



**FEMA**

Helpline NPSC Caller Services Reference Guide  
Effective Date: August 4, 2021

# HELPLINE REFERENCE GUIDE

## PURPOSE

The Helpline NPSC Caller Services Reference Guide identifies the tasks staff will perform when taking an incoming call and explains how to supply an applicant with the correct information and procedures regarding their registration.

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# I. HELPLINE NPSC CALLER SERVICES REFERENCE GUIDE

## A. Helpline Basics

- [Answering a Call from Another Language](#)
- [Opening Remarks](#)
- [Accessing the File and Releasing Information Procedures](#)
- [Recording Information from Non-Applicants \(Contractors, Insurance Agents, Mechanics, etc.\)](#)
- [Providing Applicant with Eligibility Status](#)
- [Providing Name and PIN to Caller](#)
- [Placing the Caller on Mute and Hold](#)
- [Privacy Act](#)
- [Answering a Referral Return Transfer Call](#)
- [Standard Case File Review Process](#)
- [Data Changes](#)
- [Closing Remarks](#)
- [Warm Transfer Instructions](#)
- [Comments and Contacts](#)
- [Creating Contacts and Completing Casework while on Caller Services](#)
- [Creating Comments and Sending Emails](#)
- [Using Contact Examples](#)

Other than accessing the file or releasing information procedures, the term “applicant” is used in reference to the applicant, co-applicant, and/or any other party authorized by the applicant to access their file.





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### 1. E-Correspondence Basic Helpline

- a. On June 28, 2021, IA E-Correspondence began answering basic Helpline questions and placing a **Contact** in the NEMIS file when they receive an inquiry through AskIA@fema.dhs.gov and/or FEMA.gov. Staff may see the following **Contact** in the file:
  - i. **Summary:** Facility # E-CORR
  - ii. **Details:** Summary of the received email, E-Correspondence's response, and any updates made to the file.

**NOTE:** DO NOT refer applicants with questions about their registration status to E-Correspondence. Helpline staff should continue to address all of the applicants concerns.

Applicants CANNOT email documents to IA E-Correspondence.

### 2. Answering a Call in Another Language

- a. In addition to English and Spanish, callers have the option to choose from the following languages:
  - i. Russian
  - ii. Creole
  - iii. Mandarin
  - iv. Vietnamese
  - v. Samoan



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- vi. Arabic
- b. The caller's preferred language will show in C3MP.
  - i. If the caller selected Spanish, **FOLLOW** the process to connect to the Language Line provided in the [Language Line](#) SOP.
  - ii. If the caller selected any of the six languages listed in i-vi:
    - 1. **ANSWER** the call but DO NOT attempt to speak to the caller;
    - 2. **CONNECT** the call via Language Line following directions in the [Language Line](#) SOP; AND
    - 3. **ADDRESS** the caller's concern as usual.

### 3. Opening Remarks

- a. Inbound Calls (speaking to only one person):
  - i. Staff: When staff answer an inbound call, they will **SAY**, "Good morning/afternoon/evening, Disaster Assistance, my name is \_\_\_\_\_. How may I help you?"
  - ii. Caller: "I need to know..."
  - iii. Staff: "I can help you with that information. May I have your registration number, please? For your protection, I must verify some information with you. May I have your first and last name, please?" To access the file and release information, **SEE** [Section 3](#).
- b. Inbound Calls (speaking to more than one person)
  - i. If caller requests that another person take over the conversation, the staff member will **SAY** to each person the caller requests them to speak with: "Good morning/afternoon/evening, my name is \_\_\_\_\_. This call may be monitored and recorded for quality assurance purposes."



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- ii. **FOLLOW** guidance in [Section 3](#) to access the file and release information to others when the applicant is present.
- iii. **CONTINUE** the call.
- c. Outbound Calls (when returning a call is required per a standard operating procedure (SOP), if the call is disconnected, or is a [C3MP call back](#)):
  - i. Staff/C3MP staff: “[Hello, I am calling from the Federal Emergency Management Agency \(FEMA\). This call may be monitored and recorded for quality assurance purposes. May I please speak with \[name of applicant, co-applicant, or the party who asked for a call back\]?](#)” Use this disclaimer when:
    1. When the outbound call is initially answered; AND
    2. With each person that you speak to.
  - ii. If the applicant/co-applicant refuses to accept the call due to the Call Monitoring/Recording: “[Unfortunately we will NOT be able to continue the call without being able to monitor and record the conversation. If you change your mind, you may call the FEMA Helpline at \(800\) 621-3362 or you may visit a Disaster Recovery Center \(DRC\). Thank you for your time, again my name is \\_\\_\\_\\_\\_ and my personal ID # is \\_\\_\\_\\_\\_.](#)”
  - iii. Once you are speaking with the applicant, co-applicant, or the third party who asked for a call back continue with:
    1. Staff: “[My name is \\_\\_\\_\\_\\_ and my personal ID # is \\_\\_\\_\\_\\_. Thank you for taking my call. I am reviewing your file and have some information for you regarding your application for disaster assistance.](#)”
    2. C3MP staff: “[My name is \\_\\_\\_\\_\\_ and my personal ID # is \\_\\_\\_\\_\\_. Thank you for taking my call. How may I assist you?](#)”
  - iv. **CONTINUE** to [Section 3](#).
  - v. **SEE** the [Outbound Calls and Third Party Verifications](#) for more information.
- d. Disconnected Inbound and Outbound Calls:





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- i. If an inbound Helpline or outbound call is disconnected, and the caller's phone number is available, a call back **MUST** be made, regardless of the amount of information verified prior to the disconnection. In this instance, the standard hours for outbound calls (8am to 9pm in the individual's time zone) **DO NOT** apply because the call was first initiated by the caller.
- ii. **USE** the initial greeting in [1.c.ii](#).
- iii. Once the applicant is reached, **CONTINUE** with "For your protection, I must re-verify some information with you."
- iv. To access the file and release information, **SEE** [Section 3](#).
- v. Once verifications are complete, **CONTINUE** the call.
- vi. Refer to the [Outbound Calls and Third Party Verifications](#) SOP for additional information.

### 4. Accessing the File and Releasing Information Procedures

- a. For all callers, staff **MUST** always:
  - i. **OPEN** the file and **COMPLETE** the verification process of the Personally Identifiable Information (PII) before giving access to the file and releasing information to the caller.
    1. General PII includes names, email addresses, home addresses (both Current Mailing Address (CMA) and Damaged Dwelling Address (DDA)), phone numbers, and EFT routing numbers. General PII may be disclosed to applicants only after they have met the requirements to gain access to the file and when requested by the applicant/co-applicant; i.e., the applicant asks staff to confirm the CMA on file.
    2. Sensitive PII includes Social Security numbers (full or last 4), Driver License or State ID numbers, Passport ID numbers, Date of Birth, and EFT account numbers. Sensitive PII may never be disclosed to applicants, regardless if they met the requirements to gain access to the file. Staff may only update sensitive PII after the applicant/co-applicant has met the requirements to gain access to the file and the information is provided to staff by the applicant/co-applicant. Staff should never provide the outdated information to the applicant/co-applicant.



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3. For applicants who CANNOT remember their registration identification (Rgsn ID) number, **UTILIZE** the **All Disaster Search** button if the disaster (DR) number is NOT known and **OFFER** the following choices: Search by first and last name, address, telephone number or SSN. In addition, a search by a co-applicant's SSN can be used.
4. If the case is locked 'Under Review per PMS', 'Under NCT Review', or "Under Review" or is locked by a Program Management (PM) member:



5. If the file has any WPs or a processing action is needed due to unaddressed documents:
  - a. **RECORD** all information pertaining to the call and **SEND** an email through your Point of Contact to [FEMA-IHPHelpdesk@fema.dhs.gov](mailto:FEMA-IHPHelpdesk@fema.dhs.gov).
  - b. **ENSURE** the email subject line includes: DR #, Reg #, and a subject that includes "Under Review"; and that the body of your email includes a description of the request, and list of processing actions pending.
6. For a caller attempting to access a registration for a minor child applicant without a co-applicant listed in the file, **ADVISE** the caller if they believe they filed using their child's name to send the following information to gain access to the file: a letter explaining they are the parent/legal guardian of the minor applicant and a copy of the child's birth certificate and social security card.



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- ii. **VERIFY** the applicant’s current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance (HA) e.g., Home Repair Assistance, Rental Assistance, Lodging Expense Reimbursement Assistance (LER), Traditional Sheltering Assistance (TSA), or Direct Housing Assistance.
- iii. **DETERMINE** the reason for the call.
- iv. **REVIEW** the file information quickly before responding to an applicant’s question unless applicant refuses the verification process and is asking for only generic information.
- v. If casework is necessary, staff **MUST** perform necessary actions according to current posted procedures. See [Preshift](#) and/or [Processing Procedures Manual \(PPM\)](#).
  - 1. This includes creating a Workpacket (WP) if there are unaddressed documents or if the applicant provides the required verbal information for continued processing and a WP is NOT present.
- vi. Suicide Calls:
  - 1. If staff suspect that a caller is thinking about suicide, refer to the [Threatening Phone Calls](#) SOP for additional information.

### 1. For Applicants

If the applicant requests access to the file and information regarding the status of the case, the applicant **MUST** verify:

a. For <b>IDV_PASS</b> :	i. Name: State first and last name; ii. Social Security Number ( <b>SSN</b> ): Last four digits; iii. Damaged Dwelling Address ( <b>DDA</b> ); iv. Current Mailing Address ( <b>CMA*</b> - only verified if different from <b>DDA</b> ; <b>NOTE</b> : ask if it’s the same); AND v. Current Phone Number ( <b>CPN*</b> ).	1. If verification process is successful: <ul style="list-style-type: none"> <li>a. <b>VERIFY</b> the applicant’s current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance;                         <ul style="list-style-type: none"> <li>i. If the disaster is closed, DO NOT address current location with the applicant.</li> </ul> </li> <li>b. <b>GRANT</b> access to file;</li> <li>c. <b>RELEASE</b> information; AND</li> <li>d. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul>
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### 1. For Applicants

If the applicant requests access to the file and information regarding the status of the case, the applicant <b>MUST</b> verify:					
	2. If verification process is unsuccessful (** See section below) <ul style="list-style-type: none"> <li>a. <b>DENY</b> file access; AND</li> <li>b. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul>				
b. For <b>IDV_FAILED</b> :	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top; padding: 5px;">                             i. Name: State and spell first and last name;                              ii. <b>SSN</b>: Full number - all 9 digits;                              iii. <b>DDA</b>;                              iv. <b>CMA</b>* only verified if different from <b>DDA</b>; <b>NOTE</b>: ask if it's the same);                              v. <b>CPN</b>*; AND                              vi. Date of Birth (<b>DOB</b>).                         </td> <td style="padding: 5px;">                             1. If verification process is successful:                             <ul style="list-style-type: none"> <li>a. <b>VERIFY</b> the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance;                                     <ul style="list-style-type: none"> <li>i. If the disaster is closed, DO NOT address current location with the applicant.</li> </ul> </li> <li>b. <b>GRANT</b> access to file;</li> <li>c. <b>RELEASE</b> information; AND</li> <li>d. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul> </td> </tr> <tr> <td style="border: none;"></td> <td style="padding: 5px;">                             2. If verification process is unsuccessful:                             <ul style="list-style-type: none"> <li>a. <b>Deny</b> access to file; AND</li> <li>b. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul> </td> </tr> </table>	i. Name: State and spell first and last name; ii. <b>SSN</b> : Full number - all 9 digits; iii. <b>DDA</b> ; iv. <b>CMA</b> * only verified if different from <b>DDA</b> ; <b>NOTE</b> : ask if it's the same); v. <b>CPN</b> *; AND vi. Date of Birth ( <b>DOB</b> ).	1. If verification process is successful: <ul style="list-style-type: none"> <li>a. <b>VERIFY</b> the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance;                                     <ul style="list-style-type: none"> <li>i. If the disaster is closed, DO NOT address current location with the applicant.</li> </ul> </li> <li>b. <b>GRANT</b> access to file;</li> <li>c. <b>RELEASE</b> information; AND</li> <li>d. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul>		2. If verification process is unsuccessful: <ul style="list-style-type: none"> <li>a. <b>Deny</b> access to file; AND</li> <li>b. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul>
i. Name: State and spell first and last name; ii. <b>SSN</b> : Full number - all 9 digits; iii. <b>DDA</b> ; iv. <b>CMA</b> * only verified if different from <b>DDA</b> ; <b>NOTE</b> : ask if it's the same); v. <b>CPN</b> *; AND vi. Date of Birth ( <b>DOB</b> ).	1. If verification process is successful: <ul style="list-style-type: none"> <li>a. <b>VERIFY</b> the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance;                                     <ul style="list-style-type: none"> <li>i. If the disaster is closed, DO NOT address current location with the applicant.</li> </ul> </li> <li>b. <b>GRANT</b> access to file;</li> <li>c. <b>RELEASE</b> information; AND</li> <li>d. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul>				
	2. If verification process is unsuccessful: <ul style="list-style-type: none"> <li>a. <b>Deny</b> access to file; AND</li> <li>b. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul>				

\*The applicant's **DOB** can be used as an alternate verification for both the **CMA** and **CPN** if the applicant is unable to verify these items because of disaster-caused displacement. Otherwise, the applicant/caller must provide the required information without assistance hints from the FEMA staff.

\*If the **DDA** is the same as the **CMA**, the **DOB** CANNOT be used for an alternative verification and the **DDA** MUST be verified. If the applicant is unable to verify their **DDA**, **DENY** access to the file. **ADVISE** the applicant to request a copy of their file for this information. See section [B. Correspondence Issues, 3.2. Request a copy of file or inspection report](#).

\*When the **DOB** is used as an alternate verification, the **CMA** and/or **CPN** must be updated prior to ending the call.

If the verification process is unsuccessful because the applicant is unable to verify the DDA information, **DENY** access and **ENTER** a **Contact**.

If verification process is unsuccessful because the applicant is unable to verify the last 4 digits of the **SSN**, before denying access, **ASK** the applicant if they have a copy of the registration sent to them by FEMA to verify the **SSN** given at the time of registration.



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### 1. For Applicants

If the applicant requests access to the file and information regarding the status of the case, the applicant **MUST** verify:

- If **Yes**, **VERIFY** the **SSN** and **PROVIDE** access to the file.
  - If the applicant has NOT previously received an **IIDV – Identity Verification Failed** decision, **MAKE** corrections to the **SSN** up to 3 digits, if needed.
- If **No**, or the applicant has previously received an **IIDV – Identity Verification Failed** decision, **ADVISE** the applicant to submit one of the documents used for [Identity Verification \(IDV\)](#) with an appeal letter requesting to update to the **SSN** on file.

**NOTE:** For guidance on changing more than 3 digits of the **SSN**, refer to Sections [1.4b Changing the SSN](#) and/or [3.2 Request a copy of file or inspection report](#).

The applicant can also request a copy of the registration intake information and call the Helpline to request an update once verification is made.

Table 1: Accessing the File and Releasing Information to Applicants

### 2. For Applicants who are Under NCT Review, Under Review per PMS, or Locked by PM member

(b) (7) (E)

### 3. For Co-Applicants

If the co-applicant requests access to the file and information regarding the status of the case:

a. The co-applicant's <b>SSN</b> listed in file:	i. <b>VERIFY</b> the information as in section <a href="#">1.a.1.</a> above, using the co-applicant's <b>SSN</b> in lieu of the applicant's <b>SSN</b> .	1. If verification process is successful: <ul style="list-style-type: none"> <li>a. <b>VERIFY</b> the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance;</li> </ul>
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### 3. For Co-Applicants

If the co-applicant requests access to the file and information regarding the status of the case:

		<ul style="list-style-type: none"> <li>i. If the disaster is closed, DO NOT address current location with the applicant.</li> <li>b. <b>GRANT</b> access to the file;</li> <li>c. <b>RELEASE</b> information; AND</li> <li>d. <b>ADD</b> a <b>Contact</b>.</li> </ul> <p>2. If verification process is unsuccessful:</p> <ul style="list-style-type: none"> <li>a. <b>DENY</b> access to the file; AND</li> <li>b. <b>ADD</b> a <b>Contact</b>.</li> </ul>
<p>b. The co-applicant's <b>SSN</b> NOT listed in file</p>	<p>i. <b>DETERMINE</b> if the applicant is available to complete the verification process.</p>	<p>1. If the applicant IS available and the verification process is successful:</p> <ul style="list-style-type: none"> <li>a. <b>VERIFY</b> the required information following section <a href="#">1.a.</a>, above;</li> <li>b. When verifications are complete, <b>UPDATE</b> the file with the co-applicant's <b>SSN</b>; <b>NOTE:</b> If the co-applicant's date of birth is missing, update the file as instructed in section <a href="#">1.6b.</a></li> <li>c. <b>VERIFY</b> applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance;</li> <li>i. If the disaster is closed, DO NOT address current location with the applicant.</li> <li>d. <b>RELEASE</b> information; AND</li> <li>e. <b>ADD</b> a <b>Contact</b>.</li> </ul> <p>2. If applicant IS available and verification process is unsuccessful:</p> <ul style="list-style-type: none"> <li>a. <b>DENY</b> access to the file; AND</li> <li>b. <b>ADD</b> a <b>Contact</b>.</li> </ul> <p>3. If the applicant is NOT available</p>





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### 3. For Co-Applicants

If the co-applicant requests access to the file and information regarding the status of the case:

		<ul style="list-style-type: none"> <li>a. <b>DENY</b> access to the file for the co-applicant;</li> <li>b. <b>ASK</b> the caller to have the applicant call and update the file with the co-applicant's <b>SSN</b> or submit a request to update the co-applicant's <b>SSN</b> by mail, fax or uploading the document to their Disaster Assistance Center (DAC) account online.; AND</li> <li>c. <b>ADD</b> a <b>Contact</b>.</li> </ul>
<p>c. The registration was completed on behalf of a minor child for an undocumented parent/guardian (co-applicant):</p>	<ul style="list-style-type: none"> <li>i. <b>IDENTIFY</b> if the caller is the co-applicant. Have the co-applicant complete the following verifications: <ul style="list-style-type: none"> <li>a. If <b>IDV_PASS, STATE</b> co-applicant's first and last name or if <b>IDV_FAILED, SPELL</b> co-applicant's first and last name;</li> <li>b. If <b>IDV_PASS, STATE</b> applicant's (minor child) first and last name or if <b>IDV_FAILED, SPELL</b> applicant's (minor child) first and last name;</li> <li>c. If <b>IDV_PASS</b>, last four digits of applicant's (minor child) <b>SSN</b> or if <b>IDV_FAILED</b>, applicant's (minor child) full <b>SSN</b>;</li> <li>d. <b>DDA</b>;</li> <li>e. <b>CMA*</b> - only verified if different from <b>DDA</b>; <b>NOTE</b>: ask if it's the same);</li> <li>f. <b>CPN*</b>; AND</li> <li>g. <b>STATE</b> applicant's (minor child) <b>DOB</b></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>1. If the co-applicant IS NOT available <ul style="list-style-type: none"> <li>a. <b>DENY</b> access to the file;</li> <li>b. <b>ASK</b> the caller to have the co-applicant (parent/guardian) call; AND</li> <li>c. <b>ADD</b> a <b>Contact</b>.</li> </ul> </li> <li>2. If the co-applicant IS able complete the verification process: <ul style="list-style-type: none"> <li>a. <b>VERIFY</b> the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance; <ul style="list-style-type: none"> <li>i. If the disaster is closed, DO NOT address current location with the applicant.</li> </ul> </li> <li>b. <b>RELEASE</b> information to the co-applicant; AND</li> <li>c. <b>ADD</b> a <b>Contact</b>.</li> </ul> </li> <li>3. If the co-applicant IS NOT able complete the verification process: <ul style="list-style-type: none"> <li>a. <b>DENY</b> file access to the co-applicant.; AND</li> <li>b. <b>ADD</b> a <b>Contact</b>.</li> </ul> </li> </ul>
<p>d. The registration was completed on behalf of a minor child for an</p>	<ul style="list-style-type: none"> <li>i. The <b>IDV</b> status= <b>IDV_PASS</b></li> </ul>	<ul style="list-style-type: none"> <li>1. <b>DENY</b> access to the file</li> <li>2. <b>ADVISE</b> the caller: "If you believe you filed using your child's name, send the following information to gain access to the file: a letter stating you are the</li> </ul>



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### 3. For Co-Applicants

If the co-applicant requests access to the file and information regarding the status of the case:

<p>undocumented parent/ guardian, but the co-applicant's name is NOT listed:</p>		<p>parent/legal guardian of the minor applicant requesting to be added to the file as co-applicant, and a copy of the child's birth certificate.”;</p> <p>3. <b>SAY</b>, “Please include the disaster number, registration number, last four digits of your child's social security number, and your child's name on all pages of any correspondence you send.” <b>PROVIDE</b> the <u>mailing address and fax number</u> and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</p> <p>4. <b>ADD</b> a <b>Contact</b>.</p>
	<p>ii. The <b>IDV</b> status= <b>IDV_FAILED</b></p>	<p>1. <b>DENY</b> access to the file;</p> <p>2. <b>ADVISE</b> the caller: “If you believe you filed using your child's name, send the following information to gain access to the file: a letter stating you are the parent/legal guardian of the minor applicant requesting to be added to the file as co-applicant and a copy of the child's birth certificate and social security card.”;</p> <p>3. <b>SAY</b>, “Please include the disaster number, registration number, last four digits of your child's social security number, and your child's name on all pages of any correspondence you send.” <b>PROVIDE</b> the <u>mailing address and fax number</u>; AND</p> <p>4. <b>ADD</b> a <b>Contact</b>.</p> <p><b>** NOTE:</b> Applicants that are <b>IDV_FAILED</b> will NOT have the option to upload their document(s) because a DAC account CANNOT be created.</p>

Table 3: Accessing the File and Releasing Information to Co-Applicants

### 4. For a Third Party

If a third party requests access to the file and/or make changes to the registration:

If:	And:	Then:
<p>a. If a third party requests access to the file; AND</p> <p>b. The applicant/co-applicant is present.</p>	<p>i. The applicant/co-applicant MUST verify the following information:</p> <p style="margin-left: 20px;">a. If <b>IDV_PASS</b>, applicant/co-applicant states first and last name or if <b>IDV_FAILED</b>, applicant/co-applicant states and spells first and last name</p>	<p>1. If the applicant/co-applicant accurately verifies the data:</p> <p style="margin-left: 20px;">a. <b>VERIFY</b> the applicant/co-applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance; AND</p>





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### 4. For a Third Party

If a third party requests access to the file and/or make changes to the registration:

If:	And:	Then:
	<ul style="list-style-type: none"> <li>b. If <b>IDV_PASS</b>, last four digits of applicant/co-applicant's <b>SSN</b>;</li> <li>c. If <b>IDV_FAILED</b>, applicant/co-applicant's full nine-digit <b>SSN</b>;</li> <li>d. <b>DDA</b>;</li> <li>e. <b>CMA*</b> - only verified if different from <b>DDA</b>; <b>NOTE</b>: ask if it's the same, AND</li> <li>f. <b>CPN*</b></li> </ul>	<ul style="list-style-type: none"> <li>b. If the disaster is closed, DO NOT address current location with the applicant.                             <ul style="list-style-type: none"> <li>i. <b>REQUEST</b> verbal permission to speak to third party;</li> <li>ii. <b>ADVISE</b> the applicant/co-applicant of the <a href="#">Written Consent Guidelines</a> for third party representation;</li> <li>iii. <b>RELEASE</b> the information to the third party; AND</li> <li>iv. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul> </li> <li><b>NOTE</b>: The applicant/co-applicant <b>MUST</b> remain on the line for the entire call. If the applicant/co-applicant DOES NOT remain on the line, information CANNOT be released to the third party.</li> <li>2. If the applicant/co-applicant fails to accurately verify the data:                             <ul style="list-style-type: none"> <li>a. Deny access; AND</li> <li>b. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul> </li> <li>3. If the applicant/co-applicant is NOT available:                             <ul style="list-style-type: none"> <li>a. <b>DENY</b> access; AND</li> <li>b. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>c. If a third party requests access to the file; AND  The applicant/co-applicant has submitted a <a href="#">Written Consent letter</a>.</li> </ul>	<ul style="list-style-type: none"> <li>i. If a Written Consent letter has been received, it <b>MUST</b> meet the following requirements:                             <ul style="list-style-type: none"> <li>a. Be in writing (handwritten or typed);</li> <li>b. Include the applicant or co-applicant's full name, CMA, date and place of birth;</li> <li>c. Be dated and <a href="#">signed</a> by the applicant or co-applicant;</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>1. If the authorized third party accurately verifies the data according to <a href="#">2.1.a</a> or <a href="#">2.1.b</a> above:                             <ul style="list-style-type: none"> <li>a. <b>VERIFY</b> the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance, e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance.                                     <ul style="list-style-type: none"> <li>i. If the disaster is closed, DO NOT address current location with the applicant.</li> </ul> </li> </ul> </li> </ul>





