an SBA Code.

Table 4: Code Descriptions and Referral Status

5. SBA Event Codes and Descriptions Matrix



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Code	Description
01	NEW APPLICANT
02	CHANGE FROM HOME TO BUSINESS
03	LOSSES VERIFIED
04	RECONSIDERATION FOR LOAN
05	LOAN UNDER APPEAL
06	LOAN DECLINED
07	LOAN WITHDRAWN
08	APPROVED LOAN
09	INITIAL DISBURSEMENT
10	FINAL DISBURSEMENT
11	LOAN INCREASED
12	LOAN DECREASED
13	LOAN CANCELLED
14	SUMMARY DECLINE

Table 5: Event Codes

6. SBA Cancellation Reason Codes and Definitions Matrix for Event Code 13

SBA Cancellation Reason Codes for Event Code 13			FEMA
Code	Reason	Definition	Action
CANCEL	12	Adverse change	ONA Referral
CANCEL	10	Failure to complete and return all loan-closing documents.	No ONA Referral
CANCEL	11	Failure to satisfy all terms and conditions of the loan.	No ONA Referral
CANCEL	13	Adverse change - Other	No ONA Referral
CANCEL	14	Subsequent recoveries exceed verified loss	No ONA Referral
CANCEL	15	Did NOT need all the funds	No ONA Referral
CANCEL	16	Other reasons - Agency	No ONA Referral
CANCEL	20	Adequate recovery from other sources	No ONA Referral
CANCEL	21	Reluctant to incur additional debt	No ONA Referral
CANCEL	22	Dissatisfied with loan terms and conditions	No ONA Referral
CANCEL	23	Dissatisfied with insurance requirements	No ONA Referral
CANCEL	24	Unwilling to pledge collateral	No ONA Referral
CANCEL	25	Did NOT need all the funds	No ONA Referral
CANCEL	26	Other reasons - Borrower	No ONA Referral
CANCEL	27	Dissatisfied with loan interest rate (market rate)	No ONA Referral
CANCEL	12	Adverse change	ONA Referral

Table 6: Cancellation Reason Codes and Definitions for Event Code 13

7. SBA Banner Decisions, Decline Reason Codes, Definitions, and ONA Referrals

SBA Banner	Reason Code	Definition	Action
DECfDL	N/A	Partial Loan	ONA Referral
CANCEL	12	Adverse change. This is the only CANCEL which is an ONA referral – event code 13.	ONA Referral
DECS	N/A	Lack of ability to repay	ONA Referral
DECfFa	21	Lack of ability to repay	ONA Referral
DECfFa	26	Unsatisfactory history on an existing or previous SBA Loan.	ONA Referral
DECfFa	27	Unsatisfactory experience on existing or previous Federal debt.	ONA Referral
DECfFa	28	Unsatisfactory credit history.	ONA Referral
DECfFa	29	Unsatisfactory debt payment history.	ONA Referral



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SBA Banner	Reason Code	Definition	Action
DECFa	42	NOT eligible due to delinquent child support payments, If with codes 21-26-27-28-29-45	ONA Referral
DECFa	43	NOT eligible due to character reasons, If with codes 21-26-27-28-29-45	ONA Referral
DECFa	45	NOT eligible due to an outstanding judgment lien for a Federal debt	ONA Referral
DECFa	60	Character Eligibility Determination, If with codes 21-26-27-28-29-45	ONA Referral
REVIEW	N/A	Must be manually reviewed by processing staff to determine ONA eligibility.	Referable for ONA
DECFdA	N/A	Reduced loan amount due to other compensation (Event Code 8)	No ONA Referral
DECFn	30	No disaster-caused damage.	No ONA Referral
DECFn	36	Ineligible Real Property - NOT Primary Residence or eligible Rental Property.	No ONA Referral
DECFn	37	Damaged property NOT eligible for Disaster Loan Program.	No ONA Referral
DECFn	38	NOT eligible due to recoveries from other sources	No ONA Referral
DECFn	39	NOT eligible due to failure to maintain flood insurance coverage.	No ONA Referral
DECFn	40	Inadequate documentation.	No ONA Referral
DECFn	41	Refusal to pledge collateral.	No ONA Referral
DECFn	42	Policy reasons (Ex. Child support)	No ONA Referral
DECFn	43	Character reasons.	No ONA Referral
DECFn	44	Lack of repayment ability – Below minimum income level for the family size based upon the applicant's income alone OR lack of ability to repay a disaster loan based upon the applicant's income alone.	No ONA Referral
DECFn	46	NOT eligible due to property being located in a Coastal Barrier Resource Area as defined by the Department of Interior, Fish and Wildlife Services.	No ONA Referral
DECFn	49	Taxes owed	No ONA Referral
DECFw	51	Requested information was NOT furnished (Formal withdrawal by SBA or App).	No ONA Referral
DECFw	52	Applicant's request - a change in the applicant's plans.	No ONA Referral
DECFw	53	Applicant's request - no reason given. (Formal withdrawal by Applicant).	No ONA Referral
DECFw	54	Apps request due to availability of adequate insurance or other recovery. (Formal withdrawal by SBA or App.)	No ONA Referral
DECFw	55	Applicant's request (Formal withdrawal by App.)	No ONA Referral
DECFw	56	Unable to verify property	No ONA Referral
DECFw	57	Consolidation of multiple applications. (Formal withdrawal by SBA or App)	No ONA Referral
DECFw	58	Consolidation of related applications	No ONA Referral
DECFw	59	IRS has no record; Formal withdrawal by SBA.	No ONA Referral
DECFw	60	If used with Event 7: Character Eligibility Determination. File sent to SBA office for review.	No ONA Referral
DECFw	61	Applicant's Request - Due to market rate	No ONA Referral

Table 7: Banner Decisions, Decline Reason Codes, Definitions, and ONA Referrals

B. Processing Eligible Assistance



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- The following tables describe the processing actions performed in the **NPSC Program Review** queue.

Event Code 01 = New Applicant	
NOT referred to ONA - SBA is processing - Refer applicant to SBA if assistance is needed.	
System:	Creates a work-packet and routes it to NPSC Program Review queue.
Any SBA Dependent Categories of PP-TRANS are pending (PND)	
Current SBA Status	APPRCVD.
Action:	DELETE PND lines from any SBA Dependent Categories and CREATE Comment.
ROUTE to:	FEMA Complete.
No SBA Dependent Categories are pending (PND)	
Current SBA Status	APPRCVD.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.

Table 8: Event Code 01

Event Code 02 = Type Change (HAPP to BAPP)	
DOES NOT apply to ONA.	
System:	Creates a work-packet and routes it to NPSC Program Review queue.
Any SBA Dependent Categories of PP-TRANS are pending (PND)	
Current SBA Status	APPRCVD.
Action:	DELETE PND lines from any SBA Dependent Categories and CREATE Comment.
ROUTE to:	FEMA Complete.
No SBA Dependent Categories are pending (PND)	
Current SBA Status	APPRCVD.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.

Table 9: Event Code 02

Event Code 03 = Losses Verified	
NOT referred to ONA – SBA is processing – Refer applicant to SBA if assistance is needed.	
System:	Creates a work-packet and routes it to NPSC Program Review queue.
Any SBA Dependent Categories of PP-TRANS are pending (PND)	
Current SBA Status	LOSSVFD.
Action:	DELETE PND lines from any SBA Dependent Categories and CREATE Comment.
ROUTE to:	FEMA Complete.
No SBA Dependent Categories are pending (PND)	
Current SBA Status	LOSSVFD.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.

Table 10: Event Code 03.



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Event Code 04 = Loan under Reconsideration	
NOT referred to ONA – SBA is processing – Refer applicant to SBA if assistance is needed.	
System:	Creates a work-packet and routes it to NPSC Program Review queue.
Any SBA Dependent Categories of PP-TRANS are pending (PND)	
Current SBA Status	RECON.
Action:	DELETE PND lines from any SBA Dependent Categories and CREATE Comment .
ROUTE to:	FEMA Complete.
Any SBA Dependent Categories have an Initial award, no pending (PND)	
Current SBA Status	RECON.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.
No SBA Dependent Categories are pending (PND)	
Current SBA Status	RECON.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.

Table 11: Event Code 04

Event Code 05 = Loan under Appeal	
NOT referred to ONA – Final review by SBA.	
System:	Creates a work-packet and routes it to NPSC Program Review queue.
Any SBA Dependent Categories of PP-TRANS are pending (PND)	
Current SBA Status	APPEAL.
Action:	DELETE PND lines from any SBA Dependent Categories and CREATE Comment .
ROUTE to:	FEMA Complete.
Any SBA Dependent Categories have an Initial award, no pending (PND)	
Current SBA Status	APPEAL.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.
No SBA Dependent Categories are pending (PND)	
Current SBA Status	APPEAL.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.

Table 12: Event Code 05



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Event Code 06 = Loan Declined	
Referred to ONA.	
System:	Creates a work-packet and routes it to NPSC Program Review queue.
Any SBA Dependent Categories of PP-TRANS are pending (PND)	
Current SBA Status	REVIEW.
Reason Code	21 – 26 – 27 – 28 – 29 – 45 – 60 (42 – 43 included).
Action:	REVIEW case for unmet need (PP-TRANS).
ROUTE to:	SBA Decision Input.
Any SBA Dependent Categories have an Initial award, no pending (PND)	
Current SBA Status	REVIEW.
Reason Code	21 – 26 – 27 – 28 – 29 – 45 – 60 (42 – 43 included).
Action 1:	REVIEW case for unmet need (PP-TRANS).
Action 2:	If no damages are listed at DAC-CC-RI and/or Inspection; GENERATE SBA Non Referral (SBANR) letter and CREATE Comment .
ROUTE to:	SBA Decision Input.
No SBA Dependent Categories are posted at time of review	
Current SBA Status	REVIEW.
Action 1:	REVIEW case for unmet need (PP-TRANS).
Action 2:	If no damages are listed at DAC-CC-RI and/or Inspection, GENERATE SBANR letter and CREATE Comment .
ROUTE to:	SBA Decision Input.
Current SBA Status	DECFA.
System:	NEMIS will auto route to State or FEMA Manual Determination.
Action 1:	REVIEW DECFA ADHOC report.
Action 2:	If SBA dependent categories DO NOT exist; GENERATE SBANR letter.
NOTE: The following example should NOT occur according to Business Rules. If found, PROCESS according to the following.	
Current SBA Status	DECFA.
System:	NEMIS will auto route to NPSC Program Review queue.
Action:	VIEW inspection report, and if unmet needs exist, ADD PND lines to SBA Dependent Categories.
ROUTE to:	SBA Decision Input.

Table 13: Event Code 06 – Referred



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Event Code 06 = Loan Declined	
No Referral to ONA.	
System:	Creates a work-packet and routes it to NPSC Program Review queue.
Any SBA Dependent Categories of PP-TRANS are pending (PND)	
Current SBA Status	REVIEW.
Non-Referral Reason Code	ANY non-referral code such as 22, 23, 24, etc.
Action:	DELETE PND lines from any SBA Dependent Categories and CREATE Comment.
ROUTE to:	FEMA Complete.
Any SBA Dependent Categories have an Initial award, no pending (PND)	
Current SBA Status	REVIEW.
Non-Referral Reason Code	ANY non-referral code such as 22, 23, 24, etc.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.
No SBA Dependent Categories are posted at time of review	
Current SBA Status	REVIEW.
Non-Referral Reason Code	ANY non-referral code such as 22, 23, 24, etc.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.

Table 14: Event Code 06 – Not Referred

Event Code 07 = Loan Withdrawn	
No Referral to ONA.	
System:	Creates a work-packet and routes it to NPSC Program Review queue.
Any SBA Dependent Categories of PP-TRANS are pending (PND)	
Current SBA Status	DECFw.
Action:	DELETE PND lines from any SBA Dependent Categories and CREATE Comment.
ROUTE to:	FEMA Complete.
Any SBA Dependent Categories have an Initial award, no pending (PND)	
Current SBA Status	DECFw.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.
No SBA Dependent Categories are posted at time of review	
Current SBA Status	DECFw.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.

Table 15: Event Code 07.

Event Code 08 – Loan Approved	
No Referral to ONA.	
System:	NEMIS will auto route to State or FEMA Manual Determination queue.
No SBA Dependent Categories are posted at time of review	
Current SBA Status	DECfDL – Partial Loan Approval = Limited Loan.
Action:	If SBA dependent categories DO NOT exist; GENERATE SBANR letter and CREATE Comment.
ROUTE to:	FEMA Complete.
Current SBA Status	DECfDA.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.

Table 16: Event Code 08



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Event Code 09 – Initial Disbursement Issued	
No Referral to ONA.	
System:	Creates a work-packet and routes it to NPSC Program Review queue.
Any SBA Dependent Categories of PP-TRANS are pending (PND)	
Current SBA Status	REVIEW.
Action:	DELETE PND lines from any SBA Dependent Categories and CREATE Comment .
ROUTE to:	FEMA Complete.
No SBA Dependent Categories are posted at time of review	
Current SBA Status	REVIEW.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.

Table 17: Event Code 09

Event Code 10 – Subsequent or Final Disbursement Issued	
No Referral to ONA.	
System:	Creates a work-packet and routes it to NPSC Program Review queue.
Any SBA Dependent Categories of PP-TRANS are pending (PND)	
Current SBA Status	REVIEW.
Action:	DELETE PND lines from any SBA Dependent Categories and CREATE Comment .
ROUTE to:	FEMA Complete.
No SBA Dependent Categories are posted at time of review	
Current SBA Status	REVIEW.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.

Table 18: Event Code 10

Event Code 11 – Loan Increased	
No Referral to ONA.	
System:	Creates a work-packet and routes it to NPSC Program Review queue.
Any SBA Dependent Categories of PP-TRANS are pending (PND)	
Current SBA Status	REVIEW.
Action:	DELETE PND lines from any SBA Dependent Categories and CREATE Comment .
ROUTE to:	FEMA Complete.
No SBA Dependent Categories are posted at time of review	
Current SBA Status	REVIEW.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.

Table 19: Event Code 11



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Event Code 12 – Loan Decreased	
No Referral to ONA.	
System:	NEMIS will auto route to State or FEMA Manual Determination queue.
Current SBA Status	DECfDL – Partial Loan Approval=Limited Loan.
Action:	If SBA dependent categories DO NOT exist; GENERATE SBANR letter and CREATE Comment .
ROUTE to:	FEMA Complete .
Current SBA Status	DECfDA – Partial Loan Approved = No Referral.
Action:	CREATE Comment .
ROUTE to:	FEMA Complete .
NOTE: If applicant has unmet need, ADD any necessary reconsideration PND lines prior to routing to SBA Decision Input.	

Table 20: Event Code 12

Event Code 13 – Loan Cancelled	
Referred to ONA.	
System:	Creates a work-packet and routes it to NPSC Program Review queue.
Any SBA Dependent Categories of PP-TRANS are Pending (PND)	
Current SBA Status	CANCEL.
Reason Code	12 .
Action 1:	REVIEW case for unmet need (PP-TRANS).
Action 2:	If no damaged are listed at DAC-CC-RI and/or Inspection; GENERATE SBANR letter.
Action 3:	CREATE Comment with the following summary line: SBA=LOAN CANCELLED (ADVERSE CHANGE).
ROUTE to:	SBA Decision Input.
Any SBA Dependent Categories have an Initial Award, No Pending (PND)	
Current SBA Status	CANCEL.
Reason Code	12 .
Action 1:	REVIEW case for unmet need (PP-TRANS).
Action 2:	If no damaged are listed at DAC-CC-RI and/or Inspection; GENERATE SBANR letter.
Action 3:	CREATE Comment with the following summary line: SBA=LOAN CANCELLED (ADVERSE CHANGE).
ROUTE to:	SBA Decision Input.

Table 21: Event Code 13 - Referred



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Event Code 13 – Loan Cancelled	
NOT Referred to ONA.	
System:	Creates a work-packet and routes it to NPSC Program Review queue.
Any SBA Dependent Categories of PP-TRANS are Pending (PND)	
Current SBA Status	CANCEL.
Reason Code	10, 11, 13, 14, 15, 16, 20, 21, 22, 23, 24, 25, 26, 27.
Action:	DELETE PND lines from any SBA Dependent Categories and CREATE Comment .
ROUTE to:	FEMA Complete.
Any SBA Dependent Categories have an Initial Award, No Pending (PND)	
Current SBA Status	CANCEL.
Reason Code	10, 11, 13, 14, 15, 16, 20, 21, 22, 23, 24, 25, 26, 27.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.
No SBA Dependent Categories are Pending (PND)	
Current SBA Status	CANCEL.
Reason Code	10, 11, 13, 14, 15, 16, 20, 21, 22, 23, 24, 25, 26, 27.
Action:	CREATE Comment.
ROUTE to:	FEMA Complete.

Table 22: Event Code 13 – Not Referred

Event Code 14 – Summary Declined	
Referral to ONA.	
System:	Creates a work-packet and routes it to NPSC Program Review queue.
Any SBA Dependent Categories of PP-TRANS are Pending (PND)	
Current SBA Status	REVIEW.
Action:	CREATE Comment.
ROUTE to:	SBA Decision Input.
Any SBA Dependent Categories have an Initial Award, No Pending (PND)	
Current SBA Status	REVIEW.
Action 1:	If unmet needs exist, ADD PND lines to SBA Dependent Categories.
Action 2:	CREATE Comment.
ROUTE to:	SBA Decision Input.
No SBA Dependent Categories, as yet, are Posted	
Current SBA Status	REVIEW.
Action:	CREATE Comment.
ROUTE to:	SBA Decision Input.
Current SBA Status	DECS
System:	NEMIS will auto route to State or FEMA Manual Determination.
Action:	No Action Required.

Table 23: Event Code 14

2. The following describes example comments or actions if processing a referral to ONA based on [Section B.1.](#) table results in the NPSC Program Review queue.
 - a. If a manual review is required, the applicant is referred to ONA for SBA dependent categories (potential unmet needs identified), and pending lines are present:
 - i. **ADD** the following **Comment**:



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1. **Comment Summary Line:** FACILITY/NPSC# SBA = ONA REFERRAL
2. **Comment Details:** Process review: SBA referred the applicant to ONA.
 - ii. **ROUTE** the workpacket to SBA Decision Input.
- b. If a manual review is required, the applicant is referred to ONA for SBA dependent categories (potential unmet needs identified), and pending lines are NOT present:
 - i. **ADD** pending line(s) (or **IPND**(s) if the applicant is insured) to any of the SBA dependent categories,
 - ii. **ADD** the following **Comment:**
 1. **Comment Summary Line:** FACILITY/NPSC# SBA = ONA REFERRAL
 2. **Comment Details:** Process review: SBA referred the applicant to ONA, pending line(s) added.
 - iii. **ROUTE** the workpacket to SBA Decision Input.
- c. SBA Decision Input will auto-generate the appropriate determinations based on NEMIS business rules for eligibility or auto-route the workpacket into a manual processing queue for continued processing.

NOTE: The **SBANR** letter will NOT generate when the ONA status is INS since the applicant has been referred to ONA.

C. Processing Ineligible Decisions

1. The following describes example comments or actions if processing a non-referral to ONA based on [Section B.1.](#) table results in the NPSC Program Review queue.
 - a. If, the applicant has no unmet needs OR was NOT referred to ONA
 - i. **DELETE** all SBA dependent pending (**PND**) line(s) if present;
 - ii. **GENERATE** the **SBANR** letter;
 - iii. **CREATE** the following **Comment;** AND
 1. **Comment Summary Line:** FACILITY/NPSC# SBA DECLINE=**SBANR** LETTER GENERATED



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2. **Comment Details:** Process review: the applicant is NOT referred to ONA, **SBANR** letter generated; OR
 3. **Comment Details:** Process review: the applicant has NO unmet needs, **SBANR** letter generated.
- iv. **ROUTE** the workpacket to **FEMA Complete**.
- b. To generate the **SBANR** letter:
- i. **CLICK Add** under the **Outgoing Correspondence** frame on the **Communication** screen;
 - ii. **SELECT NOTIFICATION LETTERS**;
 - iii. **SELECT** the **MISC** option;
 - iv. **SELECT** the **SBANR – SBA Non Referral** letter;
 - v. **CLICK** the **Next** button; AND
 - vi. **CLICK** the **Finish** button.

D. Joint-Operation Disaster Information (ONA Only)

1. If processing a Joint Option Disaster:

- a. ONA categories are processed by the state, territorial, or tribal government.
- b. FEMA staff is authorized to process Housing Assistance (HA) categories.

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

- a. **REVIEW/PROCESS** any outstanding issues within HA categories.
 - i. If an additional WP is available in a state, territorial, or tribal queue, NO further action for ONA is required.
 - ii. If an additional WP is NOT available in a state, territorial, or tribal queue; AND
 1. There are no HA categories to address:
 - a. **ROUTE** the existing WP to the **State Manual Determination** queue.
 2. There are HA categories to address:



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

E. Exceptions

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

1. If unable to determine eligibility;

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



IV. FAQs

Frequently Asked Questions:

SBA Contact Information	
Phone Number:	1-800-659-2955
Hours of Operation:	Monday through Friday 8:00 am to 8:30 pm (ET) Saturday 8:30 am to 4:30 pm (ET) Closed Sunday NOTE: These are the standard hours of operation. Any changes to these hours will be noted in a preshift.
Mail:	U.S. Small Business Administration Customer Service Center 130 S. Elmwood Ave Buffalo, NY 14202
To apply online:	disasterloan.sba.gov/ela/
Current disaster declaration website:	disasterloan.sba.gov/ela/Declarations/Index
General SBA Website:	www.sba.gov
Email:	disastercustomerservice@sba.gov

Table 24: SBA Contact Information

1. What does a Red X mean on a SBA Dependent Category?

- a. When processing ONA assistance you may see an SBA Dependent category that has a RED X in front of the pending assistance line marking it for deletion. This will occur when the applicant was initially referred to ONA and the file has been updated resulting in a referral to SBA.
- b. When a Red X has been identified, **REVIEW** the **Current Queues** frame to determine what WP the assistance is associated with and **REVIEW** the SBA status before completely deleting the category. The file may have been updated after the category was marked for deletion. If a clarification is needed, **CALL** the IHP Helpdesk for assistance.

2. What does the SBA Banner Code "Review" mean?

- a. **REVIEW** in the SBA banner means the SBA has made a second loan decision and the case should be reviewed/processed by FEMA staff according to Events and Reason code.
- b. Always **REVIEW** the **SBA Activity** box and **LOOK** for the **Decline Code** before giving or requesting information from the applicant.

3. Does the applicant have to fax or mail in their SBA denial before their registration is updated with this information?

- a. The applicant DOES NOT have to submit their denial letter. The SBA electronically transmits SBA determinations (denial /referral) through NEMIS.



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Please DO NOT advise applicants to fax their SBA denials through the DRC or mail them to FEMA. If you speak to an applicant who received their SBA decision through the mail and the SBA banner still reads **HAPP**, refer them to the SBA for information.

