Iowa Department of Human Services
Disaster Reimbursement Grant Program
Individual Disaster Assistance Application Instructions

Purpose: The Iowa Disaster Reimbursement Grant Program provides limited financial assistance in the event of a Governor Disaster Declaration for eligible households that have disaster-related needs and are unable to meet such needs through other means. The program awards grants to a maximum per household grant of $5,000.

Program Eligibility Criteria:
To be eligible for assistance an applicant must meet all of the following conditions:

- The affected household must be located in the affected area identified in the Governor Disaster Declaration area.
- Individuals residing in the household must be able to verify occupancy.
- An individual must be a legal resident of the United States.
- The applicant must be 18 years of age or older.
- The self-declared annual household income is less than 200% of the Federal Poverty Guideline based on the number of people included in the household. For a household of one, 200% of the federal poverty level is $21,660. All income, such as wages, interest from investments or bank accounts, Social Security, and retirement income should be included.

Federal Poverty Level Information

Household Size	1	2	3	4	5	6	7	8	Per Person Additional
200% of Federal Poverty Level	$21,660	$29,140	$36,620	$44,100	$51,580	$59,060	$66,540	$74,020	$7,480
Monthly Income at 200% of Federal Poverty Level	$1,805	$2,429	$3,052	$3,675	$4,299	$4,922	$5,545	$6,169	$624

- Sign a release of information and certify that information provided is true and accurate.
- Agree to refund any grant award provided that is duplicated by insurance or any other assistance program, such as, but not limited to local community development groups and charities, Small Business Administration, Federal Emergency Management Administration.
- Submit documentation that the household or individuals living in the household have no insurance coverage for claimed items. Note: If insurance coverage and reimbursement is available, the household is not eligible for a grant for those items.
- Only one application per household will be accepted.
- Applications must be submitted within 45 days of the Governor's Disaster Declaration.

Applicant Instructions

1. Complete as much information as possible on the application form.
2. When filling in the form, fill in one letter or number per box.
3. Print as clearly as possible using black or blue ink.
4. Forms that are not completely filled out or that are not legible may be delayed or denied.
5. All information requested is for the Applicant (Individual Requesting the Grant Assistance).
6. Make sure you enter your (applicant's) Social Security Number in the boxes at the top right hand corner of each page.
7. An application must be signed by the applicant to be processed. Applications submitted without a signature will be denied.

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Page 1 of Application:

1. Applicant information:

1st Line: Name. Enter applicant's full First Name, Middle Initial, and Last name.

2nd Line: Date of Birth. Enter the applicant's Date of Birth. Use 2 digits for the day (if date of birth is the 2nd day of the month, enter "02"). Use 2 digits for the month (if birth date was in January, use "01"). Use 4 digits for the year (if birth year was 1954, enter "1954").

2nd Line Gender. Select either Male or Female.

3rd Line Enter the Total Number of People that were living in the household at the time of the disaster event. Next enter how many of the total were children (age 17 or under) living in the household at the time of the event and the number of adults (age 18 or older) living in the household at the time of the event.

4th Line: Enter the Total Annual Household Income amount for the entire household, not just the applicant.
Applicant must include a copy of a photo ID for each adult.
Must include proof of income such as a recent pay stub, a W-2 form, income tax return, or proof of eligibility for public assistance. (Food Assistance, FIP, Medicaid, or Wic).

2. Contact Phone Numbers:

1st Line: Damaged Dwelling Phone Number. Enter the complete phone number for the damaged dwelling, including area code.

2nd Line: Current Phone Number. Enter the complete phone number where the applicant can currently be reached, including area code.

3rd Line: Cell Phone. Enter the applicant's Cellular or Mobile phone number, including area code, if applicable.

4th Line: Alternative Phone. Enter the complete phone number for an alternative contact phone number, if applicable.

5th Line: Email. Enter the applicant's complete email address, if you have one. Leave blank if you do not have one or choose not to share. WE are requesting this only as another way to communicate with you during the application process. This will not be kept or used for any other purpose.

3. Address of Damaged Dwelling:

1st Line: Street Address. Enter the complete street address for the damaged dwelling.

2nd Line: Street Address 2nd Line. Enter the apartment number or other part of the address that did not fit above or leave blank.

3rd Line: City, State, and Zip Code. Enter the City location of the damaged dwelling. Enter IA as the State. Enter the 5-digit Zip Code for the damaged dwelling.

4th Line: County. Enter the county where the damaged dwelling is located.

5th Line: Do you rent or own? Check the appropriate box regarding ownership or rental status of the damaged dwelling.

6th Line: Type of dwelling. Check the appropriate box for the type of the damaged dwelling.

7th Line: Do you have homeowner's or renter's insurance? Check the appropriate box indicating if you do or do not have insurance for the damaged dwelling.