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If:	And:	Then:
	<ul style="list-style-type: none"> <li>d. Be notarized or include the statement, "I hereby declare under penalty of perjury that the foregoing is true and correct."</li> <li>e. Include an individual identifier, e.g. the FEMA application number, CMA, CPN, etc.;</li> <li>f. Specify what information can be released to the third party, e.g. the entire case file, the current contact information, the amount of disaster assistance received, etc.; AND</li> <li>g. The applicant/co-applicant must designate the individuals, entities, or organizations to which the disclosure is being consented.</li> <li>ii. Once approved, the authorized third party caller <b>MUST</b> verify their name and all of the standard verification items for the applicant/co-applicant.</li> </ul> <p style="text-align: center;"><b>NOTE:</b> A valid Written Consent letter DOES NOT expire unless the applicant submits a subsequent written request.</p>	<ul style="list-style-type: none"> <li>b. <b>RELEASE ONLY</b> the information authorized in the Written Consent letter to the third party; AND</li> <li>c. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul> <p>2. If the authorized third party fails to accurately verify the data:</p> <ul style="list-style-type: none"> <li>a. <b>DENY</b> access to the file;</li> <li>b. <b>SAY:</b> "Mr. /Ms. ____, I am NOT authorized to provide case access to you at this time."; AND</li> <li>c. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul> <p><b>NOTE:</b> A Written Consent letter DOES NOT authorize a third party to make any changes to the registration, e.g. updating the CMA, DDA, EFT, etc. These authorizations can ONLY be made with a Power of Attorney (POA), Guardianship, or Conservatorship document.</p>
<p>d. If a third party requests access to the file; AND</p> <p>The applicant/co-applicant has submitted an <b>Authorization for the Release of Information Under the Privacy Act</b> form.</p>	<p>i. If an <b>Authorization for the Release of Information Under the Privacy Act</b> form has been received, it <b>MUST</b> include the following information:</p> <ul style="list-style-type: none"> <li>a. Applicant's or co-applicant's full name, place of birth, and date of birth;</li> <li>b. At least one selection for each item under <b>Section B</b>; AND</li> </ul>	<p>1. If the authorized third party accurately verifies the data according to <a href="#">2.1.a</a> or <a href="#">2.1.b</a> above:</p> <ul style="list-style-type: none"> <li>a. <b>VERIFY</b> the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance, e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance;</li> <li>i. If the disaster is closed, DO NOT address current location with the applicant.</li> </ul>



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### 4. For a Third Party

If a third party requests access to the file and/or make changes to the registration:

If:	And:	Then:
	<p>c. The applicant or co-applicant's <a href="#">signature</a>, CMA, printed name, and the date signed.</p> <p><b>NOTE:</b> The <b>Authorization for the Release of Information Under the Privacy Act</b> form expires one year from the date the applicant signs the form. If it has been more than one year since the form was signed, the applicant will need to submit an updated form or a Written Consent letter.</p> <p>1. The registration ID number, <b>Section A</b>, and <b>Section C</b> are optional for the form to be accepted. However, failure to provide the information requested on the form may make it more difficult for FEMA to share the information with other disaster relief entities to assist the applicant.</p> <p>d. Once approved, the authorized third party caller <b>MUST</b> verify their name and all of the standard verification items for the applicant/co-applicant.</p>	<p>b. <b>RELEASE ONLY</b> the information authorized in the <b>Authorization for the Release of Information Under the Privacy Act</b> form to the third party; AND</p> <p>c. <b>ADD</b> a <a href="#">Contact</a>.</p> <p>2. If the authorized third party fails to accurately verify the data:</p> <p>a. <b>DENY</b> access to the file;</p> <p>b. <b>SAY:</b> "Mr. /Ms. ____, I am NOT authorized to provide case access to you at this time."; AND</p> <p>c. <b>ADD</b> a <a href="#">Contact</a>.</p> <p><b>NOTE:</b> An <b>Authorization for the Release of Information Under the Privacy Act</b> form DOES NOT authorize a third party to make any changes to the registration, e.g. updating the CMA, DDA, EFT, etc. These authorizations can ONLY be made with a Power of Attorney (POA), Guardianship, or Conservatorship document.</p>
<p>e. If a third party requests access to the file and/or to make changes to the registration; AND</p> <p>The applicant/co-applicant has submitted a POA, Guardianship, or Conservatorship document.</p>	<p>i. <b>VERIFY</b> the documentation has been validated by the Program Management Section (PMS) and the Office of the Chief Counsel (OCC).</p> <p>a. If validated, the <b>Release of Information Form</b> will be set as <b>Verified</b> in the <b>Info Control</b> screen; AND</p> <p>b. A <b>Comment</b> in the <b>Event History</b> will detail what authorizations are granted and to whom.</p>	<p>1. If the POA, Guardianship, or Conservatorship documentation has been verified, and the authorized third party accurately verifies the data according to <a href="#">2.1.a</a> or <a href="#">2.1.b</a> above:</p> <p>a. <b>VERIFY</b> the applicant's current location and update as needed in all active disasters for applicants who have received or are pending any form of Housing Assistance, e.g., Home Repair Assistance, Rental Assistance, LER/TSA, or Direct Housing Assistance;</p> <p>i. If the disaster is closed, DO NOT address current location with the applicant.</p>





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### 4. For a Third Party

If a third party requests access to the file and/or make changes to the registration:

If:	And:	Then:
		<ul style="list-style-type: none"> <li>b. <b>RELEASE ONLY</b> the information and/or make the changes authorized in the <b>Comment</b> from PMS or the IHP Helpdesk; AND</li> <li>c. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul> <p>2. If the authorized third party fails to accurately verify the data:</p> <ul style="list-style-type: none"> <li>a. <b>DENY</b> access to the file;</li> <li>b. <b>SAY:</b> "Mr. /Ms. ____, I am NOT authorized to provide case access to you at this time."; AND</li> <li>c. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul> <p><b>NOTE:</b> POA, Guardianship, or Conservatorship documents are the only documents that can be used to authorize a third party to make changes to an applicant's file.</p>
<p>f. If a third party requests access to the file and/or to make changes to the registration; AND</p> <p>The applicant/co-applicant has NOT submitted a Written Consent letter, <b>Authorization for the Release of Information Under the Privacy Act</b> form, POA, Guardianship, or Conservatorship document.</p>	<p>ii. If a Written Consent letter, <b>Authorization for the Release of Information Under the Privacy Act</b> form, POA, Guardianship, or Conservatorship documentation has NOT been received:</p>	<ul style="list-style-type: none"> <li>1. <b>DENY</b> access to the file;</li> <li>2. <b>SAY:</b> "Mr. /Ms. ____, I am NOT authorized to provide case access to you at this time.";</li> <li>3. <b>ADVISE</b> the third party of the <a href="#">Written Consent Guidelines</a>; AND</li> <li>4. <b>ADD</b> a <a href="#">Contact</a>.</li> </ul>

If the applicant is a minor child with a **SSN** and the co-applicant is undocumented, complete the verification process described on [Section 3 For Co-Applicants](#).

Table 4: Accessing the File and Releasing Information to a Third Party





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**5. Contact Examples for Access Granted and Access Denied**

<p>a. Access Granted for Non-applicant:</p>	<ul style="list-style-type: none"> <li>i. <b>Summary Line:</b> NPSC# ACCESS TO (NAME OF CALLER), (TOPIC OF CALL)</li> <li>ii. <b>Contact:</b> <b>SELECT</b> contact initiation type</li> <li>iii. <b>Spoke To:</b> <b>INSERT</b> caller's name</li> <li>iv. <b>Call Type:</b> Leave blank</li> <li>v. <b>Call Sub-Type:</b> Leave blank</li> <li>vi. <b>Details:</b> Indicate details of call</li> </ul>
<p>b. Access Denied:</p>	<ul style="list-style-type: none"> <li>i. <b>Summary Line:</b> NPSC# (NAME OF CALLER) DENIED CASE ACCESS</li> <li>ii. <b>Contact:</b> <b>SELECT</b> contact initiation type</li> <li>iii. <b>Spoke To:</b> <b>INSERT</b> caller's name</li> <li>iv. <b>Call Type:</b> Leave blank</li> <li>v. <b>Call Sub-Type:</b> Leave blank</li> <li>vi. <b>Details:</b> Indicate reason case access was denied</li> </ul>

Table 5: Contact Examples when Access to the File and Release of Information is Granted and Denied

**5. Recording Information from Non-Applicants (Contractors, Insurance Agents, Mechanics, etc.)**

- a. If someone returns a call to Helpline and identifies them as a contractor, insurance agent, or mechanic that knows the name of the person who has registered, staff will open the file (searching by name or address) and do the following:
  - i. **CHECK** the **Events log** for a recent contact to that person;
  - ii. **VERIFY** the contractor name, business and phone number;
  - iii. **ADD** a new **Contact**;
  - iv. **ANSWER** the questions left by the caseworker; AND



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- v. If additional information is supplied that would be helpful to process the case, please **ADD** that to the **Contact** as well.
- b. If there are NO questions in the file and there is NOT enough information in the file to logically enter a contact with helpful information, please **RECORD** the following information in a **Contact**:
  - i. Contractor's name;
  - ii. Cell phone (or best contact number); AND
  - iii. The best time to reach contractor.
- c. Once the **Contact** is completed, **VERIFY** that a WP exists in **FEMA Appeal** or **FEMA Supervisor Appeal**. If there is no WP, please **CREATE** a WP in **FEMA Appeal**. (See [Creating a New WP](#))
- d. Because of the privacy act, DO NOT release any information about the applicant to anyone who has NOT completed the PII verification process. This section is strictly for recording requested information in an applicant's file.

### 6. Providing Applicant with Eligibility Status

- a. Once an eligible decision for HA or Other Needs Assistance (ONA) is scheduled, the decision (including the dollar amount) can be provided to the applicant during a call. This information can be found in the applicant's file on the **Assistance Summary** frame of the **Helpline** screen.
  - i. Open the **Finance** link and look for **Schedule Date and Number**. An **Approved Date** DOES NOT necessarily mean processed for payment. Until the payment has a **Schedule Date** and **Schedule Number**, the check or EFT has NOT been processed. If there is no **Schedule Date**, advise the applicant to call back in one or two business days (Mon-Fri).
- b. **Schedule Number**
  - i. If the **Schedule Number** begins with **NC**, the award was sent as a check. It may take up to 14 business days to receive the check.





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- ii. If the Schedule number begins with **NE**, the award was sent by EFT/Direct Deposit to the applicant's bank account. It may take up to 48 hours for the funds to appear in the applicant's bank account.
- c. If the disaster is Joint Option, DO NOT provide information about ONA. Instead, refer the applicant to the ONA Helpline and/or the Small Business Administration (SBA) as applicable. If the caller has questions related to housing and the SBA, staff will answer the housing questions and refer the SBA questions to the SBA. Staff will also provide the ONA Helpline number if applicable.
  - i. **SAY:** "FEMA is only able to provide information regarding housing assistance. For questions related to the status of your SBA disaster loan application, please contact the SBA general helpline at (800) 659-2955. If you have been declined by the SBA and need additional information regarding Other Needs Assistance, please contact the ONA Helpline for additional information."
- d. When a **Mailed Date** is recorded for a letter, the letter contents may be shared with the applicant. If the disaster is Joint Option, DO NOT provide information about the ONA decision. Instead, refer the applicant to the ONA Helpline.
- e. If the HA or ONA decision is ineligible (not related to insurance), **DISCUSS** all ineligible reasons that apply such as Home is Safe to Occupy (IID), Ownership NOT Verified (IOWNV), etc. and **SAY**, "FEMA was unable to verify your [real property/personal property] damages. At this time, you are ineligible for \_\_\_\_ assistance. If you would like to appeal this decision, you have 60 days from the date of the decision letter to fax, mail or upload a written, signed request letter appealing this decision, including a list of damages and any unmet needs that you believe were NOT covered by a previous decision. Include any documents supporting the request, such as estimates or receipts. Explain in writing why you think the decision about the amount or type of assistance you received is NOT correct. You or your co-applicant must sign the appeal letter. If someone other than you or the co-applicant is writing the letter, they must sign the appeal letter and you must also provide FEMA with a signed statement authorizing that individual to appeal on your behalf. Please include disaster number, registration number, last four digits of social security number, and your name on all pages of any correspondence you send. Once that documentation is received it will be reviewed and a determination will be provided. Here is the mailing address and/or fax number to which you can submit your request, or you can submit your request by uploading the document(s) to your Disaster Assistance Center account online." **PROVIDE** the mailing address and/or fax number.
- f. Prior to DR 4563-AL, if the RP or ONA decision is ineligible due to insurance coverage, **SAY**, "When you registered for assistance, your insurance coverage was recorded. Before FEMA can review your file further, you should file an





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insurance claim. If your insurance DOES NOT meet your essential needs or your settlement is delayed, and you need assistance, send the insurance documentation to FEMA within 12 months of the date you registered. When submitting documentation to FEMA, please include the disaster number, registration number, last four digits of your social security number, and your name on all pages.” **PROVIDE** the mailing address and fax number and **ADVISE** the applicant they have the option to upload the document(s) to their DAC account online.

- i. For DR-4563-AL and forward, if the RP or ONA decision is ineligible due to insurance coverage, **SAY**, “When you registered for assistance, your insurance coverage was recorded. Before FEMA can review your file further, you should file an insurance claim. You should have received a letter explaining the need to send an insurance settlement approval or denial letter to FEMA. If your insurance DOES NOT meet your essential needs or your settlement is delayed, and you need assistance, send the insurance documentation to FEMA within 60 days of the date on the letter. If we DO NOT receive any insurance settlement documentation from you within 60 days of the date of the letter, FEMA will provide you a decision regarding your eligibility for assistance in writing. If you disagree with FEMA’s decision, you have the right to appeal. When submitting documentation to FEMA, please include the disaster number, registration number, last four digits of your social security number, and your name on all pages.” **PROVIDE** the mailing address and fax number and **ADVISE** the applicant they have the option to upload the document(s) to their DAC account online.
  
- g. Prior to DR 4563, AL, if the Temporary Housing decision is ineligible due to insurance coverage, **SAY**, “When you registered for assistance, your insurance coverage was recorded. Before FEMA can review your file further, you should file an insurance claim. If you need assistance and your insurance DOES NOT meet your essential needs for Temporary Housing or your settlement is delayed, send the insurance documentation to FEMA for review. All documentation must be received prior to the financial closure date for the disaster. When submitting documentation to FEMA, please include the disaster number, registration number, last four digits of your social security number, and your name on all pages.” **PROVIDE** the mailing address and fax number and **ADVISE** the applicant they have the option to upload the document(s) to their DAC account online.
  
- i. For DR-4563-AL and forward, if the Temporary Housing decision is ineligible due to insurance coverage, **SAY**, “When you registered for assistance, your insurance coverage was recorded. Before FEMA can review your file further, you should file an insurance claim. You should have received a letter explaining the need to send an insurance settlement or denial letter to FEMA. If you need assistance and your insurance DOES NOT meet your essential needs for Temporary Housing or your settlement is delayed, send the insurance documentation to FEMA for review. At this time, you DO NOT need to file an appeal. If we DO NOT receive any insurance settlement documentation from you within 60 days of the date of this letter, FEMA will provide you a decision regarding your





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eligibility for assistance in writing. If you disagree with FEMA's decision, you will then have the right to appeal. All documentation must be received prior to the financial closure date for the disaster. When submitting documentation to FEMA, please include the disaster number, registration number, last four digits of your social security number, and your name on all pages." **PROVIDE** the mailing address and fax number and **ADVISE** the applicant they have the option to upload the document(s) to their DAC account online.

### 7. Providing Name and PIN to Caller

- a. For all calls other than RI, staff are required to provide their first name and personal identification number (PIN) to the applicant and can do this anytime during the call. Staff are also required to provide this information to other representatives if the call is transferred to a third party, for example an SBA representative. The only exception to this guidance is when the call is unexpectedly disconnected, and staff have NOT yet provided this information.

### 8. Placing the Caller on Mute and on Hold

- a. For situations when staff need to be away from the caller for a period of time, staff **MUST** place the phone on mute so they can hear if the caller has any questions. Staff **MUST** tell the caller that it may take some time to get back with them and confirm the caller has the time to wait.
  - i. **SAY**, "May I place you on a brief hold?"
    1. **GIVE** a realistic estimate to the length of the hold
    2. **PROVIDE** a reason why you must place the applicant on hold
    3. **WAIT** for a response
      - a. If the applicant **CANNOT** hold, have the caller stay on the line with you or offer to call them back.
    4. **DO NOT** leave the applicant on mute for longer than 2 minutes without checking back.
      - a. **PROVIDE** the applicant with an update
      - b. If the applicant must continue to wait, **PROVIDE** the applicant with a new timeframe



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5. **SAY**, “Thank you so much for holding. I apologize for the inconvenience and appreciate your patience”.

- b. The only time staff MUST place a caller on hold is when they are making an outbound call, for example when calling the IHP-Helpdesk. Prior to this contact, **INFORM** callers that you are placing them on hold and it may be for an extended period. DO NOT “conference” callers into the discussion.

### 9. Privacy Act

- a. When staff receive a call and it is apparent that the applicant has never registered, staff will follow current guidelines and either **TRANSFER** the call to the **DAC-CC** or **COMPLETE** the registration from the **Web RI** module. Staff responsible for taking the registration MUST read the Privacy Act statement to the applicant.
- b. The Privacy Act DOES NOT limit general agency, program, and referral information. **PROVIDE** publicly available information on FEMA’s Individuals and Households Program (IHP) if a caller requests only general information and will NOT verify registration information. PII or details directly related to the registration should NOT be disclosed.

### 10. Answering a Referral Return Transfer Call

- a. When staff receive a Referral Return Transfer call from registration intake:
  - i. **ANSWER** any general questions
    - 1. **USE** the Disaster Referral Information on the [Disaster Specific Information](#) page to provide more information about referrals.
  - ii. If the caller asks specific questions about their case, **SAY** “Please allow 24 hours for the registration to replicate in our system. After 24 hours, you may review your status online at [www.disasterassistance.gov](http://www.disasterassistance.gov) or call FEMA Disaster Assistance to review your file”.

### 11. Standard Case File Review Process





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- a. Staff must NOT provide PII to a caller and ask if it is correct. This is NOT an acceptable verification method and it compromises the security of the applicant's information.
- b. Always **OPEN** and **REVIEW** files for outstanding issues including, but NOT limited to the following:
  - i. **Current Queues** frame on the **Overview** screen for current activity on the case;
  - ii. **CONFIRM** that all types of insurance coverage the applicant and household dependents have are included on the **Insurance Type** frame of the **Helpline** screen;
  - iii. **Comments** and **Contacts** in the **Events History** for recent activity in the file;
  - iv. **Inspector Comments** on the **Inspection Status** screen for problems with the inspection or verifications;
  - v. Dates on which documents were received from the applicant and/or mailed to the applicant. This may identify documents that have crossed in the mail;
  - vi. **Finance** link located on the **Housing Assistance** or **PP/Other Assistances** frame on the **Assistance** screen to verify if payment issues – how and when awards were disbursed and any returned funds; AND
  - vii. **REVIEW** the **Registration Status** screen for **OCCV\_PASS**, **IDV\_PASS**, and **OWNV\_PASS** (if applicable). If any of the verifications have failed, **REVIEW** submitted correspondence for acceptable documents.
    1. If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, identity, and/or ownership (if applicable), **ADVISE** the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.
    2. **ACCESS** the [Occupancy Verification](#) SOP, [Identity Verification](#) SOP, and/or [Ownership Verification SOP](#) on the [PPM](#) to provide further guidance to the applicant regarding acceptable documents.

### 12. Data Changes

- a. Data changes may NOT be completed under the following circumstances:



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- i. Duplicate Investigation: (b) (7)(E)  
 (b) (7)(E)
- ii. (b) (7)(E)
- b. In instances where the applicant requests a data change after the disaster has closed, the **CMA** and **CPN** (current, cell and/or alternate) **MUST** be updated. If the applicant requests to have previously mailed correspondence reissued please see:
  - i. Section [3.1a](#) for General correspondence, AND
  - ii. Section [20.1a](#) for IHP Recoupment Issues.
- c. Any other data change for case in a closed disaster, **MUST** be evaluated by IHP-Helpdesk. **PROVIDE** the associated information to the appropriate Supervisor, POC, or IHP-Helpdesk Program Specialist for assistance.
- d. Please **ADVISE** the applicant the disaster is closed. See the [Closed Disaster Processing](#) SOP for more information.

If call concerns:	And:	Then:
1.1a Changing the <b>DDA</b>	Applicant has received an <b>INONV – Occupancy NOT Verified</b> decision; AND  Appeal letter and supporting documents NOT on file.	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "Please send a written appeal letter to FEMA with documentation that proves you occupied the home at the corrected/new address, such as a copy of a utility bill, rental agreement, your driver's license, etc. FEMA must have this information in order to make changes to the damaged dwelling address. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</li> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary: FACILITY# (NPSC#) REQUEST TO CHANGE DDA;</b></li> </ol> </li> </ol>



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If call concerns:	And:	Then:
		b. <b>Type:</b> Critical Data Change; c. <b>Sub-Type:</b> DDA; AND d. <b>Details:</b> Applicant requested <b>DDA</b> change. Could NOT make change because applicant previously received INONV decision. Advised applicant to mail or fax written appeal letter and proof of occupancy. Provided mailing address and fax number. (And any other changes made to file).
1.1b Changing the <b>DDA</b>	Applicant has received an <b>INONV – Occupancy NOT Verified</b> decision; AND  Appeal letter and supporting documents are on file.	1. <b>REVIEW</b> the <b>Overview</b> screen to determine if a WP exists in the <b>FEMA Appeal</b> queue. a. If a WP DOES NOT exist, <a href="#">CREATE a WP</a> to <b>FEMA Appeal</b> . 2. <b>SAY</b> , "FEMA has received your documents. They will be reviewed as soon as possible and you will be notified of the decision"; AND 3. <b>ADD</b> a <b>Contact</b> : a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUEST TO CHANGE <b>DDA</b> ; b. <b>Call Type:</b> Critical Data Change; c. <b>Sub-type:</b> DDA; AND d. <b>Details:</b> Applicant requested <b>DDA</b> change. Could NOT make change because applicant's request is being reviewed in FEMA Appeal. Advised applicant they will be notified when a decision is made. (And any other changes made to file).
1.1c Changing the <b>DDA</b>	Applicant has NOT received an <b>INONV – Occupancy NOT Verified</b> decision; AND  NO inspection has been requested.	1. <b>SAY</b> , "I will correct your address in the file now." <b>REQUEST</b> the address, including the spelling of the street name. Phonetically <b>VERIFY</b> the street name with the applicant, and repeat the house number, zip code, city, and state to confirm accuracy of the entry; 2. <b>UPDATE</b> the address on the <b>Registrant Info</b> screen; 3. <b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b> , <b>IDV_PASS</b> , and <b>OWNV_PASS</b> (if applicable). If any of the verifications have failed, <b>REVIEW</b> submitted correspondence for acceptable documents.