4. **Does an income document voluntarily submitted by the applicant affect their SBA or ONA referral status?**
 - a. If the applicant is **SBA = FIT** and has supplied income documentation indicating their gross income exceeds the minimum income level listed on the [Income Test Tables](#), **ADDRESS** the SBA referral accordingly:
 - i. When pre-disaster income documents are available and an income increase would change the **SBA = FIT** to **SBA = HAPP** referral (**VERIFY** using the income test tables), DO NOT process an eligibility determination for the SBA dependent category(s).
 1. Registration (RI) period open: If the increase changes the **SBA = FIT** to **SBA = HAPP** referral, and the registration period has NOT closed for the disaster, manually **ADD** the SBA Referral using the NEMIS **Overview** tab or the Web NEMIS **Assistance** tab.
 - a. **CALL** the applicant and **ADVISE** of the SBA referral. One attempt to all numbers listed on file is required.
 2. RI period closed: If the increase changes the **SBA = FIT** to **SBA = HAPP** referral, and the registration period has closed for the disaster, **CALL** and **ADVISE** the applicant to contact the SBA (800-659-2955) to request a late loan application due to the income change. One attempt to all numbers listed on file is required.
 - ii. **DELETE** any available PND lines and **ROUTE** to **FEMA Complete**.
 5. **If an applicant was referred to SBA, but now wishes to reduce their income, can we take the information over the phone and make the changes?**
 - a. If the caller wishes to reduce the reported income that may take them from a **SBA = HAPP** to **SBA = FIT**, **INFORM** the applicant to document the appropriate income information in the SBA loan packet and return it. SBA will then review the case and if declined, SBA will refer the applicant to the ONA program.
 - b. Refer to **Data Changes** in the [Helpline NPSC Caller Services Reference Guide](#).
 6. **Do I have to notify SBA if I approve a Late Application?**
 - a. If you approve a FEMA late application it is NO longer necessary to notify the SBA. SBA will run reports to capture all approved late applications.



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7. Are there SBA only declarations?

- a. Occasionally, there will be a declaration for SBA assistance only (NO FEMA declaration). When this occurs, there may or may NOT be specific instructions posted in preshift about the declaration.
- b. Regardless, in the event you receive a call about a SBA declaration, refer the applicant to the SBA number listed in NEMIS **DR Info**. If NEMIS **DR Info** is NOT available for that state, refer the caller to the appropriate SBA number listed by region.

8. Does the SBA make loans to individuals, or just to businesses?

- a. SBA can loan money to homeowners, renters, and business owners. Homeowners may borrow up to \$200,000 for disaster related home repairs. Homeowners and Renters may borrow up to \$40,000 to replace disaster-damaged personal property including vehicles. SBA may NOT duplicate benefits from your insurance or FEMA. You may receive an SBA referral when you register with FEMA.
- b. The SBA DOES NOT provide assistance for damages to a farm or ranch. If you have farm or ranch related losses, please contact the Farmers Home Administration and/or your county U.S. Department of Agriculture.

9. What is the relationship between the SBA and FEMA?

- a. There are two primary federal programs that offer disaster help:
 - i. FEMA's Individuals and Households Program provides money and direct services to those affected by a major disaster. Requirements must be met to qualify for help from this program.
 - ii. The U.S. Small Business Administration provides low-interest loans for damage to property owned by homeowners, renters, businesses and private non-profit organizations that are NOT fully covered by insurance.

10. I own/represent a business with multiple locations and/or multiple businesses. Several suffered damages from the recent disaster(s). Do I need to complete a registration for each location that sustained damages?

- a. Only one registration is all that is needed to address both your home and business losses.



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NOTE: SBA has requested that all business and secondary home applicants be transferred to the SBA Customer Service Center after they are registered. Secondary homes are reviewed on a case-by-case basis by the SBA depending on the specific circumstances of the dwelling such as occupied by renters and therefore a business and potentially eligible for a loan.



V. DEFINITIONS AND ACRONYMS

Definitions

Basic Documentation: Applicants will submit SBA disaster loan applications directly to SBA or complete the referral process/application through the disasterloan.sba.gov/ela/ website.

APPEAL	Subsequent (and final appeal) of prior reconsideration decision
APPR	Loan approved
APPRCVD	Loan application received by SBA, this DOES NOT mean approved
BAPP	Business loan application issued
CANCEL	Loan cancelled
DECFA	Loan declined for lack of repayment ability/lack of assurance with loan
DECFDa	Approved for reduced loan amount due to other compensation (EHR, insurance coverage, etc.) or applicant requested partial loan
DECFDL	Approved for partial loan – applicant has limited ability to repay a loan
DECFW	Loan application withdrawn (either by SBA or at the applicant's request)
DECS	Summary decline by SBA
DISB	Some or all of loan proceeds have been disbursed
ECFN	Loan declined for other reason
FIT	Failed income test
HAPP	Initially referred to SBA (home loan application issued)
LOSSVFD	Loss verified; inspector has the file
RECON	Initial appeal of original loan decision
REFS	Loan refused before loan packet is completed (application refused)

Table 25: SBA Status Code Definitions

Acronyms

APP	Applicant
DR	Disaster
EHR	Eligible Home Repair
FIT	Failed Income Test
ONA	Other Needs Assistance
SBA	Small Business Administration
SBANR	Small Business Administration Non-Referral
TRANS	Transportation



VI. RELATED GUIDANCE

Please refer to the following:

- Resources
 - [Helpline NPSC Caller Services Reference Guide](#)



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TRANSPORTATION AND SECOND VEHICLE REQUESTS

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I. OVERVIEW

This section describes information that every employee **must** read **before** **addressing** Transportation and Second Vehicle Requests.

Purpose of Assistance:

- FEMA may provide Transportation Assistance for repair or replacement of vehicles damaged or destroyed as a result of a declared disaster under the Other Needs Assistance (ONA) transportation category.

NOTE: An applicant who has a vehicle which is operational or covered by comprehensive insurance (within the household) will initially be determined ineligible for assistance.

Who May Get Assistance?

- Individuals and households NOT covered by insurance, or other sources, whose cars were damaged as a result of a declared disaster, while in a declared area.

What are Eligible Expenses?

- Disaster-caused expenses associated with vehicle replacement or repairs, such as non-cosmetic damage that affects the vehicle's operation.

Documentation or Verification Needed:

- Identity verification passed;
- Completed Small Business Administration (SBA) referral process;
- Vehicle registration verification;
- Proof of Insurance policy showing type of coverage or the vehicle meets the state, territorial, or tribal government's (STT) minimum insurance requirement;
- A comprehensive insurance settlement or denial letter, or a written and [signed](#) statement from the applicant indicating they DO NOT have comprehensive insurance;
- Disaster-caused damage/loss verification; AND
- For second vehicle requests: An applicant's written statement certifying the damaged vehicle is essential for the household's daily usage and explains the need for a second vehicle.



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Other Items to Note:

- Applicants DO NOT have to reside in the designated disaster declaration area or have their vehicle registered in the declared state or territory to be eligible for Transportation Assistance.
- The vehicle must have sustained damage within a designated disaster declaration area.
- Some tribal governments may NOT require tribal members to register or insure their vehicles when they are only driven on tribal land.
 - If a tribal government declaration occurs, **REVIEW** the [Disaster Specific Information](#) page, Preshifts, and other potential Disaster Specific Operating Procedures (DSOP) for additional information.
- Assistance under the transportation category is SBA-dependent. The applicant must be referred to ONA through an SBA referral or referred to ONA due to a failed income test (SBA = FIT). Refer to the [SBA Referrals](#) SOP for additional information.
- Repairs for cosmetic damage will NOT be considered an eligible expense.
 - **Cosmetic damage only:** The vehicle sustained damage and it DOES NOT affect the drivability or safety in any way, such as minor dents, scratches, and similar descriptions of damage.
- The Transportation category is limited by the **ONA Vehicle Repair or Replacement** limit and the Financial ONA Maximum.
- The IA Training and Development section has developed a guide that includes step-by-step instructions and reminders about navigating and using the tools in Web NEMIS. For additional information, refer to the [Web NEMIS Initial Assistance Reference Guide](#).

NOTE: DO NOT issue or request inspections if the only applicant reported damage is for transportation.



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II. IMPORTANT INFORMATION

This section describes information that every employee **must** read **before processing** Transportation and Second Vehicle Requests.



Prior to Processing:

- For cases locked or under Program Management Section (PMS) or NCT review:
 - DO NOT process the Workpacket (WP) if the file contains indications of being Under Review and/or locked from further processing.
 - **SEND** an email for review to the [IHP Helpdesk](#).
 - **INCLUDE** the following on the email:
 - **Subject Line:** DR #, Reg #, and a subject that includes 'Under Review'.
 - **Body:** A description of the request and list of processing actions pending.
- Prior to reviewing or discussing Transportation Assistance, **VERIFY** the ONA Option selection.
 - FEMA staff are authorized to process and discuss ONA in FEMA Option disasters.
 - In Joint Option disasters, only the STT is authorized to process and discuss ONA eligibility; refer to [Section III.E: Joint Option Disaster Information](#).
 - Helpline Staff: Refer to the [Helpline NPSC Caller Services Reference Guide](#) for additional information.
- For ONA questions in Joint Option disasters, **PROVIDE** the applicant the STT ONA Helpline number, which is listed on the NEMIS **Disaster Info (F8)** link.
- Sequence of Delivery
 - ONA



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- Funeral Assistance, if there is a pending funeral review;
 - **SPLIT/ROUTE** the Funeral pending (**PND**) line to the **FEMA** or **State Funeral** queue for processing by designated staff. Refer to the [Funeral Assistance](#) SOP for additional information.
 - When moving to the next eligible award in the sequence, if necessary, **ADJUST** the eligible award by one full funeral maximum amount to ensure funds are available for funeral expenses.
 - DO NOT hold/deduct funds when processing Americans with Disabilities Act (ADA) item awards.
 - DO NOT delay processing other eligible funds to await a funeral decision.
- Personal Property (PP) Assistance; AND
- All other categories, if funds are available under their respective maximum amount of assistance.
- Refer to the [Financial HA and ONA Minimum and Maximum](#) SOP for the full Housing Assistance (HA)/ONA Sequence of Delivery.
- Individuals and Households Program (IHP) Maximum (system limit only):
 - In an effort to minimize errors, the system will generate a popup if the total combined payment exceeds \$100,000.
 - Total combined payments include (in any combination)
 - HA
 - ONA
 - ADA related line items
 - Temporary housing and ADA related line items are NOT counted toward the financial HA and ONA maximums, so in rare instances an applicant's total award may exceed \$100,000.
 - If this happens, **PLACE** the case on **Hold – Program Review**.
 - **EMAIL** the IHP Helpdesk for assistance: fema-ihphelpdesk@fema.dhs.gov.
 - **INCLUDE** the following on the email:



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- **Subject Line:** DR #, Reg #, and a subject that includes 'System Limit Exceeded'.
- **Body:** A description of the request and list of processing actions pending.
 - The Program Management Section will have to authorize this payment.
- ADA assistance reviews are only assigned to a limited group of Specialized Processing Unit (SPU) staff.
 - DO NOT process ADA RP items unless specifically assigned.
 - If a WP with RP ADA line items is identified outside of the **FEMA Special Handling** queue:
 - **ADD a Comment;** AND
 - **ROUTE** to the **FEMA Supervisor Review – ADA Process** subqueue.



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III. PROCESS

A. Eligibility Verifications

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

1. Identity is verified (**IDV_PASS**) and ID Proofing (IDP) is also verified (**IDProof_Pass_LN**) if an inspection has NOT been completed). Refer to the [Identity Verification](#) SOP for additional information.
2. The damaged vehicle met the minimum requirements for liability insurance as set by the STT in which the vehicle is licensed/registered at the time of the disaster.
 - a. Some states, territorial, or tribal governments may have other acceptable insurance types that meet the liability requirement. **VERIFY** if additional types are available using Preshift or the [Disaster Specific Information](#) page. Examples include:
 - i. Personal Injury Protection (PIP) insurance,
 - ii. Property Damage Liability (PDL) insurance; OR
 - iii. No Fault insurance.
 - b. **Exception:** In all Puerto Rico declarations, applicants who register their vehicle are given liability insurance coverage through the Commonwealth as part of the registration process or have had independent liability insurance coverage verified by the Commonwealth prior to registration. If the vehicle registration is verified, no additional liability insurance verification is required. In all cases, **VERIFY** comprehensive insurance coverage.
3. No duplication with comprehensive insurance coverage exists.
4. If the applicant has comprehensive insurance and eligible damage is NOT fully covered by insurance, **VERIFY** one of the following:
 - a. The comprehensive insurance net settlement is less than the Financial ONA Maximum and less than the applicable **ONA Vehicle Repair or Replacement** limit;
 - b. The comprehensive settlement included a mandatory lender pay-off requirement and the net settlement is less than the Financial ONA Maximum and less than the applicable **ONA Vehicle Repair or Replacement** limit; OR

NOTE: When insurance documents are submitted, declarations and/or correspondence may indicate the existence of additional vehicles in the household. If more than one vehicle is discovered, refer to [Section B.7 Processing Second Vehicle Requests](#) for additional information.



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- c. A comprehensive insurance denial letter is on file for the damaged vehicle(s).
5. Transportation is referred to ONA: U.S. Small Business Administration (SBA) non-referral (Failed Income Test - FIT) or ONA referral after SBA review.
- a. Refer to the [SBA Referrals](#) SOP for a description of SBA Codes, IHP referral information and any additional information.
6. **Conditions of eligibility:** In addition to the verification items listed above, the applicant is required to meet the following conditions of eligibility.
- a. The vehicle is an approved vehicle type; eligible vehicles include but may NOT be limited to vans, trucks, Sport Utility Vehicles (SUVs), and cars.

NOTE: DSOPs may require the addition of **Other** types of vehicles during the disaster setup process. Examples of other types of vehicles include boats, motorcycles, golf carts, or other non-standard modes of primary transportation.

- b. The damaged vehicle is owned (or registered) by the applicant, co-applicant, or household member who DOES NOT have a separate FEMA registration.
 - i. A valid vehicle registration will satisfy the ownership requirement.
- c. The applicant DOES NOT own an operational second vehicle.
 - i. An operational vehicle is defined as a vehicle that may need cosmetic repairs or incurred minimal damage but is in compliance with registration and insurance requirements at the time of the disaster and can be legally driven.
 - ii. If more than one vehicle exists, reference [Section III.B.7: Second Vehicle Requests](#) for additional information.
- d. Liability insurance coverage confirmed by:
 - i. Inspection (Liability Ins = Yes, Policy Verified = Yes),
 - ii. A submitted insurance policy or declaration page (a liability card/wallet card is NOT acceptable); OR
 - iii. Contact with the insurance provider.
- e. Comprehensive insurance coverage is confirmed by:



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- i. Inspection (Comp Ins = Yes/No); OR
 - ii. If NOT inspected, **VERIFY** the presence or lack of comprehensive insurance with:
 1. A submitted insurance policy or declaration page,
 2. Contact with the insurance provider; OR
 3. A signed statement from the applicant that comprehensive insurance **DOES NOT** exist.
 - iii. When inspection shows Policy Verified = Yes, Liability Ins = Yes, Comp = No, it has been verified that the applicant **DOES NOT** have comprehensive insurance (no need for further verifications).
- f. Verification of Damage
- i. Verification of damage from inspection:
 1. When a Real Property (RP)/PP on-site inspection occurs, vehicle damage may be observed and recorded as **Repairable** or **Destroyed**.
 - a. A vehicle verified as **Repairable** indicates the vehicle sustained disaster-caused damage which affects its drivability or safety such as a broken windshield/window glass, mirror, headlight assembly, mechanical repairs, or medically-required repairs (e.g. ramp, lift, hand controls).
 - b. A vehicle verified as **Destroyed** indicates the vehicle has been declared a total loss as a result of the disaster. Total loss damage can include circumstances such as floodwater over the engine, vehicle crushed by falling tree, or vehicle completely burned.
 - i. These **Destroyed** cases will be processed in **FEMA Special Handling** queue.
 2. When to request a **FEMA Correction Inspection (FCOR)**
 - a. **REQUEST** an **FCOR** inspection if either of the following is identified:
 - i. The inspection **Comment** indicates the inspector was unable to tell if the damage was disaster-caused; OR
 - ii. The inspection **Comment** indicates the damage was cosmetic, but the inspector recorded a **Repairable** degree of damage.



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- b. Refer to the [Inspection Requests and Comparisons](#) SOP for additional information on how to request an **FCOR**.
3. When the inspection records a vehicle as **Not Available** or having a cosmetic degree of damage, DO NOT use an inspector **Comment** to determine an eligibility decision.
 - a. **COMPLETE** a [verification of damage](#) (**Initial** or **Appeal**) through submitted mechanic statements.
- ii. Verification of damage from a mechanic:
 1. When a vehicle is recorded as **Not Available** at the time of inspection, the vehicle was recorded **Destroyed** by the on-site inspector, or an inspection was NOT issued, a **Request for Information (RFI)** letter will be auto-generated or manually sent to the applicant requesting a verifiable bill, receipt, salvage title, or estimate from a mechanic to verify disaster-caused damage.
 - a. A verifiable bill, receipt or estimate includes and identifies:
 - i. The company name, address, telephone number, and name of the mechanic;
 - ii. Disaster-caused damage;
 - iii. Repair costs (parts, service, and labor); AND
 - iv. Confirmation the vehicle is **Repairable** or **Destroyed**.
 1. For all disasters declared **AFTER** DR-4605-WV; For **Destroyed** vehicles, proof of a salvage title must be submitted to process a replacement award. DO NOT process with only an estimate from a mechanic.
 2. **Destroyed** vehicles (For DR-4605-WV and prior):
 - a. The mechanic's statement must indicate the vehicle is a total loss as a direct result of the disaster or is damaged beyond repair, e.g. floodwater over engine, crushed by falling tree, or completely burned.
 - b. To confirm the vehicle has been salvaged, applicants may submit a copy of the salvage title for the destroyed vehicle from a state, local, territory or tribal government (SLTT). Verification of damage for towed or salvaged vehicles by order of a government entity such as city, town, or county officials.



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3. **Destroyed** vehicles (For all disasters declared **AFTER** DR-4605-WV:):
 - a. At the time of inspection or an inspection was not issued, an RFI will be auto-generated or manually sent to the applicant requesting verifiable proof that the vehicle has been salvaged due to the disaster and access to the vehicle is no longer available.
 - b. To confirm the vehicle has been salvaged, applicants may submit a copy of the salvage title for the destroyed vehicle from a state, local, territory or tribal government (SLTT).
4. If the damaged vehicle included medically-required modifications that exceed the Transportation Assistance maximum for repair or replacement amount, as applicable, the applicant may request assistance for those modifications under the Medical and Dental Assistance.
 - a. Refer to the [Medical and Dental Assistance](#) SOP for additional information.
5. Applicants must submit documentation related to any medically-required vehicle modifications and the repair or replacement costs of those items, as appropriate, including:
 - a. A written and signed statement from a medical provider verifying the applicant or household member required the item prior to the disaster; AND
 - b. An itemized bill, receipt, or estimate showing the repair or replacement cost of the component or modified vehicle, as appropriate.

NOTE: When an inspection occurs, **USE** the information confirmed by the inspection to satisfy eligibility verification requirements. An applicant is **NOT** required to submit documents for items verified or viewed at the time of inspection.

B. Information Requests

1. Verifications Calls

- a. Some situations can be resolved by performing a courtesy call to the mechanic or insurance company. When the applicant responds to the **RFI**:
 - i. In any situation where the authenticity of the estimate/bill submitted is in question, the lack of comprehensive insurance coverage is **NOT** clear on the provided documentation, or additional information is needed to determine



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- eligibility, **CALL** the mechanic and/or insurance company. Otherwise, **USE** the submitted estimate/bill and/or insurance documentation to determine eligibility.
- ii. If the full contact information for the mechanic or insurance is NOT available, **USE** internet search providers or **CALL** the applicant to obtain the information.

NOTE: To ensure all necessary contacts with insurance providers are captured, FEMA's IA Division, PM Section updated the Transportation Assistance Standard Operating Procedure (SOP) on August 27, 2020, with explicit instruction to note all contacts with the insurance company in the applicant's file. Additionally, a reminder was added to the SOP to call and verify if the applicant's comprehensive coverage is not clear on the provided documentation.

- iii. All verification calls to the mechanic and/or insurance company **MUST** be recorded as a **Contact** in the applicant's file.
- b. If the call attempt is **SUCCESSFUL**:
- i. **OBTAIN** the required information from the mechanic and/or insurance company;
 - ii. **ENTER** a **Contact** in NEMIS; AND
 1. **RECORD** the response(s) from the mechanic and/or insurance company.
 - iii. **CONTINUE** processing.
- c. If the call attempt is **UNSUCCESSFUL**:
- i. **ENTER** a **Contact** in NEMIS;
 1. **RECORD** the attempt listing all phone numbers dialed.
 - ii. **REVIEW** all other verification requirements and documents received;
 - iii. **CALL** the applicant, **PROVIDE** details of information required from the mechanic and/or insurance company, **RESOLVE** any outstanding questions; AND
 - iv. **PROCESS** the Transportation determination as **Ineligible - Insufficient or No Substantiation Submitted (INSS)**.



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d. Example questions:

i. Was the vehicle damage caused by the disaster?

ii. Vehicle **Repairable**:

1. Are repairs feasible?
2. What is the repair cost for items damaged by the disaster?
3. Are the repairs necessary to meet the vehicle safety inspection requirements?

iii. Vehicle **Destroyed**:

1. Is the vehicle damaged beyond repair or considered a total loss due to the disaster-caused damage?
2. For all disasters declared **AFTER** DR-4605-WV:, **ASK**: Is there proof that the vehicle has been salvaged?

iv. Question for insurance company with comprehensive coverage:

1. Was there a requirement to pay down the loan due to a mandatory pay-off?

2. In addition to the verification requirements listed in [Section III.A](#), the applicant is required to submit documents when a FEMA inspection is NOT required or when the inspection report indicates a verification is missing or NOT verified.

a. An **RFI** letter will be automatically sent to obtain information when the applicant registers for Transportation Assistance only.

i. The **RFI** will need to be manually generated when:

1. The **RFI** has NOT already been auto-generated and the required information for processing is missing;
2. The vehicle is determined **Destroyed** at time of inspection; OR
3. The inspection report did NOT include information regarding vehicles listed as **Not Available** or could NOT view the insurance policy (**Policy Verified = No**) at the time of inspection.



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- a. When documents are returned in response to the **RFI**, **USE** information verified by the inspection and documents submitted to complete the verification requirements.
 - b. When **Policy Verified = No**, **VERIFY** Liability/Comprehensive insurance coverage or a [signed](#) statement from the applicant indicating they **DO NOT** have insurance.
 - c. All verification calls with the insurance company must be recorded as a **Contact** on the applicant's file.
- b. When the **RFI** is generated, the following documents are requested from the applicant:
 - i. A list of all vehicle(s) owned (year, make and model) and a brief description of damage for each vehicle;
 - ii. A copy of the vehicle registration, valid at the time of the disaster, for the damaged vehicle(s);
 - iii. Verification of the vehicle(s) expense, such as an estimate or bill from a mechanic verifying the repair costs and damage to the vehicle(s) was caused by the disaster;
 - iv. The name of the mechanic and company name, address, and telephone number;
 - v. Proof of insurance or policy showing the type of coverage or verification the vehicle meets the STT minimum insurance requirement;
 - vi. Comprehensive insurance settlement, denial, or statement that insurance coverage **DOES NOT** exist;
 - vii. Salvage title for the destroyed vehicle (For all disasters declared **AFTER** DR-4605-WV:); **AND**
 - viii. If applicable, an explanation for the need of more than one vehicle:
 1. When information pertaining to requests for assistance with second vehicles is missing, **CALL** the applicant to advise them of the eligibility criteria, documents, and statements required to demonstrate the need for a second vehicle.
- c. **SELECT** the best **RFI** option available based on the information missing for processing and liability insurance requirements set by the STT.