4. Mailing Address:

1st Line: Check here if same as above. Check this box only if the applicant's mailing address is the same as the damaged dwelling address. The rest of the information in section 4 does not need to be filled out if this box is checked.

2nd Line: In Care Of. If you are staying or living temporarily with another person or family, mail is better directed to you if it is sent to you at that address "in care of" the actual occupant of that address. Enter this person's name here.

3rd Line: Street Address. Enter the complete street address where the applicant wishes correspondence regarding this application to be sent.

4th Line: Street Address 2nd Line. Enter the apartment number or other part of the address that did not fit above or leave blank related to where the applicant wishes to have correspondence regarding this application sent.

5th Line: City, State, and Zip Code. Enter the City location of the address you want correspondence sent related to this application. Enter IA as the State. Enter the 5-digit Zip Code where you wish to have correspondence regarding this application sent.

6th Line: County. Enter the County for the address where you wish to have correspondence regarding this application sent

5. Alternate contact:

1st Line: Name. Enter the name of the individual who you applicant wish to have as an alternate point of contact for you if you cannot be reached. This contact would only be contacted if we cannot reach you. This does not have to be filled in.

Page 2 of Application (Must include original receipts from either original purchase of lost items, or replacement receipts.) (Receipts must accompany the application.)

6. Damages:

6a) Kitchen - the maximum reimbursement for this category is $560.00

1st Line: Equipment/Furnishings. Check the box if you had damage to your kitchen equipment or furnishings related to this disaster event and enter the reimbursement you are requesting in the boxes to the right. The maximum amount that may be requested for this item is $560.00.

2nd Line: Food. Check the box if you had damage to your household's food as a result of this disaster event and enter the reimbursement you are requesting in the boxes to the right. To calculate the amount of reimbursement: One person may be reimbursed up to $50.00. Each additional person may be reimbursed up to $25.00. Example: If 3 persons were in the household and you are requesting reimbursement for this item. It would be calculated as $50.00 for the first person, plus $25.00 for the additional 2 people or $50.00, resulting in a total reimbursement request of $100.00 for this item. Enter $100.00.

6b) Bathroom – the maximum reimbursement for this category is $150.00

1st Line: Bathroom. Check the box if you had damage to personal care products (soap, shampoo, toothpaste, other personal hygiene items of members of your household and enter the reimbursement you are requesting to the right. A total amount of $30.00 per person with a maximum of $150.00 for this category is permitted. Example: If 3 persons were in the household and you are requesting reimbursement for this item for each, $90.00 would be the maximum amount of reimbursement, calculated as 3 times $30.00 for a total of $90.00.

6c) Bedroom Furnishings - the maximum reimbursement for this category is $875.00

1st Line: Bedroom Furnishings. Check the box if you had damage to your mattress, box springs, frame or storage containers for members of your household related to this disaster event and enter the reimbursement you are requesting to the right. A total amount of $250.00 per person with a maximum of $875.00 for this category is permitted. Example: If 3 persons were in the household and you are requesting reimbursement for this item for each, $750.00 would be the maximum amount of reimbursement, calculated as 3 times $250.00 for a total of $750.00. This item is added to the item below, Clothing, to determine the total reimbursement request for this category.

2nd Line: Clothing. Check the box if you had damage to clothing for members of your household related to this disaster event and enter the reimbursement you are requesting to the right. A total amount of $145.00 per person with a maximum of $875.00 for this category is permitted. Example: If 3 persons were in the household and you are requesting reimbursement for this item for each, $435.00 would be the maximum amount of reimbursement, calculated as 3 times $145.00 for a total of $435.00. This item is added to the item above, Bedroom Furnishings, to determine the total reimbursement request for this category.

6d) Other Items – there is no maximum reimbursement for this category but there is a maximum reimbursement for each item in this category and the total amount of reimbursement cannot exceed the grant maximum amount of $5,000 when added to other items in this grant request.

1st Line: HVAC. Heating Ventilation and Air Conditioning. Check the box if you had damage to your heating, ventilation and air conditioning system and enter the reimbursement you are requesting to the right. This item is not reimbursed under the grant program unless proof of medical necessity (for air conditioning) is provided from a medical professional (physician). The maximum amount of reimbursement for this item is $2,100.00.

2nd Line: Water Heater. Check the box if you had damage to your water heater and enter the reimbursement you are requesting to the right. The maximum amount of reimbursement for this item installed is $425.00.

3rd Line: Dehumidifier. Check the box if you had damage to your dehumidifier and enter the reimbursement you are requesting to the right. The maximum amount of reimbursement for this item is $150.00. If the item requires installation that must be included in the total cost not to exceed $150.00.