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If call concerns:	And:	Then:
		<ul style="list-style-type: none"> <li>a. If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, identity, and/or ownership (if applicable), <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.</li> <li>b. <b>ACCESS</b> the <a href="#">Occupancy Verification SOP</a>, <a href="#">Identity Verification SOP</a>, and/or <a href="#">Ownership Verification SOP</a> on the PPM to provide further guidance to the applicant regarding acceptable documents.</li> </ul> <p>4. If the address change resulted in an <b>OCCV_FAILED</b> and/or <b>OWNV_FAILED</b> on the <b>Registration Status</b> screen, <b>CREATE a WP</b>, <b>ADD a Comment</b>, and <b>ROUTE to FEMA Manual Determination</b>, if a WP DOES NOT already exist;</p> <p>5. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary: FACILITY# (NPSC#) REQUEST TO CHANGE DDA</b></li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> DDA</li> <li>d. <b>Details:</b> Updated <b>DDA</b> per applicant’s request. (And any other changes made to file). [If change resulted in <b>OCCV_FAILED</b> and/or <b>OWNV_FAILED</b>, <b>ADD</b> Advised applicant to mail or fax written appeal letter and proof of occupancy. Provided mailing address and fax number. Created WP for occupancy review and routed to <b>FEMA Manual Determination</b>.]</li> </ul> <ul style="list-style-type: none"> <li>i. If casework trained, <b>ACCESS</b> case in <b>FEMA Manual Determination</b> and complete casework to provide an <b>INONV – Occupancy NOT Verified</b> decision.</li> </ul>
<p>1.1d Changing the <b>DDA</b></p>	<p>Applicant has NOT received an <b>INONV – Occupancy NOT Verified</b> decision; AND</p> <p>Date in <b>Inspection Date, From Field</b> and/or <b>Completed Date</b>; OR</p> <p>Case has a complete inspection with a status that is NOT <b>WVO, IMI, or INCI</b></p>	<ul style="list-style-type: none"> <li>1. <b>SAY</b>, “Please send a written statement to FEMA with documentation that proves you occupied the home at the corrected/new address, such as a copy of a utility bill, rental agreement, your driver’s license, etc. FEMA must have this information in order to make changes to the damaged dwelling address. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send. Once that documentation is received, an inspection may be performed at the updated address.”</li> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li>3. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>a. <b>Summary: FACILITY# (NPSC#) REQUEST TO CHANGE DDA</b></li> </ul> </li> </ul>



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If call concerns:	And:	Then:
		<ul style="list-style-type: none"> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> DDA</li> <li>d. <b>Details:</b> Applicant requested <b>DDA</b> change. Could NOT make change – inspection already completed. Advised applicant to mail or fax written statement and proof of occupancy. Provided mailing address and fax number. Advised applicant the inspection may be performed at new address. (And any other changes made to file).</li> </ul>
<p>1.1e Changing the <b>DDA</b></p>	<p>Applicant has NOT received an <b>INONV – Occupancy NOT Verified</b> decision; AND</p> <p>Date in <b>Inspection Date, From Field</b> and/or <b>Completed Date</b>; OR</p> <p>Case has a complete inspection with a status that is NOT <b>WVO, IMI, or INCI</b>; AND</p> <p>DDA is incorrect due to address correction during inspection.</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “<a href="#">I will correct your address in the file now.</a>”</li> <li>2. <b>ACCESS</b> the <b>Inspection Status</b> screen and <b>SELECT</b> the <b>Data Changes</b> link.                             <ul style="list-style-type: none"> <li>a. <b>VERIFY</b> the <b>DDA</b> using the address from the <b>Before Value</b> column.</li> <li>b. <b>UPDATE</b> the <b>DDA</b> using the address from the <b>After Value</b> column if the applicant confirms the residence location and their dwelling was inspected.</li> </ul> </li> <li>3. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) <b>CORRECTED DDA</b></li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> DDA</li> <li>d. <b>Details:</b> Applicant requested DDA change. Corrected DDA per applicant’s request. (And any other changes made to file).</li> </ul> </li> <li>4. If the applicant or staff identifies the wrong DD was inspected,                             <ul style="list-style-type: none"> <li>a. <b>ASK</b> if there are any other household members that may have been present for the previous inspection and to describe their home e.g., dwelling type, levels, interior/exterior colors.</li> <li>b. If the applicant confirms no one could have given access to their dwelling, <b>SAY</b>, “<a href="#">I will request a review of your file and return a call to you.</a>”</li> </ul> </li> </ol>





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If call concerns:	And:	Then:
		<p>c. <b>CALLL</b> the IHP-Helpdesk and provide the following information. They will forward the summary and details to the FEMA-VA-NPSC-Task-Monitors:</p> <ul style="list-style-type: none"> <li>i. Applicant’s name;</li> <li>ii. Disaster number;</li> <li>iii. Registration number; AND</li> <li>iv. A description of the applicant’s home e.g., dwelling type, levels, interior/exterior colors.</li> </ul> <p>d. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>i. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) APPLICANT REPORTS WRONG DD INSPECTED</li> <li>ii. <b>Call Type:</b> HA Program Requests</li> <li>iii. <b>Sub-Type:</b> Applicant Request for Inspection</li> <li>iv. <b>Details:</b> Applicant is registered in DR# _____. The wrong DD was inspected. Requested inspection. Verified all required information and made updates as required. (And any other changes made to file).</li> </ul> <p>e. Once Inspection Services confirm if the DD was inspected or not, <b>FOLLOW</b> their instruction(s) in order to:</p> <ul style="list-style-type: none"> <li>i. <b>CALL</b> the applicant and explain the correct DD was inspected and CLARIFY any outstanding issues that could potentially be addressed on appeal; OR</li> <li>ii. <b>REQUEST</b> a “Re-Inspection”                             <ul style="list-style-type: none"> <li>1. <b>UPDATE</b> the <b>DDA</b> according to the information verified by the applicant at the time of RI.</li> <li>2. <b>CREATE a WP</b>, <b>ADD a Comment</b>, and <b>ROUTE</b> to <b>FEMA Manual Determination</b>, if a WP DOES NOT already exist.</li> </ul> </li> </ul> <p>5. <b>REQUEST</b> an inspection. See <a href="#">Inspection Requests and Comparisons</a> in the <a href="#">PPM</a> for additional information.</p>



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If call concerns:	And:	Then:
1.2 Changing the <b>CMA</b>	N/A	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “<a href="#">I will update your correct mailing address in the file now.</a>” Request the address, including the spelling of the street name. Phonetically <b>VERIFY</b> the street name with the applicant, and repeat the house number, zip code, city, and state to confirm accuracy of the entry;</li> <li>2. <b>UPDATE</b> the address on the <b>Registrant Info</b> screen;</li> <li>3. If any checks have been scheduled/mailed; <b>ADVISE</b> the applicant that they were sent to the previous address. If this is the situation, <b>SAY</b>, “<a href="#">Check with your local Post Office for mail that may have already been sent.</a>”; AND</li> <li>4. <b>ADD</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) <b>CHANGED CMA</b></li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> CMA</li> <li>d. <b>Details:</b> Updated <b>CMA</b> per applicant’s request. (And any other changes made to file).</li> </ol> </li> </ol>
1.3a Changing the <b>Income</b>	Income amount will increase	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “<a href="#">I will change the information in your file now per your request.</a>”</li> <li>2. <b>CHANGE</b> the income amount on the <b>Registrant Info</b> screen;</li> <li>3. If the increase changes the ONA (FIT) referral to an SBA home/personal property (HAPP) referral, manually <b>ADD</b> the SBA Referral on the <b>Assistance</b> screen and <b>SAY</b> “<a href="#">The SBA will contact you via an auto-dialer system to inform you about how to apply for a disaster loan. You now have three convenient ways to apply: Online at <u>Disasterloan.sba.gov</u> , in-person by visiting a Disaster Recovery Center (DRC), or by submitting a loan application by mail. To see a list of the DRC’s, please visit the website online at <u>https://disasterloan.sba.gov/ela/Declarations/Index</u>. If the auto-dialer is unable to contact you, you will be sent a letter explaining how to obtain an application.</a>”</li> <li>4. If the applicant has questions/concerns about the SBA referral or loan process, <b>SAY</b>, “<a href="#">I can transfer you to an SBA representative for them to address your issues. Please hold while I transfer you. It may take a few minutes to make the transfer. In case this call is disconnected, the SBA phone number is (800) 659-2955.</a>”;</li> <li>5. <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call; AND</li> </ol>





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If call concerns:	And:	Then:
		<p>6. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INCREASED INCOME</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Income</li> <li>d. <b>Details:</b> Increased income per applicant's request. Note if status changed from ONA FIT to SBA HAPP. Advised applicant all options for applying for an SBA disaster loan. (And any other changes made to file).</li> </ul>
1.3b Changing the <b>Income</b>	Income amount will decrease	<p>1. DO NOT change the income in the file;</p> <p>2. If the referral is SBA-HAPP, <b>SAY</b>, "<a href="#">Document your income information on the SBA loan application and return it to the SBA. The SBA will then review your case and decide what type of assistance is most appropriate in your case.</a>" If the applicant has questions/concerns about the SBA referral or loan process, <b>SAY</b>, "<a href="#">I can transfer you to an SBA representative for them to address your issues. Please hold while I transfer you. It may take a few minutes to make the transfer. In case this call is disconnected, the SBA phone number is (800) 659-2955.</a>" <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call; AND</p> <p>3. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO DECREASE INCOME</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Income</li> <li>d. <b>Details:</b> Applicant requested to decrease income amount from \$_____ to \$_____. Advised applicant that change could NOT be made over the phone. If applicable, note - Status is SBA HAPP. Advised applicant to document correct income amount on SBA loan application and return it. Note if a transfer to SBA was completed and/or if you provided the SBA number. (And any other changes made to file).</li> </ul>
1.3c Changing the <b>Income</b>	Income amount will increase or decrease; AND	<p>1. DO NOT change the income in the file;</p>



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If call concerns:	And:	Then:
	Registration Period is closed	2. If the registration period has closed for the disaster, <b>ADVISE</b> the applicant to contact the SBA at (800) 659-2955 to inform them of this change.  3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO (INCREASE/DECREASE) INCOME INCIDENT PERIOD CLOSED</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Income</li> <li>d. <b>Details:</b> Applicant requested to (increase/ decrease) income amount after registration period is closed. Advised applicant that change could NOT be made over the phone. Provided SBA phone number and advised applicant to contact the SBA and notify them of the change. If applicable, note - Status is SBA HAPP. Advised applicant to document correct income amount on SBA loan application and return it. <b>NOTATE</b> if a transfer to SBA was completed and any other changes made to the file.</li> </ol>
1.4a Changing the <b>SSN</b>	Requests to change 1 to 3 digits only; AND  Applicant has NOT received an <b>IIDV – Identity Verification Failed</b> decision.	<ol style="list-style-type: none"> <li>1. <b>VERIFY</b> the <b>SSN</b> with the applicant;</li> <li>2. <b>SAY</b>, “I will make that change for you now.”</li> <li>3. <b>CHANGE</b> up to three numbers and <b>VERIFY</b> the change before saving your work; AND</li> <li>4. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) CORRECTED <b>SSN</b></li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> <b>SSN</b></li> <li>d. <b>Details:</b> Document how many numbers changed per applicant’s request. (And any other changes made to file).</li> </ol> </li> </ol>
1.4b Changing the <b>SSN</b>	Requests to change more than 3 digits; AND	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “For your protection, FEMA guidelines DO NOT permit changes to your social security number with a phone call. Please mail or fax written documentation to FEMA that confirms your correct social security number, such as correspondence from the Social Security administration with your name and number on it – NOT just a copy of your card. The following documents are also acceptable if they include your name and correct social security number: marriage license or US Military ID. Please</li> </ol>





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If call concerns:	And:	Then:
	Applicant has NOT received an <b>IIDV – Identity Verification Failed</b> decision.	<p>include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.”;</p> <ol style="list-style-type: none"> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE SSN</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> SSN</li> <li>d. <b>Details:</b> Applicant requested to change more than 3 digits of SSN. Advised applicant to submit written documentation with name and correct SSN. Provided mailing address and fax number. (And any other changes made to file).</li> </ol> </li> </ol>
1.4c Changing the <b>SSN</b>	<p>Applicant has received an <b>IIDV – Identity Verification Failed</b> decision; AND</p> <p>Appeal letter and supporting documents NOT on file.</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “Please send a written appeal letter to FEMA with documentation that confirms your correct social security number, such as correspondence from the Social Security administration with your name and number on it – NOT just a copy of your card. The following documents are also acceptable if they include your name and correct social security number: marriage license or US Military ID. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.”;</li> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE SSN;</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> SSN; AND</li> </ol> </li> <li>4. <b>Details:</b> Applicant requested to change their SSN. Applicant previously received an IIDV decision. Advised applicant to submit a written appeal letter with documentation that includes their name and correct SSN. Provided mailing address and fax number (<b>INCLUDE</b> any other changes made to file).</li> </ol>



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If call concerns:	And:	Then:
<p>1.4d Changing the SSN</p>	<p>Applicant has received an <b>IIDV – Identity Verification Failed</b> decision; AND</p> <p>Appeal letter and supporting documents are on file.</p>	<ol style="list-style-type: none"> <li>1. <b>REVIEW</b> the <b>Overview</b> screen to determine if a WP exists in the <b>FEMA Appeal</b> queue.                             <ol style="list-style-type: none"> <li>a. If a WP DOES NOT exist, <b>CREATE a WP and ROUTE</b> to <b>FEMA Appeal</b>.</li> </ol> </li> <li>2. <b>SAY</b>, "FEMA has received your documents. They will be reviewed as soon as possible and you will be notified of the decision"; AND</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUEST TO CHANGE SSN;</li> <li>b. <b>Call Type:</b> Critical Data Change;</li> <li>c. <b>Sub-type:</b> SSN; AND</li> </ol> </li> <li>4. <b>Details:</b> Applicant requested to change their SSN. Could NOT make change because applicant's request is being reviewed in FEMA Appeal. Advised applicant they will be notified when a decision is made (<b>INCLUDE</b> any other changes made to file).</li> </ol>
<p>1.5a Changing or removing Applicant or Co-Applicant Name</p>	<p>Spelling of name needs to be corrected (not a name change or removal); AND</p> <p>Applicant has NOT received an <b>INONV – Occupancy NOT Verified</b> and/or <b>IIDV – Identity Verification Failed</b> decision.</p>	<ol style="list-style-type: none"> <li>1. <b>VERIFY</b> the name in question to confirm that the update requires only a spelling correction e.g., change GRENE to GREEN, NOT change GREEN to BROWN;</li> <li>2. <b>SAY</b>, "I will make that change for you now."</li> <li>3. <b>CORRECT</b> the spelling of the name and <b>VERIFY</b> the change by spelling it back phonetically before saving your work; AND</li> <li>4. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) CORRECTED SPELLING OF NAME</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Co-Registrant</li> <li>d. <b>Details:</b> Corrected spelling of applicant or co-applicant's name per request from applicant (<b>INCLUDE</b> any other changes made to file).</li> </ol> </li> </ol>





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If call concerns:	And:	Then:
<p>1.5b Changing or removing applicant or co-applicant name</p>	<p>Requests to change name to another name e.g., Green to Brown or remove one of the names; OR</p> <p>Applicant has received an <b>INONV – Occupancy NOT Verified</b> and/or <b>IIDV – Identity Verification Failed</b> decision.</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “For your protection, FEMA guidelines <b>DO NOT</b> permit us to [change or remove] this name in your file with a phone call. If an applicant or co-applicant name needs to be changed, please mail or fax a written request. Please include documentation, such as a driver’s license, passport, or birth certificate to support the need for a name change request. This request must be supported by a written statement <u>signed</u> by both parties. When submitting your letter, please include your full name, address, date and place of birth. Additionally, your written request must be either notarized, include a copy of a state-issued identification card, or include the following statement “I hereby declare under penalty of perjury that the foregoing is true and correct,” along with your <u>signature</u>. For requests to change an applicant or co-applicant to a different person, documentation should be for both people <u>signing</u> the request. <p><b>NOTE:</b> Removing an applicant or co-applicant name <b>DOES NOT</b> mean it will be removed from the file. The name will only be removed from the <b>Banner</b> and the household status for the individual will be changed to occupant, boarder, etc.</p> </li> <li>2. <b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b>, <b>IDV_PASS</b>, and <b>OWNV_PASS</b> (if applicable). If any of the verifications have failed, <b>REVIEW</b> submitted correspondence for acceptable documents.                         <ol style="list-style-type: none"> <li>a. If <b>NO</b> documents have been submitted <b>OR</b> the submitted documents are insufficient to prove occupancy, identity, and/or ownership (if applicable), <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.</li> <li>b. <b>ACCESS</b> the <a href="#">Occupancy Verification SOP</a>, <a href="#">Identity Verification SOP</a>, and/or <a href="#">Ownership Verification SOP</a> on the PPM to provide further guidance to the applicant regarding acceptable documents.</li> </ol> </li> <li>3. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to upload the document(s) to their DAC account online; <b>AND</b></li> <li>4. <b>ADD</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) <b>REQUEST TO CHANGE OR REMOVE NAME</b></li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Co-Registrant</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
		<p>d. <b>Details:</b> Applicant requested to change or remove the ___ name. Advised applicant they need to submit written documentation to support the request to change or remove a name. Provided applicant with the mailing address and fax number (<b>INCLUDE</b> any other changes made to file).</p>
<p>1.5c Changing or removing applicant or co-applicant name</p>	<p>Requests to remove a deceased applicant's name and replace with another household occupant</p>	<ol style="list-style-type: none"> <li>1. When an applicant passes after a registration is completed, the co-applicant can request to be made applicant. If there is NO co-applicant, a pre-disaster household occupant can be made applicant. <b>SAY</b>, "For your protection, FEMA guidelines DO NOT permit us to [change or remove] this name in the file with a phone call. If a deceased applicant's name needs to be changed, please mail or fax a written request <u>signed</u> by the requestor which includes the requestor's full name, address, date and place of birth. It must be notarized, include a copy of a state-issued identification card, or include the following statement "I hereby declare under penalty of perjury that the foregoing is true and correct." Please include a copy of the deceased applicant's death certificate (suffices in lieu of the applicant's <u>signature</u>), documentation to prove the requester occupied the damaged residence at the time of the disaster, such as, driver's license; and documentation for identity verification. Only the co-applicant or another household member can be made the applicant/co-applicant."</li> <li>2. <b>PROVIDE</b> the <u>mailing address and fax number</u> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE OR REMOVE NAME</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Co-Registrant</li> <li>d. <b>Details:</b> Co-applicant/occupant requested to change or remove the deceased applicant's name. Advised caller they need to submit written documentation to support the request to change or remove the name, including proof of occupancy and identity. Provided caller with the mailing address and fax number. (And any other changes made to file).</li> </ol> </li> <li>4. <b>ACCESS</b> the <u>Occupancy Verification</u> SOP and/or <u>Identity Verification</u> SOP on the <u>PPM</u> to provide further guidance to the applicant regarding acceptable documents.</li> </ol>





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If call concerns:	And:	Then:
1.6a Adding an Occupant	N/A	<ol style="list-style-type: none"> <li>1. If the household member was living in the home at the time of the disaster or considers the damaged dwelling to be their primary residence e.g., college students, <b>SAY</b>, “<a href="#">I can add that person now.</a>”</li> <li>2. <b>UPDATE</b> the Occupants frame on the <b>Registrant Info</b> screen. <b>NOTE:</b> Only request the co-applicant’s <b>SSN</b>. DO NOT request the <b>SSN</b> of any other occupant of the household; AND                         <ol style="list-style-type: none"> <li>a. If adding a co-applicant, the date of birth is also required.</li> </ol> </li> <li>3. <b>ADD</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) ADDED OCCUPANT</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Occupant</li> <li>d. <b>Details:</b> Added occupant per request from applicant. (And any other changes made to file).</li> </ol> </li> </ol>
1.6b Modifying Occupant Fields	N/A	<ol style="list-style-type: none"> <li>1. The occupant is currently listed in the file, <b>SAY</b>, “<a href="#">I can update that information now.</a>”</li> <li>2. <b>UPDATE</b> the Occupants frame on the <b>Registrant Info</b> screen. <b>NOTE:</b> Only request the co-applicant’s <b>SSN</b>. DO NOT request the <b>SSN</b> of any other occupant of the household; AND                         <ol style="list-style-type: none"> <li>a. If modifying the co-applicant, <b>ADD</b> the date of birth if it is NOT listed.</li> </ol> </li> <li>3. <b>ADD</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) MODIFIED OCCUPANT INFORMATION</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Occupant</li> <li>d. <b>Details:</b> Modified occupant information (modification made) per request from applicant. (And any other changes made to file).</li> </ol> </li> </ol>
1.7 Changing the Damaged Dwelling Phone Number (DPN), CPN, or	N/A	<ol style="list-style-type: none"> <li>1. <b>CONFIRM</b> the phone number and say, “<a href="#">I can change that phone number in your file right now.</a>”</li> <li>2. <b>CORRECT</b> the phone number on the <b>Registrant Info</b> screen;</li> </ol>



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Alternate Phone Number		<p>3. After you type the number in the file, <b>REPEAT</b> it back to the applicant to verify you have typed it correctly; AND</p> <p>4. <b>ADD a Contact:</b> Be sure to include the new number in the Contact Details.</p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) CHANGED (IDENTIFY) PHONE NUMBER</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Blank/CPN/Alternate Phone **</li> <li>d. <b>Details:</b> Added or changed the (identify) phone number per request from applicant. (And any other changes made to file).</li> </ul> <p><b>**NOTE:</b> Currently a Sub-Type selection for DPN (DPN#1 and DPN#2) is NOT available. Leave this field blank when changing any DPN.</p>
1.8 Changing the SMS text messages option	Applicant wants to update to use the SMS text Messages from FEMA, after registration	<p>This procedure applies if the applicant requests to change their SMS Text Preference after registration.</p> <p>1. <b>SAY;</b></p> <ul style="list-style-type: none"> <li>a. "FEMA text messages DO NOT replace mail or email."</li> <li>b. "FEMA will NOT use your phone number to track, reverse look up for any type of commercial marketing."</li> <li>c. "FEMA will NOT ask for personal information, donations, or money."</li> <li>d. "DO NOT text FEMA in the event of an emergency, call 9-1-1."</li> <li>e. "FEMA's text number is 43362 or the Inspector will utilize SMS."</li> <li>f. "Standard text messaging rates apply."; AND</li> <li>g. "Do you agree to the SMS terms? <b>SELECT: YES/NO.</b>"</li> </ul> <p>2. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) CHANGED SMS PREFERENCE</li> </ul>





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		<p>b. <b>Call Type:</b> Critical Data Change</p> <p>c. <b>Sub-Type:</b> Blank **</p> <p>d. <b>Details:</b> Applicant requested to change to SMS text messaging correspondence. (And any other changes made to file).</p> <p><b>** NOTE:</b> Currently a Sub-Type selection for SMS Preference is NOT available. Leave this field blank when changing SMS text Option Yes/NO.</p>
1.9a Changing the number of dependents	Request will decrease the number of dependents	<p>1. If the registration period is open: <b>SAY</b>, <a href="#">"I will change the information in your file now per your request."</a></p> <p>a. <b>CHANGE</b> the number on the <b>Registrant Info</b> screen;</p> <p>b. If the system indicates a change from the ONA (FIT) referral to an SBA home/personal property (HAPP) referral, <b>ADD</b> the SBA referral to the <b>Assistance</b> screen by scrolling down to the <b>SBA</b> frame and clicking the <b>Add</b> link. <b>SELECT HOME</b> in the <b>Referral Type</b> drop-down list and <b>CLICK Save</b>;</p> <p>c. <b>SAY</b>, <a href="#">"I can transfer you to an SBA representative for them to address your issues. SBA will determine whether you will receive an SBA application. Please hold while I transfer you. It may take a few minutes to make the transfer. In case this call is disconnected, the SBA phone number is (800) 659-2955."</a> <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call; AND</p> <p>d. <b>ADD</b> a <b>Contact</b>:</p> <p>i. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) REDUCED NUMBER OF DEPENDENTS</p> <p>ii. <b>Type:</b> Critical Data Change</p> <p>iii. <b>Sub-Type:</b> Number of Dependents</p> <p>iv. <b>Details:</b> Decreased number of dependents per applicant request. Note if status changed from ONA FIT to SBA HAPP and any other changes made to file.</p> <p>2. If the registration period has closed: <b>SAY</b>, <a href="#">"I am unable to make this change."</a></p> <p>a. DO NOT change the number of dependents; AND</p>