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- i. Frequently used selection: **TRANS - Transportation - Liability Ins. Req =YES**

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

- a. When IDP failures occur, categories that can be traditionally processed without an inspection cannot be addressed until identity documents are received.
- b. An **Identity Proofing (IDP)** letter will be sent, either automatically or manually generated, to obtain identity information when:
 - i. The applicant registers for Transportation only; OR
 - ii. An inspection is NOT required.
- c. **GENERATE** and **MAIL** the **Identity Proofing** letter as a companion to the **RFI**.
 - iii. The **IDP** letter is available in English and Spanish.
 1. To access the letters: **GO** to **Notification Letters**, **CLICK** on the **Letter Wizard** button, **SELECT** the **MISC** option, and from the drop-down list **SELECT** the **Identity Proofing letter** insert.

C. Processing Eligible Assistance

1. **REVIEW** comprehensive insurance settlements (in writing or verbally with insurance company) and documents identifying assistance was received from any other source to identify unmet needs.

- a. The **Insurance Settlement/Substantiation** frame of the **Assistance** screen should be reviewed prior to processing any eligible or ineligible determinations.
- b. Any time insurance information is received, documentation or verbal verification, the **Insurance Settlement/Substantiation** frame of the **Assistance** screen must be updated.
- c. Any funds the applicant receives from insurance or another source (including funds received for salvaging or disposing a vehicle) will be deducted from the eligible transportation amount prior to payment. Refer to [Scenario 4](#) for additional information.
 - i. Unmet need for repairs: the eligible transportation award (**ONA Vehicle Repair** maximum) minus the net insurance settlement (provided to the applicant) = unmet need.



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- ii. Unmet need for replacement: the eligible transportation award (**ONA Vehicle Replacement** amount) minus the net insurance settlement (provided to the applicant) = unmet need
- d. Unmet need related to mandatory payoff
 - i. To determine if the comprehensive insurance settlement had a mandatory lender pay-off requirement;
 - 1. **CALL** the insurance company to confirm the amount of the net settlement and how much was paid to the lender and the applicant; AND
 - a. If the applicant had to pay down the loan and received no benefit, the net settlement is zero.
 - b. If the applicant had to pay down the loan and received some benefit, the net settlement is the amount received after the mandatory pay-off.
 - c. If the applicant had the option to pay down the loan or keep the settlement, the net settlement is the amount paid to the lender plus the amount the applicant received.
 - d. All verification calls with the insurance company must be recorded as a **Contact** on the applicant's file.
 - 2. Refer to [FAQ 2](#) for additional information.

2. Eligible expenses based on bills, receipts, and estimates may include but are NOT limited to:

- a. Costs for labor.
 - b. Service fees, e.g. battery recharge or wheel re-alignment.
 - c. Repair estimates and vehicle towing expenses.
 - d. Vehicle parts repair/replacement when repairs for drivability and safety are required (includes paint and/or bodywork, and carpet).
 - i. If necessary, **CLARIFY** with the mechanic the paint, bodywork, and labor costs are associated with the required repairs.
 - ii. **DEDUCT** any ineligible cost from the eligible amount.
1. A calculation example is available in [Scenario 4, Example 1](#).



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- e. Medically-required modifications (e.g. ramp, lift, hand controls).

3. **IDENTIFY** the eligible **ONA Vehicle Repair** minimum and maximum or the **ONA Vehicle Replacement** amount set by the state, territorial, or tribal government:

- a. **GO** to the [Disaster Specific Information](#) page.
- b. **SELECT** the appropriate disaster.
- c. **REVIEW** the **Summary Information** box.
- d. **LOOK** for **ONA Pricing** – example provided below:

ONA Pricing:	
Vehicle Repair	\$550 (up to \$5,999 with documents)
Vehicle Replacement	\$6000

Figure 1: ONA Pricing for Vehicle Repair and Replacement

- e. **VERIFY** the **ONA Vehicle Repair** minimum, i.e. \$550; or Maximum, i.e. \$5,999; amount.
- f. **VERIFY** the **ONA Vehicle Replacement** amount, i.e. \$6,000; amount.
- g. The **Summary Information** box will specify the **ONA Vehicle Repair** maximum limit with a text such as “not to exceed \$ “specified amount” OR up to \$ “specified amount” with documents.
- h. Vehicle **Destroyed** (processed in **FEMA Special Handling** queue):
 - i. **PROCESS** the award at the **ONA Vehicle Replacement** maximum amount.
- i. Vehicle **Repairable**:
 - i. If the cost of repair on the receipt/estimate is less than the **ONA Vehicle Repair** minimum, **PROCESS** the **ONA Vehicle Repair** minimum amount. Refer to [Scenario 5](#) for additional information.
 - ii. If the comprehensive net insurance settlement (assistance provided directly to the applicant) is less than the **ONA Vehicle Repair** amount, the applicant will be eligible for the difference between the settlement and the ONA Vehicle Repair amount NOT to exceed the ONA repair **ONA Vehicle Repair** maximum.



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- iii. If the applicant has submitted an estimate/bill before the initial award has been processed (or upon appeal), **PROCESS** assistance up to the **ONA Vehicle Repair or Replacement** limit.
- iv. If an initial award has been processed at the time of appeal, **DEDUCT** the initial award from the unmet need calculation. Refer to the initial award example on [Scenario 4](#) for additional information.

4. **PROCESS** assistance for the vehicle with the lowest degree of damage.

- a. If the applicant has two damaged vehicles (one **Destroyed**, one **Repair**), **PROCESS** the award for repair assistance.
 - i. If more than one vehicle is requested, refer to the multiple vehicle requests example on [Scenario 6](#).

5. **REVIEW** the ONA referral status for IHP eligibility:

- a. If the applicant is referred to ONA by the SBA or a failed income test (FIT); AND
 - i. Prior to processing refer to the [SBA Referrals](#) SOP (SBA = FIT with supplied income documents) for additional information.
- b. Meets all other verifications and conditions of eligibility in [Section III.A](#);
- c. **PROCESS** the **Eligible Transportation (ETRAN)** Assistance award. Refer to the Transportation Assistance Basic Case Processing Steps section in the [Web NEMIS Initial Assistance Reference Guide](#) for additional information.

6. Second Vehicle Requests - **ONA Vehicle Repair or Replacement** assistance may be provided for second vehicle requests when the applicant meets the following conditions:

- a. All criteria in [Sections III.A](#); AND
- b. Justification that more than one vehicle is necessary to meet the needs of the household and the applicant DOES NOT have sufficient unaffected/operational vehicles to meet this need. This applies for one or two disaster-affected vehicles.
 - i. The applicant certifies in writing the damaged vehicle is essential for the household's daily usage, presents circumstances, and explains the serious need for a second vehicle. Supporting documents will be reviewed, when available, but are NOT required if the written justification/circumstance is sufficient for processing.



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- c. Refer to the [second vehicle requests](#) FAQ for additional information.
- d. An applicant cannot be awarded assistance for more than two vehicles unless a DSOP exists.
- e. Assistance for second vehicle requests are processed:
 - i. In addition to the first **ONA Vehicle Repair** or **Replacement** award.
 - ii. According to the level of damage for each vehicle (will NOT exceed two **ONA Vehicle Replacement** maximum awards per household)

7. Requests for assistance with vehicles NOT registered and/or NOT insured under the applicant's name.

- a. When the vehicle meets the requirement of liability insurance and is registered or insured under the name of another household member:
 - i. **PROCESS** the eligible transportation award if there is only one vehicle in the household; OR
 - ii. **PROCESS** according to [Section III.C.6: Second Vehicle Requests](#) if there is more than one vehicle in the household.

8. If the vehicle meets the requirement of liability insurance and is registered (or insured) to a non-household member:

- a. **VERIFY** if there is information within the file indicating the documented owner "gave" the vehicle to the applicant, i.e. due to credit issues, etc.; and the applicant is responsible for all maintenance, upkeep, fees, etc.
 - i. If yes, but the following statements are missing: **GENERATE** a second **RFI**, perform one call attempt to the applicant, and **REQUEST** the following:
 - 1. A [signed](#), written statement from the applicant declaring that they are responsible for all maintenance, upkeep, fees, etc.
 - 2. A [signed](#), written statement from the documented owner explaining the ownership and vehicle maintenance arrangement.
 - ii. Once the requested information is on file:
 - 1. **PROCESS** assistance for one vehicle if all statement and documents are confirmed; OR



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2. **PROCESS** an **INSS** determination if the information requested was insufficient.
- b. If there are questions about the applicant's eligibility after additional documents are received:
 - i. **CALL** the IHP Helpdesk (1-866-562-2379 or the applicable extension number) or **SEND** an email to the appropriate Supervisor or Point of Contact (POC).

D. Processing Ineligible Decisions

USE all standard ineligible decisions when processing requests for Transportation. **PROCESS** all denial decisions with the **Category** Transportation, the applicable **Asst Type**, and **Eligibility Code** selection(s).

1. Standard ineligible determinations and reasons for denial include:

a. **IVRC - Ineligible Vehicle - Cosmetic Damage**

- i. The vehicle damage is minimal and DOES NOT affect the operation, drivability, or safety of the vehicle (minor dents, scratches, and similarly low levels of damage).

b. **IVNE - Ineligible Vehicle - Non Essential**

- i. The applicant has an unaffected and operational vehicle which meets the transportation needs of the household or did NOT demonstrate an essential need for a second vehicle.

c. **IVNR - Ineligible Vehicle - Not Licensed/Registered**

- i. The applicant (or household member) owns the vehicle but did NOT have a valid vehicle registration as required by the STT at the time of the disaster.
- ii. The vehicle is owned by a car rental company or identified as a fleet, company, or rental vehicle.

d. **IVINS - Ineligible Vehicle - No Liability Insurance**

- i. The applicant failed to comply with mandatory STT liability insurance requirements that apply to the location in which the vehicle is registered (state, territory, or tribal government).

e. **IINS - Ineligible - Insurance Coverage**



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- i. An applicant with comprehensive insurance will be ineligible for assistance under any of the following conditions:
 - 1. The applicant received insurance funds equal to or in excess of the confirmed level of damage.
 - 2. The applicant failed to file a claim in a timely manner with their comprehensive insurance company; OR
 - 3. Any other reason attributed to the applicant's failure to properly file a claim.
- f. **INSS - Ineligible – Insufficient Documents or No Documents Submitted**
 - i. The supplied information cannot be verified after attempting any required calls,
 - ii. The applicant has supplied insufficient information for review; OR
 - iii. The applicant did NOT supply any information requested in the **RFI**.
 - iv. Insufficient or no information was submitted in cases where the vehicle is registered/insured to a non-household member. Refer to [Section III.C.8.](#) prior to processing;
- g. The applicant was referred to SBA and was NOT referred to ONA for assistance.
 - i. The applicant (with SBA referral) is NOT eligible for SBA-dependent categories due to:
 - 1. Failure to apply;
 - 2. Voluntarily withdrew the SBA application; OR
 - 3. Any other Non-Referral reason identified by SBA.
 - ii. In these cases:
 - 1. **CALL** the applicant, advise them of the SBA status/non-referral to ONA; AND
 - 2. **ROUTE to FEMA Complete.** Refer to the Transportation Assistance Basic Case Processing Steps section in the [Web NEMIS Initial Assistance Reference Guide](#) for additional information.



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2. More than one ineligible reason:

- a. If more than one ineligible reason applies, **SELECT** the eligibility code that best applies and **COMPLETE** one call attempt to explain the multiple denial reasons.
 - i. Example: The first vehicle has cosmetic damage (**IVRC**), the second vehicle was **Destroyed**, and the applicant has NOT demonstrated an essential need for a second vehicle (**IVNE**):
 1. **CALL** the applicant to discuss ineligible reasons;
 2. **SELECT** the applicable ineligible decision, in this case, **IVNE**;
 3. **ADD** a **Comment** explaining the multiple ineligible reasons identified;
AND
 4. **ROUTE** to **FEMA Ineligible** or specific queue approved by Supervisor/POC, Preshift, or other authorized source. Refer to the Transportation Assistance Basic Case Processing Steps section in the [Web NEMIS Initial Assistance Reference Guide](#) for additional information.

E. Joint Option Disaster Information (ONA Only)

1. If processing a Joint Option Disaster:

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

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

- a. **REVIEW/PROCESS** any outstanding issues within HA categories.
 - i. If an additional WP is available in a state processing queue or subqueue such as **State Manual Determination**, **State Appeal**, or **State Supervisor Review**, no further action for ONA is required.
 - ii. If an additional WP is NOT available in a STT queue; AND
 1. There are no HA categories to address:
 - a. **ROUTE** the existing WP to the **State Manual Determination** queue.
 2. There are HA categories to address:



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

F. Appeals

Transportation appeals are processed using standard appeal procedures. Refer to the [Appeal Processing](#) SOP for more information.

1. For **INSS** appeal reviews, if the vehicle is registered to a non-household member:

- a. Refer to [Section III.C.8.](#) for additional information.

NOTE: Applicants are traditionally NOT identified as eligible for assistance with damages to leased vehicles due to insurance coverage and terms of the lease contract. Questions about documents submitted (if there is a claim for unmet needs) are evaluated by the IHP-Helpdesk on a case-by-case basis.

G. Exceptions

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

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

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



IV. EXAMPLES AND FAQs

Scenario 1 – Appeal Documents Reviewed After an Initial Determination

Processing One Vehicle – Inspected, No Comprehensive Insurance, Liability Insurance = Yes/No, Damage Level = Varied.

Liability Ins	Comp Ins	Vehicle Registered	Damage Level	Damaged	Drivable	Eligibility Decision	Appeal Documents
Yes	No	Yes	Cosmetic	Yes	Yes	IVRC	Appeal with verifiable estimate indicating disaster-caused damage affects drivability, operation, or safety.
No	No	Yes	Repairable	Yes	No	IVINS	Appeal with proof of liability insurance at time of the disaster. VERIFY liability insurance requirements in the IHP Setup Information located under Quick Links on the Disaster Specific Information page.
Yes	No	No	Repairable	Yes	No	IVNR	Appeal with proof the vehicle was registered at the time of the disaster.
Yes	No	Yes	Repairable	Yes	No	ETRAN	Additional assistance - appeal with verifiable estimate indicating disaster-caused damage and amount of repair(s). VERIFY the ONA Vehicle Repair maximum listed on the Disaster Specific Information page. DEDUCT the initial repair award from the appeal repair total.
Yes	No	Yes	Destroyed	Yes	No	ETRAN	A vehicle replacement award is the maximum amount an applicant can receive for one vehicle. Refer to the ONA Vehicle Replacement maximum in the Disaster Specific Information page.

Table 2: Processing One Vehicle - Inspected



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Scenario 2 – One Vehicle with Destroyed Level of Damage

Processing One Vehicle – Inspected, Comprehensive Insurance = Yes, Damage Level = **Destroyed**, Initial Decision = **INS**

Liability Ins	Comp Ins	Registered	Damage Level	Damaged	Drivable	Eligibility Decision	Documents Needed
Yes	Yes	Yes	Destroyed	Yes	No	INS	Insurance document(s) and salvage title

Table 3: Processing One Destroyed Vehicle

1. If a settlement is less than the **ONA Vehicle Replacement** amount and the applicant submitted a copy of the salvage title for the destroyed vehicle, the applicant will be eligible for the difference between the settlement and the **ONA Vehicle Replacement** maximum.

Example 1 - Eligible	
a.	Insurance settlement: \$4,000
b.	ONA Vehicle Replacement maximum: \$5,500
c.	Eligible for \$1,500 transportation award

Table 4: Processing One Destroyed Vehicle – Example 1

2. If the applicant’s insurance settlement exceeds the amount allowed for **ONA Vehicle Replacement**, the applicant will NOT be eligible for assistance.

Example 2 - Ineligible	
a.	Insurance settlement: \$10,000
b.	ONA Vehicle Replacement maximum: \$5,500
c.	Ineligible for Transportation Assistance; IINS – Ineligible – Insurance Coverage

Table 5: Processing One Destroyed Vehicle – Example 2

3. **USE Reconsideration** as the **Asst Type** for the eligibility determination, once the insurance settlement or denial is submitted. Refer to [Codes Verifications Request Letters and Assistance Types](#) SOP for additional information.

Scenario 3 - One Vehicle with Repair or Destroyed Level of Damage

Processing One Vehicle – Inspected, Comprehensive Insurance = Yes, Damage Level = Repair or **Destroyed**, Initial Decision = **INS**

Liability Ins	Comp Ins	Registered	Damage Level	Damaged	Drivable	Eligibility Decision	Documents Needed
Yes	Yes	Yes	Repairable	Yes	No	INS	Insurance document(s).

Table 6: Processing One Vehicle INS



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1. **USE Reconsideration** as the **Asst Type** for the eligibility determination, once the insurance settlement or denial is submitted. Refer to [Codes Verifications Request Letters and Assistance Types](#) SOP for additional information.
 - a. If the settlement is less than the **ONA Vehicle Repair** maximum, the applicant will be eligible for the difference between the settlement and the **ONA Vehicle Repair** amount, NOT to exceed the **ONA Vehicle Repair** maximum. Refer to [Unmet Needs](#) for additional information.
 - b. If the insurance settlement exceeds the **ONA Vehicle Repair** maximum, the applicant would NOT be eligible for assistance (**IINS**).

2. **Example 1:**

- a. The inspection report indicates the vehicle was **Repairable**. The vehicle was covered by comprehensive and liability insurance. Disaster-caused damage and repairs required to make the vehicle drivable and meet the vehicle safety inspection requirements was verified with the mechanic. All other verification requirements are met.

Damage Level from Inspection Report	Initial Decision	ONA Vehicle Repair or Replacement Amounts	Net Insurance Settlement	Mechanic's Repair Estimate/Receipt
Repairable	Auto-determined INS	Repair = \$500 (not to exceed \$5,500) Replace = \$5,500	\$1,300	\$2,850

Table 7: Example Damage Level and Repair/Replace Amounts

- i. First, **COMPARE** the estimate/bill to the **ONA Vehicle Repair** amounts. In this case, **USE** the mechanics estimate/bill (\$2,850) because it exceeds the **ONA Vehicle Repair** minimum (\$500).
- ii. Second, **COMPARE** the mechanics estimate (\$2,850) to the applicant's insurance settlement (\$1,300).
- iii. The \$2,850 estimate/bill cost - \$1,300 insurance settlement = \$1,550 unmet need.
- iv. The combination of the insurance settlement and the unmet need amount **DOES NOT** exceed the \$5,500 **ONA Vehicle Repair** maximum.

Result: PROCESS ETRAN in the amount of \$1,550.

3. **Example 2:**



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- a. The inspection report indicates the vehicle was **Repairable**. The vehicle was covered by comprehensive and liability insurance. Disaster-caused damage and repairs required to make the vehicle drivable was verified with the mechanic. All other verification requirements are met.

Damage Level from Inspection Report	Initial Decision	ONA Vehicle Repair or Replacement Amounts	Net Insurance Settlement	Mechanic's Repair Estimate/Receipt
Repairable	Auto-determined INS	Repair = \$1,500 (not to exceed \$1,500) Replace = \$6,000	\$1,100	\$3,250

Table 8: Example Damage Level and Repair/Replace Amounts

- i. First, **COMPARE** the estimate/bill to the **ONA Vehicle Repair** amounts. In this case, **USE** the **ONA Vehicle Repair** maximum (\$1,500) because the estimate exceeds the repair maximum (\$1,500).
- ii. Second, **COMPARE** the **ONA Vehicle Repair** maximum (\$1,500) to the applicant's insurance settlement (\$1,100).
- iii. The \$1,500 **ONA Vehicle Repair** maximum - \$1,100 insurance settlement = \$400 unmet need.
- iv. The combination of the insurance settlement and the unmet need amount **DOES NOT** exceed the \$1,500 **ONA Vehicle Repair** maximum.

Result: PROCESS ETRAN in the amount of \$400.

4. **Example 3:**

- a. The inspection report indicates the vehicle was **Repairable**. The vehicle was covered by comprehensive insurance. The applicant submitted an insurance settlement and a salvage title indicating the vehicle was **Destroyed**. Disaster-caused damage and vehicle **Destroyed** was verified with a salvage title through the SLTT. All other verification requirements are met.

Damage Level from Inspection Report	Initial Decision	ONA Vehicle Repair or Replacement Amounts	Net Insurance Settlement	Documents Needed
Repairable	Auto-determined INS	Repair = \$500 (not to exceed \$5,500) Replace = \$12,600	\$4,000	Salvage title

Table 9: Example Damage and Repair/Replace Amounts

- i. In this case, **USE** the **ONA Vehicle Replacement** amount (\$12,600) because the salvage title indicates the vehicle was **Destroyed**. **COMPARE** the **ONA**



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Vehicle Replacement amount (\$12,600) to the applicant's insurance settlement (\$4,000).

- ii. The \$12,600 **ONA Vehicle Replacement** maximum - \$4,000 insurance settlement = \$8,600 unmet need.
- iii. The combination of the insurance settlement and the unmet need amount **DOES NOT** exceed the \$12,600 **ONA Vehicle Replacement** maximum.

Result: PROCESS ETRAN in the amount of \$8,600.

5. **Example 4:**

- a. The inspection report indicates the vehicle was **Destroyed**. The vehicle was covered by comprehensive insurance. The applicant submitted an insurance settlement and a verifiable estimate for vehicle repairs. Disaster-caused damage and repairs required to make the vehicle drivable was verified with the mechanic (per estimate). All other verification requirements are met.

Damage Level from Inspection Report	Initial Decision	ONA Repair/Replace Amounts	Net Insurance Settlement	Mechanic's Repair Estimate/Receipt
Destroyed	Auto-determined INS	Repair = \$850 (not to exceed \$5,500) Replace = \$13,400	\$1,200	Mechanic's estimate = vehicle Repairable \$6,750.

Table 10: Example Damage and Repair/Replace Amounts

- i. First, **COMPARE** the estimate/bill (\$6,750) to the **ONA Vehicle Repair** amounts. In this case, **USE** the **ONA Vehicle Repair** maximum (\$5,500) because the estimate/bill exceeds the **ONA Vehicle Repair** maximum.
- ii. Second, **COMPARE** the **ONA Vehicle Repair** maximum (\$5,500) to the applicant's insurance settlement (\$1,200).
- iii. The \$5,500 **ONA Vehicle Repair** maximum - \$1,200 insurance settlement = \$4,300 unmet need.
- iv. The combination of the insurance settlement and the unmet need amount **DOES NOT** exceed the \$5,500 **ONA Vehicle Repair** maximum.

Result: PROCESS ETRAN in the amount of \$4,300.



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NOTE: Using the same scenario: If the applicant received an initial \$850 vehicle repair award, the assistance must be deducted from the supplemental award calculation, so the combined vehicle repair awards **DOES NOT** exceed the \$5,500 **ONA Vehicle Repair** limit. Eligible total (\$5,500 **ONA Vehicle Repair** limit) - settlement (\$1,200) – previously awarded assistance (\$850) = the unmet need (\$3,450).

6. **Example 5:**

- a. The inspection report indicates the vehicle was **Repairable**. The vehicle was covered by comprehensive and liability insurance. Disaster-caused damage and repairs required to make the vehicle drivable was verified with the mechanic. All other verification requirements are met.