4th Line: Sump Pump. Check the box if you had damage to your sump pump and enter the reimbursement you are requesting to the right. The maximum amount of reimbursement for this item installed is $200.00. Reimbursement for a sump pump is only provided in the event a flood in this disaster event affected your dwelling.

5th Line: Electrical/Mechanical Systems. Check the box if you had damage to your electrical or mechanical systems in your dwelling and enter the reimbursement you are requesting to the right. The maximum amount of reimbursement for this item is $1,000.00. If the items affected require installation that must be included in the total cost not to exceed $1,000.00.

6th Line: Vehicle Repair. Check the box if you had damage to your vehicle related to this disaster event and enter the reimbursement you are requesting to the right. The maximum amount of reimbursement for this item is $500.00. Reimbursement for vehicle repair does not cover recreation use vehicles such as a boat, RV, ATV, etc.

7th Line: Infant Car Seat. Check the box if you had damage to your infant car seat related to this disaster event and enter the reimbursement you are requesting to the right. The maximum amount of reimbursement for this item is $40.00.

6e) Minor Home Repair/Materials - the maximum reimbursement for this category is $1,000.00

1st Line: Structural Components (foundation, roof). Check the box if you had damage to your dwelling foundation or roof related to this disaster event and enter the reimbursement you are requesting to the right. The maximum amount of reimbursement for this item is by category and may not exceed a total of $5,000.00 when added to the item below, Interior.

2nd Line: Interior (floors, walls, ceilings, doors, windows, carpet). Check the box if you had damage to your dwelling interior related to this disaster event and enter the reimbursement you are requesting to the right. The maximum amount of reimbursement for this item is by category and may not exceed a total of $5,000.00 when added to the item above, Structural Components.

3rd line: Debris removal can be claimed up to $1,000.00 but cannot exceed the total of $5,000.00 in conjunction with other items on this application.

6f) Temporary Housing - there is no maximum reimbursement for this category but there is a maximum reimbursement per day of $50.00 (including tax) and the total amount of reimbursement requested cannot exceed the grant maximum amount of $5,000.00 when added to other items in the grant request.

1st Line: Temporary Housing. Check the box if you had damage to your dwelling or were unable to live in your dwelling resulting in the necessity for you to use temporary housing related to this disaster event. Enter the reimbursement you are requesting to the right. The maximum amount of reimbursement for this item is $50.00 per day (including tax). The total amount of reimbursement requested in this category cannot exceed the grant maximum amount of $5,000.00 when added to other items in the grant request.

6g) Total Requested Reimbursement – Total requested reimbursement may not exceed $5,000.00.

1st Line: Total Requested Reimbursement. Total the dollar amounts requested for reimbursement in all categories and for all items and enter that amount in the boxes to the right. The total amount requested cannot exceed $5,000.00. If the amount requested exceeds this grant cap, please go back and reduce amounts requested until the total grant request is at or below $5,000.00.

7. Signatures:

1st Line: The applicant should read and sign in the signature box and enter the date (mm/dd/yyyy) in the appropriate boxes. Your signature indicates agreement with the following items included in the signature box:

1. Information provided is true and accurate.
2. Information provided is to request reimbursement for expenses under the Iowa Individual Disaster Grant Program.
3. The information provided may be re-released to other aid organizations and persons to administer the Iowa Individual Disaster Grant Program as determined necessary by the Department of Human Services.
4. Persons receiving assistance in the household are legal residents of the United States.
5. You are not eligible for benefits under this program if you have insurance that covers the losses claimed or if assistance from other programs has been provided. This program does not provide payment for insurance deductibles.
6. If expenses claimed under this program are paid by another entity or program, you will repay the State of Iowa.
7. You may withdraw the claim.
8. You have a right to appeal eligibility and damage award decisions within 15 days of a decision being made.

The Form is filled out – now what? Once you have out your form, take it to the County Emergency Management Coordinator for your county. The County Emergency Management Coordinator will accept and submit the request for reimbursement to the Division of Homeland Security and Emergency Management and the Iowa Department of Human Services for review, certification and processing.

Disaster Assistance Program Hot Line
1-866-434-4892

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County Emergency Management Coordinator Instructions

When the applicant completes and brings the application form to you, please make sure it is completely filled out. Key issues that will delay processing are the:

1. Applicant's name and Social Security Number. Social Security Number must be on both pages and sides of the application.
2. Writing must be legible and in black or blue ink only.
3. The application MUST be signed and dated by the applicant.
4. Make sure you put the applicant's county number in the boxes next to the date you signed the form.
5. Forward the completed application form to:
   Iowa Department of Homeland Security & Emergency Management
   Camp Dodge, Building W 4
   7105 NW 70th Avenue
   Johnston, Iowa 50131
6. Homeland Security & Emergency Management will process and then forward applications to The Iowa Department of Human Services.
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