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If call concerns:	And:	Then:
		<ul style="list-style-type: none"> <li>b. <b>ADVISE</b> the applicant to contact the SBA at (800) 659-2955 to inform them of this change; AND</li> <li>c. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>i. <b>Summary:</b> FACILITY# (NPSC#) REDUCED NUMBER OF DEPENDENTS</li> <li>ii. <b>Type:</b> Critical Data Change</li> <li>iii. <b>Sub-Type:</b> Number of Dependents</li> <li>iv. <b>Details:</b> Applicant requested to decrease number of dependents. Advised to contact SBA and inform them of the change. Provided SBA customer service phone number. Note any other changes made to file.</li> </ul> </li> </ul>
1.9b Changing the number of dependents	Request will increase the number of dependents	<ul style="list-style-type: none"> <li>1. DO NOT change the number of dependents.; AND                             <ul style="list-style-type: none"> <li>a. If the referral is SBA-HAPP: <b>SAY</b>, “Please document your dependent information on the SBA loan application and return it to the SBA. They will then review your case and decide what type of assistance is most appropriate in your case.”; AND</li> <li>b. If the applicant has questions/concerns about the SBA referral or loan process, <b>SAY</b>, “I can transfer you to an SBA representative to address your issues. Please hold while I transfer you. It may take a few minutes to make the transfer. In case this call is disconnected, the SBA phone number is (800) 659-2955.” Transfer the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call.</li> </ul> </li> <li>2. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO INCREASE NUMBER OF DEPENDENTS</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Number of Dependents</li> <li>d. <b>Details:</b> Applicant requested to add number of dependents. Advised applicant that change could NOT be made over the phone. If applicable, note - Status is SBA HAPP. Advised applicant to document correct dependent information on SBA loan applicant and return it. Note if a transfer to SBA was completed and/or if you provided the SBA number. (And any other changes made to file).</li> </ul> </li> </ul>





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If call concerns:	And:	Then:
1.10a Changing or adding EFT information	The <b>Registration Status</b> screen contains <b>ANY</b> high or low risk stamps.  (Stamps include:  <b>BANK_VRFN</b> ;  <b>LTT_NDNCA</b> ;  <b>EMU_TMR</b> ;  <b>BANK_VRFN_CD</b> ;  <b>EMU_TMR_CD</b> ;  <b>BANK_VRFN_CD_HR</b> ;  <b>EMU_TMR_CD_HR</b> ;  <b>MDD_TMR</b> ; AND  <b>HRP_IDD</b> ).	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "We are not able to change or add EFT information to your application. If you are approved for any assistance, it will be issued in the form of a check."</li> <li>2. <b>REMOVE</b> any EFT information in the file.</li> <li>3. <b>RE-CONFIRM</b> the CMA and update if necessary.</li> <li>4. <b>ADD</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary</b>: <b>FACILITY#</b> (NPSC#) REQUEST TO CHANGE OR ADD EFT</li> <li>b. <b>Type</b>: Critical Data Change</li> <li>c. <b>Sub-Type</b>: EFT</li> <li>d. <b>Details</b>: Applicant requested to add/change EFT information. Unable to add/change EFT due to fraud stamps in file. (And any other changes made to file).</li> </ol> </li> </ol>
1.10b Changing or adding EFT information	There are NO high or low risk stamps in the <b>Registration Status</b> screen  (Stamps include:  <b>BANK_VRFN</b> ;  <b>LTT_NDNCA</b> ;  <b>EMU_TMR</b> ;  <b>BANK_VRFN_CD</b> ;  <b>EMU_TMR_CD</b> ;	<ol style="list-style-type: none"> <li>1. <b>VERIFY</b> the <b>EFT</b> information with the applicant or co-applicant (DO NOT provide the account number as it is considered <u>Sensitive</u> PII);                         <ol style="list-style-type: none"> <li>a. Enter only a standard Checking or Savings account number when confirming EFT account information. Any other account MUST NOT be utilized. Pre-paid credit or Pre-paid debit cards (aka Rush Cards) are NOT acceptable for use as an EFT account; AND</li> <li>b. If no acceptable accounts are available, <b>INFORM</b> the applicant/co-applicant that any potential assistance from the IHP will be received in the form of a treasury check and select <b>NO</b> for <b>EFT</b>.</li> </ol> </li> <li>2. <b>SAY</b>, "I can enter that information in your file right now."</li> <li>3. After you type the information in the file, <b>REPEAT</b> it back to the applicant/co-applicant to verify you have typed it correctly;</li> </ol>



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	<p><b>BANK_VRFN_CD_HR;</b></p> <p><b>EMU_TMR_CD_HR;</b></p> <p><b>MDD_TMR;</b> AND</p> <p><b>HRP_IDD).</b></p>	<p>4. If a payment has already been made by check, <b>SAY</b>, “You will receive a check for \$__ for (type of assistance). It has already been mailed to you. However, future payments will be issued to your bank account.”; AND</p> <p>5. <b>ADD</b> a <b>Contact</b>:</p> <p style="padding-left: 20px;">a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) CHANGED OR ADDED EFT</p> <p style="padding-left: 20px;">b. <b>Type:</b> Critical Data Change</p> <p style="padding-left: 20px;">c. <b>Sub-Type:</b> EFT</p> <p style="padding-left: 20px;">d. <b>Details:</b> Added EFT information per request from the applicant/co-applicant. (And any other changes made to file).</p>
<p>1.11a Changing application to another open disaster declaration in same state</p>	<p>Date of loss is outside incident period; AND</p> <p>State has another open declaration that includes applicant's date of loss</p>	<p>1. <b>SAY</b>, “Your damages occurred outside the disaster period for which you registered. Your situation is included in another open disaster declaration for the same state. I can initiate the process to correct this now. I will note your file with the correct disaster information. Please hold while I make the necessary changes, after which I will give you a new disaster number and registration number.”</p> <p>2. <b>CONFIRM</b> the date of loss on the <b>App Info</b> screen and make any necessary changes;</p> <p>3. <b>REVIEW</b> any other disasters with <u>open</u> registration periods to verify that another registration has NOT been made in another disaster;</p> <p>4. <b>ACCESS</b> the current file in the <b>App Update</b> and review the existing registration information from the RI History;</p> <p>5. <b>ADD</b> the following <b>Comment</b> while in <b>App Update</b>;</p> <p style="padding-left: 20px;">a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) XFER APPLICANT FROM DR XXXX TO DR XXXX</p> <p style="padding-left: 20px;">b. <b>Details:</b> This applicant has transferred from DR XXXX. The applicant was NOT registered in the correct disaster due to (Incident County, Invalid Incident, Outside the filing deadline, etc... choose correct reason)</p> <p>6. <b>MODIFY</b> the applicant's name in the original file to reflect the Disaster to which the application is being moved by doing the following;</p>





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If call concerns:	And:	Then:
		<ol style="list-style-type: none"> <li>a. <b>ACCESS</b> the <b>Registrant Info</b> screen;</li> <li>b. Double <b>CLICK</b> in the <b>Registrant</b> frame;</li> <li>c. In the first name field, <b>ENTER</b>: applicant first name;</li> <li>d. In the last name field, <b>ENTER</b>: @ DR XXXX applicant last name;</li> <li>e. Example:</li> <li>f. First name field: Jeremy</li> <li>g. Last name field: @DR 1234 Johnson</li> </ol> <p>7. Through the <b>Web RI</b> module, <b>CREATE</b> a new registration in the correct disaster using the RI History information retrieved from the previous registration. As you work, you may ask questions of the applicant to clarify and to ensure accuracy;</p> <p>8. <b>ADD</b> the following <b>Comment</b> while still in the <b>Web RI</b> module;</p> <ol style="list-style-type: none"> <li>a. <b>Summary: FACILITY#</b> (NPSC#) TRANSFERRED APPLICANT</li> <li>b. <b>Details:</b> This applicant has been transferred from DR XXXX. The applicant was NOT registered in the correct disaster due to the (Incident County, Invalid Incident, Outside the filing deadline, etc... choose correct reason)</li> </ol> <p>9. <b>PROVIDE</b> the applicant with the new registration and disaster numbers, <b>SEE</b> <a href="#">Transferring Registrations</a> SOP; AND</p> <p>10. <b>ADD</b> a <b>Contact</b> in BOTH registrations</p> <ol style="list-style-type: none"> <li>a. <b>Summary: FACILITY#</b> (NPSC#) REGISTERED IN WRONG DR</li> <li>b. <b>Type:</b> Leave blank</li> <li>c. <b>Sub-Type:</b> Leave blank.</li> <li>d. <b>Details:</b> Application moved to correct DR per applicant request. Changed date of loss in file. (And any other changes made to file).</li> </ol>



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If call concerns:	And:	Then:
1.11b Changing application to another disaster declaration in same state	<p>Date of loss is outside incident period; AND</p> <p>State DOES NOT have another open declaration</p>	<ol style="list-style-type: none"> <li>1. <b>CORRECT</b> the date of loss on the <b>Registrant Info</b> screen;</li> <li>2. <b>SAY</b>, “Your damages occurred outside the incident period for the disaster declared in your state and cannot be processed at this time. I have updated your file and, in the event that another declaration is added for your state, the system will ensure that your application is moved to it to be processed. In the meantime, you can monitor your local media for any announcements regarding a new Federal disaster declaration. If your application is processed in the future, you will receive a letter from FEMA.”; AND</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE DR</li> <li>b. <b>Type:</b> Leave blank</li> <li>c. <b>Sub-Type:</b> Leave blank.</li> <li>d. <b>Details:</b> Applicant requested to change application to another disaster, so it could be processed. Advised applicant that the state did NOT have another open declaration. Updated date of loss and advised applicant to monitor media, and that a letter would be sent from FEMA if further action was taken on the file. (And any other changes made to file).</li> </ol> </li> </ol> <p><b>Source: PPM:</b> <a href="#">Transferring Registrations</a></p>
1.11c Changing application to another disaster declaration in same state	<p>Date of loss is outside incident period; AND</p> <p>State had another <a href="#">open</a> declaration that includes applicant’s date of loss; AND</p> <p>Registration period has closed</p>	<ol style="list-style-type: none"> <li>1. <b>CORRECT</b> the <b>date of loss</b> on the <b>Registrant Info</b> screen;</li> <li>2. <b>SAY</b>, “Your damages occurred outside the incident period for the disaster declared in your state and cannot be processed at this time because that registration period is closed. Please submit a written justification as to why the registration request was NOT completed prior to the registration end date, which was _____. (Similar to the Late Registration process). Once FEMA has received your letter, it can be forwarded for possible consideration.”</li> <li>3. <b>ADD a Contact;</b> AND                     <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE DR (CLOSED REG PERIOD)</li> <li>b. <b>Type:</b> Leave blank</li> <li>c. <b>Sub-Type:</b> Leave blank.</li> </ol> </li> </ol>



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		<p>d. <b>Details:</b> Applicant requested to change application to another disaster, so it could be processed. Advised to submit a letter stating to why the registration request was NOT completed prior to the registration end date. When the letter is received, send to the FEMA IHP Specialized Processing Unit for review per PPM: <a href="#">Transferring Registrations</a> (And any other changes made to file).</p> <p>4. <b>E-MAIL</b> the case specifics to <a href="#">FEMA-IHP-Specialized-Processing-Unit</a> for processing.</p> <p><b>Source: PPM:</b> <a href="#">Transferring Registrations</a></p>
1.12 Changing date of loss	Currently outside incident period due to incorrect date	<p>1. <b>SAY</b>, "I will correct the date of your damages now."</p> <p>2. <b>CORRECT</b> the <b>date of loss</b> on the <b>App Info</b> screen;</p> <p>3. If the correct date is within the incident period, <b>SAY</b>, "The new date is within the incident period for the disaster declaration. Your file will be initiated for processing. If you DO NOT receive anything and you are NOT contacted within 5-7 business days, you may call back to check on the status of your application."; AND</p> <p>4. <b>ADD a Contact:</b></p> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) CHANGED DATE OF LOSS</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Date of Loss</li> <li>d. <b>Details:</b> Changed date of loss per applicant's request. Advised applicant that application would be processed and to call back if NOT contacted in 5-7 business days. (And any other changes made to file).</li> </ol>
1.13 Changing the Current Location	N/A	<p>1. <b>VERIFY</b> the new current location and <b>SAY</b>, "I will update your current location now."</p> <p>2. <b>UPDATE</b> the <b>Current Location</b> on the <b>Registrant Info</b> screen; AND</p> <ol style="list-style-type: none"> <li>a. From the drop-down list, <b>SELECT</b> the type of housing where the applicant is currently living. Choices include;</li> </ol>





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If call concerns:	And:	Then:
		<ul style="list-style-type: none"> <li>i. My Home</li> <li>ii. FEMA Provided Unit</li> <li>iii. Family/Friends</li> <li>iv. Hotel/Motel</li> <li>v. Homeless</li> <li>vi. Purchased New Home</li> <li>vii. Secondary Home</li> <li>viii. Tent</li> <li>ix. New Temporary Rental Unit</li> <li>x. Church/House of Worship</li> <li>xi. Place of Employment</li> <li>xii. Mass Shelter</li> <li>xiii. New Permanent Rental</li> <li>xiv. RV/Camper</li> <li>xv. My Vehicle</li> </ul> <p>b. If no other option is available, <b>SELECT My Home</b> and enter an explanation, such as shed, boat... etc.</p> <p>3. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) CURRENT LOCATION UPDATED</li> <li>b. <b>Call Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Blank **</li> <li>d. <b>Details:</b> Update applicant's current location to (change made). (And any other changes made to file).</li> </ul> <p><b>**NOTE:</b> Currently a <b>Sub-Type</b> selection for Current Location is NOT available. Leave this field blank when changing current location information.</p>
1.14a Changing Owner/ Renter or Primary Residence status	Not currently issued for inspection; AND  <b>OCCV_PASS</b> and <b>IDV_PASS</b>  <b>NOTE:</b> For all disasters prior to and including DR-4606-LA,	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "I will enter the correction now."</li> <li>2. <b>MAKE</b> the requested corrections on the <b>Registrant Info</b> screen;</li> <li>3. Refer to <a href="#">Section E.1</a> if an HA/ONA referral needs to be added;</li> </ol>



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If call concerns:	And:	Then:
	<p>individuals with an IDV_FAILED and/or OCCV_FAILED status will NOT automatically receive an Initial inspection. These individuals must submit documentation to verify their identity and/or occupancy prior to receiving an Initial inspection.</p> <p><b>NOTE:</b> For DR-4607-MI and forward, applicants that failed identity and occupancy verification post-registration will NOT be required to submit identity or occupancy documents prior to receiving an initial inspection.</p>	<ol style="list-style-type: none"> <li>4. <b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b>, <b>IDV_PASS</b>, and <b>OWNV_PASS</b> (if applicable),. If either verification is failed, <b>REVIEW</b> submitted correspondence for acceptable documents.                         <ol style="list-style-type: none"> <li>a. If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, identity, and/or ownership (if applicable), <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.</li> <li>b. <b>ACCESS</b> the <a href="#">Occupancy Verification SOP</a>, <a href="#">Identity Verification SOP</a>, and/or <a href="#">Ownership Verification SOP</a> on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents.</li> </ol> </li> <li>5. <b>ADD</b> a <b>Contact</b>; AND                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) CHANGED OWNER/RENTER OR PRIMARY RESIDENCE STATUS</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Owner/Renter or Leave blank</li> <li>e. <b>Details:</b> Corrected ___ per applicant's request. (And any other changes made to file).</li> </ol> </li> <li>6. <b>CREATE</b> a <b>WP</b>, <b>ADD</b> a <b>Comment</b>, and <b>ROUTE</b> to <b>FEMA Manual Determination</b>, if a WP DOES NOT already exist.</li> <li>7. If trained, <b>FOLLOW</b> the <a href="#">Inspection Requests and Comparisons</a> SOP to request an <b>Initial</b> inspection.</li> </ol>
1.14b Changing Owner/ Renter or Primary Residence status	Currently issued for inspection (not returned)	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "I will make a note of your request in your file; however, I cannot make the change at this time because your file has been issued for inspection. When the inspector contacts you to make an appointment, please provide this correction to them and show proof of occupancy and ownership (if applicable).";</li> <li>2. <b>PROVIDE</b> examples of documents that the applicant can use to prove occupancy and ownership (if applicable) by accessing the <a href="#">Occupancy Verification SOP</a> and/or <a href="#">Ownership Verification SOP</a> on the <a href="#">PPM</a>; AND</li> <li>3. <b>ADD</b> a <b>Contact</b>:</li> </ol>



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If call concerns:	And:	Then:
		<ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE OWNER/RENTER OR PRIMARY RESIDENCE STATUS</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Owner/Renter or Leave blank</li> <li>d. <b>Details:</b> Applicant requested ___ change. Unable to make change – currently issued for inspection. Advised applicant to give correct information to inspector and to show proof of occupancy/ownership at that time. (And any other changes made to file).</li> </ol>
1.14c Changing Owner/ Renter or Primary Residence status	Inspection completed and returned	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “For your protection, FEMA guidelines DO NOT permit us to make this change in your file with a phone call. Please mail, fax or upload a written statement to FEMA with documentation that proves you occupied the damaged home at the specified physical address as your primary residence and/or owned this home. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send. Once that documentation is received, an inspection may be performed at the updated address.”</li> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to upload the document(s) to their DAC account online; AND</li> <li>3. <b>PROVIDE</b> examples of documents that the applicant can use to prove occupancy and ownership (if applicable) by accessing the <a href="#">Occupancy Verification SOP</a> and/or <a href="#">Ownership Verification SOP</a> on the <a href="#">PPM</a>; AND</li> <li>4. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO CHANGE _____</li> <li>b. <b>Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> Owner/Renter or Leave blank</li> <li>d. <b>Details:</b> Applicant requested ___ change. Unable to make change – inspection already completed. Advised applicant to mail or fax written statement and proof of occupancy/ownership. Provided mailing address and fax number.</li> </ol> </li> </ol>

Table 6: Data Changes





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### 13. Damages in a Second Undeclared Incident



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If call concerns:	And:	Then:
<p>1.1 Applicant is registered in a declared disaster and is reporting damages from a second undeclared incident in the same state</p>	<p>The date of loss of the additional damage is outside the incident period for the declared disaster.</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “Your additional damages are outside the incident period for the disaster in which you are registered. The new damages will NOT be covered under that disaster. Please monitor your news, state, territorial, tribal, or County Emergency Management websites and FEMA.gov website to see if this new incident that caused your damages is declared or the incident period for your current disaster is extended.”</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REPORTS DAMAGE FROM UNDECLARED INCIDENT</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> Applicant Request for Inspection</li> <li>d. <b>Details:</b> Applicant is registered in DR#_____. Home received additional damage from a second undeclared incident outside the incident period of DR#_____. Confirmed/updated numbers and addresses. (Document any changes made.) Advised applicant to monitor news outlets to see if a second incident is declared or if the incident period for the current disaster is extended. Verified all other required information. (And any other changes made to file).</li> </ol> </li> </ol>



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<p>1.2 Applicant is registered in a declared disaster and is reporting damages from a second undeclared incident in the same state</p>	<p>The COD is NOT listed as an approved COD for the declared disaster.</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “The cause of damage of your additional damages are NOT an approved cause of damage for the declared disaster. The new damages will NOT be covered under that disaster. Please monitor your news, state, territorial, tribal, or County Emergency Management websites and FEMA.gov website to see if this new incident that caused your damages is declared or the cause of damage for your current disaster is added.”</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REPORTS DAMAGE FROM UNDECLARED INCIDENT</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> Applicant Request for Inspection</li> <li>d. <b>Details:</b> Applicant is registered in DR#_____. Home received additional damage from a second undeclared incident with a cause of damage NOT approved for DR#_____. Confirmed/updated numbers and addresses. (Document any changes made.) Advised applicant to monitor news outlets to see if a second incident is declared or if the cause of damages is added for the current disaster. Verified all other required information. (And any other changes made to file).</li> </ol> </li> </ol>
<p>1.3 Applicant is registered in a declared disaster and is reporting damages from a second undeclared incident in the same state</p>	<p>An inspection has been issued for the declared disaster; AND</p> <p>The date of loss of the additional damage is within the incident period for the declared disaster and is an approved COD.</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “An inspection for the original damages to your home has already been issued. An inspector should contact you within the next few days to set up an appointment to examine all the damages to your home. If you don’t hear from the inspector within the next 7 days, please call back to check on the status of your file.</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REPORTS DAMAGE FROM UNDECLARED INCIDENT</li> <li>b. <b>Call Type:</b> HA Program Requests</li> <li>c. <b>Sub-Type:</b> Applicant Request for Inspection</li> <li>d. <b>Details:</b> Applicant is registered in DR#_____. Home received additional damage from a second undeclared incident within the incident period of DR#_____. Inspection issued on _____. Confirmed/updated phone numbers and addresses. (Document any changes made.) Verified all other required information.</li> </ol> </li> </ol>

Table 7: Damages in a Second Undeclared Incident





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### 14. Late Application issues

If call concerns:	And:	Then:
<p>1.1 Status of late application request</p>	<p>Late application request letter in file</p> <p>No action taken</p>	<ol style="list-style-type: none"> <li>1. If the file is in the <b>Info Control – Supervisor</b> subqueue and the late application request letter states why the applicant could NOT apply within the registration period, <b>SAY</b>, “<a href="#">Your late application request has been received. A review of your request will be completed by a specialized group and, if approved, your registration will be adjusted so that it may process through the system. If you have NOT heard from us within 14 days, please call again to check the status of your case.</a>”</li>   <li>2. If the file is in the <b>Info Control – Supervisor</b> sub queue and the late application request letter DOES NOT state why the applicant could NOT apply within the registration period, <b>SAY</b>, “<a href="#">For your late application request to be considered, you must explain in writing what circumstances prevented you from applying within the normal registration period, which closed on (give date), this information is missing from the letter you supplied.</a>” See the <a href="#">Disaster Specific Page</a> for the RI filing deadline. “<a href="#">Your request must be received 60 days from the date of the letter you received, it also includes some examples of circumstances that caused your delay.</a>”</li>   <li>3. If the request for late application approval was inadvertently routed to the <b>FEMA Manual</b> queue:                         <ol style="list-style-type: none"> <li>a. <b>SAY</b>, “<a href="#">Your documentation is in your file; however, your request has NOT yet been reviewed. I am sending an email to the specialized group in charge of these requests. If approved, your application will be adjusted so that it may process through the system. If you have NOT heard from us within 14 days, please call again to check the status of your case.</a>”</li>   <li>b. <b>PLACE</b> the case on <b>Hold Any User</b>.</li>   <li>c. <b>E-MAIL</b> the case details to <a href="#">FEMA IHP Specialized Processing Unit</a> following standard procedures. See <a href="#">Late Application</a> SOP to determine if the Region or NPSC is the late application review authority.</li> </ol> </li>   <li>4. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) HA/ONA LATE APP STATUS CHECK</li>   <li>b. <b>Call Type:</b> HA/OTH Program Requests</li>   <li>c. <b>Sub-Type:</b> Processing Delay Action Request</li>   <li>d. <b>Details:</b> Applicant requested status of late application request. Give results per applicable bullets 1, 2, or 3 above).</li> </ol> </li> </ol>



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1.2 Status of late application request	Applicant states they sent the late application request letter; AND  Letter is NOT in the file	1. If the letter is NOT in the applicant’s file, see Section C. Correspondence Issues, parts <a href="#">3.5a</a> and <a href="#">3.5b</a> of this document.
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Table 8: Late Application Issues

15. Closing Remarks

If call concerns:	Then
2.1 Prior to closing an incoming call	1. <b>SAY:</b> “Mr./Ms.____, do you have any additional questions? Please contact us again if you need further assistance with your recovery process. For your records, my name is ____ and my personal identification number is ____.”; AND  2. <b>END</b> on a personal note, such as: [wish applicant good luck with their recovery process; you hope things start looking up for them; or refer to something they said during the conversation].

Table 9: Closing Remarks

16. Warm Transfer Instructions

a. Warm Call Transfer Procedure

i. A warm transfer is completed by:

1. Introducing the call to the receiving staff member;
2. Confirming to the receiving staff member that the caller has verified all information;
3. Providing the **Rgsn ID** number;
4. Outlining the topic of the call;
5. Closing the conversation with the caller; AND



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6. Exiting the call.

### 17. **Comments** and **Contacts**

- a. **Comments** and **Contacts** allow end-users to record information that is either required as documentation of processing decisions or is helpful in the tracking of casework. Managers, other NPSC caseworkers, various auditing sources, and staff from other FEMA offices view these entries, and therefore, they must be as concise as possible while also including the important information discussed on the call.
- i. A **Contact** tracks every interaction or attempt to get in touch with someone by telephone or in person. This includes incoming or outgoing conversations with applicants or other people such as insurance agents, motel managers, landlords, etc.
  - ii. A **Comment** tracks every action taken by a caseworker in the file.
  - iii. A separate **Comment** is NOT required during Helpline when all of the necessary elements are included in a required **Contact**.
  - iv. If staff are unable to add a **Comment/Contact** because the system is down: **TAKE** note of the information and **ENTER** a **Comment/Contact** once able to do so. If necessary, coordinate time to complete this function with the appropriate Supervisor/POC.