Damage Level from Inspection Report	Initial Decision	ONA Vehicle Repair or Replacement Amounts	Net Insurance Settlement	Mechanic's Repair Estimate/Receipt
Repairable	Auto-determined INS	Repair = \$1,500 (not to exceed \$1,500) Replace = \$6,000	\$3,400	\$4,100

Table 11: Example Damage and Repair/Replace Amounts

- i. First, **COMPARE** the estimate/bill (\$4,100) to the **ONA Vehicle Repair** amounts. In this case, **USE** the **ONA Vehicle Repair** maximum (\$1,500) because the estimate/bill exceeds the **ONA Vehicle Repair** maximum.
- ii. Second, **COMPARE** the **ONA Vehicle Repair** maximum (\$1,500) to the applicant's insurance settlement (\$3,400).
- iii. The \$1,500 **ONA Vehicle Repair** maximum - \$3,400 insurance settlement = - \$1,900.
- iv. Although the \$4,100 estimate/bill exceeds the insurance settlement, the insurance award exceeds the **ONA Vehicle Repair** maximum.

Result: PROCESS Transportation Assistance as **IINS**.

Scenario 4 – One Vehicle with Initial Eligible Award

Processing One Vehicle – Inspected, Liability Insurance Only, Damage Level = **Repairable**, Initial Decision = **ETRAN**

1. **Example 1:**



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- a. The inspection report indicates the vehicle was **Repairable**. The vehicle was covered by liability insurance. This example will be processed as an appeal because the initial decision was eligible.
- b. The applicant appealed within the timeframe and submitted a verifiable repair estimate that is greater than the **ONA Vehicle Repair** minimum amount set by the state. All other verification requirements are met.
- c. Staff verifies with the mechanic that most repair costs (\$804.33) are due to disaster-caused damage. However, damages to the front fender (\$750) occurred prior to the disaster.
 - i. The total disaster-caused repair expense (\$804.33) includes the parts, tax, and labor covering the wiper blade assembly, windshield, and headlight.
 - ii. **EXCLUDE** fender repairs costs (\$750) that pre-date the disaster from the eligible total.

Damage Level from Inspection Report	Initial Decision	ONA Vehicle Repair or Replacement Amounts	Net Insurance Settlement	Mechanic's Repair Estimate/Receipt
Repairable	ETRAN for \$500	Repair = \$500 (not to exceed \$5,500) Replace = \$11,686	\$0 (Liability only)	\$1,554.33 - \$750 adjustment = \$804.33 eligible expense

Table 12: Example Damage and Repair/Replace Amounts

1. First, **COMPARE** the adjusted estimate/bill (\$804.33) to the **ONA Vehicle Repair** amounts. In this case, **USE** the mechanic's estimate/bill (\$804.33) because it exceeds the **ONA Vehicle Repair** minimum.
2. Second, **COMPARE** the estimate/bill (\$804.33) to the **ETRAN** award (\$500).
3. The \$804.33 estimate/bill - \$500 initial award = \$304.33.
4. The combination of the initial award and the unmet need amount **DOES NOT** exceed the \$5,500 **ONA Vehicle Repair** maximum.

Result: PROCESS ETRAN in the amount of \$304.33.

Scenario 5 – Initial Repair Award Processed Manually

1. **Example 1:**



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- a. Following a vehicle registration only, the applicant responded to the **RFI** and submitted all documents required for review. All other verification requirements are met.

Damage Level from Inspection Report	Initial Decision	ONA Vehicle Repair or Replacement Amounts	Net Insurance Settlement	Mechanic's Repair Estimate/Receipt
N/A	PND	Repair = \$550 (not to exceed \$5,999) Replace = \$11,686	\$0 (Liability only)	\$400

Table 1: Example Damage and Repair/Replace Amounts

- i. **COMPARE** the estimate/bill (\$400) to the **ONA Vehicle Repair** amounts. In this case, **USE** the **ONA Vehicle Repair** minimum (\$550) because the estimate/bill is less than the **ONA Vehicle Repair** minimum.
- ii. Although the repair estimate (\$400) is less than the **ONA Vehicle Repair** minimum (\$550), assistance is processed according to the **ONA Vehicle Repair** minimum set by the STT.

Result: PROCESS ETRAN in the amount of \$550.

2. Example 2:

- a. Following a vehicle registration only, the applicant responded to the **RFI** and submitted all documents required for review. All other verification requirements are met.

Damage Level from Inspection Report	Initial Decision	ONA Vehicle Repair or Replacement Amounts	Net Insurance Settlement	Mechanic's Repair Estimate/Receipt
N/A	PND	Repair = \$550 (not to exceed \$5,999) Replace = \$11,686	\$300	\$400

Table 2: Example Damage and Repair/Replace Amounts

- i. First, **COMPARE** the estimate/bill (\$400) to the **ONA Vehicle Repair** amounts. In this case, **USE** the **ONA Vehicle Repair** minimum (\$550) because the estimate/bill is less than the **ONA Vehicle Repair** minimum.
- ii. Second, **COMPARE** the **ONA Vehicle Repair** minimum (\$550) to the applicant's insurance settlement (\$300).
- iii. The \$550 **ONA Vehicle Repair** minimum - \$300 insurance settlement = \$250 unmet need.

Result: PROCESS ETRAN in the amount of \$250.



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Scenario 6 – One Vehicle with Lender Pay-Off Settlement

Processing One Vehicle – Inspected, Mandatory Lender Pay-Off Required

1. If applicant’s insurance policy is required to pay off the lender, assistance may be awarded to the applicant for unmet needs.
2. **Example 1:**
 - a. The applicant’s auto insurance contains a clause that requires the insurance company to pay-off any monies owed to the lender before a settlement (if any) can be provided to the policyholder. All other verification requirements are met.
 - b. Staff verifies that out of the \$10,000 settlement, \$8,000 was paid directly to the lender (mandatory pay-off), and \$2,000 was paid directly to the applicant.

Damage Level from Inspection Report	Initial Decision	ONA Vehicle Repair or Replacement Amounts	Net Insurance Settlement	Lender payoff	Documents Needed
Destroyed	Auto-determined INS	Repair = \$500 (not to exceed \$5,500) Replace = \$5,500	\$2,000 adjusted	\$8,000	Salvage title

Table 3: Example Damage and Repair/Replace Amounts

- i. In this case, **USE** the **ONA Vehicle Replacement** amount (\$5,500) because the inspection indicates the vehicle was **Destroyed**. **COMPARE** the **ONA Vehicle Replacement** amount (\$5,500) to the applicant’s insurance settlement (\$2,000).
- ii. The \$5,500 **ONA Vehicle Replacement** maximum - \$2,000 insurance settlement = \$3,500 unmet need.
- iii. The combination of the insurance settlement and the unmet need amount **DOES NOT** exceed the \$5,500 **ONA Vehicle Replacement** maximum.

Result: PROCESS ETRAN in the amount of \$3,500.

Scenario 7 – More Than One Vehicle

Multiple Vehicle Request: Inspection complete and two vehicles recorded

1. **Example 1:**
 - a. An auto-generated **INS** determination occurred due to an ONA referral and the presence of comprehensive insurance.



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Vehicle	Registered	Drivable	Comp Ins	Liability Ins	Damaged	Damage Level
Chevy Malibu	Yes	No	No	Yes	Yes	Repairable
Mazda Protégé	Yes	No	Yes	Yes	Yes	Repairable

Table 4: Multiple Vehicle Damages

- i. The applicant submits:
 1. Document(s) and/or statement(s) that shows there is an essential need for both vehicles to maintain the household.
 2. Insurance documents showing neither one of the vehicles have comprehensive insurance coverage.

Result: The applicant will be considered for both vehicles (ETRAN).

NOTE: For each vehicle: **PROCESS** an award (ETRAN) according to the **ONA Vehicle Repair** minimum amount; or up to the **ONA Vehicle Repair** maximum according to mechanic estimates submitted.

- **SPLIT** the WP when processing assistance for both vehicles at the same time.
- **PROCESS** the first award (ETRAN) using the initial **Initial Asst Type** and after the WP is split to **FEMA Approval NON-DRM**, **PROCESS** the second award (ETRAN) under the **Reconsideration Asst Type**.

If a statement of essential need for a second vehicle is NOT received, **PROCESS ETRAN** for one vehicle.

2. Example 2:

- a. When an inspection occurs, and all verifications are completed, the system will auto-generate the **ETRAN** decision for one vehicle at the **ONA Vehicle Repair** minimum amount.

Vehicle	Registered	Drivable	Comp Ins	Liability Ins	Damaged	Damage Level
Chevy Malibu	Yes	No	No	Yes	Yes	Repairable
Mazda Protégé	Yes	No	No	Yes	Yes	Repairable

Table 5: Multiple Vehicles No Comprehensive Insurance

- i. The applicant appeals by submitting:



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1. Document(s) and/or statement(s) that shows there is an essential need for both vehicles to maintain the household.
2. No mechanic estimate provided.

Result: PROCESS assistance for the second vehicle (ETRAN) according to **ONA Vehicle Repair** amount.

3. Example 3:

- a. The system auto-generated an IID determination.

Vehicle	Registered	Drivable	Comp Ins	Liability Ins	Damaged	Damage Level
Chevy Malibu	Yes	No	No	Yes	Yes	Repairable
Mazda Protégé	Yes	No	No	Yes	Yes	Destroyed
Toyota Celica	Yes	Yes	No	Yes	No	Not Affected

Table 6: Multiple Vehicles with No Mechanic Estimate

- i. The applicant appeals by submitting:
 1. Document(s) and/or statement(s) that shows there is an essential need for two vehicles to maintain the household.
 2. No mechanic estimate provided.

Result: PROCESS according to the **ONA Vehicle Repair** amount (ETRAN).

NOTE: In this case, since the applicant has one unaffected/operational vehicle, having met the criteria for a second vehicle, assistance is only processed for one vehicle at the lowest degree of damage (**ONA Vehicle Repair minimum or maximum**).

Frequently Asked Questions:

1. **Does an income document voluntarily submitted by the applicant affect their SBA or ONA referral status?**
 - a. If the applicant is an **SBA = FIT** (not referred to SBA for a loan) and has supplied income documents indicating their gross income exceeds the minimum income level listed on the [SBA Referrals](#) SOP, **ADDRESS** the SBA referral accordingly:
 - i. When pre-disaster income documents are available and an income increase would change the ONA **FIT** referral to an SBA Home/PP (**HAPP**) referral



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(**VERIFY** using the Income Test Tables), **DO NOT** process an eligibility determination for the SBA-dependent category(s), **DELETE** any available **PND** lines, and **ROUTE** to **FEMA Complete**.

- ii. Registration Intake (RI) period open: If the increase changes the ONA **FIT** referral to a **HAPP** referral, and the registration period has **NOT** closed for the disaster, manually **ADD** the SBA Referral using the NEMIS **Assistance** screen. **CALL** all numbers listed on file to advise the applicant of the SBA referral.
 - iii. RI period closed: If the increase changes the ONA **FIT** referral to **HAPP** referral and the registration period has closed for the disaster, **DO NOT** add the SBA Referral using the NEMIS **Assistance** screen. **CALL** all numbers on file to advise the applicant to contact the SBA (800-659-2955) to inform them of this change.
2. **Does the comprehensive insurance settlement go directly to the lender as a required or mandatory lender pay-off?**
- a. When a vehicle is **Destroyed**, or otherwise identified as a total loss, the comprehensive insurance settlement is often transferred to the lender as part of a mandatory pay-off.
 - b. If paying the loan with insurance proceeds is an optional course of action, and the applicant chooses to pay down the loan with the insurance proceeds, any portion voluntarily given to the lender is considered part of the net insurance settlement.
 - c. To determine if an insurance policy had an optional or mandatory pay-off requirement, **CALL** the insurance company. All verification calls to the insurance company must be recorded as a **Contact** on the applicant's file.
 - i. If the applicant had to pay down the loan due to a mandatory pay-off, and received no benefit, the net settlement is zero dollars. Example:
 1. Insurance settlement = \$15,000
 2. Mandatory pay-off = \$15,000
 3. Applicant Received = \$0

Result: Net Settlement = \$0
 - ii. If the applicant had to pay down the loan due to a mandatory pay-off, and received a partial settlement, the net settlement is the amount of insurance benefits the applicant received. Example:



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1. Insurance settlement = \$15,000
2. Mandatory pay-off = \$10,000
3. Applicant Received = \$5,000

Result: Net Settlement = \$5,000

iii. If the applicant had the option to pay down the loan or keep the settlement, the net settlement is the amount paid to the lender plus the amount the applicant received. Example:

1. Insurance settlement \$15,000
2. Optional pay-off \$10,000
3. Applicant Received \$5,000

Result: Net Settlement = \$15,000



V. DEFINITIONS AND ACRONYMS

Definitions

Damage (Dmg) Level field definitions:

- **Cosmetic:** The vehicle sustained damages that DO NOT affect drivability or safety in any way. Examples: minor dents, scratches, and similarly low levels of damage.
- **Destroyed:** The vehicle has been declared a total loss due to disaster-caused damages. Examples: flooded over the engine, crushed by a falling tree, completely burned.
- **Not Affected:** The vehicle was NOT affected at all, even cosmetically.
- **Not Available:** The vehicle is NOT at the damaged dwelling address or is otherwise NOT available at the time of inspection. There is a required inspection comment on why the vehicle is unavailable and what level of damage the applicant is claiming.
- **Operational vehicle:** A vehicle that may need cosmetic repairs or incurred minimal damage but is in compliance with its state, territorial, or tribal government's registration and insurance requirements at the time of the disaster and can be legally driven.
- **Repairable:** The vehicle sustained damage that affects drivability or safety. Examples: broken windshield, window glass, mirror, or headlight assembly; minor mechanical repairs to brakes; medically-required repairs (e.g. ramp, lift, hand controls).

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

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

Net Settlement: The amount paid directly to an individual from the insurance company after applicable deductions for depreciation, adjustments, deductibles, and funds paid directly to the lender, i.e. mandatory or optional pay-off.

Signature: A valid signature may be evidenced by any mark made by pen or pencil denoting the signer's name or mark; a mark or name created and adopted through a software program such as Microsoft Word; adoption of an electronic signature that includes



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typing a name or mark at the end of an email; a digital image of a handwritten signature or mark; the click of an "I accept" button on an e-commerce site as his or her legal signature; or adoption of an electronic symbol, sound, or process that is attached to, or logically associated with, the document and executed by the applicant or his or her agent, with the intent to sign the document.

Acronyms

ADA	Americans with Disabilities Act
ASST	Assistance
DRC	Disaster Recovery Center
DSA	Disaster Survivor Assistance
DSOP	Disaster Specific Operating procedures
EHRZ	Eligible Home Repair, Flood Insurance Required
ERPLZ	Eligible Home Replacement, Flood Insurance Required
ETRAN	Eligible Transportation
FIT	Failed Income Test
IDProof	Identity Proofing
IDV PASS	Identity Verification Passed
IHP	Individuals and Households Program
IINS	Ineligible Insurance Coverage
INSS	Ineligible Insufficient Documents or No Documents Submitted
IVINS	Ineligible Vehicle No Liability Insurance
IVNE	Ineligible Vehicle Non-Essential
IVNR	Ineligible Vehicle Not licensed/Registered
IVRC	Ineligible Vehicle Cosmetic Damage
JFO	Joint Field Office



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- NEMIS** National Emergency Management Information System
- ONA** Other Needs Assistance
- PDL** Property Damage Liability
- PIP** Personal Injury Protection
- RFI** Request for Information
- SBA** Small Business Administration
- STT** State, Territorial, or Tribal Government
- SUV** Sport Utility Vehicles
- WP** Workpacket



VI. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures
 - [Appeal Processing](#)
 - [Codes Verifications Request Letters and Assistance Types](#)
 - [Financial HA and ONA Maximum and Minimum Awards](#)
 - [Flood Zones and Other Protected Areas](#)
 - [Funeral Assistance](#)
 - [Identity Verification](#)
 - [Inspection Requests and Comparisons](#)
 - [Outbound Calls and Third Party Verifications](#)
 - [SBA Referrals](#)
- Resources
 - [Disaster Specific Information](#)
 - [Helpline NPSC Caller Services Reference Guide](#)
 - [Web NEMIS Initial Assistance Reference Guide](#)



CLOSED DISASTER PROCESSING

I. Overview	<ul style="list-style-type: none"> ■ Purpose 2 ■ Who May Get Assistance? 2 ■ What are Eligible Expenses? 2 ■ Documentation or Verification Needed 2 ■ Other Items to Note 3 <p style="text-align: center;">***This can be referenced by all staff *** (JFO, DRC, DSA, Helpline)</p>
II. Important Information	<p style="text-align: center;">*** ALL processing employees must read this section ***</p> <ul style="list-style-type: none"> ■ Prior to Processing 4
III. Process	<ul style="list-style-type: none"> A. Eligibility Verifications 7 B. Processing Eligible Assistance 7 C. Processing Ineligible Decisions 8 D. Inspection Requests 9 E. Joint-Option Disaster Information (ONA Only) 10 F. Appeals 11 G. Exceptions 11
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I. OVERVIEW

This section describes information that every employee **must** read **before addressing** Closed Disaster Processing.

Purpose:

- Ensure the appropriate processing of requests for assistance to the Individuals and Households Program (IHP) after the disaster financial closure date.

Who May Get Assistance?

- Eligible individuals or households who have applied for assistance from the IHP, NOT to exceed 18 months from the date of the presidential disaster declaration.
- An individual or household may be eligible for IHP assistance after the disaster financial closure date when the applicant did NOT receive the eligible assistance through no fault of their own.
 - This includes when FEMA has identified errors in processing decisions, or when the applicant was NOT able to submit the required documentation before the disaster financial closure date due to extenuating circumstances i.e.; business travel, hospitalization, etc.
 - For documents submitted through traditional postal mail or uploaded through the applicant's Disaster Assistance Center (DAC) account, FEMA will use the postmark date to determine if the documents were submitted prior to the disaster financial closure date. For documents submitted through fax, the timestamp of the fax transmittal will be used.

NOTE: FEMA may extend the 18-month financial assistance period if it is determined that due to extraordinary circumstances an extension is in the public interest.

What are Eligible Expenses?

- Eligible expenses include costs associated with disaster-caused damage, losses, or expenses for all categories of the IHP.

Documentation or Verification Needed:

- Identity Verified;
- Verification of disaster-caused needs or expenses; AND
- If applicable:



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- Occupancy Verified;
- Ownership Verified;
- Lack of Insurance Settlement or Denial letter.

Other Items to Note:

- The Program Management Section's (PMS) Systems Administration Team and the Applicant Processing Services Section's (APS) Specialized Processing Unit (SPU) are responsible for monitoring disaster financial closures and coordinating the disaster closeout activities for the IHP.
- The automated generation of the **Application for Continued Temporary Housing Assistance** form is turned off approximately 45 days prior to the disaster financial closure date.
- Helpline staff: When applicants call to check the status of documents submitted after the disaster financial closure date, **INFORM** them the disaster has closed and there is no further assistance available.



II. IMPORTANT INFORMATION

This section describes information that every employee **must** read **before processing** in a Closed Disaster.



Prior to Processing:

- For cases locked or under PMS or NCT review:
 - DO NOT process the Workpacket (WP) if the file contains indications of being Under Review and/or locked from further processing.
 - **SEND** an email for review to the [FEMA-IHP-Helpdesk](#).
 - **INCLUDE** the following on the email:
 - **Subject Line:** DR #, Reg #, and a subject that includes 'Under Review'.
 - **Body:** A description of the request and list of processing actions pending.
- Other Needs Assistance (ONA):
 - Prior to reviewing or discussing ONA eligibility with applicants, **VERIFY** the ONA Option selection.
 - FEMA staff are authorized to process and discuss ONA in FEMA Option disasters.
 - In Joint Option disasters, only the state, territorial or tribal government is authorized to process and discuss ONA eligibility. Refer to [Section III.E: Joint Option Disaster Information](#) for additional information.
 - Refer to the [Helpline NPSC Caller Services Reference Guide](#) for additional information.
- For ONA questions in a Joint Option disaster, **PROVIDE** the applicant with the state, territorial, or tribal government ONA Helpline number, which is listed on the NEMIS Disaster Information (**DR Info**) button or the Web NEMIS **Disaster Info (F8)** link.



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- DO NOT use this document to process the reissue of funds after the disaster financial closure date. Refer to the [Return - Reissue of IHP Financial Assistance](#) SOP for additional information.
- DO NOT send **Request for Information (RFI)**, **Appeal Documentation Request (ADOC)**, or Rental Recertification Documentation Request (**RRDOC**) letters after the disaster financial closure date.
- CTHA: When processing an eligible CTHA payment for the month when the disaster is scheduled to close, **PROCESS** the assistance for the entire month, without exceeding the 18-month total of temporary housing assistance. Refer to [Section VI: Examples and FAQs](#) for additional information.
- Sequence of Delivery
 - Housing Assistance (HA)
 - Temporary Housing Assistance, if eligible; AND
 - Repair or Replacement Assistance.
 - Other Needs Assistance (ONA)
 - Funeral Assistance, if there is a pending funeral review;
 - **SPLIT/ROUTE** the Funeral pending (**PND**) line to the **FEMA** or **State Funeral** queue for processing by designated staff. Refer to the [Funeral Assistance](#) SOP for additional information.
 - When moving to the next eligible award in the sequence, if necessary, **ADJUST** the eligible award by one full funeral maximum amount to ensure funds are available for funeral expenses.
 - DO NOT hold/deduct funds when processing Americans with Disabilities Act (ADA) item awards.
 - DO NOT delay processing other eligible funds to await a funeral decision.
 - Personal Property Assistance; AND
 - All other categories, if funds are available under their respective maximum amount of assistance.

NOTE: DO NOT use this document if the disaster financial assistance period is open.



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



III. PROCESS

A. Eligibility Verifications

Applicants must meet the following criteria, and all criteria specific to the assistance type, before being processed in a close disaster:

1. Identity is verified (**IDV_PASS**). Refer to the [Identity Verification](#) SOP for additional information.
2. Ownership is verified. Refer to the [Ownership Verification](#) SOP for additional information.
3. The Damaged Dwelling Address (DDA) is the applicant's Primary Residence and Occupancy is verified. Refer to the [Occupancy Verification](#) SOP for additional information.
4. Eligible damage is NOT fully covered by insurance. **VERIFY** one of the following:
 - a. There are no insurance types listed for the Cause of Damage (COD) identified;
 - b. No insurance listed for the COD with Additional Living Expenses (ALE) or Loss of Use (LOU) coverage;
 - c. Insurance document(s) demonstrates the applicant is under-insured or denied assistance (structure and/or content) for the applicable COD;
 - d. The net insurance settlement for the structure and/or content, for the applicable COD, is less than the Financial HA and/or ONA Maximum and less than the applicable FEMA Verified Loss (FVL); OR
 - e. The policy had a mandatory pay-off requirement and the net settlement provided to the applicant (if any) is less than the Financial HA and/or Financial ONA Maximum and less than the applicable FVL.
5. The applicant is a Small Business Administration (SBA) = Failed Income Test (FIT) or is an ONA referral after SBA review for Personal Property and Transportation. Refer to the [SBA Referrals](#) SOP for additional information.

B. Processing Eligible Assistance

- | |
|---|
| <ol style="list-style-type: none">1. If the disaster is now closed, but the request for assistance or appeal was submitted before the disaster financial closure date and all required information, documentation, and verifications are on file: |
|---|



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- a. Helpline and Caller Services and Casework (CSAC) Staff:
 - i. **CALL** the IHP Helpdesk and provide:
 1. Disaster and registration numbers;
 2. The applicant's complete name; AND
 3. The explanation of the request for assistance.
 - a. The IHP Helpdesk will review the recommendation for eligibility processing and **FORWARD** the request to the Systems Administration Team and SPU for a final review.
- b. SPU Staff:
 - i. **EMAIL** the [FEMA-IHP-Helpdesk](#) with the specific eligibility information for the case;
 - ii. **ADD** a **Comment**; AND
 - iii. **PLACE** the WP on **Hold - IHP HD Review**.
- c. The Systems Administration staff will contact the Region to verify if a payment can be made and will coordinate completion of the eligible processing.
 - i. When System Administration confirms the funds are available, **PROCESS** the eligible assistance and **ADD** a **Comment**;
 - ii. **CALL** the applicant to notify them of the eligibility decision, **EXPLAIN** the disaster assistance period has ended, and that no further eligibility reviews will be made. Three call attempts are required;
 - iii. **ADD** a **Contact** with the details of the conversation ; AND
 - iv. **ROUTE** the WP to **FEMA Approval NON-DRM**.