**REMINDER:** DO NOT enter any FEMA employee information, such as name, PIN, or other identifier, in a **Contact** or **Comment**.

- [Creating Contacts and Completing Casework while on Caller Services](#)
- [Creating Comments and Sending Emails](#)
- [Using Contact Examples](#)

### 18. Creating **Contacts** and Completing Casework while on Caller Services





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### a. Creating **Contacts**

- i. It is essential that a history of the call is recorded in the **Events Log** whether the call is applicant-initiated or FEMA-initiated. Users **MUST GENERATE** a **Contact** every time the applicant calls. These **Contacts** (no matter how brief) assist future caseworkers, reviewers, and auditors to determine exactly what interaction occurred between the applicant and FEMA.

### b. **Contact** Format

<b>Summary:</b>	All Summaries begin with the FACILITY# (NPSC#) e.g. 91, 92, or 93, followed by a short summary of what the call concerned. USE ALL CAPITAL LETTERS TO ENTER SUMMARY LINE TEXT.
<b>Contact:</b>	<b>SELECT</b> the general reason for the call from the Contact list.
<b>Spoke To:</b>	<b>ENTER</b> the name of the person with whom staff spoke to e.g., applicant in this field.
<b>Call Type:</b>	<b>SELECT</b> the category that best describes the call from the drop-down list. For the scenarios described in this document, recommendations are provided.
<b>Call Sub-Type:</b>	This list will change based on the <b>Call Type</b> chosen. For the scenarios described in this document, recommendations are provided.
<b>Email:</b>	This field is NOT generally required.
<b>Phone Number:</b>	This field will include the phone number called when an outbound call is made. Leave blank when recording inbound calls.
<b>Details:</b>	<b>ENTER</b> details of the call. <b>AVOID</b> non-standard abbreviations. Text will be written using sentence structure in upper or lower case.

Table 10: Creating Contacts and Completing Casework while on Caller Services

### c. **Contact** Example

If a call refers to an HA issue, **SELECT HA** items from the drop-down list. If a call refers to an ONA issue, **SELECT OTH** items from the drop-down list.

Applicant call to report home is now accessible for inspection		Applicant call to add damages- previously unknown	
<b>Summary:</b>	<b>FACILITY#</b> (NPSC#) HOME ACCESSIBLE	<b>Summary:</b>	<b>FACILITY#</b> (NPSC#) HOME DAMAGE = YES
<b>Contact:</b>	Incoming Call	<b>Contact:</b>	Incoming Call
<b>Spoke to:</b>	Applicant	<b>Spoke to:</b>	Applicant
<b>Call Type:</b>	HA/OTH Program Request	<b>Call Type:</b>	HA/OTH Program Request
<b>Call Sub-type:</b>	HA/OTH Status Check	<b>Call Sub-type:</b>	HA/OTH Status Change Request



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**Details:** Advised applicant that file will be sent for inspection. Inspector should contact applicant within 14 days. If no contact after 14 days, call back.

**Details:** Advised applicant that file will be sent for inspection. Inspector should contact app within 14 days. If no contact after 14 days, call back.

**Applicant call for a status check for Housing assistance**

**Applicant call for a status check for Personal Property assistance**

**Summary:** FACILITY# (NPSC#) HA INSURANCE INQUIRY  
**Contact:** Incoming Call  
**Spoke to:** Applicant  
**Call Type:** HA Program Request  
**Call Sub-type:** HA Status Check  
**Details:** Advised applicant that an insurance settlement is needed before processing can take place. Gave FEMA address and FAX number to app.

**Summary:** FACILITY# (NPSC#) ONA STATUS CHECK  
**Contact:** Incoming Call  
**Spoke to:** Applicant  
**Call Type:** OTH Program Request  
**Call Sub-type:** OTH Status Check  
**Details:** Advised applicant that application is being processed.

Table11: Contact Example

d. Completing Casework

- i. Staff trained in a specific queue e.g., **FEMA Manual Determination**, MUST complete any casework that is required to resolve the applicant’s issue at the time of the call. When staff are NOT trained in the specific queue/process, **ADD** a **Comment** to explain the actions taken, **CREATE** a WP (if appropriate per **FEMA Manual Guidelines**), and **ROUTE** to the correct queue for processing. See [Appeal Issues](#) for Appeal issues & [Recoupment Issues](#) for Recoup issues. (**NOTE:** There are occasions when disaster-specific work requirements dictate that Caller Services staff DOES NOT complete some/all casework at the time of the call.)
- ii. **COMPLETE** case review, documentation, and assessments during the call while the caller is online. However, staff will enter one of the following codes into the phone if the caller is disconnected or more time is needed to complete work after the call.
- iii. For C3MP, follow the [C3MP Agent User Guide](#) for Aux Code identification.

19. Creating **Comments** and Sending Emails

a. Creating **Comments**

- i. **Comments** are essential for tracking what has happened to a case and why decisions were made. Once saved, **Comments** (and **Contacts**) are permanent entries in the file and CANNOT be deleted or modified without supervisor intervention. **Comments** detail the reasoning behind any actions taken, including eligibility decisions, manual routing events, and any data changes. As with **Contacts**, anyone reviewing the case in the future will see





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the **Comments**, including applicants that may request their file; therefore, they must NOT include cryptic abbreviations, acronyms or opinion statements.

b. **Comment Format:**

<b>Summary:</b>	The Summary begins with the <b>FACILITY#</b> (NPSC#) e.g. 91, 92, or 93 and then a short description of what the call concerned. This indicates any actions taken (data changes, new inspections, etc.) <b>USE ALL CAPITAL LETTERS TO ENTER SUMMARY LINE TEXT.</b>
<b>Send to Inspector:</b>	Default is NO. Current procedures are to leave this field as No. The Inspection Services Task Monitor will make the determination whether or NOT to send the <b>Comment</b> to the Inspector.
<b>Comment Text:</b>	Use this field to explain an action taken in the file. The <b>Comment</b> will be concise, but the details <b>MUST</b> include the issue that prompted the action (identify), case specifics that support the action (verify), the action taken or recommended (specify), and details that support the decision (justify). Avoid non-standard abbreviations and always include the justification for the action. Text may be written using sentence structure in upper or lower case. See <a href="#">18.c</a> for additional information.

Table12: Comment Format

c. **Comment** text should include:

- i. **IDENTIFY:** Briefly **EXPLAIN** how the WP came into queue.
- ii. **VERIFY: RECORD** any information gathered from the case review which helped in reaching the determination.
- iii. **SPECIFY:** Briefly **EXPLAIN** any action taken as a result of the case review and the final decision. If ineligible,
- iv. **EXPLAIN** the ineligibility reason. If eligible, **EXPLAIN** the award and what it is for.
- v. **JUSTIFY:** Briefly **EXPLAIN** how the determination was made. What guidance was used for the determination?
- vi. **ROUTE to: EXPLAIN** to which queue the WP will be routed.

d. Sending an Email

- i. The main purpose of the email function is to provide a written mode of communication among supervisors, processors, and other departments about applicants and their files that need special attention.





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20. Using Contact Examples

- a. Because HA and ONA issues are combined in one **Contact**, these procedures reference HA and ONA interchangeably in the Contact examples.

**B. Correspondence Issues**

- [Correspondence Issues](#)
- [Request for File Information](#)
- [Information Request to the FEMA Mailroom](#)
- [Written Consent Guidelines](#)

1. Correspondence Issues

If call concerns:	And:	Then:
3.1a Copy of letter previously sent to applicant in same Language  Correspondence preference – US Postal Service	Original mailed more than 14 days ago  The letter has NOT been returned to FEMA  Copy NOT previously requested	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “I can regenerate this letter for you. It should be delivered by the US Postal Service within 10 to 14 days. Please note that the letter will include the same date as the prior letter and your appeal period is NOT extended in any way with this letter regeneration.”</li> <li>2. On the <b>Registrant Info</b> screen;                         <ol style="list-style-type: none"> <li>a. <b>VERIFY</b> the <b>CMA</b> and update as needed.</li> </ol> <p><b>NOTE:</b> You may see instances when an updated <b>CMA</b> is different from the address on the original letter. A cover page is included with every letter printed from NEMIS, both new and copies. The cover page will show the <b>CMA</b> in the applicant’s NEMIS file at the time the cover page was printed to ensure that the letters are mailed to the correct updated address.</p> </li> <li>3. On the <b>Communication</b> screen, from the <b>Outgoing Correspondence</b> frame; AND                         <ol style="list-style-type: none"> <li>a. <b>SELECT</b> the appropriate letter; AND</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
		<p>b. <b>CLICK</b> on the <b>Regenerate</b> link.</p> <p>4. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST REMAIL OF [LETTER CODE] LETTER</p> <p>b. <b>Call Type:</b> Applicant Document Request</p> <p>c. <b>Sub-Type:</b> Letters Associated with Applicant File</p> <p>d. <b>Details:</b> Applicant requested copy of letter _____. Verified <b>CMA</b> and all required information. Letter was sent to applicant originally on [date]. Regenerated requested letter. (And any other changes made to file).</p> <p><b>NOTE:</b> DO NOT regenerate any letter related to an applicant's recoupment. See <a href="#">Recoupment Issues</a>, of this Helpline Reference Guide.</p>
<p>3.1b Copy of letter previously sent to applicant in same Language</p> <p>Correspondence preference – E-Correspondence</p>	<p>Original available in DAC-AI account more than 14 days ago</p> <p>Copy NOT previously requested</p>	<p>1. <b>SAY</b>, “<a href="#">We can resend a notification for you. Please access your personal account in Disaster Assistance.gov to view the letter. The date on the letter will be the same as when you were first notified. Let me verify your e-mail address.</a>”</p> <p>2. On the <b>Registrant Info</b> screen;</p> <p>a. <b>VERIFY</b> the applicant's e-mail address and <b>EDIT</b> as necessary.</p> <p>3. On the <b>Communication</b> screen;</p> <p>a. From the <b>Outgoing Correspondence</b> frame, <b>HIGHLIGHT</b> letter for which the e-mail notification is to be sent again.</p> <p>4. <b>CLICK</b> the <b>Resend</b> link: NEMIS tracks the number of attempts to resend the notification. If after three times, the email notification is NOT able to be sent, a WP is created and sent to the <b>Return Work</b> mail queue for verification of the email address.</p> <p>5. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUESTING RESEND LETTER</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p>



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If call concerns:	And:	Then:
		<p>c. <b>Sub-Type:</b> HA/OTH Status Check</p> <p>d. <b>Details:</b> Applicant requested that a letter be resent. Correspondence preference – E- Correspondence. Explained that the date on the letter will be the same and that another notification would be sent to their e-mail address. Verified e-mail address and all required information. (And any other changes made to file).</p>
<p>3.1c For English or Spanish languages ONLY</p> <p>Copy of letter previously sent to applicant in different Language</p> <p>Correspondence preference –US Postal Service</p>	<p>Original mailed more than 14 days ago</p> <p>Copy in different language NOT previously requested</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “I am requesting that a copy of the letter in (choose either English or Spanish) be mailed to you. It should be delivered by the US Postal Service within 10 to 14 days.”</li> <li>2. On the <b>Registrant Info</b> screen;                         <ol style="list-style-type: none"> <li>a. <b>VERIFY</b> the <b>CMA</b> and update as needed; AND</li> <li>b. <b>UPDATE</b> the Language preference to either <b>English</b> or <b>Spanish</b></li> </ol> </li> <li>3. On the <b>Communication</b> screen in the <b>Outgoing Correspondence</b> frame;                         <ol style="list-style-type: none"> <li>a. <b>SELECT</b> the appropriate letter to be regenerated.</li> </ol> </li> <li>4. <b>CHOOSE Regenerate</b>;</li> <li>5. When the pop-up appears “<b>Are you sure you want to regenerate the selected letters in English/Spanish,</b>” <b>CLICK Yes</b>; AND                         <p><b>NOTE:</b> You may see instances when an updated <b>CMA</b> is different from the address on the <b>regenerated</b> letter. A cover page is included with every letter, both new and copies, printed from NEMIS. The cover page will show the <b>CMA</b> in the applicant’s NEMIS file at the time the cover page was printed to ensure that the letters are mailed to the correct updated address.</p> </li> <li>6. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUEST REGENERATED LETTER IN (ENGLISH/SPANISH)</li> <li>b. <b>Call Type:</b> Applicant Document Request</li> <li>c. <b>Sub-Type:</b> Letters Associated with Applicant File</li> </ol> </li> </ol>





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<p>3.1d For English or Spanish languages ONLY</p> <p>Copy of letter previously sent to applicant in different Language</p> <p>Correspondence preference – E-Correspondence</p>	<p>Original available in DAC-AI account more than 14 days ago</p> <p>Copy in different language NOT previously requested</p>	<p>d. <b>Details:</b> Applicant requested ___ letter be regenerated in (English/Spanish). Verified <b>CMA</b> and all required information. Letter was sent to applicant originally on [date]. Regenerated requested letter(s) due to change of language from ___ to ___. (And any other changes made to file).</p> <p><b>NOTE:</b> This procedure applies if the applicant wants to modify their letters to a different language from DR 1969 NC forward. The original created date will be visible on the new correspondence</p> <ol style="list-style-type: none"> <li>1. <b>SAY</b>, “I am requesting that a copy of the letter in (choose either English or Spanish) be placed in your Disaster Assistance Center account. You will receive notice through your email when the letter is available.”</li> <li>2. On the <b>Registrant Info</b> screen;                         <ol style="list-style-type: none"> <li>a. <b>VERIFY</b> the e-mail address and <b>EDIT</b> as needed; AND</li> <li>b. In the <b>Registrant</b> frame, <b>UPDATE</b> the Language preference to either <b>English</b> or <b>Spanish</b></li> </ol> </li> <li>3. On the <b>Communication</b> screen in the <b>Outgoing Correspondence</b> frame;                         <ol style="list-style-type: none"> <li>a. <b>SELECT</b> the appropriate letter to be resent</li> </ol> </li> <li>4. <b>CLICK Regenerate</b>;</li> <li>5. When the pop-up appears “<b>Are you sure you want to regenerate the selected letters in English/Spanish,</b>” <b>CHOOSE Yes</b>; AND                         <p><b>NOTE:</b> You may see instances when an updated <b>CMA</b> is different from the address on the <b>regenerated</b> letter. A cover page is included with every letter, both new and copies, printed from NEMIS. The cover page will show the <b>CMA</b> in the applicant’s NEMIS file at the time the cover page was printed to ensure that the letters are mailed to the correct updated address.</p> </li> <li>6. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUEST REGENERATED LETTER IN (ENGLISH/SPANISH)</li> <li>b. <b>Call Type:</b> Applicant Document Request</li> <li>c. <b>Sub-Type:</b> Letters Associated with Applicant File</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
<p>3.1e For a copy of a letter in languages other than English or Spanish</p> <p>Correspondence preference: US Postal Service or E-correspondence</p>	<p>Letter is 90-69 COVER LETTER, 90-69 REF, AACK, ARC, DUP, NCOMP, NII, NNPR, NOP, NLATE, RCRTDCN, or NUC. (This is NOT a comprehensive list.)</p> <p>Copy in different language NOT previously requested</p>	<p>d. <b>Details:</b> Applicant requested ___ letter be regenerated in (English/Spanish). Verified e-mail address and all required information. Letter was sent to applicant originally on [date]. Regenerated requested letter(s) due to change of language from ___ to _____. (And any other changes made to file).</p> <ol style="list-style-type: none"> <li>1. This procedure applies if the applicant requests (verbally/in writing) a copy of their letters in a language other than Spanish/English. The original created date will be visible on the new correspondence and the translation will NOT extend any associated timers.</li> <li>2. Staff MUST use the language line if they DO NOT speak the same language as the caller;</li> <li>3. If someone other than the applicant calls, <b>VERIFY</b> there is Written Consent in the file to release information to the caller;</li> <li>4. If Written Consent is NOT in the file, <b>EXPLAIN</b> to the caller/applicant the <a href="#">Written Consent Guidelines</a>. See <a href="#">Written Consent and Sharing Applicants Information</a> for additional information.                         <ol style="list-style-type: none"> <li>a. Say, "I am requesting a copy of the letter(s) in (specify language) be sent to you. Your translated letter(s) will be delivered by the US Postal Service to the mailing address on file. If you require any additional letters in this language, please call or write to FEMA and-request a translation."</li> </ol> </li> <li>5. On the <b>Registrant Info</b> screen;                         <ol style="list-style-type: none"> <li>a. <b>VERIFY</b> the <b>CMA</b> and update as needed; AND</li> <li>b. <b>VERIFY</b> the Language preference = English.</li> </ol> </li> <li>6. <b>E-MAIL</b> the <a href="#">FEMA-IHP-MAILROOM</a> to request the letter in the specific language;                         <ol style="list-style-type: none"> <li>a. <b>Subject line:</b> Request for copy of letter; AND</li> <li>b. <b>Body:</b> Include the disaster number, registration number, applicant's first and last name, letter code, letter generated date, and specify the language.</li> </ol> </li> <li>7. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TRANSLATION OF (LETTER CODE) LETTER</li> <li>b. <b>Call Type:</b> Applicant Document Request</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
		<p>c. <b>Sub-Type:</b> Letters Associated with Applicant File.</p> <p>d. <b>Details:</b> Applicant requested a copy of ___ letter(s) in ___ (specify language). Verified <b>CMA</b> and all required information. First Letter was generated on [date]. Emailed translation request to mailroom. Explained the letter will arrive via the USPS and a translation request must be made for each new letter. (If applicable, explained Written Consent guidelines). (And any other changes made to file).</p>
3.2 Request a copy of file or inspection report		<p>1. <b>SAY</b>, "Please submit a written request for a copy of your file". "To help protect your privacy you must submit";</p> <p>a. A written request with your full name (first and last),</p> <p>b. Your date and place of birth,</p> <p>c. Your current address (mailing or damaged dwelling), AND</p> <p>d. Your request must be <u>signed</u> and must:</p> <p style="margin-left: 20px;">i. Be notarized, OR</p> <p style="margin-left: 20px;">ii. Include the following statement: "I hereby declare under penalty of perjury that the foregoing is true and correct."</p> <p>2. <b>PROVIDE</b> the <u>mailing address and fax number</u> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND</p> <p>3. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUESTED ___</p> <p>b. <b>Call Type:</b> Applicant Document Request</p> <p>c. <b>Sub-Type:</b> Letters Associated with Applicant File</p> <p>d. <b>Details:</b> Applicant requested ____. Advised applicant to send a written request. Provided mailing address and fax number. (And any other changes made to file).</p>
3.3 Questions about HA/ONA letter		<p>1. <b>ACCESS</b> the letter in the applicant's file;</p> <p>2. <b>REVIEW</b> the letter with the applicant; AND</p>





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If call concerns:	And:	Then:
		<ol style="list-style-type: none"> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) HA/ONA REQUEST</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-type:</b> HA Letter Information</li> <li>d. <b>Details:</b> Applicant had questions about letter previously sent. Accessed letter and reviewed with applicant. (And any other changes made to file).</li> </ol> </li> </ol>
3.4a Questions about SBA decline letter	<p><b>Banner: SBA = HAPP</b></p> <p>WP NOT in FEMA Manual Determination</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "I would recommend that you call the SBA regarding your application using the phone number in the materials you received with your loan packet from SBA." (If the applicant DOES NOT have an SBA phone number or CANNOT locate it, advise them to call the SBA at (800) 659-2955.); AND</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) SBAR/SBANR LETTER INFORMATION</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-type:</b> HA Letter Information</li> <li>d. <b>Details:</b> Applicant had questions about SBA decline letter. SBA status is HAPP. Advised applicant to call SBA. (And any other changes made to file).</li> </ol> </li> <li>3. DO NOT create a WP. When the SBA decline letter is sent, the file is automatically sent to the NPSC Program Review queue for a decision to process or NOT process additional ONA.</li> </ol>
3.4b Questions about SBA decline letter	<p><b>Banner: SBA = Review</b></p> <p>WP in FEMA Manual Determination</p>	<ol style="list-style-type: none"> <li>1. <b>VERIFY</b> the contact information;</li> <li>2. <b>SAY</b>, "Your file has returned from the SBA and is pending review (or inspection, if applicable) If you DO NOT hear or receive anything within 7 days, please call back after that to check on the status of your case."; AND</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) SBAR/SBANR LETTER INFORMATION</li> </ol> </li> </ol>



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		b. <b>Call Type:</b> HA Program Request c. <b>Sub-type:</b> HA Letter Information d. <b>Details:</b> Document information given to the caller. (And any other changes made to file). 4. If the applicant has questions concerning the SBA denial and/or wants to appeal the denial decision with the SBA, <b>PROVIDE</b> them with the SBA Regional Office phone number (800) 659-2955.
3.5a Confirmation of receipt of <b>letter or fax sent to FEMA</b> for applicant's file	Sent less than: <ul style="list-style-type: none"> <li>• FAX – 5 days ago</li> <li>• Mail – 14 days ago</li> </ul> Not received	1. <b>SAY</b> , "It can take (fax – 5 days, mail – 14 days) to be added to a file. At this time, the letter/fax you referred to has NOT been added." - <b>CONFIRM</b> the <a href="#">address or fax number</a> the documents were sent to; 2. <b>SAY</b> : "Please wait until [specify day] to call back to confirm it has been received."; AND 3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUESTING CONFIRMATION OF RECEIPT OF LETTER/FAX SENT</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> HA/OTH Status Check</li> <li>d. <b>Details:</b> Applicant requested confirmation that letter/fax sent to FEMA on ____ was received. Document NOT received. Advised applicant to call back on _____ to check status. (And any other changes made to file).</li> </ol>
3.5b Confirmation of receipt of <b>letter or fax sent to FEMA</b> for applicant's file	Sent more than: <ul style="list-style-type: none"> <li>• FAX – 5 days ago</li> <li>• Mail – 14 days ago</li> </ul> Not received	1. <b>SAY</b> , "We have NOT received your letter/fax. I recommend that you resubmit your documentation. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."; 2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to upload the document(s) to their DAC account online; AND 3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUESTING CONFIRMATION OF RECEIPT OF LETTER/FAX SENT</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> </ol>



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If call concerns:	And:	Then:
		<p>c. <b>Sub-Type:</b> HA/OTH Status Check</p> <p>d. <b>Details:</b> Applicant requested confirmation that letter/fax sent to FEMA on _____ was received. Document NOT received. Advised applicant to resend letter/fax and enter name, SSN, Rgsn ID number, and DR number on all pages. (And any other changes made to file).</p>
<p>3.6 Documents indexed into wrong file (determined while reviewing applicant's file)</p>		<ol style="list-style-type: none"> <li>1. <b>COMPLETE</b> the call regarding the reason that this applicant called.</li> <li>2. <b>E-MAIL</b> the FEMA Mailroom at <a href="mailto:FEMA-IHP-MAILROOM">FEMA-IHP-MAILROOM</a> with the Subject Line, (NPSC#) DOC INDEXED INTO WRONG FILE, to request that the document be transferred to the correct file and include the following details in the message:                         <ol style="list-style-type: none"> <li>a. Disaster number</li> <li>b. Registration number</li> <li>c. Applicant's name</li> <li>d. Indexed date</li> <li>e. Doc# _____ needs to be transferred to:                                 <ol style="list-style-type: none"> <li>i. Disaster number for correct file</li> <li>ii. Registration number for correct file</li> <li>iii. Applicant's name for correct file.</li> </ol> </li> </ol> </li> <li>3. <b>ADD a Contact</b> to note that you e-mailed the request to the Mailroom. (And any other changes made to file).</li> </ol>