NOTE: Staff from the Systems Administration Team and SPU are responsible for processing requests for assistance after the disaster financial closure date.

C. Processing Ineligible Decisions



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1. If the request for assistance or appeal was submitted [before the disaster financial closure date](#), and is missing some of the required information, documentation, or verifications:

- a. **PROCESS** the applicant as ineligible using the corresponding ineligible reason and letter;
- b. **CALL** the applicant to notify them of the reason for the denial, **EXPLAIN** the disaster assistance period has ended, and that no further eligibility reviews will be made. Three call attempts are required; AND
- c. **ADD** a **Comment/Contact** and **ROUTE** to **FEMA Ineligible**.

2. If the request for assistance or appeal was submitted [after the disaster financial closure date](#):

- a. **DELETE** any open **PND** lines;
- b. **CALL** the applicant and **EXPLAIN** the disaster assistance period has ended and no further eligibility reviews will be made. Three call attempts are required;
- c. **ADD** a **Comment/Contact**; AND
- d. **ROUTE** the WP to **FEMA Complete** or **FEMA Supervisor Review** as directed by Supervisor/POC.

D. Inspection Requests

1. If an inspection is needed, APS, PMS and the Region must coordinate the approval first.

- a. SPU Staff:
 - i. **EMAIL** the [FEMA-IHP-Helpdesk](#) with the specifics for the inspection request to include:
 1. **Subject Line:** DR #, Reg #, and Closed Disaster Inspection Request
 2. **Body:**
 - a. **REQUEST** for the IHP Helpdesk Inbox Administrator to place the email in the Systems Administration folder for review; AND



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b. Justification for the request; i.e. provide the reason why it could NOT be inspected prior to disaster closure date.

ii. **ADD a Comment.**

iii. Systems Administration will coordinate with the Region for approval.

1. Once Systems Administration staff confirms the funds are available, they will communicate to SPU via email or a **Comment** in the file.

2. SPU will request an inspection and add a **Comment**.

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

iv. Upon returned inspection, SPU will process the case accordingly.

NOTE: Staff from the Systems Administration Team and SPU are responsible for processing requests for assistance after the disaster financial closure date.

E. Joint-Option Disaster Information (ONA Only)

1. If processing a Joint Option Disaster:

a. ONA categories are only processed by the state, territorial, or tribal government.

b. FEMA staff is authorized to process Housing Assistance (HA) categories.

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

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

i. If an additional WP is available in a state, territorial, or tribal queue, no further action for ONA is required.

3. If a WP is NOT available in a state, territorial, or tribal queue:



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- | | |
|--|--|
| <p>a. DO NOT split the WP if there are no HA categories to address.</p> <p>i. ROUTE the existing WP to the State Manual Determination queue.</p> | <p>b. SPLIT the WP if there is an HA category to address.</p> <p>i. PROCESS the HA portion first,</p> <p>ii. SPLIT the HA PND or eligibility line to the appropriate queue; AND</p> <p>iii. ROUTE the original WP to the State Manual Determination queue.</p> |
|--|--|

F. Appeals

Applicants can NOT appeal decisions made by FEMA after the disaster financial closure date.

G. Exceptions

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

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

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



IV. EXAMPLES AND FAQs

The following scenario assumes the applicant submitted all required Continued Rental Assistance documents [before the disaster financial closure date](#) and meets the basic eligibility criteria.

Scenario 1: Processing a Continued Rental Assistance request on the last month of the disaster assistance period.

1. The applicant is requesting Continued Rental Assistance for the months of January, February, and March. The applicant has NOT received the full 18-months of Continued Rental Assistance and the disaster financial closure date is scheduled for February the 4th.
 - a. Review and Processing Decision:
 - i. **PROCESS** the eligible Continued Rental Assistance payment without exceeding the month when the disaster is scheduled to close, i.e;
 1. January: Eligible month;
 2. February: Eligible month. The disaster is scheduled to close on February 4th; AND
 3. March: Ineligible month. This month is past the disaster financial closure date of February 4th and/or exceeds the 18-month total of assistance.
 - ii. **ADD** a **Comment** to the file explaining the eligibility decision;
 - iii. **CALL** the applicant and **EXPLAIN** no further assistance will be available because the disaster is closed. Three call attempts are required;
 - iv. **ADD** a **Contact** with the details of the conversation; AND
 - v. **ROUTE** the WP to **FEMA Approval NON-DRM**.

Result: PROCESS Continued Rental Assistance for January and February. Since the disaster financial period closes on February 4th, the applicant is only eligible for January and February. The month of March is past the disaster financial closure date and therefore ineligible for processing.



V. DEFINITIONS AND ACRONYMS

Definitions

Closed Disaster: A major disaster event or emergency as declared by the President, but with an expired financial assistance period.

Disaster Financial Assistance Period: The timeline from the date of the presidential declaration to the disaster financial closure date, usually 18 months.

Disaster Financial Closure Date: The last day of the 18-month disaster financial assistance period from the date of the declaration.

Extenuating Circumstances: Personal circumstances outside of applicant's control and have, or are likely to have, a significant impact on registering, receiving, or appealing for disaster assistance, such as business travel, serious health conditions, mourning, etc.

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

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

Acronyms

ADA	Americans with Disabilities Act
ADOC	Appeal Documentation Request
ALE	Additional Living Expenses
COD	Cause of Damage
CSAC	Caller Services and Casework
CTHA	Continued Temporary Housing Assistance
DDA	Damaged Dwelling Address
DSOP	Disaster Specific Operating Procedure



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DRC	Disaster Recovery Center
DSA	Disaster Survivor Assistance
FIT	Failed Income Test
FVL	FEMA Verified Loss
HA	Housing Assistance
IDV_Pass	Identity Verification Passed
IHP	Individuals and Households Program
ILER	Ineligible Lodging Expense Reimbursement
IOR	Ineligible Other Reasons
IRCT	Ineligible Recertification
JFO	Joint Field Office
ONA	Other Needs Assistance
POC	Point of Contact
RFI	Request for Information Letter
RRDOC	Rental Recertification Documentation Request
SBA	Small Business Administration
SOP	Standard Operating Procedure
SPU	Specialized Processing Unit
WP	Workpacket



VI. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures
 - [Funeral Assistance](#)
 - [Identity Verification](#)
 - [Occupancy Verification](#)
 - [Ownership Verification](#)
 - [Return – Reissue of IHP Financial Assistance](#)
 - [SBA Referrals](#)
- Resources
 - [Disaster Specific Information](#)
 - [Helpline NPSC Caller Services Reference Guide](#)



CHILD CARE ASSISTANCE

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I. OVERVIEW

This section describes information that every employee **must** read **before addressing** Child Care Assistance.

Purpose of Assistance:

- To address disaster-caused child care needs by providing assistance to families who have a disaster-caused increased financial burden for child care that is NOT currently being met by another source.
 - The state, territorial, or tribal government will determine the maximum amount of Child Care Assistance an applicant may receive per disaster.

Who May Get Assistance?

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

NOTE: Child Care Assistance is NOT a Small Business Administration (SBA) dependent category.

What are Eligible Expenses?

Eligible expenses include costs associated with:

- Standard child care service fees;
 - **For disasters after DR-4413-AK:** personal assistance services that support daily living for children with disabilities;
- Registration fee (one-time); AND
- Health inventory fees.

NOTE: A registration fee is a one-time fee when registering an eligible child at an authorized child care provider.

A health inventory fee is a medical office fee for processing required medical paperwork as part of the registration process.

Basic Documentation or Verification Needed:

- Identity Verified;
- The child is recorded as a dependent and an occupant of the dwelling;
- Pre and post-disaster gross household income documentation;



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- Pre-disaster receipts or an affidavit for child care expenses;
- Post-disaster receipts or estimates for child care fees, registration, and/or health inventory fees;
- A child care provider's license;
- A child care contract or agreement; AND
- A written statement from the applicant.
- **For disasters after DR-4413-AK:** Individualized Educational Plan (IEP), 504 Plan, or Medical professional statements (if applicable);

Other Items to Note:

- Child Care Assistance will be provided for eligible households with:
 - Children aged 13 and under; AND
 - Children aged 14 up to 18 with a disability, as defined by federal law, who need assistance with activities of daily living.
 - For Disasters after DR-4413-AK; children up to age 21 with a disability, as defined by federal law, who need assistance with activities of daily living.
- The total assistance awarded cannot exceed eight cumulative weeks of assistance (per child or per household basis) or the maximum amount of assistance as determined by the state, territorial, or tribal government.
- The Child Care Assistance category is limited by the Financial ONA Maximum.
- FEMA will NOT provide assistance for any of the following:
 - Fees for extra-curricular activities, additional services, e.g. school photographs and field trips;
 - Optional fees that DO NOT alter the day-to-day child care services provided to the eligible child, e.g. prepared lunches, snacks, facility provided linens, etc.;
 - Fees for transportation of the child to and from the child care facility;
 - Educational services, e.g. after school tutoring;
 - Medical care or services; AND



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- Recreational camps or clubs, e.g. after school clubs or overnight camps.
- Applicants may be eligible for Child Care Assistance if they did NOT have child care expenses prior to the disaster, but do have child care expenses after, as a result of the disaster.



II. IMPORTANT INFORMATION

This section describes information that every employee **must** read **before processing** Child Care Assistance.



Prior to Processing:

- For cases locked or under Program Management Section (PMS) or NCT review:
 - DO NOT process the Workpacket (WP) if the file contains indications of being Under Review and/or locked from further processing.
 - **SEND** an email for review to the [IHP Helpdesk](#).
 - **INCLUDE** the following on the email:
 - **Subject Line:** DR #, Reg #, and a subject that includes 'Under Review'.
 - **Body:** A description of the request and list of processing actions pending.
- Prior to reviewing or discussing Child Care Assistance, **VERIFY** the Other Needs Assistance (ONA) Option selection.
 - FEMA staff are authorized to process and discuss ONA in FEMA Option disasters.
 - In Joint Option disasters, only the state, territorial or tribal government is authorized to process and discuss ONA eligibility, refer to [Section III.E: Joint Option Disaster Information](#).
 - **Helpline Staff:** Refer to the [Helpline NPSC Caller Services Reference Guide](#) for additional information.
- For ONA questions in Joint Option disasters, **PROVIDE** the applicant the state, territorial, or tribal government ONA Helpline number which is listed on the NEMIS Disaster Information (**DR Info**) button or the Web NEMIS **Disaster Info (F8)** link.
- Sequence of Delivery
 - ONA



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- Funeral Assistance, if there is a pending funeral review;
 - **SPLIT/ROUTE** the Funeral pending (**PND**) line to the **FEMA** or **State Funeral** queue for processing by designated staff. Refer to the [Funeral Assistance](#) SOP for additional information.
 - When moving to the next eligible award in the sequence, if necessary, **ADJUST** the eligible award by one full funeral maximum amount to ensure funds are available for funeral expenses.
 - DO NOT hold/deduct funds when processing Americans with Disabilities Act (ADA) item awards.
 - DO NOT delay processing other eligible funds to await a funeral decision.
- Personal Property (PP) Assistance; AND
- All other categories, if funds are available under their respective maximum amount of assistance.
- Refer to the [Financial HA and ONA Minimum and Maximum](#) SOP for the full HA/ONA Sequence of Delivery.
- Individuals and Households Program (IHP) Maximum (system limit only):
 - In an effort to minimize errors, the system will generate a popup if the total combined payment exceeds \$100,000.
 - Total combined payments include (in any combination)
 - HA
 - ONA
 - ADA related line items
 - Temporary housing and ADA related line items are NOT counted toward the financial HA and ONA maximums, so in rare instances an applicant's total award may exceed \$100,000.
 - If this happens, **PLACE** the case on **Hold – Program Review**.
 - **EMAIL** the IHP Helpdesk for assistance: fema-ihphelpdesk@fema.dhs.gov.
 - **INCLUDE** the following on the email:



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



III. PROCESS

A. Eligibility Verifications

To be eligible for Child Care Assistance an applicant must meet the following criteria:

1. Identity is verified (**IDV_PASS**) and ID Proofing is also verified (**IDProof_Pass_LN**) if an inspection has NOT been completed. Refer to [Identity Verification](#) SOP for additional information.
 - a. If the applicant is a minor child and the household member who meets the citizenship requirements, then the child would be the one whose identity is verified and would meet this requirement. The responsible parent will be recorded as co-applicant.
2. The Damaged Dwelling (DD) is the applicant's Primary Residence. Refer to the [Occupancy Verification](#) SOP for additional information.
 - a. The child is recorded as a dependent and an occupant of the DD during Registration Intake (RI), Helpline, the Inspection process, or the applicant submitted documents that demonstrate the child is a dependent and an occupant of the DD and includes the child's age.
3. **Conditions of eligibility:** In addition to the verification items listed above, the applicant is required to meet additional conditions of eligibility with the following documents:
 - a. Pre and Post Disaster Gross Household Income Documentation.
 - i. Income includes:
 1. Wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services;
 2. Interest, dividends and other gross income of any kind from Real Property (RP) or PP;
 3. Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount;
 4. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay; AND
 5. Welfare assistance.



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- b. Pre and Post-Disaster Child Care Cost Documentation ([See Table 1](#)). Applicants may be eligible for Child Care Assistance if they did NOT have child care expenses prior to the disaster, but do have child care expenses after, as a result of the disaster.
 - i. Receipts may be provided to indicate pre and/or post-disaster child care costs.
 1. Pre and post-disaster child care receipts must include specific information:
 - a. The [signature](#) of the applicant and the child care provider,
 - i. If the party responsible for paying for child care DOES NOT reside in the applicant's household, e.g. divorced, separated, never married parents who live apart; the applicant may submit receipts [signed](#) by the party responsible for paying for childcare and the child care provider.
 - b. Child's name;
 - c. Child care provider's name, address, and telephone number;
 - d. Time period covered by the receipt (the time period must cover at least one billing cycle); AND
 - e. The total child care expenses for the time period covered by the receipt.
 2. Each receipt should cover at least one billing cycle for the child care provider's services to allow FEMA to evaluate the costs.
 3. Where an applicant required a new child care service provider as a direct result of the disaster, the receipts provided to indicate post-disaster child care costs might also include costs of other eligible expenses, such as a registration fee or health inventory fee.
 - ii. Affidavits may be provided for pre-disaster child care costs.
 1. An affidavit may be accepted if the applicant is unable to locate pre-disaster child care receipts or if the pre-disaster receipts DO NOT include all of the required information.
 2. The affidavit must include specific information:
 - a. The [signature](#) of the applicant and the child care provider,



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- i. If the party responsible for paying for child care DOES NOT reside in the applicant's household, e.g. divorced, separated, never married parents who live apart; the applicant may submit an affidavit [signed](#) by the party responsible for paying for child care and the child care provider.
 - b. Child's name;
 - c. Child care provider's name, address, telephone number;
 - d. Time period covered by the affidavit and/or ordinarily covered by one receipt;
 - e. Total child care expense for the time period covered by the affidavit;
AND
 - f. The affidavit should cover at least one billing cycle for the child care provider's services to allow FEMA to evaluate the costs.
 - iii. Estimates may be provided for new child care provider services.
 1. An estimate may only be submitted if the applicant has a new post-disaster child care provider and DOES NOT yet have a receipt for a billing cycle.
 2. The estimate must include specific information:
 - a. The [signatures](#) of the applicant and the child care provider they expect to use;
 - i. When the party responsible for paying for child care DOES NOT reside in the applicant's household, e.g. divorced, separated, never married parents who live apart; the applicant may submit an estimate [signed](#) by the party responsible for paying for childcare and the expected child care provider.
 - b. Child's name;
 - c. Child care provider's name, address, and telephone number;
 - d. Time period covered by the estimate (the time period must cover at least one billing cycle); AND
 - e. Total child care expense/rate for the time period covered by the estimate.



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3. The estimate may also include costs of other eligible expenses, such as a registration fee or health inventory fee (see definitions in [Section V](#)).
- iv. Other submitted documentation that demonstrates child care costs.
 1. FEMA will accept and review a child care contract or agreement between the authorized child care provider and the party responsible for paying for child care for the eligible child.
 2. The contract or agreement may be provided to indicate pre and/or post-disaster child care costs.
 3. The contract or agreement must include specific information:
 - a. The [signatures](#) of the applicant and the child care provider,
 - i. When the party responsible for paying for child care DOES NOT reside in the applicant's household, e.g. divorced, separated, never married parents who live apart; the applicant may submit a contract or agreement [signed](#) by the party responsible for paying for child care and the child care provider.
 - b. Child's name,
 - c. Child care provider's name, address and telephone number, and
 - d. Time period covered by the contract/agreement (the time period must cover at least one billing cycle), AND
 - e. Total child care expense/rate for the time period covered by the contract/agreement.
 4. The contract or agreement may also include costs of other eligible expenses, such as a registration fee or health inventory fee (See definitions [Section V](#)).
- c. Verification of Post-Disaster Child Care Provider
 - i. The post-disaster child care provider must be a center-based child care provider, group home child care provider, an in-home child care provider, or other provider of child care services for compensation that is licensed, regulated, or registered in accordance with state, tribal government or local law.
 1. The state, territorial, or tribal government database will be located on the [Disaster Specific Information](#) page.



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- ii. The applicant can also submit proof of the child care provider's licensure, registration and/or regulation in compliance with state, tribal or local government laws.
 - 1. Acceptable proof includes a copy of the applicable licensure, registration or certification approved (typically with a seal or [signature](#) of a designated official) by the designated state, tribal or local government.
- d. Written Statement
 - i. Applicants will be required to submit a [signed](#) and dated statement acknowledging:
 - 1. They are NOT receiving Child Care Assistance through any other source, including child care emergency services, assistance, or compensation from any other government agency, employer, insurance, or any other source that meets their current need; AND
 - 2. The expected length of time they will have a disaster-caused need for Child Care Assistance.
- e. **For disasters after DR-4413-AK:** [Individualized Educational Plan \(IEP\), 504 Plan](#), or Medical Professional's Statements (if applicable)
 - i. For children up to age 21, who have a disability as defined by Federal law, and who need assistance with activities of daily living. The applicant is also required to provide an IEP, 504 Plan, or [signed](#) and dated statement from their medical professional stating that their child has a need for child care services due to a disability.
 - 1. Activities of daily living are routine activities that people tend to do every day without needing assistance. There are six basic activities of daily livings: eating, bathing, dressing, toileting, transferring (walking), and continence.
 - 2. If a child with a disability has NOT graduated from high school, they are eligible for education services under the Individuals with Disabilities Act (IDEA) until age 21. A child eligible under IDEA will have an IEP that documents the educational services.
 - 3. Children who are NOT eligible for an IEP, but still need some educational support, may have a 504 plan.

B. Information Requests



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

- a. If an applicant requests Child Care Assistance during a Helpline call after RI;
- b. Through submitted documentation; OR
- c. The initial **RFI** has NOT been generated and required information for processing is missing.

2. To generate the **RFI** manually:

- a. **SELECT** the **OTH-Misc/Other Child Care** option from the **RFI Request** field;
- b. **SET Timer** in the **Info Control** tab; AND
- c. **ROUTE** the WP to **FEMA Info Control - Pending Receipt**.

3. If the applicant submits an incomplete request for Child Care Assistance in response to the **RFI**, the applicant will be determined ineligible for assistance.

- a. **SELECT** the appropriate **Ineligible** decision. See [Section D](#) Processing Ineligible Decisions for additional information.

4. If the applicant DOES NOT submit the required documentation within 30 days, the **Timer** will expire and the applicant will be auto-determined ineligible.

- a. The **INSS- Ineligible Insufficient or No Substantiation Submitted** letter will be sent.

5. ID Proofing (IDP) failures (IDProof_Fail_LN, IDProof_Error_LN, IDProof_Pend, or IDProof_Skip):

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



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- c. **GENERATE** and **MAIL** the **IDP** letter as a companion to the **RFI**.
 - i. The **IDP** letter is available in English and Spanish.
 1. To access the letters: **GO** to **Notification Letters**, **CLICK** on the **Letter Wizard** button, **SELECT** the **MISC** option, and from the drop-down list **SELECT** the **Identity Proofing Letter** insert.

C. Processing Eligible Assistance

1. General information/ Eligible determinations

- a. Only one applicant may be awarded Child Care Assistance on behalf of a particular child.
 - i. **For disasters after DR-4413-AK:** If a child is a member of multiple households, FEMA will only award assistance to the primary custodial parent/guardian responsible for child care costs after the disaster.
- b. Once all eligibility criteria are met, the awarded assistance will be based on the amount of the increased financial burden for child care costs plus any eligible expenses as indicated in the [Child Care Calculator](#).
- c. The total amount of Child Care Assistance, including eligible expenses and the increased financial burden (maximum of eight weeks), cannot exceed the maximum amount established by the state, territorial, or tribal government, so the applicant will receive whichever is less.
- d. Child Care Assistance will be administered as a one-time payment. If an applicant has an additional unmet need beyond the one-time payment, they may appeal for additional Child Care Assistance.

2. In order to be determined eligible for Child Care Assistance, the following criteria must be met:

- a. All verifications and conditions of eligibility in [Section A](#) have been met;
- b. The child was recorded as an occupant of the dwelling at the time of the disaster either during RI, a Helpline call, the inspection process, or through submitted documents that include the child's age and indicate that he/she is a dependent;
 - i. If the age and dependent status of the child is NOT indicated under the occupants section of the **APP Info** tab, **CALL** the applicant to update this information for each child for whom assistance is requested.



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- ii. If the call is successful: **OBTAIN** required information, **RECORD** the response(s) in NEMIS, and **CONTINUE** processing.
- c. The applicant has submitted all required documentation in [Section A](#);
- d. The post-disaster child care provider has been verified as licensed/registered;
AND
- e. A disaster-caused increased financial burden has been verified with the [Child Care Calculator](#).

3. **USE** the [Child Care Calculator](#) to determine eligibility. Refer to [Eligibility Logic](#) for additional information.

- a. **ENTER** the supporting information into the [Child Care Calculator](#), the calculator will determine if there is an increased financial burden and the eligible award amount to include any eligible expenses.
- b. The calculator will make any appropriate calculations to ensure the payment DOES NOT exceed eight cumulative weeks, plus any eligible expenses, or the maximum set child care award amount, whichever is less.
- c. The calculator will deduct other Child Care Assistance received, i.e. compensation from any other government agency or employer, insurance, donations for child care, divorce decree that clearly states support is specifically for child care; from the final total child care award amount.
- d. **ENTER** the **pre** and **post-disaster child care costs**, the applicant's **pre** and **post-disaster income**, any **eligible expenses** as described in [Section I](#) and the **number of weeks** requested by the applicant into the [Child Care Calculator](#) including frequency of billing/income) to calculate the award amount.
- e. Instructions on how to use the calculator are listed [below](#).
 - i. **ENTER** the results of the [Child Care Calculator](#) into the applicant's file to support payment of Child Care Assistance.
 - ii. When the final review is completed ([Section III.C.6-7](#)), the Specialized Processing Unit (SPU) or the appropriate Supervisor/Point of Contact (POC) will upload the [Child Care Calculator](#) results to the applicant's file through the FaxComm/Right Fax web application.



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4. Eligibility logic for [Child Care Calculator](#): within the calculator, the following logic will be used to determine the award amount to include the increased financial burden for child care costs plus any eligible expenses described in [Section I](#).
- a. If the increased financial burden was due to a decrease in income and the cost of child care expenses remained the same:
 - i. The eligible increased financial burden amount is the difference between the pre-disaster weekly household gross income and the post-disaster weekly household gross income, multiplied by the applicable number of weeks being requested (NOT to exceed eight weeks), plus any eligible expenses.
 - ii. The total eligible increased financial burden amount cannot exceed the post-disaster weekly child care costs.
 - iii. The total Child Care award amount cannot exceed eight weeks, or the maximum amount of child care assistance set by the state, territorial, or tribal government, whichever is less.
 - b. If the increased financial burden was due to an increase in post-disaster child care costs and the household gross income remained the same:
 - i. The eligible increased financial burden amount is the difference between the pre-disaster weekly child care costs and the post-disaster weekly child care costs, multiplied by the applicable number of weeks being requested (NOT to exceed eight weeks), plus any eligible expenses.
 - ii. The total child care award amount cannot exceed 8 weeks, or the maximum amount of child care assistance set by the state, territorial, or tribal government, whichever is less.
 - c. If the increased financial burden was due to an increase in post-disaster child care costs and a decrease in the post-disaster household gross income:
 - i. The eligible increased financial burden amount is the difference between the pre-disaster weekly household gross income and the post-disaster weekly household gross income; PLUS the difference between the pre-disaster weekly child care costs and the post-disaster weekly child costs multiplied by the applicable number of weeks being requested (NOT to exceed eight weeks), plus any eligible expenses.
 - ii. The total eligible increased financial burden amount cannot exceed the post-disaster weekly child care costs, or the maximum amount of child care assistance set by the state, territorial, or tribal government, whichever is less.



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- d. If the applicant no longer has an income as a result of the disaster, regardless of whether or NOT the child care costs decreased, remained the same or increased:
 - i. The eligible increased financial burden payment will be for the full requested amount of their weekly child care costs for up to eight cumulative weeks, NOT to exceed the maximum amount of Child Care assistance set by the state, territorial, or tribal government.
 - ii. Verification should be made to ensure the applicant is NOT receiving Disaster Unemployment benefits if they record their post-disaster income as zero.

5. Completing the [Child Care Calculator](#):

The screenshot shows the 'Child Care Calculator' form with the following fields: 'DR####-ST' (partially filled), '4/11/2014' (date), '1. Applicant Information' (header), 'a. Applicant Name' (text input), 'b. Registration No.' (text input), 'c. Application' (dropdown menu with 'Initial' selected), 'c.1. Amount of Assistance Already Provided' (text input), 'd. Weeks Requested' (text input), and 'c.2. Weeks of Assistance Already Provided' (text input).

Figure 1: Child Care Calculator: DR# and Applicant Information

a. **Disaster Number**

- i. **ENTER** the official **disaster number** under which the applicant is requesting assistance.

b. **Applicant Information**

The screenshot shows the 'Child Care Calculator' form with the following fields: '1. Applicant Information' (header), 'a. Applicant Name' (text input), 'b. Registration No.' (text input), 'c. Application' (dropdown menu with 'Appeal' selected), 'c.1. Amount of Assistance Already Provided' (text input), 'd. Weeks Requested' (text input), and 'c.2. Weeks of Assistance Already Provided' (text input).

Figure 1: Child Care Calculator: Applicant Information with Appeal Fields

- i. **Applicant Name:** **ENTER** the **applicant's name** as it appears in NEMIS.
- ii. **Registration No:** **ENTER** the applicant's FEMA registration number as it appears in NEMIS.
 - 1. Please note, the use of the applicant's name and registration number means that this form contains Personally Identifiable Information (PII) data and must be treated accordingly.
- iii. **Application:** **SELECT Initial** for the first award. **SELECT Appeal** if the applicant has previously received a Child Care Assistance award and then



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from the copy of the **Initial** calculator found in the applicant's file on the **Correspondence** tab:

1. **c.1. Amount of Assistance Already Provided:** **ENTER** the amount of assistance previously awarded.
2. **c.2. Weeks of Assistance Already Provided:** **ENTER** the number of weeks of assistance previously provided.
3. For example, if the applicant was previously awarded \$1,000 for four weeks of Child Care and was appealing for an additional four weeks:
 - a. **ENTER** \$1,000 in the **c.1. Amount of Assistance Already Provided** field.
 - b. **ENTER** four in the **c.2. Weeks of Assistance Already Provided** field.
 - c. When the calculation is completed, the **Comment** for this example, as shown in the screenshot below, states: *Eligible. The percentage of income spent on a weekly basis increased. The ONA Child Care contribution for this application is \$1,000. The total ONA Child Care Contribution is \$2,000. After the contribution is calculated, the maximum amount remaining within the State/Tribal government limit is \$2,000 including Other Assistance and prior weeks received, the contribution is the equivalent of 8.0 weeks of total ONA Child Care assistance.*

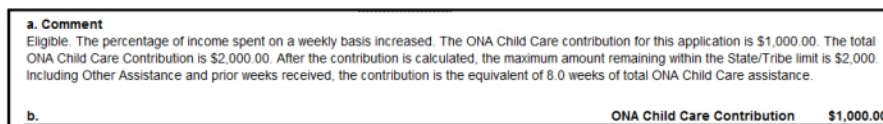


Figure 2: Child Care Calculator: Comment for Appeal Example

- iv. **Weeks Requested:** **ENTER** the **number of weeks of Child Care assistance being requested** for this application.
 1. If an applicant has multiple children for which they are requesting Child Care Assistance and the weeks requested vary from child to child, then **COMPLETE** separate calculators for each child and then **COMBINE** the award amounts
 - a. For example, if Child A needs Child Care Assistance for six weeks, and Child B needs Child Care Assistance for three weeks, **COMPLETE** two forms. If the Child Care Assistance maximum was set per household, then the child care contribution for each child must be added together. The award cannot exceed eight cumulative weeks of assistance (per household) or the maximum amount of assistance as determined by the state, territorial, or tribal government. If the Child



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Care Assistance maximum was set per child, then the child care contribution for each child cannot exceed eight cumulative weeks of assistance or the maximum amount of assistance as determined by the state, territorial, or tribal government.

c. **ONA Child Care Maximums**

2. ONA Child Care Maximums	
a. Max Amount Set by State or Tribe	b. Max Weeks of Assistance (Program) 8.0

Figure 3: Child Care Calculator: ONA Child Care Maximums

- i. Max amount set by state, territorial, or tribal government: **ENTER** the maximum amount of Child Care Assistance set by the state, territorial, or tribal government.
- ii. **Max Weeks of Assistance (Program):** The maximum number of weeks is set to a default of **eight**.

d. **Child Care Cost**

3. Child Care Costs						
Child Name(s)	Pre-disaster or Prior Reported			Post-disaster or Current		
	Amount	Billing Frequency	Weekly Expense	Amount	Billing Frequency	Weekly Expense
a.			0.00			0.00
b.			0.00			0.00
c.			0.00			0.00
d.			0.00			0.00
e.			+			+
			Pre-disaster			Post-disaster
			0.00			0.00
f. Other Child Care Expenses						

Figure 4: Child Care Calculator: Child Care Costs

- i. **REVIEW** the child care cost documentation submitted by the applicant. **ENSURE** you have both the pre-disaster (if applicable) and post-disaster/current child care documentation that was submitted.
- ii. Child care costs should be separated per child when child care costs are clearly delineated per child (if on one receipt) or if separate receipts are provided.
- iii. 3.a-e ([Figure 6](#))- **Child Name(s), Amount and Billing Frequency:** In the designated fields:
 - 1. **ENTER** the appropriate **child's name**.
 - 2. **ENTER** the **pre/post-disaster amount of child care costs** in the **Pre-disaster or Prior Reported/Post-disaster or Current** sections.



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3. **CHOOSE** the **billing frequency**, e.g. weekly, biweekly, etc.; for each child from the drop-down list that will appear once an amount has been placed in its designated field.
- iv. **Weekly Expense**: The data entered into the **Amount** and **Billing Frequency** fields is used to calculate the Weekly Expense for each child. This amount will auto-populate the **Weekly Expense** column.
- v. 3.f (Figure 6) **Other Child Care Expenses**: Only **ENTER** information on this field if the applicant is using a new child care provider as a direct result of the disaster.
- vi. **ENTER** the **Registration Fee and/or Health Inventory Fee** (See [Section V](#)) if provided by applicant/if applicable.

e. **Income Information**

4. Income Information						
Names (first & last)	Pre-disaster or Prior Reported			Current (Post-disaster)		
	Amount	Frequency	Weekly Income	Amount	Frequency	Weekly Income
a.	<input type="text"/>		<input type="text" value="0.00"/>	<input type="text"/>		<input type="text" value="0.00"/>
b.	<input type="text"/>		<input type="text" value="0.00"/>	<input type="text"/>		<input type="text" value="0.00"/>
c.	<input type="text"/>		<input type="text" value="0.00"/>	<input type="text"/>		<input type="text" value="0.00"/>
d.	<input type="text"/>		<input type="text" value="0.00"/>	<input type="text"/>		<input type="text" value="0.00"/>
e.	<input type="text"/>		<input type="text" value="0.00"/>	<input type="text"/>		<input type="text" value="0.00"/>
			+			<input type="text" value="0.00"/>
			Pre-disaster			Post-disaster <input type="text" value="0.00"/>
			Percentage of Income Spent			<input type="text" value="0.0%"/>

Figure 5: Child Care Calculator: Income Information

- i. **REVIEW** the income documentation submitted by the applicant. **ENSURE** you have both the pre-disaster and post-disaster/current gross household income documentation for all household members 18 years and older.
- ii. **Names (first and last), Amount, and Frequency**: In the designated location:
 1. **ENTER** the appropriate household member's **name**.
 2. **ENTER** that individual's **pre and post-disaster** amount of **income** in the **Pre-disaster or Prior Reported/Current (Post-disaster)** sections.
 3. **CHOOSE** the **frequency of the income**, e.g. weekly, biweekly, etc.; from the drop-down list that will appear once an amount has been placed in the designated location.
- iii. **Weekly Income**: The data entered into the **Amount** and **Frequency** fields is used to calculate the Weekly Income for each individual. This amount will auto-populate the **Weekly Income** column.



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iv. The **Percentage of Income Spent** pre/post-disaster for Child Care will auto-populate based on the income data entered.

f. **Eligibility**

5. Eligibility	
a. Eligibility Determination	<input type="text" value="Eligible"/>

Figure 6: Child Care Calculator: Eligibility

i. **Eligibility:** An eligibility decision will be automatically determined by the data entered into the calculator. In order for the applicant to be eligible, the household's percentage of gross income spent on child care post-disaster must be higher than the percentage of gross income spent on child care pre-disaster or have other eligible costs.

1. If the applicant is ineligible, **ENSURE** that the appropriate denial letter is sent to the applicant. For more information see [Processing Ineligible Decisions](#)
2. If the applicant is eligible, **CONTINUE** on to **Other Child Care Assistance**.

g. **Other Child Care Assistance**

6. Other Child Care Assistance					
	Amount	Frequency	Weekly Amount	Weeks Reg/Avail	Totals
a. Recurring Assistance Over Time	<input type="text"/>		<input type="text" value="\$0.00"/>	<input type="text" value="8.0"/>	<input type="text" value="\$0.00"/>
b. Assistance as a Lump Sum	<input type="text"/>				<input type="text" value="\$0.00"/>
					<input type="text" value="\$0.00"/>
Total Other Child Care Assistance					<input type="text" value="\$0.00"/>

Figure 7: Child Care Calculator: Other Child Care Assistance

i. **Recurring Assistance Over Time:** If the Other Child Care Assistance is a recurring type of assistance, e.g. a monthly contribution toward child care; then **PLACE** the **amount** in the designated location and **CHOOSE** the **frequency of the assistance**, e.g., weekly, biweekly, etc.; from the drop-down list that will appear once an amount has been placed in the designated location.

1. In instances where the applicant is receiving recurring assistance on a limited weekly basis, i.e. seven weeks or less; **DETERMINE** how often the applicant is receiving the assistance and **MULTIPLY** it by the amount received on a weekly basis. This amount will then be entered in the **Assistance as a Lump Sum** field.

- a. For example, the applicant responds to the **RFI** and states that they are receiving \$100 for seven weeks from another source. **MULTIPLY** seven by the \$100 and **PLACE** the calculated amount (\$700) in the **Assistance as a Lump Sum** field.



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ii. **Assistance as a Lump Sum:** If the Other Child Care Assistance is a lump sum, e.g. a one-time donation toward child care expenses; or falls into the example above, **ENTER** the **appropriate amount** in the designated location.

1. Examples of Other Child Care Assistance may include divorce settlement (if the support is specifically for child care costs and is clearly delineated in the divorce settlement/deed), donations provided to the applicant specifically for child care, etc.

h. Child Care Calculation

7. Child Care Calculation	
Cost Change in Weeks (Current - Prior)	\$0.00
Income Loss in Weeks (Prior - Current)	\$0.00
Total Difference (Cost Change + Income Loss)	\$0.00
Weekly Unmet Amount (Up to Child Care Cost)	\$0.00
Weeks Requested	0.0
Unmet Subtotal	\$0.00
Maximum Assistance Based on Eligible Weeks	\$0.00
Unmet Subtotal For 0.0 weeks	\$0.00
Other Child Care Assistance	\$0.00
Unmet Amount (Minimum of \$0)	\$0.00
Other Eligible Expenses	\$0.00
Unmet Amount and Other Eligible Expenses	\$0.00
Maximum Assistance Based on State/Tribe Limit	\$0.00
Total ONA Child Care Contribution	\$0.00
a. Comment	
b. ONA Child Care Contribution	

Figure 8: Child Care Calculator: Child Care Calculation

- i. This section will automatically be generated by the calculator.
- ii. 7.b.(Figure 9) The ONA Child Care Contribution and the weeks of assistance will automatically be calculated using the information entered in the previous sections.

6. If the result is an eligible determination, **PROCESS** the **APVD – Approved for Assistance** award:

- a. **SET** all verifications requirements associated to the **Other** category to **Verified** on the **Info Control** tab;
- b. **UPDATE** the **PND Worksheet** to **APVD** eligibility determination.
 - i. If necessary, **ADD** a new **PND Worksheet** on the **Other Asst** tab;
 1. **Category:** Other;
 2. **Asst Type:** Initial, Reconsideration, or Appeal (as applicable);
 3. **Eligibility:** APVD-Approved for Assistance.



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- a. The APVD **Super** letter will be added by the system automatically and should NOT be manually generated by the users.
 - i. The letter will include the amount of the child care award. The letter also states that while the FEMA award will NOT be considered taxable income, it cannot be used to take credit for qualifying child care or dependent care expenses.
 - ii. No other eligible payment code will be used to process Child Care Assistance payments.
4. **ENTER** the eligible dollar amount in the **+ Misc** field;
5. **ENTER** the payment description **CHILD CARE** in the **+ Misc** note field;
AND
6. **CLICK OK/Save** and **CONTINUE**.
- c. **ADD** a **Comment** with decision recommendation; AND
- d. **ROUTE** to **FEMA Supervisor Review - Policy Review** for a second review prior to being sent to the applicant;
 - i. Designated staff within the SPU will review and verify that no other individual has been awarded assistance for the same child(ren) prior to being routed to **FEMA Approval NON-DRM**.

7. SPU staff is responsible for completing the second review for Child Care eligibility in the **FEMA Supervisor Review - Policy Review** subqueue. They will:

- a. **PERFORM** a complete review of the recommended eligibility determination
- b. **ENSURE** all verification requirements have been met;
- c. **VERIFY** the expense was NOT previously awarded under another registration;
- d. After the second review is completed, **EMAIL** the caseworker and the Supervisor outlining the approval determination or recommended updates. This may include approving the decision, directions for calling the applicant, generating the denial letter, how to enter the **Comment**, etc.;
- e. **ADD** a **Comment** that includes the determination and all recommended actions;
AND



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- f. **ROUTE** the WP to **FEMA Manual Determination** and **PLACE** the WP on **Hold – Program Review** for the caseworker to complete processing.

8. After the second review is completed, SPU or designee will notify the processing staff via email of the approval or recommended updates.

- a. **ADD** a **Comment** (**INCLUDE** [Child Care Calculator](#) results);
- b. **ROUTE** the case to **FEMA Approval NON-DRM**.

D. Processing Ineligible Decisions

USE all standard ineligible decisions when processing request for Child Care Assistance. **PROCESS** all denial decisions with the **Category** Other, the applicable **Asst Type**, and **Eligibility Code** selection(s).

1. Applicants may be found ineligible for Child Care Assistance due to:

- a. NOT submitting any documentation;
- b. Failure to meet the standard verification requirements ([Section A](#));
- c. Withdrawing their request, duplication of benefits; OR
- d. Failure to submit appropriate documentation to support eligibility.

2. In addition to the applicable ineligibility reasons listed above, only seven **Ineligible IOR** letter insert selections should be used for the **Other/Miscellaneous - Child Care** category. Staff should NOT add their own text to any letters.

- a. DO NOT generate the **IOR** letter until the second review is complete; however, the recommended selections (all that apply) for the **IOR** letter will be added to the **Comment**.
- b. After the second review is finalized, **COMPLETE** at least one clarifying call to all numbers in the applicant's file to **ADVISE** of the IOR reason for ineligibility.

3. Ineligible Determinations and Reasons for Denial - IOR Decisions.

- a. **INSS - Ineligible - Insufficient or No Substantiation Submitted**



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- i. The applicant did NOT submit any of the requested documentation and the **Timer** has expired, the determination will be created by the system automatically.
- ii. If the **Timer** has expired, no documentation was received for Child Care and the INSS decision did NOT generate automatically, the INSS decision will be added manually. Refer to the [Info Control](#) SOP for additional information.
- b. **IIDV - Ineligible Failed Identity Verification**
 - i. Unable to authenticate name and SSN.
- c. **IOVR- Ineligible Over Program Maximum**
 - i. The maximum allowable amount of assistance established by the state has been previously awarded; OR
 - ii. The applicant has received the Financial ONA Maximum amount.
- d. **WVOA - Withdrawn Voluntary by Applicant**
 - i. The applicant no longer requires Child Care Assistance and/or requests to be withdrawn through Helpline or submitted documentation.
- e. **IDUPL - Ineligible Duplicate Losses awarded under another application**
 - i. The Child Care expenses were previously awarded under another registration.
 - ii. The verification of the duplicate assistance under another registration will be completed by **SPU** staff. The results will be emailed to the processing staff during the second review.
- f. **IOR Childcare - No disaster-caused increase in financial burden for child care**
 - i. Adequate information was NOT submitted for FEMA to determine that the applicant had an increased financial burden for child care services; OR
 - ii. The applicant did NOT incur an increased financial burden.
- g. **IOR Childcare - Not an Occupant**
 - i. Prior to selecting **Child Not an Occupant (IOR)**, if the occupancy, or age or dependent status of the child (dependent = yes) are NOT indicated under the **Occupants** section of the **App Info** tab, **CALL** the applicant to update this information for each child for whom assistance is requested.



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1. If the call is successful, **UPDATE** the verified information and **PROCESS** accordingly.
2. If the call is unsuccessful or the applicant indicates the child was NOT a dependent, NOT within the required age group, or NOT an occupant of the household at the time of the disaster, the applicant will be determined ineligible for Child Care Assistance.
 - ii. The child was NOT listed as a dependent and an occupant of the household.
- h. **IOR Childcare - Child is aged 14 up to 18 and medical documents not provided**
 - i. The child is age 14 up to 18 and the required medical documentation was NOT submitted.
 - ii. **For Disasters after 4413-AK:** The child is up to age 21 and the required IEP, 504 Plan, or medical documentation was NOT submitted.
- i. **IOR Childcare - Childcare provider was not licensed**
 - i. The post-disaster child care provider was NOT licensed, regulated, or registered under applicable state, territorial, or tribal government law.
 1. The verification resource provided by the state, territorial, or tribal government was unable to verify the child care provider is licensed by, regulated under, and/or registered with the state, territorial, or tribal government.
 2. The applicant DID NOT submit proof of the child care provider's licensure, registration and/or regulation in compliance with state, territorial, or tribal government laws.
- j. **IOR Childcare - Received child care assistance from another source**
 - i. The applicant received Child Care Assistance from another source that met their current child care needs.
- k. **IOR Childcare - Signed and dated document missing or incomplete**
 - i. A [signed](#) and dated written statement (declaration) was NOT submitted or required information was missing within the statement (declaration).
- l. **IOR Childcare - Request for ineligible expenses only**



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- i. The submitted Child Care expense is NOT eligible under FEMA's ONA Program (See [Section II](#)).
- ii. The Child Care expenses have been awarded under another registration.

4. All cases processed with a recommended ineligible decision will be routed to **FEMA Supervisor Review – Policy Review** for a second review prior to being sent to the applicant.

- a. **PROCESS** the Ineligible determination;
 - i. **UPDATE** the **PND Worksheet** to the applicable ineligibility determination.
 1. If necessary, **ADD** a new **PND Worksheet** on the **Other Asst** tab;
 - a. **Category**: Other;
 - b. **Asst Type**: **Initial**, **Reconsideration**, or **Appeal** (as applicable);
 - c. **Eligibility**: **SELECT** the ineligibility decision.
 - d. **CLICK OK/Save** and **CONTINUE**.
 - b. DO NOT generate the **IOR** letter.
 - c. DO NOT call the applicant to explain the reason for denial unless it is regarding the child being an occupant of the home (could potentially change the ineligible reason).
 - d. **ADD** a **Comment** with proper ineligible decision recommendation
 - e. **ROUTE** to **FEMA Supervisor Review - Policy Review** for a second review prior to being sent to the applicant.

5. After the second review is completed and the applicant remains ineligible, the case will be sent back to the processing SPU staff (or designee) to:

- a. **CALL** the applicant to explain the denial reasons for Child Care Assistance;
 - i. One clarifying call attempt to all numbers in the applicant's file.
- b. **ADD** a **Contact**;
- c. **GENERATE** the **IOR** letter with the appropriate insert(s);



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- d. **ADD** a **Comment** and **DETAIL** reason for the denial decision; AND
- e. **ROUTE** the case to **FEMA Ineligible**.

E. Joint Option Disaster Information (ONA Only)

1. If processing a Joint Option Disaster:

- a. ONA categories are only processed by the state, territorial, or tribal government.
- b. FEMA staff is authorized to process Housing Assistance (HA) categories.

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

- a. **REVIEW/PROCESS** any outstanding issues within HA categories.
 - i. If an additional WP is available in a state, territorial, or tribal queue, no further action for ONA is required.

3. If a WP is NOT available in a state, territorial, or tribal queue:

- a. **DO NOT** split the WP if there are no HA categories to address.
 - i. **ROUTE** the existing WP to the **State Manual Determination** queue.

- b. **SPLIT** the WP if there is an HA category to address.
 - i. **PROCESS** the HA portion first;
 - ii. **SPLIT** the HA **PND** or eligibility line to the appropriate queue; AND
 - iii. **ROUTE** the original WP to the **State Manual Determination** queue.

F. Appeals

Child Care Assistance appeals are processed using standard appeal procedures with the exception of conditions listed below. Refer to the [Appeal Processing](#) SOP for additional information.