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		<p>4. <b>ADD</b> a <b>Comment</b> in the wrong file:</p> <p style="margin-left: 20px;">a. <b>Summary:</b> FACILITY# (NPSC#) DOC INDEXED INTO WRONG FILE</p> <p style="margin-left: 20px;">b. <b>Details:</b> Emailed mailroom to request transfer of document to correct file.</p>
3.7a Correspondence Preference change to E-Correspondence with E-mail notification	Applicant has personal account in <a href="http://www.disasterassistance.gov">www.disasterassistance.gov</a>	<p>1. <b>SAY</b>, "Your preference can be changed to E-Correspondence so that you can view your letters electronically. Do you have a personal account set up in the Disaster Assistance Center at <a href="http://www.disasterassistance.gov">www.disasterassistance.gov</a>;</p> <p style="margin-left: 20px;">a. If <b>No</b>, go to <a href="#">3.7c</a>; OR</p> <p style="margin-left: 20px;">b. If <b>Yes</b>, <b>CONTINUE</b> to step 2.</p> <p>2. <b>SAY</b>, I am required to Read the Terms of Electronic Correspondence to you. "You have selected to receive notification of new correspondence from FEMA via E-mail. All FEMA communications will be posted to your Disaster Assistance Center (DAC) account. You will NOT receive any communication by standard postal mail. If you DO NOT receive an e-mail from FEMA within the next 7-10 days, please call the FEMA Helpline at (800) 621-3362 to have your e-mail address confirmed. Please be sure to check your spam mailbox and add FEMA to your safe list to ensure that you receive all correspondence. Applicants are responsible for viewing all correspondence from FEMA. You may change your correspondence preference at any time by calling the FEMA Helpline or logging into your Disaster Assistance Center account and selecting 'preferences' from the Correspondence page."</p> <p>3. <b>SAY</b>, "Do you agree to the terms of Electronic Correspondence?" Applicant's response <b>Yes</b> or <b>No</b>.</p> <p style="margin-left: 20px;">a. If <b>No</b>, they DO NOT agree to the terms of Electronic Correspondence, <b>SAY</b>, "Your correspondence from FEMA will continue to be delivered by the US Postal Service. You can check the status of your application from your Disaster Assistance Center account. If you change your mind, please call our Helpline."</p> <p style="margin-left: 20px;">b. If <b>Yes</b>, they do agree, <b>SAY</b>, "When a letter is generated by FEMA an E-mail will be sent notifying you to check your Disaster Assistance Center account, so that you can view the correspondence. Letters can only be viewed from your personal account set up in the Disaster Assistance Center system, NOT from your e-mail account. In addition, if you choose the e-mail preference, you will no longer receive letters from FEMA delivered by the US Postal Service only e-mails for you to view these letters from your Disaster Assistance Center account. Remember, you can change this setting any time by calling our Helpline if you want to receive your letters by USPS.";</p>



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		<ol style="list-style-type: none"> <li>4. Make changes in on the <b>Registrant Info</b> screen; AND                             <ol style="list-style-type: none"> <li>a. <b>CHANGE E-Correspondence</b> from “No” to “Yes”;</li> <li>b. <b>SAY</b>, “<a href="#">Let me verify your e-mail address.</a>”; AND</li> <li>c. <b>ADD</b> or <b>EDIT</b> e-mail address. <b>VERIFY</b> e-mail address by reading it back to applicant.</li> </ol> </li> <li>5. <b>ADD</b> a <b>Contact</b>:                             <ol style="list-style-type: none"> <li>a. <b>Summary: FACILITY#</b> (NPSC#) REQUESTING E-CORRESPONDENCE</li> <li>b. <b>Details:</b> Updated E-correspondence with e-mail notification per applicant’s request. (And any other changes made to file).</li> </ol> </li> </ol>
3.7b Correspondence Preference change to <b>E-Correspondence</b> with E-mail notification	<b>IDV_FAILED</b> at RI	<ol style="list-style-type: none"> <li>1. If the applicant’s identity fails at RI (<b>IDV_FAILED</b> in the <b>Registration Status</b> screen and the <b>Banner</b>), changing the correspondence preference to <b>E-Correspondence</b> is NOT allowed;</li> <li>2. If after corrections to name, <b>SSN</b>, and/or <b>DOB</b>, the identity is cleared by NEMIS public records verification and the <b>Registration Status</b> screen shows <b>IDV_PASS</b>, a change from <b>US Postal Mail</b> to <b>E-Correspondence</b> with E-mail notification is allowed; AND                             <ol style="list-style-type: none"> <li>a. The applicant will be able to only view letters from the date of change forward in their DAC-AI account; AND</li> <li>b. Copies of letters dated prior to the change will have to be requested following posted guidance (see <a href="#">3.1a</a> in this document).</li> </ol> </li> <li>3. If after corrections to name, <b>SSN</b>, and/or <b>DOB</b>, the identity is NOT cleared by NEMIS public records verification but rather is manually set to <b>Verified</b> on the <b>Info Control</b> screen, and the <b>Registration Status</b> screen still shows <b>IDV_FAILED</b>, a change from <b>US Postal Mail</b> to <b>E-Correspondence</b> with E-mail notification is NOT allowed.                             <ol style="list-style-type: none"> <li>a. A DAC-AI account CANNOT be created for this applicant.</li> <li>b. The applicant will continue to receive their correspondence via the <b>US Postal Service</b>.</li> </ol> </li> </ol>
3.7c Correspondence	Applicant has no personal account in	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “<a href="#">Your preference can be changed to E-Correspondence so that you can view your letters electronically. Let me verify your e-mail address.</a>”</li> </ol>





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<p>Preference change to <b>E-Correspondence</b> with Email notification</p>	<p><a href="http://www.disasterassistance.gov">www.disasterassistance.gov</a></p>	<p><b>NOTE:</b> An e-mail address is required to be on file prior to the first login to the DAC-AI account to receive a one-time PIN allowing access to their records online.</p> <ol style="list-style-type: none"> <li>2. <b>SAY</b>, “I am required to Read the Terms of Electronic Correspondence to you. You have selected to receive notification of new correspondence from FEMA via E-mail. All FEMA communications will be posted to a Disaster Assistance Center (DAC) account for you. You will have to create your Disaster Assistance Center account in order to view or print the correspondence via the Disaster Assistance Center Correspondence page. You will NOT receive any communication by standard postal mail. If you DO NOT receive an e-mail from FEMA within the next 7-10 days, please call the FEMA Helpline at (800) 621-3362 to have your e-mail address confirmed. Please be sure to check your spam mailbox and add FEMA to your safe list to ensure that you receive all correspondence. Applicants are responsible for viewing all correspondence from FEMA. You may change your correspondence preference at any time by calling the FEMA Helpline or logging into your Disaster Assistance Center account and selecting ‘preferences’ from the Correspondence page.”</li> <li>3. <b>SAY</b>, “Do you agree to the terms of Electronic Correspondence?” Applicant’s response <b>Yes</b> or <b>No</b>;             <ol style="list-style-type: none"> <li>a. If <b>No</b>, they DO NOT agree to the terms of Electronic Correspondence, SAY, “Your correspondence from FEMA will continue to be delivered by the US Postal Service. You can check the status of your application from your Disaster Assistance Center account. If you change your mind, please call our Helpline.”; OR</li> <li>b. If <b>Yes</b>, <b>SAY</b>, “You can set up your personal Disaster Assistance Center account at <a href="http://www.disasterassistance.gov">www.disasterassistance.gov</a>. When you access this site, you will click on Check your Application and Login. Then, click on Create My Account to set up an account. When a letter is generated by FEMA an e-mail will be sent notifying you to check your Disaster Assistance Center account, so that you can view the correspondence. Letters can only be viewed from your personal account set up in the Disaster Assistance Center system, NOT from your e-mail account. In addition, if you choose the e-mail preference, you will no longer receive letters from FEMA delivered by the US Postal Service only e-mails for you to view these letters from your Disaster Assistance Center account. Remember, you can change this setting any time by calling our helpline if you want to receive your letters by the United States Postal Service.”</li> </ol> <p><b>NOTE:</b> Refer to the <a href="#">Guide for Creating an Account &amp; Uploading Documents</a> for further information.</p> </li> <li>4. Make the change on the <b>Registrant Info</b> screen; AND             <ol style="list-style-type: none"> <li>a. <b>CHANGE</b> E-Correspondence from <b>No</b> to <b>Yes</b>;</li> </ol> </li> </ol>





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If call concerns:	And:	Then:
		<p>b. <b>SAY</b>, “Let me verify your e-mail address.”; AND</p> <p>c. <b>ADD</b> or <b>EDIT</b> the e-mail address. <b>VERIFY</b> e-mail address by reading it back to applicant.</p> <p>5. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) REQUESTING E-CORRESPONDENCE</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p> <p>c. <b>Sub-Type:</b> HA/OTH Status Check</p> <p>d. <b>Details:</b> Applicant requested that letters be sent via E-Correspondence. Read terms of Electronic Correspondence to Applicant and Applicant agreed to terms. Explained how to set up a personal account on DAC. Explained that viewing of letters can only be done by accessing their account on <a href="http://www.disasterassistance.gov">www.disasterassistance.gov</a> and that an e-mail would be sent to their e-mail address notifying them when a letter was generated. Verified e-mail address and all required information. (And any other changes made to file).</p>
<p>3.7d E-Correspondence Creating DAC-AI Account</p>	<p>Applicant asks how to set up DAC-AI Account OR Reports Problems with Setting up DAC-AI Account</p>	<p>1. <b>SAY:</b> “Please visit <a href="http://www.disasterassistance.gov">www.disasterassistance.gov</a>. In the middle of the screen, click “Check Status” Choose “Create My Account” and follow the prompts to set up your online account.’ For questions about setting up your account, I can transfer the call to the Internet Helpdesk. The Internet Helpdesk is available 24 hours a day, seven days a week.”</p> <p>a. Refer to section <a href="#">31.1b</a>; AND</p> <p>b. <b>CONTINUE</b> to step 4.</p> <p>2. If the applicant states they are having difficulty setting up their DAC AI account, <b>SAY:</b> “Has it been more than 24 hours since you received your e-mail notification?”</p> <p>a. If <b>No</b>, refer to section <a href="#">31.1a</a></p> <p>b. If <b>Yes</b>, <b>SAY:</b> “I will transfer the call to FEMA’s Internet Helpdesk, and you can request a new PIN and password. The Internet Helpdesk is available 24 hours a day, seven days a week. If we get disconnected, the number for the Internet Helpdesk is (800) 745-0243. Refer to section <a href="#">31.1b</a></p> <p>c. <b>CONTINUE</b> to step 4.</p>



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If call concerns:	And:	Then:
		<p>3. <b>SAY:</b> "Have you contacted the Internet Helpdesk using the telephone number provided to you in your e-mail notification?; AND</p> <p>a. If <b>No</b>, <b>SAY:</b> "I will transfer the call to FEMA's Internet Helpdesk and you can request a new PIN and password. The Internet Helpdesk is available 24 hours a day, seven days a week. If we get disconnected, the number for the Internet Helpdesk is (800) 745-0243. Refer to section <b>31.1b</b>; AND</p> <p>i. <b>CONTINUE</b> to step 4.</p> <p>b. If <b>Yes</b>, and the Internet Helpdesk was unable to assist the applicant in setting up the account, <b>SAY:</b> "You will have to receive your correspondence from FEMA via the US Postal Service".</p> <p>i. Make change on the <b>Registrant Info</b> screen; AND</p> <p>1. <b>CHANGE E-Correspondence</b> from <b>YES</b> to <b>NO</b>;</p> <p>2. <b>VERIFY</b> the applicant's <b>CMA</b>; AND</p> <p>3. <b>ADD</b> or <b>EDIT</b> the applicant's <b>CMA</b>.</p> <p>ii. <b>CONTINUE</b> to step 4</p> <p>4. <b>ADD</b> a <b>Contact</b>:</p> <p>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUESTING HELP CREATING DAC-AI ACCT</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p> <p>c. <b>Sub-Type:</b> HA/OTH Status Check</p> <p>d. <b>Details:</b> Applicant requested help creating their personal DAC-AI account. Gave applicant information on where to create account and steps up to 'Create My Account'. Also gave Tech Helpdesk telephone numbers and hours of operations. Verified all required information; <b>OR</b></p> <p>e. <b>Details:</b> Applicant requested help creating a personal DAC-AI account. Internet Helpdesk was unable to assist applicant in setting up account. Changed applicant Correspondence preference from E-Correspondence to US Postal Mail. Verified CMA and all required information.</p>



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If call concerns:	And:	Then:
3.7e Correspondence Language change	Applicant requests to receive FEMA correspondence in a different language	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “The language preference can be changed on your Correspondence sent to you by FEMA.”                             <ol style="list-style-type: none"> <li>a. “Let me verify your e-mail address (if applicant has E-mail correspondence preference).” Or</li> <li>b. “Let me verify you current mailing address (if applicant has US Postal Mail correspondence preference).”</li> </ol> </li> <li>2. <b>VERIFY</b> the applicant’s e-mail and <b>EDIT</b> if necessary, or <b>VERIFY</b> the applicant’s <b>CMA</b> and <b>EDIT</b> if necessary;</li> <li>3. <b>ACCESS</b> the <b>Registrant Info</b> screen; AND                             <ol style="list-style-type: none"> <li>a. <b>CLICK</b> on <b>Registrant</b>;</li> <li>b. <b>CHANGE</b> language preference; AND</li> <li>c. This change will show on the <b>Communication</b> screen in the <b>Outgoing Correspondence</b> frame under <b>Language</b>.</li> </ol> </li> <li>4. <b>ADD</b> a <b>Contact</b>:                             <ol style="list-style-type: none"> <li>a. <b>Summary</b>: <b>FACILITY#</b> (NPSC#) APPLICANT REQUESTING LANGUAGE CHANGE</li> <li>b. <b>Call Type</b>: HA/OTH Program Request</li> <li>c. <b>Sub-Type</b>: HA/OTH Status Check</li> <li>d. <b>Details</b>: Applicant requested language change on correspondence letters. Changed language from _____ to _____. Verified e-mail address/<b>CMA</b> and all required information. (And any other changes made to file).</li> </ol> </li> </ol>
3.7f Correspondence Preference change to US Postal Mail	Applicant requests to receive FEMA letters via US Postal service	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “Your Correspondence preference can be changed so that letters sent to you by FEMA will be sent by US Postal Mail. Let me verify your Current Mailing Address.”;</li> <li>2. <b>VERIFY</b> the applicant’s <b>CMA</b>;</li> <li>3. <b>MAKE</b> change on the <b>Registrant Info</b> screen;                             <ol style="list-style-type: none"> <li>a. <b>CHANGE E-Correspondence</b> from <b>YES</b> to <b>No</b></li> </ol> </li> </ol>





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If call concerns:	And:	Then:
		<ul style="list-style-type: none"> <li>b. <b>ADD</b> or <b>EDIT</b> the applicant's <b>CMA</b>.</li> <li>4. <b>E-MAIL</b> <a href="#">FEMA-IHP-MAILROOM</a>. To ensure copies of the correct letters are mailed to the applicant's accurate <b>CMA</b>, include in the e-mail; AND                             <ul style="list-style-type: none"> <li>a. Applicant's name;</li> <li>b. Disaster number and applicant's registration number;</li> <li>c. Letter name and/or code; AND</li> <li>d. Letter generation date</li> </ul> </li> <li>5. <b>ADD</b> a <b>Contact</b>:                             <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUESTING E-CORRESPONDENCE CHANGE</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> HA/OTH Status Check</li> <li>d. <b>Details:</b> Applicant requested that letters be sent via US Postal Mail. Applicant had chosen E-Mail preference at RI and wants to change to all letters be delivered by US Postal Mail. Verified <b>CMA</b> and all required information. (And any other changes made to file).</li> </ul> </li> </ul>
3.8 Documents submitted in language other than English	Translation is needed	<ul style="list-style-type: none"> <li>1. <b>COMPLETE</b> the call regarding the reason the applicant called.</li> <li>2. <b>E-MAIL</b> the <a href="#">FEMA-IHP-MAILROOM</a> with a request to translate the documents. The email must include:                             <ul style="list-style-type: none"> <li>a. <b>Subject Line:</b> (NPSC#) DOCUMENTS NEED TRANSLATION; AND</li> <li>b. <b>Body:</b> <ul style="list-style-type: none"> <li>i. Disaster number;</li> <li>ii. Registration number;</li> <li>iii. Applicant's name;</li> </ul> </li> </ul> </li> </ul>



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If call concerns:	And:	Then:
		iv. Indexed date; AND  v. Doc# _____ needs to be translated into English.  3. <b>ADD a Contact</b> to note that you emailed the request to the Mailroom. (And any other changes made to file).

Table 13: Correspondence Issues

### 2. Request for File Information

If call concerns:	And:	Then:
4.1a Applicant request for copy of file.	Request NOT already submitted.	<ol style="list-style-type: none"> <li>1. <b>SAY:</b> "I will send you an <b>Authorization for the Release of Information Under the Privacy Act</b> form. Please complete it and return it to FEMA so we can process your request for a copy of your file. If you do not wish to wait for this form, you can obtain one online at <a href="http://www.fema.gov/assistance/individual/program">www.fema.gov/assistance/individual/program</a>; or you may submit a written request for a copy of your file. To help protect your privacy, the request must include:                             <ol style="list-style-type: none"> <li>a. Your full name (first and last),</li> <li>b. Your date and place of birth,</li> <li>c. Your current address (mailing or damaged dwelling), AND</li> <li>d. Your <u>signature</u> which must:                                     <ol style="list-style-type: none"> <li>i. Be notarized, OR</li> <li>ii. Include the following statement: "I hereby declare under penalty of perjury that the foregoing is true and correct."</li> </ol> </li> </ol> </li> <li>2. <b>PROVIDE</b> the <u>mailing address and fax number</u> and advise the applicant they have the option to <u>upload documents</u> to their DAC account online; AND</li> <li>3. <b>GENERATE</b> the <b>Request for Written Consent Letter (RWCL)</b> and <b>CLICK Send letter to mail queue</b>; AND</li> <li>4. <b>ADD a Contact:</b></li> </ol>



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If call concerns:	And:	Then:
		<ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUESTS COPY OF FILE</li> <li>b. <b>Call Type:</b> Applicant Document Request</li> <li>c. <b>Sub-Type:</b> Letters Associated with Applicant File</li> <li>d. <b>Details:</b> Applicant requested copy of file. Generated the Request for Written Consent Letter and advised applicant to complete and return it, or to send a written request. Provided mailing address and fax number. (And any other changes made to file).</li> </ol> <p><b>NOTE:</b> If the file copy is to be provided to a third party, the full name and address of the third party must be included in the request. Please refer to the <a href="#">Written Consent Guidelines</a> for more information.</p>
4.1b Applicant request for copy of file.	Request is in the file; AND  Request has NOT been processed.	<ol style="list-style-type: none"> <li>1. If there is a WP for the file copy request in <b>FEMA Info Control – File Request</b>, <b>SAY:</b> “We have received your request and it is being processed. Please call back in two to three days to check the status of your request.”</li> <li>2. If there is NOT a WP for the file copy request, <b>CREATE a WP to FEMA Info Control – File Request.</b> <b>SAY:</b> “I have forwarded your request to be reviewed. Please allow five to seven days for processing.”</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUESTS COPY OF FILE</li> <li>b. <b>Call Type:</b> Applicant Document Request</li> <li>c. <b>Sub-Type:</b> Letters Associated with Applicant File</li> <li>d. <b>Details:</b> Applicant’s file copy request is on file per DOC# _____. Advised applicant their request is being processed. (And any other changes made to file).</li> </ol> </li> </ol>
4.2 Law enforcement request for copy of file or applicant information or FEMA’s Disaster Assistance System of Record.	N/A	<ol style="list-style-type: none"> <li>1. DO NOT access the applicant’s file;</li> <li>2. <b>SAY,</b> “I wish I could help you. Because of the Privacy Act, I cannot provide this information by telephone. Please send a written request via email to the IHP-Helpdesk. That email address is <a href="mailto:FEMA-IHPHelpdesk@fema.dhs.gov">FEMA-IHPHelpdesk@fema.dhs.gov</a>. Is there anything else I can do for you?”; AND</li> <li>3. DO NOT add a <b>Contact</b>.</li> </ol>

Table14: Request for File Information





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### 3. Information Request to the FEMA Mailroom

- a. When sending an email to the [FEMA-IHP-MAILROOM](#) to request information to be sent or re-sent to the applicant, **USE** the following format:
  - i. Subject line – NPSC # - Subject
  - ii. Include the following information in the body of your email message:
    1. Disaster number;
    2. Registration number;
    3. Applicant's first and last name;
    4. Document ID number (if applicable); AND
    5. The request.

**NOTE:** DO NOT email file copy requests to the FEMA-IHP-MAILROOM. Instead, **FOLLOW** the steps in [4.1b](#) above.

### 4. Written Consent Guidelines

Any applicant/co-applicant who wishes to have their information shared with a third party **MUST** provide a valid Written Consent or an **Authorization for the Release of Information Under the Privacy Act** form.

**NOTE:** These types of documents CANNOT be used to authorize a third party to make changes to the registration.

#### Written Consent Letters:

- a. A Written Consent letter **MUST** include the following information:



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- i. Be in writing (handwritten or typed);
  - ii. Include the applicant or co-applicant's full name, current address, date and place of birth;
  - iii. Be dated and [signed](#) by the applicant or co-applicant;
  - iv. Be notarized, or include the statement, **"I hereby declare under penalty of perjury that the foregoing is true and correct"**;
  - v. Include an individual identifier, e.g. the FEMA application number, **CMA**, **CPN**, etc.;
  - vi. **SPECIFY** what information can be released to the third party, e.g. the entire case file, the current contact information, the amount of disaster assistance received, request for third party to be an authorized representative at inspection, etc.; AND
  - vii. The individual **MUST** designate the individuals, entities, or organizations to which the disclosure is being consented.
- b. An **Authorization for the Release of Information Under the Privacy Act** form may be submitted in lieu of a Written Consent letter. This form **MUST** include the following information:
- i. Applicant's or co-applicant's full name, place of birth, and date of birth;
  - ii. At least one selection for each item under **Section B**; AND
  - iii. The applicant or co-applicant's [signature](#), CMA, printed name, and the date signed.
  - iv. The registration ID number, **Section A**, and **Section C** are NOT required for the form to be accepted.
- c. When the authorized third party contacts the Helpline for assistance, they **MUST** verify their name and all of the standard verification items for the applicant/co-applicant as outlined in the [Third Party Request](#) section.



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**NOTE:** An **Authorization for the Release of Information Under the Privacy Act** form expires one year from the date of the applicant or co-applicant's signature. A valid Written Consent letter **DOES NOT** expire unless the applicant submits a subsequent written request.

- d. If the Written Consent letter or **Authorization for the Release of Information Under the Privacy Act** form is missing any of the required components, a **Request for Written Consent – RWCL MUST** be sent requesting the missing information.
- e. Refer to the [Written Consent and Sharing Applicants Information](#) SOP for additional information.

### Exceptions:

- a. Applicants who have a Release of Information (ROI) form dated prior to 06/21/2008 in their files are NOT required to submit a new Written Consent letter or **Authorization for the Release of Information Under the Privacy Act** form;
- b. A Written Consent letter or **Authorization for the Release of Information Under the Privacy Act** form is NOT required to take a registration, to use the TTY services for **deaf, hard of hearing, or speech disabled callers**, or conference a Language Services operator following the [Language Line](#) SOP; AND
- c. A Written Consent letter or **Authorization for the Release of Information Under the Privacy Act** form is NOT required to complete a Helpline function when the caller is providing registration information on behalf of the applicant, e.g. collecting requested information from a contractor.

### POA, Guardianship, and Conservatorship Documents:

- a. FEMA may accept a POA, Guardianship, or Conservatorship document from an applicant's assigned third party if it meets the state, local, territorial, or tribal (SLTT) law requirements where the applicant resides. Since these instruments have different restrictions, authorizations, or purposes than the Privacy Act, the submitted information **MUST** be coordinated for further review and validation prior to sharing information or access to the applicant's file with the third party;





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- i. PMS will coordinate with OCC for review and validation.

**NOTE:** POA, Guardianship, and Conservatorship are the ONLY documents that can be used to authorize a third party to make changes to an applicant's file.

- b. Refer to the [Written Consent and Sharing Applicants Information](#) SOP for additional information.