1. Upon appeal for additional Child Care Assistance, the supporting documentation will be reviewed and entered into the [Child Care Calculator](#) to determine eligibility.

- a. Both the initial award amount, number of prior weeks paid, and additional requested payment will be entered into the calculator.



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- b. The calculator will make a determination of eligibility and the applicable appeal award amount.

2. If ineligible, all **IOR** reasons listed in [Section D.3](#) will also be used as appeal text inserts with the **ASUPER** letter if the applicant remains ineligible upon appeal.

3. An additional **Appeal IOR** letter for reaching to State Max will also be available if:

- a. The applicant received the maximum amount of assistance established by the state, territorial or tribal government or received the maximum number of weeks eligible for Child Care Assistance (eight weeks) for previous approved child care payments from FEMA and attempts to appeal for additional funds.

G. Exceptions

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

1. Applicants whose pre-disaster income was less than the pre-disaster child care costs will be submitted to the SPU staff as an exception.

- a. **EMAIL** SPU or the appropriate Supervisor/Point of Contact (POC).

- i. SPU email address: (b) (6)

- b. The SPU staff (or designee) is responsible to verify with the applicant how they were able to cover the pre-disaster Child Care expense.

- i. **CALL** the applicant and **VERIFY** if the applicant received pre-disaster Child Care assistance from another source to cover the expense, e.g. family, friends, government voucher, etc.

- ii. If the applicant is still receiving assistance from another source, **ADD** a **Contact** with the total amount of assistance they receive from another source, and **ADVISE** the applicant to submit a statement with that information to have the document in file.

1. If all other requirements are on file, **UPDATE** the Child Care Calculator with the new income information.

2. **COMPLETE** the second review process.

3. If the decision is an Eligible determination.



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- a. **ADD a Comment (INCLUDE [Child Care Calculator](#) results);**
 - b. **ROUTE the case to FEMA Approval NON-DRM.**
4. If the decision is an Ineligible determination:
- a. **CALL the applicant to explain the denial reasons for Child Care Assistance (One clarifying call attempt to all numbers in the applicant's file.)**
 - b. **ADD a Contact;**
 - c. **GENERATE the IOR letter with the appropriate insert(s);**
 - d. **ADD a Comment and DETAIL reason for the denial decision; AND**
 - e. **ROUTE the case to FEMA Ineligible.**
- iii. If the applicant lost the assistance from another source, **ADD a Contact** to record the information on the file.
1. If all other requirements are on file, **PROCESS** the case with the information available.
 2. **COMPLETE** the second review process.
 3. If the decision is an Eligible determination.
 - a. **ADD a Comment (INCLUDE [Child Care Calculator](#) results);**
 - b. **ROUTE the case to FEMA Approval NON-DRM.**
 4. If the decision is an Ineligible determination:
 - a. **CALL the applicant to explain the denial reasons for Child Care Assistance (One clarifying call attempt to all numbers in the applicant's file.)**
 - b. **ADD a Contact;**
 - c. **GENERATE the IOR letter with the appropriate insert(s);**
 - d. **ADD a Comment and DETAIL reason for the denial decision; AND**
 - e. **ROUTE the case to FEMA Ineligible.**



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

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



IV. EXAMPLES AND FAQs

A. Required Documentation for Child Care Assistance Review

The following table identifies information that should be included in each type of documentation submitted to verify pre and post- disaster Child Care costs.

Required Documentation for Child Care Review							
Docs used to support Child Care cost	Signature of Applicant** and Provider	Child's Name	Provider Info: Name, Address, Telephone #	Time Period Covered by one billing cycle	Total Child Care Cost for one billing cycle	Other Eligible Expenses (If needed)	Declarative Statement
Receipts: Pre and/or Post-Disaster and must include:	X	X	X	X	X	X	
Affidavit: For Pre-Disaster Cost or Incomplete Pre-Disaster Receipts and must include:	X	X	X	X	X		X
Estimate: For new Post-Disaster Provider and must include:	X*	X	X*	X	X	X	
Other - Contract or Agreement: For Pre and Post-Disaster and must include:	X*	X	X*	X	X	X	

*Provider that the applicant is expecting to use.

**If the party responsible for paying for child care DOES NOT reside in the applicant's household, e.g. divorced, separated, never married parents who live apart; the applicant may submit receipts, affidavit, estimate, or child care contract or agreement [signed](#) by the party responsible for paying for childcare and the child care provider.

Table 1: Requirements for Receipts, Affidavits, Estimates, Contracts or Agreements

B. Processing Scenarios

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

Scenario 1: ONA CHILD CARE = INELIGIBLE

1. The applicant submitted all the required documentation and [signatures](#) needed for processing, including proof of pre and post-disaster income of \$1,500 biweekly, and



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receipts for child care costs of \$375 per week (pre and post-disaster). The post-disaster child care provider is listed in the resource provided by the state, territorial, or tribal government as being compliant with applicable child care law/requirements. The ONA State maximum for Child Care Assistance is \$4000.

Child Care Calculator

1111 3/28/2014

1. Applicant Information

a. Applicant Name: (b) (6) b. Registration #: (b) (6) **Ineligible**

c. Application: Initial 1.7 Weeks of Assistance (Weekly Provided)

d. Weeks Requested: 8.0 1.3 Weeks of Assistance (Weekly Provided)

2. ONA Child Care Maximums

a. Max Amount Set by State or Tribe: \$4,000.00 b. Max Weeks of Assistance (Program): 8.0

3. Child Care Costs

Child Name(s)	Pre-disaster or Prior Reported			Post-disaster or Current		
	Amount	Billing Frequency	Weekly Expense	Amount	Billing Frequency	Weekly Expense
(b) (6)	\$375.00	Weekly	375.00	\$375.00	Weekly	375.00
b.			0.00			0.00
c.			0.00			0.00
d.			0.00			0.00
e.			0.00			0.00
			+			+
			Pre-disaster: 375.00			Post-disaster: 375.00

f. Other Child Care Expenses: \$0.00

4. Income Information

Name (first & last)	Pre-disaster or Prior Reported			Current (Post-disaster)		
	Amount	Frequency	Weekly Income	Amount	Frequency	Weekly Income
(b) (6)	\$1,500.00	Biweekly	750.00	\$1,500.00	Biweekly	750.00
b.			0.00			0.00
c.			0.00			0.00
d.			0.00			0.00
e.			0.00			0.00
			+			+
			Pre-disaster: 750.00			Post-disaster: 750.00
			Percentage of Income Spent: 50.0%			Percentage of Income Spent: 50.0%

5. Eligibility

a. Eligibility Determination: **Ineligible**

6. Other Child Care Assistance

	Amount	Frequency	Weekly Amount	Weeks Requested	Totals
a. Recurring Assistance Over Time			\$0.00	8.0	\$0.00
b. Assistance as a Lump Sum					\$0.00
					+
					Total Other Child Care Assistance: \$0.00

7. Child Care Calculation

Cost Change in Weeks (Current - Prior)	\$0.00
Income Loss in Weeks (Prior - Current)	\$0.00
Total Difference (Cost Change + Income Loss)	\$0.00
Weekly Unmet Amount (Up to Child Care Cost)	\$0.00
Weeks Requested	8.0
Unmet Subtotal	\$0.00
Maximum Assistance Based on Eligible Weeks	\$0.00
Unmet Subtotal For 8.0 weeks	\$0.00
Other Child Care Assistance	\$0.00
Unmet Amount (Minimum of 0)	\$0.00
Other Eligible Expenses	\$0.00
Unmet Amount and Other Eligible Expenses	\$0.00
Maximum Assistance Based on State/Tribe Limit	\$4,000.00
Total ONA Child Care Contribution	\$0.00

a. Comment: Ineligible

b. ONA Child Care Contribution: **Ineligible**

Figure 9: Child Care Calculator, Scenario 1

Result: The total ONA Child Care Contribution is \$0 because her pre and post-disaster gross income and child care costs remained the same. She did NOT have any Other Eligible Expenses. After a second review is completed, applicant remains ineligible. Staff will complete ineligibility process, IOR letter will be manually generated and clarifying call to the applicant will be made.

Scenario 2: ONA CHILD CARE = ELIGIBLE

1. The applicant submitted pre and post-disaster income of \$1500 bi-weekly, a document showing a recurring assistance for Child Care from his employer of \$50 a week, for four weeks, a declarative statement stating a need for four weeks of Child



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Care Assistance, and receipts for child care costs for one billing cycle= \$200 per week (pre-disaster), \$500 per week (post-disaster), showing a \$300 per week increase in child care costs. The ONA State maximum for Child Care Assistance is \$2000.

Child Care Calculator (v.1.0)

1221 3/28/2014

1. Applicant Information

a. Applicant Name: (b) (6) b. Registration No.: (b) (6) \$ 1,000.00

c. Application: Initial d. Weeks Requested: 4.0

2. ONA Child Care Maximums

a. Max Amount Set by State or Tribe: \$2,000.00 b. Max Weeks of Assistance (Program): 8.0

3. Child Care Costs

Child Name(s)	Pre-disaster or Prior Reported			Post-disaster or Current		
	Amount	Billing Frequency	Weekly Expense	Amount	Billing Frequency	Weekly Expense
(b) (6)	\$200.00	Weekly	200.00	\$500.00	Weekly	500.00
b.			0.00			0.00
c.			0.00			0.00
d.			0.00			0.00
e.			0.00			0.00
			+			+
			Pre-disaster 200.00			Post-disaster 500.00

4. Income Information

Income Source (8 last)	Pre-disaster or Prior Reported			Current (Post-disaster)		
	Amount	Frequency	Weekly Income	Amount	Frequency	Weekly Income
(b) (6)	\$1,500.00	Biweekly	750.00	\$1,500.00	Biweekly	750.00
b.			0.00			0.00
c.			0.00			0.00
d.			0.00			0.00
e.			0.00			0.00
			+			+
			Pre-disaster 750.00			Post-disaster 750.00
			Percentage of Income Spent 26.7%			66.7%

5. Eligibility

a. Eligibility Determination: Eligible

6. Other Child Care Assistance

	Amount	Program	Weekly Amount	Weeks Requested	Totals
a. Recurring Assistance Over Time			\$0.00	4.0	\$0.00
b. Assistance as a Lump Sum	\$200.00				\$200.00
					+
					Total Other Child Care Assistance \$200.00

7. Child Care Calculation

Cost Change in Weeks (Current - Prior)	\$300.00
Income Loss in Weeks (Prior - Current)	\$0.00
Total Difference (Cost Change + Income Loss)	\$300.00
Weekly Unmet Amount (Up to Child Care Cost)	\$300.00
Weeks Requested	x 4.0
Unmet Subtotal	\$1,200.00
Maximum Assistance Based on Eligible Weeks	< \$2,400.00
Unmet Subtotal For 4.0 weeks	\$1,200.00
Other Child Care Assistance	- \$200.00
Unmet Amount (Minimum of \$0)	\$1,000.00
Other Eligible Expenses	+ \$0.00
Unmet Amount and Other Eligible Expenses	\$1,000.00
Maximum Assistance Based on State/Tribe Limit	< \$2,000.00
Total ONA Child Care Contribution	\$1,000.00

a. Comment
 Eligible. The percentage of income spent on a weekly basis increased. The ONA Child Care contribution for this application is \$1,000.00. After the contribution is calculated, the maximum amount remaining within the State/Tribe limit is \$1,000. The calculated contribution is the equivalent of 3.3 weeks of ONA Child Care assistance.

b. ONA Child Care Contribution: \$1,000.00

Figure 10: Child Care Calculator, Scenario 2

Result: After entering all the data into the calculator, the applicant is Eligible. The total ONA Child Care Contribution on this case is \$1000 because the increased financial burden for child care was partially offset by the recurring assistance from applicant's employer. After second review is completed applicant remains eligible for the additional assistance. Staff will complete the eligibility process, **ADD a Comment and ROUTE to FEMA Approval NON-DRM.**

Scenario 3: ONA CHILD CARE APPEAL= ELIGIBLE



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- The applicant has already received \$1000 or the equivalent of 3.3 weeks of Child Care Assistance, on previous award. The applicant still has \$1000 of Child Care Assistance available. He submitted an appeal, asking for two additional weeks of Child Care Assistance. He included a document showing that the recurring assistance for Child Care of \$50 a week from his employer, continued for two more weeks. All required appeal documentation is in file.

Child Care Calculator (v.13)

1221 3/28/2014

1. Applicant Information

a. Applicant Name: (b) (6) b. Registration No: (b) (6) \$ 500.00
 c. Application: Appeal c. 1. Amount of Assistance Already Provided: \$1,000.00
 d. Weeks Requested: 2.0 c. 2. Weeks of Assistance Already Provided: 3.3

2. ONA Child Care Maximums

a. Max Amount Set by State or Tribe: \$2,000.00 b. Max Weeks of Assistance (Program): 8.0

3. Child Care Costs

Child Name(s)	Pre-disaster or Prior Reported			Post-disaster or Current		
	Amount	Billing Frequency	Weekly Expense	Amount	Billing Frequency	Weekly Expense
a. (b) (6)	\$200.00	Weekly	200.00	\$500.00	Weekly	500.00
b.			0.00			0.00
c.			0.00			0.00
d.			0.00			0.00
e.			0.00			0.00
			+			+
			Pre-disaster 200.00			Post-disaster 500.00

f. Other Child Care Expenses: _____

4. Income Information

Name(s) First & Last	Pre-disaster or Prior Reported			Current (Post-disaster)		
	Amount	Frequency	Weekly Income	Amount	Frequency	Weekly Income
a. (b) (6)	\$1,500.00	Biweekly	750.00	\$1,500.00	Biweekly	750.00
b.			0.00			0.00
c.			0.00			0.00
d.			0.00			0.00
e.			0.00			0.00
			+			+
			Pre-disaster 750.00			Post-disaster 750.00
			Percentage of Income Spent 26.7%			66.7%

5. Eligibility

a. Eligibility Determination: **Eligible**

6. Other Child Care Assistance

	Amount	Frequency	Weekly Amount	Weeks Requested	Total
a. Recurring Assistance Over Time			\$0.00	2.0	\$0.00
b. Assistance as a Lump Sum	\$100.00				\$100.00
					+
					Total Other Child Care Assistance \$100.00

7. Child Care Calculation

Cost Change in Weeks (Current - Prior)	\$300.00
Income Loss in Weeks (Prior - Current)	\$0.00
Total Difference (Cost Change + Income Loss)	\$300.00
Weekly Unmet Amount (Up to Child Care Cost)	\$300.00
Weeks Requested	2.0
Unmet Subtotal	\$600.00
Maximum Remaining Based on Eligible Weeks	< \$1,410.00
Unmet Subtotal For 4.7 weeks	\$600.00
Other Child Care Assistance	- \$100.00
Unmet Amount (Minimum of \$0)	\$500.00
Other Eligible Expenses	+ \$0.00
Unmet Amount and Other Eligible Expenses	\$500.00
Maximum Remaining Based on State/Tribe Limit	< \$1,000.00
Total ONA Child Care Contribution	\$500.00

a. Comment
 Eligible. The percentage of income spent on a weekly basis increased. The ONA Child Care contribution for this application is \$500.00. The total ONA Child Care Contribution is \$1,500.00. After the contribution is calculated, the maximum amount remaining within the State/Tribe limit is \$500. Including Other Assistance and prior weeks received, the contribution is the equivalent of 5.0 weeks of total ONA Child Care assistance.

b. ONA Child Care Contribution: \$500.00

Figure 11: Child Care Calculator, Scenario 3

Result: The total ONA Child Care Contribution on appeal in this case is \$500. After second review is completed, applicant remains eligible for the additional assistance. Staff will complete the eligibility process, **ADD a Comment and ROUTE to FEMA Approval NON-DRM.**



V. DEFINITIONS AND ACRONYMS

Definitions

504 Plan: This type of plan falls under Section 504 of the Rehabilitation Act of 1973. A 504 plan outlines how a child's specific needs are met with accommodations, modifications and other services. These measures "remove barriers" to learning.

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

Child Care Assistance: is for applicants who have a disaster-caused increased financial burden for child care that is NOT currently being met by another source.

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

Health inventory fee: is a medical office fee for processing required medical paperwork as part of the registration process for enrolling in a new child care provider.

Individualized Educational Plan (IEP): A document developed for each public school child who needs special education. An IEP defines the individualized objectives of a child who has been determined to have a disability, as defined by Federal regulations. As long as a student qualifies for special education, the IEP is mandated to be regularly maintained and updated up to the point of high school graduation, or prior to the 21st birthday.

Registration fee: is a one-time fee when registering an eligible child at an authorized child care provider.

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

Acronyms

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DD	Damaged Dwelling
DR	Disaster
DRC	Disaster Recovery Center
DSA	Disaster Survivor Assistance
DSOP	Disaster-Specific Operating Procedure
FEMA	Federal Emergency Management Agency
HA	Housing Assistance
IDUPL	Ineligible Duplicate Losses Awarded Under Another Application
IDV_PASS	Identity Verification Passed
IHP	Individuals and Households Program
IIDV	Ineligible Failed Identity Verification
INSS	Ineligible No Substantiation Submitted
IOR	Ineligible Other Reason
IOVR	Ineligible Over Maximum Grant
I69	Ineligible letter for Signature Not Obtained
JFO	Joint Field Office
NEMIS	National Emergency Management Information System
ONA	Other Needs Assistance
PII	Personally Identifiable Information
POC	Point of Contact
RFI	Request for Information
SBA	Small Business Administration
SOP	Standard Operating Procedure
SPU	Specialized Processing Unit



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WVOA	Withdrawn Voluntary by Applicant
WP	Workpacket



VI. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures
 - [Appeal Processing](#)
 - [Codes, Verifications, Request Letters, and Assistance Types](#)
 - [DAC Call Center RI](#)
 - [FEMA-IHP-Helpdesk](#)
 - [Identity Verification](#)
 - [Occupancy Verification](#)
- Resources
 - [Child Care Calculator](#)
 - [Disaster Specific Information](#)
 - [Helpline NPSC Caller Services Reference Guide](#)



FUNERAL ASSISTANCE

I. Overview	<ul style="list-style-type: none"> ■ Purpose of Assistance 2 ■ Who May Get Assistance? 2 ■ What Are Eligible Expenses? 2 ■ Basic Documentation or Verification Needed 3 ■ Other Items to Note 4 		
	<p>*** This can be referenced by all staff *** (JFO, DRC, DSA, Helpline)</p>		
	II. Important Information	<p>** ALL employees must read this section **</p>	
	III. Process	<ul style="list-style-type: none"> ■ Prior to Processing 5 	
		<ul style="list-style-type: none"> A. Eligibility Verifications 8 B. Reinterment 11 C. Processing Eligible Assistance 11 D. Processing Ineligible Assistance 14 E. Joint Option Disaster Information (ONA Only) 16 F. Appeals 16 G. Exceptions 16 	
IV. Examples and FAQs		<ul style="list-style-type: none"> ■ Processing Funeral Assistance with Workpacket in Queue 18 ■ Processing Funeral Assistance without Workpacket in Queue 18 ■ Processing Funeral Assistance for a Damaged Headstone 19 ■ Frequently Asked Questions 19 	
		V. Definitions and Acronyms	<ul style="list-style-type: none"> ■ Definitions 21 ■ Acronyms 21
			VI. Related Guidance



I. OVERVIEW

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

Purpose of Assistance:

- FEMA may provide financial assistance under the Other Needs Assistance (ONA) provision of the Individuals and Households Program (IHP) to individuals and households with disaster-caused funeral expenses.

Who May Get Assistance?

- Individuals who incur, or will incur, expenses that are directly or indirectly related to a declared disaster may be eligible to receive Funeral Assistance when the death or cause of death occurred in a designated county.
- Unlike most other forms of IHP assistance, an applicant seeking Funeral Assistance DOES NOT need to live in the Presidentially-declared disaster area.
- Funeral Assistance is a non-SBA-dependent category of ONA, meaning that applicants may be eligible for the assistance regardless of their SBA Disaster Loan status.

What Are Eligible Expenses?

- Applicants may be eligible for the following expenses for interment only:
 - Transportation for up to two individuals to identify the deceased, if such identification is required by state, local, territorial, or tribal government (SLTT);
 - Interment;
 - Funeral services;
 - Clergy or officiant services;
 - Costs associated with producing and certifying up to five death certificates;
 - Transfer of remains;
 - Casket or urn;
 - Burial plot or cremation niche;
 - Marker or headstone; AND



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- Additional expenses mandated by any applicable SLTT laws or ordinances.
- Applicants may be eligible for the following expenses for reinterment, only when human remains are disinterred as a result of the disaster:
 - Reinterment (including costs for preparing and transporting the remains);
 - Funeral services (limited to the preparation and use of facilities to prepare the remains for reinterment);
 - Cost of identifying disinterred human remains;
 - Transfer of remains;
 - Casket or urn;
 - Burial plot or cremation niche;
 - Marker or headstone; AND
 - Additional expenses mandated by any applicable SLTT laws or ordinances.

Basic Documentation or Verification Needed:

- Identity Verified;
- A signed statement from a medical examiner, coroner, or other certifier stating the death was directly or indirectly related to the disaster. This may include pre-existing conditions that were exacerbated by the disaster;
- Receipts or verifiable estimates for funeral expenses that indicate the applicant incurred, or will incur, the funeral expenses;
- Insurance settlement or denial letter for burial insurance, or insurance specifically identified for burial expenses, when applicable; AND
- Documentation proving that the disinterment of remains occurred and that it occurred on a privately-owned property NOT operating as a licensed commercial cemetery or burial facility.

Other Items to Note:

- During Registration Intake (RI), FEMA asks applicants if they have incurred any disaster-caused funeral expenses. Applicants who indicate they have incurred disaster-caused funeral expenses will be contacted by the Joint Field Office (JFO).



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- Applicants who wish to apply for Funeral Assistance after having completed RI must contact FEMA's Helpline at 1-800-621-3362.
- The SLTT establishes the maximum amount of Funeral Assistance that may be awarded per death or per household as part of the ONA Administrative Option Selection form.
- The Funeral Assistance category is limited by the financial ONA maximum.



II. IMPORTANT INFORMATION

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



Prior to Processing:

- For cases locked or under Program Management Section (PMS) or NCT review:
 - DO NOT process the Workpacket (WP) if the file contains indications of being Under Review and/or locked from further processing.
 - **SEND** an email for review to the [IHP Helpdesk](#).
 - **INCLUDE** the following on the email:
 - **Subject Line:** DR #, Reg #, and a subject that includes 'Under Review'.
 - **Body:** A description of the request and list of processing actions pending.
- Applicants applying for Funeral Assistance work directly with the JFO.
- Funeral Assistance payments are processed by the Specialized Processing Unit (SPU).
- If an applicant contacts Helpline to apply for Funeral Assistance, staff should take the following steps:
 - **EXPLAIN** to the applicant that you are sorry for their loss and you are documenting their request. A FEMA representative will contact them shortly;
 - **PROVIDE** the applicant with FEMA's fax number (1-800-827-8112) and mailing address:

FEMA - Individuals and Households Program
National Processing Service Center
P.O. Box 10055
Hyattsville, MD 20782-8066;
 - **ADDRESS** any unmet needs.



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- **CREATE** a WP, **ADD** a **Comment** in NEMIS, and **ROUTE** to the **FEMA Funeral**.
- Prior to reviewing or discussing Funeral Assistance, **VERIFY** the ONA Option selection.
 - FEMA staff are authorized to process and discuss ONA in FEMA Option disasters.
 - In Joint Option disasters, only the state, territorial, or tribal government (STT) is authorized to process and discuss ONA eligibility; refer to [Section E: Joint Option Disaster Information](#).
 - Helpline Staff: Refer to the [Helpline NPSC Caller Services Reference Guide](#) for additional information.
- For ONA questions in Joint Option disasters, provide the applicant the STT ONA Helpline number, which is listed on the **Disaster Info (F8)** link.
- Sequence of Delivery:
 - Other Needs Assistance (ONA)
 - Funeral Assistance, if there is a pending funeral review;
 - **SPLIT/ROUTE** the Funeral pending (**PND**) line to the **FEMA** or **State Funeral** queue for processing by designated staff. Refer to [Scenario 2](#) for additional information.
 - When moving to the next eligible award in the sequence, if necessary, **ADJUST** the eligible award by one full funeral maximum amount to ensure funds are available for funeral expenses.
 - DO NOT hold/deduct funds when processing Americans with Disabilities Act (ADA) item awards.
 - DO NOT delay processing other eligible funds to await a funeral decision.
 - Personal Property (PP) Assistance; AND
 - All other categories, if funds are available under their respective maximum amount of assistance.
 - Refer to the [Financial HA and ONA Minimum and Maximum](#) SOP for the full Housing Assistance (HA)/ONA Sequence of Delivery.
- Individuals and Households Program (IHP) Maximum (system limit only):



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- In an effort to minimize errors, the system will generate a popup if the total combined payment exceeds \$100,000.
 - Total combined payments include (in any combination)
 - HA
 - ONA
 - ADA related line items
 - Temporary housing and ADA related line items are NOT counted toward the financial HA and ONA maximums, so in rare instances an applicant's total award may exceed \$100,000.
 - If this happens, **PLACE** the case on **Hold – Program Review**.
 - **EMAIL** the [IHP Helpdesk](#) for assistance.
 - **INCLUDE** the following on the email:
 - **Subject Line:** DR #, Reg #, and a subject that includes 'System Limit Exceeded'.
 - **Body:** A description of the request and list of processing actions pending.
 - The Program Management Section will have to authorize this payment.
 - ADA assistance reviews are only assigned to a limited group of Specialized Processing Unit (SPU) staff.
 - DO NOT process ADA RP items unless specifically assigned.
 - If a WP with RP ADA line items is identified outside of the **FEMA Special Handling** queue:
 - **ADD a Comment;** AND
- ROUTE** to the **FEMA Supervisor Review – ADA Process** subqueue.



III. PROCESS

A. Eligibility Verifications

To be eligible for Funeral Assistance an applicant must meet the following criteria:

1. Identity is verified (**IDV_PASS**) and ID Proofing (IDP) is also verified (**IDProof_Pass_LN**) if an inspection has NOT been completed. Refer to the [Identity Verification](#) SOP for additional information.
 - a. If the applicant has an IDP failure status (**IDProof_Fail_LN**, **IDProof_Error_LN**, **IDProof_Pend**, or **IDProof_Skip**), Funeral Assistance cannot be processed until identity documents are received.
 - i. If necessary, **CONTACT** the JFO to obtain the required documentation.
2. An official death certificate, or a signed statement from a medical examiner, coroner, or other certifier stating the death was directly or indirectly related to the disaster. This may include pre-existing conditions that were exacerbated by the disaster. Refer to [Section B: Reinterment](#) for additional information regarding acceptable documents for reinterment.
 - a. If the cause of death is NOT attributed to the disaster on the death certificate, a statement from a medical official that clearly attributes the death to the disaster may be used to justify assistance. Statements that suggest the death could have or may have been a result of the disaster will NOT be considered acceptable.
 - b. A direct disaster-caused death is directly attributable to the forces of the disaster or the direct consequences of these forces, such as structural collapse, flying debris, or radiation/chemical exposure.
 - i. Common causes of directly-related disaster deaths include:
 1. Burns;
 2. Crushing;
 3. Drowning;
 4. Electrocution;
 5. Falls;
 6. Fire or smoke inhalation;
 7. Hyperthermia;



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8. Hypothermia;
 9. Radiation and chemical poisoning;
 10. Suffocation;
 11. Traumatic injury;
 12. Blunt-force trauma; OR
 13. Penetrating injury.
- c. An indirectly-related disaster death occurs when unsafe or unhealthy conditions are present at any phase of the disaster (pre-event preparation, during the disaster, or post-disaster cleanup) and contribute to a death.
- i. Natural deaths may be indirectly related to natural disasters, severe weather, or human-caused events. In some cases, chronic conditions may be exacerbated by an acute event.
 - ii. Common circumstances leading to indirectly related disaster deaths include:
 1. Acute exacerbation of chronic conditions, i.e. asthma, cardiovascular issues;
 2. Cleanup after the disaster, i.e. electrocution, falling off a roof, chainsaw injury;
 3. Escaping or fleeing the disaster, i.e. motor vehicle accident during evacuation, saw the tornado and fell while rushing down storm shelter stairs;
 4. Exposure to industrial or chemical hazards, i.e. chemical release from damaged refineries;
 5. Loss/disruption of public utilities, i.e. fall at home due to lack of power;
 6. Loss/disruption of transportation services, i.e. lack of medical transport to get dialysis;
 7. Preparing for the disaster, i.e. falling while boarding up windows;
 8. Return to unsafe, unhealthy structures or environment, i.e. electrocution;
 9. Social disruption, including riots, anarchy, and/or looting; OR
 10. Carbon monoxide poisoning due to improper use of a generator to power a home during power outage.



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- d. The JFO may coordinate with the SLTT to obtain the required statement.
 - e. Information regarding the deceased individual is NOT considered Personally Identifiable Information (PII) and staff may discuss the deceased's information, when necessary, without written consent.
 - f. If the statement DOES NOT clearly address whether the death was directly or indirectly related to the disaster, the JFO may work directly with the medical examiner, coroner, or other certifier to obtain clarification.
3. Receipts or verifiable estimates that clearly identify the applicant as the person responsible for the costs.
 - a. If multiple individuals contributed to the funeral expenses and have proof of payment that matches the amount listed on the receipt, invoice, or contract, **at least one document** must include the cost paid to incurred by the applicant or co-applicant.
 - b. In the event multiple individuals contributed to the funeral expenses, only the applicant/co-applicant will be awarded the funeral assistance, but they may receive funds for the other verifiable receipts.
 - i. It is the responsibility of the applicant to further distribute assistance received.
 - ii. Funeral receipts and invoices from other individuals will be reviewed and verified on a case by case basis.
 4. If the applicant has burial insurance or any other type of insurance specifically identified for burial expenses, the applicant must submit an insurance settlement or denial.
 5. Verification of any assistance received from voluntary agencies, government agencies, or other sources assisting with funeral expenses. This may include, but is NOT limited to, the American Red Cross, Social Security, Veterans Affairs burial benefits, pre-paid arrangements, or other sources such as donations from friends and family.
 6. If required documents are missing, **CONTACT** the JFO to coordinate with the applicant or the SLTT to obtain the required documentation.

B. Reinterment

To be eligible for Funeral Assistance for reinterment, an applicant must meet all requirements listed in [Section A: Eligibility Verifications](#), and must meet the following criteria:



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1. Documentation proving that the disinterment of remains occurred and that it occurred on a privately-owned property NOT operating as a licensed commercial cemetery or burial facility.
 - a. In some jurisdictions, SLTT authorities may stipulate that individuals are responsible for reinterment expenses in commercial cemeteries or burial facilities. In these cases, the applicant must submit documentation from a cemetery representative that indicates the applicant is responsible for the reinterment expenses. FEMA may also coordinate with the state to gather documentation that clearly demonstrates the applicable SLTT authority that indicates the commercial cemeteries or burial facilities are not responsible for the reinterment expenses. These documents may be applied to multiple cases and do not have to refer to the specific applicant. It must be clear that the documentation applies in the area where the reinterment occurred.
2. In lieu of an official death certificate, an applicant may submit a copy of an exhumation permit or other official document showing the disinterment was a direct or indirect result of the disaster.
 - a. Official documents may include a statement from a funeral home or cemetery representative indicating the cause of disinterment was a direct result of the disaster.
3. If required documents are missing, **CONTACT** the JFO to coordinate with the applicant or the SLTT to obtain the required documentation.

C. Processing Eligible Assistance

1. The JFO is responsible for contacting applicants that apply for Funeral Assistance and working with applicants and SLTT to gather all necessary documentation.
 - a. The JFO must document all interactions with the applicant as a **Contact** in NEMIS.
2. Eligible funeral expenses for interment include:
 - a. Transportation for up to two individuals to identify the deceased, if such identification is required by SLTT;
 - b. Interment;
 - c. Funeral services;
 - d. Clergy or officiant services;
 - e. Costs associated with producing and certifying up to five death certificates;
 - f. Transfer of remains;



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- g. Casket or urn;
 - h. Burial plot or cremation niche;
 - i. Marker or headstone; AND
 - j. Additional expenses mandated by any applicable SLTT laws or ordinances.
3. A disinterment must occur for any of the following costs to be eligible for reinterment:
- a. Reinterment (including costs for preparing and transporting the remains);
 - b. Funeral services (limited to the preparation and use of facilities to prepare the remains for reinterment);
 - c. Cost of identifying disinterred human remains;
 - d. Transfer of remains;
 - e. Casket or urn;
 - f. Burial plot or cremation niche;
 - g. Marker or headstone; AND
 - h. Additional expenses mandated by any applicable SLTT laws or ordinances.
4. After gathering all the necessary documentation and determining the applicant is eligible, the JFO will calculate the award amount and forward all documentation to SPU for processing.
- a. When calculating the award, the JFO must deduct any assistance the applicant has already received for funeral expenses. This may include burial insurance or awards from voluntary agencies, government agencies, crowdfunding sources (such as GoFundMe), or other sources specifically assisting with funeral expenses.
 - i. Eligible awards are the total funeral cost, minus assistance received from other sources and ineligible items.
 - ii. The award may NOT exceed the maximum Funeral award as set by the SLTT.
 - iii. The award may NOT exceed the amount of the applicant's remaining funds under the financial ONA maximum.



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- iv. If there are multiple individuals that have contributed to the funeral expenses, refer to [Section A.3.](#) for additional information.
 - b. SPU will review the case to ensure all necessary documentation has been provided and the award amount is correct.
5. If an applicant meets the verification requirements listed under [Section A: Eligibility Verifications](#) and/or [Section B: Reinterment](#):
 - a. **PROCESS** the eligible Funeral Assistance award;
 - b. **SET** all verification requirements associated to **Funeral** on the **Info Control** screen;
 - c. If necessary, **ADD** a new **PND** worksheet using the **Add Assistance** link prior to updating the **Info Control** screen:
 - i. **Category**: Funeral;
 - ii. **Asst Type**: Initial or Reconsideration.
 - d. On the **Funeral** processing screen, **UPDATE** the **PND** line to **EFNL - Eligible Funeral**.
 - i. **ENTER** the amount approved by the JFO into the **Itemized Amount** field;
 - ii. **CLICK** the **Save and Continue** button;
 - iii. **ADD** a **Comment**; AND
 - iv. **ROUTE** to **FEMA Approval NON-DRM** or specific queue approved by Supervisor/POC, [Preshift](#), or other authorized source.
 - e. When processing supplemental Funeral Assistance, **USE** the **Asst Type: Reconsideration**.
 - i. This occurs when there is another cost NOT previously addressed and the applicant has NOT received Funeral maximum award amount or the financial ONA maximum.
6. Once the Funeral Assistance award is processed, SPU will forward the documentation to the [FEMA-IHP-Mailroom](#).
 - a. The IHP Mailroom will scan the documents into the applicant's file and notify the FEMA Finance Center (FFC) that payment is approved.

D. Processing Ineligible Assistance



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1. **PROCESS** all denial decisions with the **Category** Funeral, the applicable Assistance Type (**Asst Type**), and **IOR – Other Reason** eligibility code.
 - a. If SPU determines the documentation is incomplete or the applicant is ineligible for Funeral Assistance, they will coordinate with the JFO and attempt to resolve any potential issues that caused the ineligible decision.
 - b. If, after review, SPU and the JFO determine the applicant is ineligible, SPU will review the case for any unmet needs and process any remaining funds that had been withheld pending funeral review.

2. **GENERATE** the **IOR** eligibility letter with the appropriate [IOR manual text-entry insert](#). Below are the nine **IOR** denial reasons for Funeral Assistance:
 - a. **IOR - Funeral - Not Caused By The Disaster**
 - i. The death DID NOT occur as a direct or indirect result of the declared incident.
 - b. **IOR - Funeral - Insured Applicant**
 - i. The funeral expenses were covered by burial insurance or pre-paid plan.
 - ii. The deceased had burial insurance coverage, but the applicant failed to file a claim.
 - c. **IOR - Funeral - Withdrawn**
 - i. The request for Funeral Assistance has been withdrawn.
 - d. **IOR - Funeral - Duplication Of Benefits**
 - i. Another applicant has been awarded funds for funeral expenses.
 - e. **IOR - Funeral - Insufficient Documents Or No Documents Submitted**
 - i. The applicant submitted insufficient and/or incomplete documentation.
 - ii. The applicant DID NOT submit required documentation.
 - f. **IOR - Funeral - Funeral Expenses Paid By Another Source**
 - i. Funeral expenses are fully covered by other sources, such as a voluntary organization, private donations, or local agency.
 - g. **IOR - Funeral - No Contact**
 - i. Unable to contact the applicant regarding the request for Funeral Assistance.



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h. IOR - Funeral - Funeral Expenses

- i. Expenses submitted are NOT eligible within the program guidelines.
- ii. Ineligible items include:
 - 1. Obituaries;
 - 2. Flowers;
 - 3. Printed materials such as programs, banners, and register books;
 - 4. Catering services, including food;
 - 5. Transporting applicant or others to site(s) of funeral services, interment, or reinterment; OR
 - 6. Gratuities.

i. IOR - Funeral - Undesignated County

- i. The county where the cause of death occurred was NOT designated for Individual Assistance.
 - 1. An applicant may still be eligible even if the death was in an undesignated county as long as the cause of death occurred in a designated county.
 - 2. Disinterments must be located in a designated county.

3. ADD a Comment; AND

- a. **INCLUDE** types of documents that can be supplied to overturn the decision, if applicable.

4. ROUTE to FEMA Ineligible or specific queue approved by Supervisor/POC, [Preshift](#), or other authorized source.

E. Joint Option Disaster Information (ONA Only)

1. If processing a Joint Option Disaster:

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



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

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

F. Appeals

Funeral appeals are processed using standard procedures in coordination with the JFO. Refer to the [Appeal Processing](#) SOP for additional information.

G. Exceptions

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

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

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



IV. EXAMPLES

Scenario 1: Processing Funeral Assistance with a WP in queue

An applicant registered online in a FEMA Option disaster and answered **Yes** to Home damage, PP damage, and Funeral expenses. During the inspection, the applicant indicated they would move while repairs were being made to their home and the inspector stated **HRR = Yes**. The applicant met all verification requirements for the assistance awards and their SBA Status = **FIT**. Initial Temporary Housing was auto-determined.

1. Staff:
 - a. **DETERMINE** if there is a WP in the **FEMA Funeral** queue;
 - b. **LOCATE** the Funeral maximum amount on the [Disaster Specific Information](#) page;
 - c. **DETERMINE** the Financial HA and ONA Maximum for the year (\$32,400 in this example for each category);
 - d. **PROCESS** the Home Repair;
 - e. **PROCESS** the PP, **DEDUCT** the maximum Funeral amount and **ADJUST** for the financial ONA maximum if necessary.

Processing Steps		Action or Awarded
1. Is there a current WP in FEMA Funeral ?	Yes	
2. Funeral maximum	\$8,000.00	\$8,000.00 held in reserve for financial ONA maximum
3. Financial HA and ONA Maximum	\$32,400.00 for each category	
4. Temporary Housing	\$1,500.00	ER: \$1,500.00 auto-determined
5. Eligible Real Property damages	\$18,242.57	EHR: \$18,242.57
6. Eligible PP	\$12,673.75	EPP: \$12,673.75
7. Total assistance awarded and held in reserve		HA: \$1,500 + \$18,242.57 = \$19,742.57 ONA: \$12,673.75 (\$8,000 held in reserve)

Table 1: Processing Funeral Assistance with a Workpacket

Scenario 2: Processing Funeral Assistance without a WP in queue

An applicant called FEMA to register for assistance. In this FEMA Option disaster they answered **Yes** to Home damage, PP damage, Transportation damage, Medical, and Funeral expenses. During the inspection, the applicant indicated they would move while repairs were being made to their home. The inspector stated **HRR = Yes**. The applicant met all verification requirements for the assistance awards and their SBA Status = **HAPP**.



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Medical invoices were submitted and are included in the WP. Initial Temporary Housing was auto-determined.

1. Staff:
 - a. **DETERMINE** if there is a WP in the **FEMA Funeral** queue.
 - b. **LOCATE** the Funeral maximum amount on the [Disaster Specific Information](#) page.
 - c. **DETERMINE** the Financial HA and ONA Maximum for the year (\$32,400 in this example for each category).
 - d. **PROCESS** the Home Repair.
 - e. **DETERMINE** that PP and Transportation assistance are covered by the SBA status of **HAPP**.
 - f. **PROCESS** the medical expenses and **ADJUST** for the financial ONA maximum, if necessary.

Processing Steps		Action or Awarded
1. Is there a current WP in FEMA Funeral ?	No	SPLIT the Funeral PND line to FEMA Funeral . ROUTE eligibility decisions to FEMA Approval Non-DRM .
2. Funeral maximum	\$10,000.00	\$10,000.00 held in reserve for financial ONA maximum
3. Financial HA and ONA Maximum	\$32,400.00 for each category	
4. Temporary Housing	\$1,840.00	ER: \$1,840.00 auto-determined
5. Eligible Real Property damages	\$23,891.25	EHR: \$23,891.25
6. Eligible Medical expenses	\$8,479.36	EMED: \$8,479.36
7. Total assistance awarded and held in reserve		HA: \$1,840 + \$23,891.25 = \$25,731.25 ONA: \$8,479.36 (\$10,000 held in reserve)

Table 2: Processing Funeral Assistance without a Workpacket

Scenario 3: Processing Funeral Assistance for a Damaged Headstone

An applicant registered online in a FEMA Option disaster and answered **Yes** to Funeral expenses. Upon review of the file, the applicant has requested assistance for a headstone that was damaged due to a recent disaster which was declared for Individual Assistance. After speaking with the applicant, it was confirmed that the remains were NOT disinterred as a result of the disaster.

1. Staff:
 - a. **ADVISE** the applicant that the headstone expenses are only eligible if the deceased individual is being interred. Assistance is not available when only the



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headstone or grounds are damaged or disturbed, but no remains were disinterred.

- b. **PROCESS** the **IOR - Funeral - Funeral Expenses** decision.

Frequently Asked Questions:

1. Should an RFI letter be sent for funeral expenses?

- a. No. It is the responsibility of the JFO/Region to obtain/verify funeral expenses.

2. Can an applicant that is responsible for more than one funeral/disinterment receive assistance for all of them?

- a. Applicants who are responsible for more than one funeral/reinterment may receive up to the funeral maximum amount established by the SLTT when the applicant has sufficient funds available under the financial ONA maximum.

i. In disasters where the SLTT has set a per death maximum, the applicant may receive funds for each death up to the per death maximum, when the applicant has sufficient funds available under the financial ONA maximum.

ii. In disasters where the SLTT has set a per household maximum, the applicant may receive funds for all deaths, but only up to the per household maximum, when the applicant has sufficient funds available under the financial ONA maximum.

3. Can more than one individual apply for the same deceased individual?

- a. No, multiple registrations for the same deceased are NOT allowed.

4. Can an applicant that is responsible for a funeral/disinterment receive assistance if they were NOT living with the deceased at the time of the disaster?

- a. The applicant who is responsible for the funeral/reinterment DOES NOT need to live in the disaster area, or with the deceased prior the disaster, in order to receive Funeral Assistance.

5. If the cause of death occurred in a designated county, and then the deceased was transported to an undesignated county, could an applicant receive assistance for funeral expenses?

- a. The applicant who is responsible for funeral/reinterment may be eligible because the cause of death occurred in a designated county.



V. DEFINITIONS AND ACRONYMS

Definitions

Disinterment: The unearthing of cremated remains or deceased human bodies from the ground, a cremation urn, or other burial facility such as a columbarium.

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

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

Funeral Services: Services to care for and prepare deceased human bodies and services to arrange, supervise, or conduct the funeral ceremony. Services may include preparation of the deceased, i.e. embalming, cremation; use of facilities; staff for viewing; funeral ceremony or memorial service; use of equipment; staff for graveside service or committal service; use of hearse/funeral coach; etc.

Interment: The placement of cremated remains or deceased human bodies in the ground, a cremation urn, or other burial facility such as a columbarium. A columbarium is a place where urns holding a deceased's cremated remains are stored and memorialized.

Reinterment: The replacement of cremated remains or deceased human bodies in the ground, a cremation urn, or other burial facility such as a columbarium.

Acronyms

ADA	Americans with Disabilities Act
EFNL	Eligible Funeral Assistance
FEMA	Federal Emergency Management Agency
FFC	FEMA Finance Center
IDV_PASS	A NEMIS Registration Status code that identifies a contractor has confirmed/passed the applicant's Identity Verification requirement
IHP	Individuals and Households Program
JFO	Joint Field Office



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- RI** Registration Intake
- SBA** Small Business Administration
- SPU** Specialized Processing Unit
- SLTT** State, local, territorial, or tribal government
- STT** State, territorial, or tribal government



VI. RELATED GUIDANCE

Please refer to the following:

- Standard Operating Procedures
 - [Appeal Processing](#)
 - [Codes, Verifications, Request Letters, and Assistance Types](#)
 - [Financial HA and ONA Maximum and Minimum Awards](#)
 - [Identity Verification](#)
- Resources
 - [Disaster Specific Information](#)
 - [Funeral IOR Letter Text-Entry](#)
 - [Helpline NPSC Caller Services Reference Guide](#)



GENERATOR

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I. OVERVIEW

This section describes information that every employee **must** read ***before addressing*** ONA Generator Assistance.

Purpose of Assistance:

- To provide assistance for disaster-caused generator expenses.

Who May Get Assistance?

- Owners or renters who, as a direct result of a major disaster or emergency, have disaster-caused generator expenses (Misc/Other) and those expenses are NOT covered by insurance or other sources.

What are Eligible Expenses?

- Eligible expenses include disaster-caused costs associated with:
 - Generators

Basic Documentation or Verification Needed:

- Identity verified;
- Occupancy verified;
- Proof of expense; AND
- For generators recorded as Personal Property (PP), a U.S. Small Business Administration (SBA) non-referral status of Failed Income Test (**FIT**) or is an ONA referral after SBA review.

Other Items to Note:

- Generators may be eligible under one of two categories within the ONA provision of the IHP. These categories are PP or Miscellaneous/Other Expense (Misc/Other).
- The procedures are different under each category and special attention is necessary to ensure the assistance is processed accurately.
- Assistance will only be awarded under one category and under PP first.
- If the generator was owned prior to the disaster and damaged as a result of the disaster, it will be addressed as a PP item.



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- If the generator was NOT owned prior to the disaster, it may be addressed as a Misc/Other expense if required to power a medically required device.
- The Generator Assistance category is limited by the Financial ONA Maximum.
- The Training and Development Section has developed a guide that includes step-by-step instructions and reminders about navigating and using the tools in Web NEMIS. For additional information, refer to the [Web NEMIS Initial Assistance Reference Guide](#).