**C. Verifications**

- [Identity and Citizenship](#)
- [Ownership/Occupancy Proof](#)

1. Identity and Citizenship

If call concerns:	And:	Then:
5.1a IDV Proofing Failed ( <b>IDProof_Fail_LN</b> );  IDV Proofing Error ( <b>IDProof_Error_LN</b> or <b>IDProof_Pend</b> );  IDV Proofing Skip ( <b>IDProof_Skip</b> ); OR  Applicant determined as IIDV  IDV_PASS with FEMA Inspection Completed.	CANNOT create a DAC account.  The applicant failed two additional ID Proofing attempts when attempting to create an online account.	1. <b>SAY:</b> "FEMA was NOT able to verify the responses to the identity proofing questions asked during the registration process. Unfortunately, FEMA cannot allow the creation of a remote access account because we want to protect your personally identifiable information."  2. The applicant will NOT be able to create an online account even if acceptable IDV documents are submitted.  a. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>i. <b>Summary</b> Line: FACILITY# (NPSC#) ONLINE ACCOUNT FAILURE</li> <li>ii. <b>Call Type:</b> HA Program Request</li> <li>iii. <b>Sub-Type:</b> HA Status Change Request</li> <li>iv. <b>Details:</b> Explained to the applicant an online account CANNOT be created if they failed the ID proofing questions.</li> </ul>



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If call concerns:	And:	Then:
<p>5.1b IDV Proofing Failed (<b>IDProof_Fail_LN</b>);</p> <p>IDV Proofing Error (<b>IDProof_Error_LN</b> or <b>IDProof_Pend</b>);</p> <p>IDV Proofing Skip (<b>IDProof_Skip</b>);</p> <p>AND/OR</p> <p>Applicant determined as <b>IIDV</b></p>	<p>IDV documents have NOT been submitted;</p> <p>An onsite inspection will NOT occur or is NOT required; AND</p> <p>The applicant is requesting assistance for the following categories:</p> <ul style="list-style-type: none"> <li>• Medical</li> <li>• Dental</li> <li>• Transportation</li> <li>• Generator</li> <li>• Misc/Other</li> <li>• Funeral</li> <li>• Child Care</li> </ul>	<ol style="list-style-type: none"> <li>1. <b>SAY:</b> “FEMA was NOT able to verify the responses to the questions asked during the registration process. Unfortunately, FEMA cannot allow the creation of a remote access account because we want to protect your personally identifiable information.”</li> <li>2. The applicant needs to submit documents to satisfy the identity proofing requirement;</li> <li>3. <b>SAY:</b> “Please submit written documents to FEMA to confirm your identity so that we may correct the information recorded in your file.” Acceptable documentation includes any of the following;                         <ol style="list-style-type: none"> <li>a. Documents from the Social Security Administration, Medicare, or other Federal agency or department containing the full or the last four digits of the social security number or including an ‘A’ at the end;</li> <li>b. Social security card if accompanied by a state or Federal issued ID with or without any portion of the social security number. (Beginning with disaster 4101-MS.);</li> <li>c. Current payroll check stub issued by employer containing the full or last four digits of the social security number. (Beginning with disaster 4101-MS.);</li> <li>d. Military issued ID with or without any portion of the social security number;</li> <li>e. Marriage license/certificate to show proof of maiden name with or without any portion of the social security number;</li> <li>f. United States Passport (booklet or card form) with or without any portion of the social security number;</li> <li>g. State-issued driver’s license or identity card containing the full or the last four digits of the social security number;</li> <li>h. In Puerto Rico, the photo Voter’s Registration card if failed for NAME ONLY.”; AND</li> <li>i. Additional documents acceptable for proof of name change include:                                 <ol style="list-style-type: none"> <li>i. Name change court order;</li> <li>ii. Marriage, civil union, or domestic partnership certificate;</li> <li>iii. Divorce or annulment decree;</li> </ol> </li> </ol> </li> </ol>



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If call concerns:	And:	Then:
		<ul style="list-style-type: none"> <li>iv. Certificate of citizenship or naturalization;</li> <li>v. United States Tribal government document;</li> <li>vi. U.S. amended/corrected birth certificate; AND</li> <li>vii. If the applicant still fails identity verification using their previous name, the applicant will be required to submit one of the other forms of acceptable identity verification/document(s).</li> </ul> <p><b>NOTE:</b> Copies of social security cards without the required supporting documentation, or other notarized statements are NOT acceptable.                      Source: <a href="#">Identity Verification</a> SOP.</p> <ul style="list-style-type: none"> <li>4. <b>Say</b>, “Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.”; AND                             <ul style="list-style-type: none"> <li>a. <b>Provide</b> the <a href="#">mailing address and fax number</a> to the applicant.</li> </ul> </li> <li>5. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>a. <b>Summary Line:</b> FACILITY# (NPSC#) IDV FAILED</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> HA Status Change Request</li> <li>d. <b>Details:</b> Include any identity information the applicant states and actions taken.</li> </ul> </li> </ul>
5.1c IDV_FAILED	<p><b>IDV – Identity Verification Failed</b> decision previously made; AND</p> <p>NO appeal letter or identity documents on file.</p>	<ul style="list-style-type: none"> <li>1. <b>SAY</b>, “Our program requires a written, signed appeal letter and documentation to confirm your name, Social Security number, and date of birth.” Acceptable documentation includes;                             <ul style="list-style-type: none"> <li>a. Documents from the Social Security Administration, Medicare, or other Federal agency or department containing the full or the last four digits of the social security number or including an ‘A’ at the end;</li> <li>b. Social security card if accompanied by a state or Federal issued ID with or without any portion of the social security number. (Beginning with disaster 4101-MS.);</li> </ul> </li> </ul>





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If call concerns:	And:	Then:
		<ul style="list-style-type: none"> <li>c. Current payroll check stub issued by employer containing the full or last four digits of the social security number. (Beginning with disaster 4101-MS.);</li> <li>d. Military issued ID with or without any portion of the social security number;</li> <li>e. Marriage license/certificate to show proof of maiden name with or without any portion of the social security number;</li> <li>f. United States Passport (booklet or card form) with or without any portion of the social security number;</li> <li>g. State-issued driver's license or identity card containing the full or the last four digits of the social security number; OR</li> <li>h. In Puerto Rico, the photo Voter's Registration card if failed for NAME ONLY."</li> </ul> <p>2. <b>SAY</b>, "Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</p> <p>3. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant; AND</p> <p>4. <b>ADD a Contact</b>:</p> <ul style="list-style-type: none"> <li>a. <b>Summary Line</b>: FACILITY# (NPSC#) IDV_FAILED;</li> <li>b. <b>Call Type</b>: HA Program Request;</li> <li>c. <b>Sub-Type</b>: HA Status Change Request; AND</li> <li>d. <b>Details</b>: Applicant is IDV_FAILED. Advised applicant to submit an appeal letter with supporting documents to prove their identity (<b>INCLUDE</b> any other changes made to file).</li> </ul>
5.1d IDV_FAILED	<p><b>IDV – Identity Verification Failed</b> decision previously made; AND</p> <p>Appeal letter and identity documents on file.</p>	<p>1. <b>REVIEW</b> the <b>Overview</b> screen to determine if a WP exists in the <b>FEMA Appeal</b> queue;</p> <ul style="list-style-type: none"> <li>a. If a WP DOES NOT exist, <a href="#">CREATE a WP</a> to <b>FEMA Appeal</b>.</li> </ul> <p>2. <b>SAY</b>, "FEMA has received your documents. They will be reviewed as soon as possible and you will be notified of the decision"; AND</p>



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If call concerns:	And:	Then:
		<p>3. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) <b>IDV_FAILED</b>;</li> <li>b. <b>Call Type:</b> HA Program Request;</li> <li>c. <b>Sub-type:</b> HA Status Change Request; AND</li> <li>d. <b>Details:</b> Applicant is <b>IDV_FAILED</b> and has submitted an appeal letter with supporting documents to prove identity. Advised applicant their case to submit an appeal letter with supporting documents to prove their identity (<b>INCLUDE</b> any other changes made to file).</li> </ul>

Table 15: Identity and Citizenship

2. Ownership/Occupancy Proof

If call concerns:	And:	Then:
6.1 How to prove <b>ownership</b> and/or <b>occupancy</b> of damaged home	N/A	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “<a href="#">Before FEMA can assist you with damages to the home; we require documentation to prove you owned and/or occupied it at the time of the disaster.</a>”</li> <li>2. <b>ACCESS</b> the <a href="#">Ownership Verification</a> SOP and/or <a href="#">Occupancy Verification</a> SOP on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents;</li> <li>3. If the applicant is appealing a decision regarding ownership and/or occupancy, <b>ADVISE</b> the applicant to submit an appeal letter with their proof of ownership/occupancy documents within 60 days of the date of the decision letter;</li> <li>4. <b>SAY</b>, “<a href="#">Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.</a>”</li> <li>5. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online; AND</li> <li>6. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC #) PROOF OF OWNERSHIP/OCCUPANCY</li> <li>b. <b>Call Type:</b> HA Program Request</li> </ul> </li> </ol>



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- c. **Sub-Type:** Appeal Request
- d. **Details:** Applicant requested guidance on how to prove ownership and/or occupancy of DD. Advised applicant of acceptable documentation.

Refer to the [Ownership Verification](#) SOP and/or [Occupancy Verification](#) SOP for additional information.

Table 16: Ownership and Occupancy Proof

### D. Inspections

- [Inspection Issues](#)
- [Roads and Bridges](#)
- [Withdrawal Requests](#)

1. Inspection Issues





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If call concerns:	And:	Then:
7.1a No contact from Inspector	Inspection issued less than 7 days ago  <b>NOTE:</b> Inspections issued to FEMA as the inspection contractor can take up to 14 days. <b>REVIEW</b> the <b>Inspection Status</b> screen to identify the inspection contractor.	<ol style="list-style-type: none"> <li>1. <b>CONFIRM</b> the contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen;</li> <li>2. <b>SAY</b>, “Your case was issued for inspection on [date]. It could take up to 7 days (14 days for in-house inspectors) for the inspector to contact you. If you have NOT been contacted by (<b>DETERMINE</b> the date when the inspector should contact the applicant), please call back to check the status of your case. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf.”; AND                         <ol style="list-style-type: none"> <li>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <u>Written Consent Guidelines</u> and <b>PROVIDE</b> the details for submitting a Written Consent.</li> </ol> </li> <li>3. <b>ADD</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) NO INSPECTOR CONTACT</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> <li>d. <b>Details:</b> Applicant reported no contact from inspector. Advised applicant that inspection was issued [date issued] and to allow up to 7 days for contact before calling back to check on status. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. (And any other changes made to file).</li> </ol> </li> </ol>
7.1b No contact from Inspector	Inspection issued more than 7 days ago  <b>NOTE:</b> Inspections issued to FEMA as the inspection contractor can take up to 14 days. <b>REVIEW</b> the <b>Inspection Status</b> screen to identify the inspection contractor.	<ol style="list-style-type: none"> <li>1. <b>CONFIRM</b> the applicant’s <b>contact</b> information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen;</li> <li>2. <b>SAY</b>, “Your case was issued for inspection on [date]. Generally, applicants are contacted within 7 days (14 days for in-house inspectors). Since it has been longer than that, I will notify Inspection Services of the delay and request that someone contact you (only if DR specifics DO NOT say that inspections are delayed). If you are NOT contacted within 7 days, please call back to check the status of your file. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf.”;</li> </ol>



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If call concerns:	And:	Then:
		<p>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <a href="#">Written Consent Guidelines</a> and <b>PROVIDE</b> the details for submitting a Written Consent.</p> <p>3. <b>CALL</b> the IHP-Helpdesk to request the inspection status from the Project Monitor and include; AND</p> <p>a. Applicant's name;</p> <p>b. Disaster number;</p> <p>c. Registration number;</p> <p>d. Inspection issue date; AND</p> <p>e. Brief description of the situation</p> <p>4. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) NO INSPECTOR CONTACT</p> <p>b. <b>Call Type:</b> HA</p> <p>c. <b>Sub-Type:</b> Inspection Inquiry</p> <p>d. <b>Details:</b> Applicant reported no contact from inspector. Advised applicant that inspection was issued [date issued] and I would request notification of Inspection Services of delay since it has been more than 7 days. Also advised applicant to call back if NOT contacted within 7 days. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed.</p>
7.2a Request for reinstatement / inspection	<p>Missed inspection appointment</p> <p>Requests to be reinstated / inspected</p> <p><b>Banner = HA/ONA: CLOSED</b></p>	<p>1. <b>REVIEW</b> the <b>Inspection Summary</b> screen to determine how many times the inspection was returned with an <b>IMI, INCI, WVO, or WVOA</b> status;</p> <p>2. <b>SAY</b>, "Because you have missed two previous inspections or voluntarily withdrew your request for assistance more than once, you must submit your request for reinstatement in writing. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.";</p> <p>3. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online; AND</p>





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If call concerns:	And:	Then:
	<p><b>HA/ONA = IMI, INCI, WVO, or WVOA</b></p> <p>Returned from inspection two or more times as <b>IMI, INCI, WVO, or WVOA</b></p> <p>Inspection NOT currently issued</p>	<p>4. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) (IMI, INCI, WVO, or WVOA) - ADVISED TO SEND DOCUMENTATION</p> <p>b. <b>Call Type:</b> HA</p> <p>c. <b>Sub-Type:</b> Inspection Inquiry</p> <p>d. <b>Details:</b> Applicant requested reinstatement due to [IMI, INCI, WVO, or WVOA] status. Advised applicant that since [IMI, INCI, WVO, or WVOA] status had occurred more than once, a written request must be submitted. Provided mailing address and fax number.</p>
<p>7.2b Request for reinstatement / inspection</p>	<p>Missed inspection appointment</p> <p>Requests to be reinstated / inspected</p> <p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>HA/ONA = IMI, INCI, WVO, or WVOA</b></p> <p>Inspection returned once</p> <p>Reissue NOT already requested</p>	<p>1. <b>SAY</b>, "I will request another inspection for you. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf. It is also very important that we have a current phone number where you may be contacted";</p> <p>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <u>Written Consent Guidelines</u> and <b>PROVIDE</b> the details for submitting a Written Consent.</p> <p>2. <b>CONFIRM</b> the contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen;</p> <p>3. <b>SAY</b>, "If you are NOT contacted by the inspector within 7 days, please call back to check the status of your file.";</p> <p>4. <b>CREATE a WP</b>, <b>ADD a Comment</b>, and <b>ROUTE to FEMA Manual Determination</b>, if a WP DOES NOT already exist.</p> <p>5. <b>ADD a Contact</b>; AND</p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) [IMI, INCI, WVO, or WVOA] - REINSTATEMENT REQUEST</p> <p>b. <b>Call Type:</b> HA</p> <p>c. <b>Sub-Type:</b> Inspection Inquiry</p>





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If call concerns:	And:	Then:
7.2c Request for reinstatement / inspection	Missed inspection appointment  Requests to be reinstated / inspected  <b>Banner = HA/ONA: OPEN</b>  <b>HA/ONA = Pending</b> (inspection-required type of assistance)  <b>Current Queue = No Contact Node OR Inspection Status = No Contact Pending</b>  <b>Inspection Contractor = Vanguard or Parsons Brinkerhoff</b>	<ol style="list-style-type: none"> <li>d. <b>Details:</b> Applicant missed inspection appointment and requested to be reinstated/inspected. Confirmed/updated phone numbers and addresses. (Document any changes made.) Reissued for inspection. Advised applicant to check status in 7 days if NOT contacted by inspector. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. Created WP for inspection request and routed to <b>FEMA Manual Determination</b>. (And any other changes made to file).</li> </ol> <p>6. If casework trained, <b>ACCESS</b> case in <b>FEMA Manual Determination</b> and complete casework to reissue inspection.</p> <ol style="list-style-type: none"> <li>1. <b>CONFIRM</b> the contact information, including phone numbers and addresses; and <b>CORRECT</b> these entries as needed on the <b>Registrant Info</b> screen;</li> <li>2. <b>SAY</b>, “Please monitor your phone for unfamiliar numbers. Inspectors may reach out by sending a text message requesting to schedule an inspection. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf.”;                         <ol style="list-style-type: none"> <li>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <u>Written Consent Guidelines</u> and <b>PROVIDE</b> the details for submitting a Written Consent.</li> <li>b. These cases will stay in the No Contact Node for 14 days before receiving an <b>IMI</b> or <b>INCI</b> letter.</li> </ol> </li> <li>3. DO NOT create a new WP; AND</li> <li>4. <b>ADD</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) MISSED INSPECTION – NO CONTACT NODE</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> <li>d. <b>Details:</b> Applicant missed inspection appointment and requested to be reinstated/inspected. Confirmed/updated phone numbers and addresses. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. (Document any changes made).</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
<p>7.2d Request for reinstatement / inspection</p>	<p>Missed inspection appointment</p> <p>Requests to be reinstated / inspected</p> <p><b>Banner = HA/ONA: OPEN</b></p> <p><b>HA/ONA = Pending</b> (inspection-required type of assistance)</p> <p><b>Current Queue = No Contact Node OR Inspection Status = No Contact Pending</b></p> <p><b>Inspection Contractor = FEMA</b></p>	<ol style="list-style-type: none"> <li>1. <b>CONFIRM</b> the contact information, including phone numbers and addresses; and <b>CORRECT</b> these entries as needed on the <b>Registrant Info</b> screen;</li> <li>2. <b>SAY</b>, “The inspector will be in contact with you to reschedule your inspection. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf.”;                         <ol style="list-style-type: none"> <li>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <u>Written Consent Guidelines</u> and <b>PROVIDE</b> the details for submitting a Written Consent.</li> <li>b. These cases will stay in the No Contact Node for 14 days before receiving an <b>IMI</b> or <b>INCI</b> letter.</li> </ol> </li> <li>3. DO NOT create a new WP; AND</li> <li>4. <b>ADD</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) MISSED INSPECTION – NO CONTACT NODE</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> <li>d. <b>Details:</b> Applicant missed inspection appointment and requested to be reinstated/inspected. Confirmed/updated phone numbers and addresses. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. (Document any changes made.)</li> </ol> </li> </ol>
<p>7.3 Changes to contact information for inspection</p>	<p>Inspection issued, NOT returned</p> <p>Change to <b>CPN</b> or <b>DDA</b></p>	<ol style="list-style-type: none"> <li>1. <b>CONFIRM</b> the contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen;</li> <li>2. <b>SAY</b>, “I have made these corrections. If you have NOT been contacted within 7 days, please call back to check the status of your file. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <u>written consent</u> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf.”; AND</li> </ol>





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If call concerns:	And:	Then:
		<p>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <a href="#">Written Consent Guidelines</a> and <b>PROVIDE</b> the details for submitting a Written Consent.</p> <p>3. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) UPDATE [PHONE/ADDRESS] FOR INSPECTION</p> <p>b. <b>Call Type:</b> HA</p> <p>c. <b>Sub-type:</b> Inspection Inquiry</p> <p>d. <b>Details:</b> Applicant requested changes to contact information for inspection. Recorded requested changes. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed.</p> <p><b>NOTE:</b> Inspection Services can now identify open inspections where the applicant has updated critical contact information, such as their <b>CPN</b> or <b>DDA</b>. This report is now shared with the contractors and updated every day. Given this feature, Inspection Services no longer has a need to receive applicant updates unless there is an urgent need to provide this information to the inspector.</p>
<p>7.4a                      Inspection request at home that was previously inaccessible</p>	<p><b>Banner = HA/ONA: CLOSED</b></p> <p>Home Inaccessible = YES on <b>Inspection Status</b> screen</p> <p><b>OCCV_PASS</b> and <b>IDV_PASS</b></p> <p>WP NOT previously created for this issue</p> <p><b>NOTE:</b> For all disasters prior to and including DR-4606-LA, individuals with an</p>	<p>1. <b>CONFIRM</b> the contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen. (<b>NOTE:</b> It is NOT necessary for the applicant to write an appeal when the damaged dwelling was previously returned from the Initial inspection as "Inaccessible".);</p> <p>2. <b>SAY</b>, "I will issue your file for an inspection of your home. If you are NOT contacted by the inspector within 7 days, please call back to check on the status of your file. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <a href="#">written consent</a> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf."</p> <p>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <a href="#">Written Consent Guidelines</a> and <b>PROVIDE</b> the details for submitting a Written Consent.</p> <p>3. <b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b>, <b>IDV_PASS</b>, and <b>OWNV_PASS</b> (if applicable),. If either verification is failed, <b>REVIEW</b> submitted correspondence for acceptable documents.</p>





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	<p><b>IDV_FAILED</b> and/or <b>OCCV_FAILED</b> status will NOT automatically receive an Initial inspection. These individuals must submit documentation to verify their identity and/or occupancy prior to receiving an Initial inspection.</p> <p><b>NOTE:</b> For DR-4607-MI and forward, applicants that failed identity and occupancy verification post-registration will NOT be required to submit identity or occupancy documents prior to receiving an initial inspection.</p>	<ol style="list-style-type: none"> <li>4. If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, identity, and/or ownership (if applicable), <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.                             <ol style="list-style-type: none"> <li>a. <b>ACCESS</b> the <a href="#">Occupancy Verification SOP</a>, <a href="#">Identity Verification SOP</a>, and/or <a href="#">Ownership Verification SOP</a> on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents.</li> </ol> </li> <li>5. <b>CREATE a WP</b>, <b>ADD a Comment</b>, and <b>ROUTE to FEMA Manual Determination</b>, if a WP DOES NOT already exist.</li> <li>6. <b>ADD a Contact</b>; AND                             <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) HOME ACCESSIBLE = ISSUE FOR INSPECTION</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> <li>d. <b>Details:</b> Applicant stated home is now accessible and requests inspection. Confirmed/updated phone numbers and addresses. (<b>DOCUMENT</b> any changes made). Advised applicant that an inspection would be issued and instructed them to call back in 7 days if NOT contacted by an inspector. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. Created WP for inspection request. (And any other changes made to file or any advisements made to the applicant on addressing identity, occupancy, or ownership failures).</li> </ol> </li> <li>7. <b>ACCESS</b> the file in <b>FEMA Manual Determination</b> and complete casework to issue for inspection. If the applicant was initially Inaccessible, inspection reason MUST be Inaccessible.</li> </ol>
7.4b Inspection request at home that was previously inaccessible	<p><b>Banner = HA/ONA: CLOSED</b></p> <p>Home Inaccessible = YES on <b>Inspection Status</b> screen</p> <p>WP previously created for this issue</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "I see in your file that you previously provided this information. I will issue your file for inspection today. If you are NOT contacted by an inspector within 7 days, please call back to check on the status of your file. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <a href="#">written consent</a> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf."                             <ol style="list-style-type: none"> <li>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <a href="#">Written Consent Guidelines</a> and <b>PROVIDE</b> the details for submitting a Written Consent.</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
	Inspection NOT issued  <b>OCCV_PASS</b> and <b>IDV_PASS</b>  <b>NOTE:</b> For all disasters prior to and including DR-4606-LA, individuals with an <b>IDV_FAILED</b> and/or <b>OCCV_FAILED</b> status will NOT automatically receive an Initial inspection. These individuals must submit documentation to verify their identity and/or occupancy prior to receiving an Initial inspection.  <b>NOTE:</b> For DR-4607-MI and forward, applicants that failed identity and occupancy verification post-registration will NOT be required to submit identity or occupancy documents prior to receiving an initial inspection.	<ol style="list-style-type: none"> <li>2. <b>CONFIRM</b> the applicants contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen;</li> <li>3. <b>ADD</b> a <b>Contact</b>; AND                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) HOME ACCESSIBLE = ISSUE FOR INSPECTION</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> <li>d. <b>Details:</b> Applicant stated home is accessible and requests inspection. Applicant previously reported this change on [date]. Confirmed/updated phone numbers and addresses. (<b>DOCUMENT</b> any changes made). Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. Advised applicant that an inspection would be issued and instructed them to call back in 7 days if NOT contacted by an inspector.</li> </ol> </li> <li>4. <b>ACCESS</b> the file in <b>FEMA Manual Determination</b> (or other queue) and complete casework to issue for inspection. If the applicant was initially Inaccessible, inspection reason MUST be Inaccessible.</li> </ol>
7.4c Inspection request at home that was previously incomplete inspection	<b>Banner = HA/ONA: CLOSED</b>  <b>Home Inaccessible = No on Inspection Status</b> screen  WP NOT previously created for this issue	<ol style="list-style-type: none"> <li>1. <b>CONFIRM</b> the applicant's contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen. Please note that although the <b>Job Completion Status</b> in the <b>Inspection Summary</b> screen is <b>Complete</b>, the inspector will have entered a <b>Comment(s)</b> indicating that the inspection was <b>Incomplete</b>. It is NOT necessary for the applicant to write an appeal when the Initial inspection returned as <b>Incomplete</b>;</li> <li>2. <b>SAY</b>, "I will issue your file for a re-inspection of your home. If you are NOT contacted by the inspector within 7 days, please call back to check on the status of your file. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you</li> </ol>





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If call concerns:	And:	Then:
		<p>must submit a third party <a href="#">written consent</a> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf.”</p> <p>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <a href="#">Written Consent Guidelines</a> and <b>PROVIDE</b> the details for submitting a Written Consent.</p> <p>3. <b>CREATE a WP</b>, <b>ADD a Comment</b>, and <b>ROUTE to FEMA Manual Determination</b>, if a WP DOES NOT already exist.</p> <p>4. <b>ADD a Contact</b>; AND</p> <p>a. <b>Summary: FACILITY#</b> (NPSC#) HOME ACCESSIBLE = ISSUE FOR REINSPECTION</p> <p>b. <b>Call Type:</b> HA</p> <p>c. <b>Sub-Type:</b> Inspection Inquiry</p> <p>d. <b>Details:</b> Applicant stated home is now accessible and requests inspection. Confirmed/updated phone numbers and addresses. (Document any changes made.) Advised applicant that I would issue for inspection and instructed them to call back in 7 days if NOT contacted. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. Created WP for inspection request. (And any other changes made to file).</p> <p>5. <b>ACCESS</b> the file in <b>FEMA Manual Determination</b> and complete casework to issue for inspection. If the previous inspection was Incomplete, the inspection reason will be Re-inspection.</p>
<p>7.4d                      Inspection request at home that was previously exterior only</p>	<p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>Home Inaccessible = NO on Inspection Status</b> screen</p> <p><b>Home Unsafe Box=Yes</b></p> <p>Inspector <b>Comments=</b> Confirm reason for “exterior only” is resolved. (Ex.</p>	<p>1. <b>CONFIRM</b> the applicant’s contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen. <b>NOTE:</b> It is NOT necessary for the applicant to write an appeal when the damaged dwelling was previously returned from the Initial inspection as “Inaccessible”.);</p> <p>2. <b>SAY</b>, “I will issue your file for a re-inspection of your home. If you are NOT contacted by the inspector within 7 days, please call back to check on the status of your file. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <a href="#">written consent</a> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf.”</p> <p>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <a href="#">Written Consent Guidelines</a> and <b>PROVIDE</b> the details for submitting a Written Consent.</p>





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If call concerns:	And:	Then:
	<p>Inspector noted Basement w/ 8' water = confirm water has dispersed so Inspector can access basement.)</p> <p>WP NOT previously created for this issue</p>	<ol style="list-style-type: none"> <li>3. <b>CREATE</b> a <b>WP</b>, <b>ADD</b> a <b>Comment</b>, and <b>ROUTE</b> to <b>FEMA Manual Determination</b>, if a WP DOES NOT already exist.</li> <li>4. <b>ADD</b> a <b>Contact</b>; AND                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) HOME ACCESSIBLE = ISSUE FOR REINSPECTION</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> <li>d. <b>Details:</b> Applicant stated home is now accessible and requests inspection. Confirmed/updated phone numbers and addresses. (Document any changes made.) Advised applicant that I would issue for inspection and instructed them to call back in 7 days if NOT contacted. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. Created WP for inspection request. (And any other changes made to file).</li> </ol> </li> <li>5. <b>ACCESS</b> the file in <b>FEMA Manual Determination</b> and <b>COMPLETE</b> casework to issue for inspection. If the applicant was initially <b>Exterior Only</b>, inspection reason MUST be <b>Re-inspection</b>.</li> </ol>
<p>7.5 Inspector complaint</p>	<p>N/A</p>	<ol style="list-style-type: none"> <li>1. <b>TAKE</b> the complaint seriously;</li> <li>2. <b>SAY</b>, "<b>FEMA strives to ensure that all applicants are treated with respect. Thank you for bringing this incident to our attention. I will document and forward this information to Inspection Services for further review.</b>"</li> <li>3. Your role is to <b>PROVIDE</b> information to Inspection Services that will assist them in handling this specific case;</li> <li>4. <b>ESCALATE</b> the concern: <b>SEND</b> an e-mail to the Supervisor or POC and request that they forward complaint to the <b>FEMA IHP Helpdesk</b>; AND                         <ol style="list-style-type: none"> <li>a. Subject Line = Disaster number, registration number, INSPECTOR COMPLAINT</li> <li>b. Body of E-mail:                                 <ol style="list-style-type: none"> <li>i. Applicant's name;</li> <li>ii. Disaster number and registration number;</li> </ol> </li> </ol> </li> </ol>



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If call concerns:	And:	Then:
		<ul style="list-style-type: none"> <li>iii. Contact number for applicant;</li> <li>iv. If available on the <b>Inspection Status</b> screen; AND                             <ul style="list-style-type: none"> <li>1. Contractor name (Company);</li> <li>2. Inspector ID;</li> <li>3. Inspector name; AND</li> <li>4. Date and time of incident.</li> </ul> </li> <li>v. Detailed description of incident e.g., made derogatory statements about applicant’s home, used inappropriate or offensive language, continuously discussed IA programs.</li> </ul> <p>5. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INSPECTOR COMPLAINT</li> <li>b. <b>Contact:</b> Incoming Call</li> <li>c. <b>Call Type:</b> HA</li> <li>d. <b>Sub-Type:</b> Inspection Inquiry</li> <li>e. <b>Details:</b> Sent email to Supervisor/POC with request they forward it to the IHP-Helpdesk. (And any other changes made to file).</li> </ul>
7.6 Applicant Threatens inspector	N/A	<ul style="list-style-type: none"> <li>1. <b>TREAT</b> all threats seriously;</li> <li>2. Be calm and courteous;</li> <li>3. <b>LISTEN</b> to the caller and DO NOT interrupt them;</li> <li>4. <b>NOTIFY</b> your supervisor immediately of situation;</li> </ul>



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If call concerns:	And:	Then:
		<p>5. <b>CALL</b> the IHP-Helpdesk give the following information. They will forward the information to the FEMA-VA-NPSC-Task-Monitors; AND</p> <ul style="list-style-type: none"> <li>a. Applicant's name;</li> <li>b. Disaster number;</li> <li>c. Registration number;</li> <li>d. Contractor name, if known;</li> <li>e. Inspector number, if known; AND</li> <li>f. Summary of threat.</li> </ul> <p>6. If the caller is confirmed as an applicant, <b>ADD</b> a <b>Contact</b>:</p> <ul style="list-style-type: none"> <li>a. <b>Summary: FACILITY#</b> (NPSC #) THREATENED INSPECTOR</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> <li>d. <b>Details:</b> Document the details of the threat without any personal <b>Comments</b> or bias. (And any other changes made to file).</li> </ul>
7.7 Quality Control inspection	N/A	<p>1. <b>REVIEW</b> the <b>Events Log</b> to identify the entry, <b>QC Inspection</b>;</p> <p>2. <b>SAY</b>, "Quality Control inspections are conducted in every disaster. Representatives from the QC staff will NOT always have the ability to schedule an appointment prior to visiting your home. The QC inspector has a badge that identifies them as a FEMA employee. FEMA does QC inspections to ensure that the contract inspectors are correctly assessing the damage to applicant's homes."; AND</p> <p>3. <b>ADD</b> a <b>Contact</b>:</p> <ul style="list-style-type: none"> <li>a. <b>Summary: FACILITY#</b> (NPSC#) QUALITY CONTROL INSPECTION QUESTION</li> <li>b. <b>Call Type:</b> HA</li> </ul>





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If call concerns:	And:	Then:
		<p>c. <b>Sub-Type:</b> Inspection Inquiry</p> <p>d. <b>Details:</b> Applicant had questions about QC inspections. Advised applicant of general information about them. (And any other changes made to file).</p>
<p>7.8a Request for <b>Initial</b> inspection</p>	<p>Uninsured</p> <p>Occupancy and/or identity, NOT verified.</p> <p>For all disasters prior to and including DR-4606-LA</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “FEMA has been unable to verify your [identity / occupancy] and cannot issue an inspection until it has been verified. Please provide a written, signed appeal letter along with your verifiable documentation to FEMA for review.” Refer to the <a href="#">Occupancy Verification</a> and/or <a href="#">Identity Verification</a> SOPs for a list of acceptable documents and ensure you cover the full list of potential documents to assist the applicant with their occupancy and/or identity issue.                             <ol style="list-style-type: none"> <li>a. <b>PROVIDE</b> the <a href="#">mailing address and fax number to the applicant</a> and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> </ol> </li> <li>2. <b>CONFIRM</b> the applicant’s contact information, including phone numbers and addresses, and <b>CORRECT</b> these entries as needed on the <b>Registrant Info</b> screen; AND</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INSPECTION REQUEST – OCC/IDV NOT VERIFIED</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> <li>d. <b>Details:</b> Applicant requested an initial inspection. Informed applicant that an inspection CANNOT be issued until applicant proves occupancy and/or identity. Advised applicant to submit an appeal letter and verifiable proof of occupancy and/or identity. Provided mailing address and fax number. (And any other changes made to file).</li> </ol> </li> </ol>
<p>7.8b Request for <b>Initial</b> inspection</p>	<p>Uninsured</p> <p>Occupancy, identity, and/or ownership NOT verified.</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “FEMA has been unable to verify your [identity / occupancy / ownership], but you may still be issued an inspection. The applicant, co-applicant or an authorized third party must be present when the inspection is performed. If you are requesting a third party inspection, you must submit a third party <a href="#">written consent</a> to identify an authorized third party or household member, over the age of 18, to meet with the inspector on your behalf. Please provide a written, signed appeal letter along with your verifiable documentation to FEMA for</li> </ol>



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If call concerns:	And:	Then:
	For DR-4607-MI and forward  <b>NOTE:</b> For DR-4607-MI and forward, applicants that failed identity and occupancy verification post-registration will NOT be required to submit identity or occupancy documents prior to receiving an initial inspection.	<p><a href="#">review.</a> Refer to the <a href="#">Occupancy Verification, Ownership Verification,</a> and/or <a href="#">Identity Verification</a> SOPs for a list of acceptable documents and ensure you cover the full list of potential documents to assist the applicant with their occupancy, identity, or ownership issue.</p> <ol style="list-style-type: none"> <li>a. If the applicant states they need an authorized third party for the inspection, <b>GO</b> to the <a href="#">Written Consent Guidelines</a> and <b>PROVIDE</b> the details for submitting a Written Consent.</li> <li>b. <b>PROVIDE</b> the <a href="#">mailing address and fax number to the applicant</a> and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> </ol> <ol style="list-style-type: none"> <li>2. <b>CONFIRM</b> the applicant’s contact information, including phone numbers and addresses, and <b>CORRECT</b> these entries as needed on the <b>Registrant Info</b> screen; AND</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INSPECTION REQUESTED</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> <li>d. <b>Details:</b> Applicant requested an initial inspection. Informed applicant that an inspection may still be issued even if applicant has not yet proven occupancy, identity, and/or ownership. Provided information that the applicant, co-applicant or an authorized third party must be present when the inspection is performed. Advised applicant to submit verifiable proof of occupancy, identity, and/or ownership. Provided mailing address and fax number. (And any other changes made to file).</li> </ol> </li> <li>4. <b>CREATE a WP, ADD a Comment,</b> and <b>ROUTE to FEMA Manual Determination,</b> if a WP DOES NOT already exist.</li> <li>5. If trained, <b>PROCESS</b> according to <b>FEMA Manual Determination</b> guidelines.</li> </ol>
7.8c Request for second inspection	Additional damages occurred after initial inspection  Covered peril insured	<ol style="list-style-type: none"> <li>1. <b>SAY,</b> <a href="#">“Please describe your new damages. On what date did they occur? I will update your file with this information.”</a> <ol style="list-style-type: none"> <li>a. If an insured peril** caused the additional damages, SAY, <a href="#">“If you have NOT already done so, please file a claim with your insurance company. If your insurance DOES NOT cover all your losses or is delayed for 30 days or more, you may submit your insurance documentation to FEMA for possible assistance. Please</a></li> </ol> </li> </ol>





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If call concerns:	And:	Then:
	Date(s) occurred within the designated incident period; which includes closed or ongoing/continuing incident periods.	<p>include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.” Provide the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</p> <ol style="list-style-type: none"> <li>2. <b>CONFIRM</b> the applicant's contact information, including phone numbers and addresses, and correct these entries as needed on the <b>Registrant Info</b> screen; AND</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) ADDITIONAL DAMAGES – INSURED</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> <li>d. <b>Details:</b> Applicant reported additional damages after inspection. (List the additional damages.) Advised applicant to submit insurance settlement/denial or delay of 30 days or more (if applicable). Provided mailing address and fax number. (And any other changes made to file).</li> </ol> </li> </ol> <p><b>**NOTE:</b> Homeowners insurance DOES NOT cover Flood damages. Applicants who have flood and <b>only</b> HOI are NOT insured for that peril (flood).</p>
7.8d Request for second inspection	<p>Additional damages occurred after initial inspection</p> <p>Uninsured</p> <p>Date(s) occurred within the designated incident period; which includes closed or ongoing/continuing incident periods.</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “Please describe your new damages. On what date did they occur? I will request another inspection of your home. If you are NOT contacted within 7 days, please call back to check on the status of your file.”</li> <li>2. <b>CONFIRM</b> the applicant's contact information, including phone numbers and addresses, insurance information and correct these entries as needed on the <b>Registrant Info</b> screen;</li> <li>3. <b>CREATE a WP</b>, <b>ADD a Comment</b>, and <b>ROUTE to FEMA Manual Determination</b>, if a WP DOES NOT already exist.</li> <li>4. <b>ADD a Contact</b>; AND             <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) ADDITIONAL DAMAGES – INSPECTION REQUEST</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Inspection Inquiry</li> </ol> </li> </ol>





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If call concerns:	And:	Then:
		<p>d. <b>Details:</b> Applicant reported additional damages after inspection and requested another inspection. (List the additional damages.) Advised applicant (note information provided to the applicant). Created WP for inspection request. (And any other changes made to file).</p> <p>5. <b>ACCESS</b> case in <b>FEMA Manual Determination</b> (or other queue) and <b>COMPLETE</b> casework to issue for second inspection.</p> <p><b>**NOTE:</b> Homeowners insurance DOES NOT cover flood damages. Applicants who have flood and only HOI are NOT insured for that peril (flood).</p>
7.8e Request for second inspection	No additional damages  Less than 60 days since date of IHP decision	<p>1. <b>SAY</b>, “<a href="#">Please submit a written appeal letter listing the reasons you want another inspection and include any supporting documentation. This letter must be submitted to FEMA by (date: 60 days from date on the decision letter). Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.</a>”;</p> <p>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online; AND</p> <p>3. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) INSPECTION REQUEST - APPEAL</p> <p>b. <b>Call Type:</b> HA Program Request</p> <p>c. <b>Sub-Type:</b> Appeal Request</p> <p>d. <b>Details:</b> Applicant requested second inspection. No additional damages. Advised applicant about the appeals process and that they will need to submit an appeal letter by (date). (And any other changes made to file).</p>
7.8f	Additional damages occurred after initial inspection	<p>1. <b>SAY</b>, “<a href="#">The additional damages you have to your home are NOT included in the declared incident at this time. Please monitor your local news, State and County emergency management websites and FEMA.gov website for further information.</a>” (DO NOT refer the applicant to the State Emergency Management office.);</p>



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If call concerns:	And:	Then:
Request for second inspection	Cause of damage <u>or</u> date(s) of incident NOT included in disaster  No additional declarations for state that include damage type	2. DO NOT advise the applicant to write an appeal letter for additional damages NOT caused by the disaster after an inspection;  3. DO NOT create a WP; AND  4. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) ADDITIONAL DAMAGES – UNDECLARED INCIDENT</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> Appeal Request</li> <li>d. <b>Details:</b> Applicant requested second inspection. Additional damages occurred outside of incident period. No updates made. Advised applicant that damages CANNOT be included in the current disaster and a declaration for other incidents is NOT available. (And any other changes made to file).</li> </ol>

Table 87: Inspection Issues

2. Roads and Bridges



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If call concerns:	And	Then
<p>8.1a Applicants identified with <b>Multi-Family Road and Bridge Repair</b></p>	<p>It has been less than 14 days since the first home inspection on the road.</p> <p>WP has been created</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “A staff member processing Road &amp; Bridge cases will contact you personally. The goal is to contact everyone affected by the roads or bridge damage within fourteen days from the time of the first inspection. I am confident you will hear from someone soon. I can leave a comment for the Roads and Bridges staff. What is the best time for you to take a call?”</li> <li>2. <b>ANSWER</b> any general questions from the applicant; AND</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) MULTI-FAMILY ROAD &amp; BRIDGE REVIEW</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> Program Information</li> <li>d. <b>Details:</b> Applicant called to ask about their multi-family road. Advised applicant a special group will contact the families personally and their goal is to reach everyone within fourteen days from the time of the first inspection. The best times for the Road and Bridge staff to call are _____. (And any other changes made to file).</li> </ol> </li> </ol>
<p>8.1b Applicants identified with <b>Multi-Family Road and Bridge Repair</b></p>	<p>It has been more than 14 days since the first home inspection on the road.</p> <p>There are comments about others on the same road and/or bridge.</p> <p>No WP has been created.</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “Please give me a moment to review your file.” Review the case thoroughly before making a response. If you identify some members of the group who delayed completing an application, the 14-day time frame could be tight. If you review the <b>Comments</b> and see that inspection requests have been made for additional members of the group OR if our processors have requested an FCOR due to inconsistencies with the inspection, the creation of a WP would be unnecessary. Those cases would be returning from inspection services with, perhaps, vital information regarding award amounts. It would be better in these cases to perform a thorough review of the applicant’s file, including caseworker <b>Comments</b> and a review of inspection/FCOR requests and advise the caller that the case will be processed as soon as the results are in.</li> <li>2. If there is no existing WP for a returned inspection listing MF line items <b>SAY</b>, “One of our staff members processing Road &amp; Bridge cases will contact you personally. Their goal is to contact everyone affected by the roads or bridge damage within fourteen days from the time of the first inspection, so I am confident you will hear from someone soon. I can leave a comment for the Roads and Bridges staff. What is the best time for you to take a call?”</li> <li>3. <b>ANSWER</b> any general questions from the applicant;</li> </ol>





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If call concerns:	And	Then
		<ol style="list-style-type: none"> <li>4. <b>CREATE</b> a <b>WP</b>, <b>ADD</b> a <b>Comment</b>, and <b>ROUTE</b> to <b>FEMA Supervisor Review – Road and Bridge</b>, if a WP DOES NOT already exist;</li> <li>5. <b>ADD</b> a <b>Contact</b>;                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) MULTI-FAMILY ROAD &amp; BRIDGE REVIEW</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> Processing Delay Action Request</li> <li>d. <b>Details:</b> Applicant called to ask about their multi-family road. Advised applicant that a special group will contact the families personally and that the goal is to reach everyone within fourteen days after the first inspection. Since it has been more than two weeks and no active WP for Roads and Bridges, created one and sent to <b>FEMA Supervisor Review</b> queue; sub queue Road and Bridge. Best time to call the applicant is _____. Created a WP for Inspection Request. (And any other changes made to file).</li> </ol> </li> <li>6. <b>ACCESS</b> the WP and process according to posted guidelines; AND</li> <li>7. <b>ADD</b> a <b>Comment:</b> Created WP and routed to <b>FEMA Supervisor Review</b> queue; sub queue Road and Bridge.</li> </ol>

Table 98: Roads and Bridges

3. Withdrawal Requests



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If call concerns:	Then:
9.1 Requests to withdraw from the program	<ol style="list-style-type: none"> <li>1. If the file is currently issued for inspection, <b>SAY</b>, "Your file is currently issued for an inspection to verify your damages. When the inspector contacts you, please advise them of your request to withdraw from the program."</li> <li>2. If NOT issued for inspection or if the inspection has been completed <b>SAY</b>, "I will update your file per your request."</li> <li>3. <b>CREATE</b> a WP, and <b>ROUTE</b> to <b>FEMA Manual Determination</b>.</li> <li>4. <b>ADD</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary</b>: <b>FACILITY#</b> (NPSC#) WVO = APPLICANT REQUEST</li> <li>b. <b>Call Type</b>: HA Program Request</li> <li>c. <b>Sub-Type</b>: Ha Status Change request</li> <li>d. <b>Details</b>: Applicant requested to withdraw from program. (Summarize specific information given to applicant based.) Created WP for withdraw request. (And any other changes made to file).</li> </ol> </li> <li>5. Before routing, <b>ADD/UPDATE</b> all <b>HA PND</b> lines to <b>WVO</b> and all <b>ONA PND</b> lines to <b>WVOA</b>;</li> <li>6. <b>ADD</b> a <b>Comment</b> to record the actions taken; AND</li> <li>7. <b>ROUTE</b> to <b>FEMA Ineligible</b>.</li> </ol>

Table 109: Withdrawal Requests

### E. Information Request / Adding Referrals

- [Adding Individuals and Households Program \(IHP\) or Small Business Administration Referrals](#)
- [Helpline Workpacket Guidelines](#)
- [Generating an RFI – Misc Other Items Letter for Miscellaneous/Other](#)

1. Adding Individuals and Households Program (IHP) or Small Business Administration Referrals
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If call concerns:	And:	Then:
<p>10.1a Adding Home/PP damages to NONREF application.</p> <p>(Example: DUA only or damages previously UNKNOWN)</p>	<p><b>Banner = HA/OTHER: NONREF</b></p> <p>Not insured for the incident type</p> <p>WP NOT previously created</p> <p><b>OCCV_PASS and IDV_PASS</b></p> <p><b>NOTE:</b> For all disasters prior to and including DR-4606-LA, individuals with an IDV_FAILED and/or OCCV_FAILED status will NOT automatically receive an Initial inspection. These individuals must submit documentation to verify their identity and/or occupancy prior to receiving an Initial inspection.</p> <p><b>NOTE:</b> For DR-4607-MI and</p>	<ol style="list-style-type: none"> <li>1. <b>REVIEW</b> the <b>Registrant Info</b> screen for Primary residence. If <b>Yes</b>, <b>GO</b> to step 2. If <b>No</b>, <b>QUESTION</b> whether the secondary residence is rental property. <b>SAY</b>, "I am entering your request into the computer to be processed. FEMA will contact you by mail to inform you about your disaster assistance eligibility status. If you are NOT contacted within 14 days, please call back to check on the status of your case."</li> <li>2. <b>COMPLETE</b> any blank fields on the <b>Registrant Info</b> screen;</li> <li>3. <b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b>, <b>IDV_PASS</b>, and <b>OWNV_PASS</b> (if applicable),. If either verification is failed, <b>REVIEW</b> submitted correspondence for acceptable documents.</li> <li>4. If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, identity, and/or ownership (if applicable), <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.                         <ol style="list-style-type: none"> <li>a. <b>ACCESS</b> the <a href="#">Occupancy Verification SOP</a>, <a href="#">Identity Verification SOP</a>, and/or <a href="#">Ownership Verification SOP</a> on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents.</li> </ol> </li> <li>5. <b>UPDATE</b> the <b>Insurance Substantiation/Settlement</b> frame on the <b>Assistance</b> screen, if necessary;</li> <li>6. On the <b>Registrant Info</b> screen, <b>CLICK</b> the <b>Home Dmg</b> and <b>PP Dmg</b> links on the <b>Losses, Damages and Needs</b> frame and <b>CHANGE</b> from <b>Unknown or No</b> to <b>Yes</b>, if applicable.</li> <li>7. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) ADDED HA/ONA PEND REFERRAL</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Call Sub-Type:</b> Status Change Request</li> <li>d. <b>Details:</b> Document additional/changes and description of damages for home and personal property. Determine accessibility. Update SBA status to HAPP, if prompted, or if SBA Home status is blank. Document that a WP was created. (And any other changes made to file)</li> </ol> </li> <li>8. <b>CREATE a WP</b>, <b>ADD a Comment</b>, and <b>ROUTE</b> to <b>FEMA Manual Determination</b>, if a WP DOES NOT already exist.</li> <li>9. If trained, <b>FOLLOW</b> the <a href="#">Inspection Requests and Comparisons</a> SOP to request an initial inspection.</li> </ol>





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If call concerns:	And:	Then:
	forward, applicants that failed identity and occupancy verification post-registration will NOT be required to submit identity or occupancy documents prior to receiving an initial inspection.	
10.1b Adding Home/PP damages to NONREF application.	<p><b>Banner = HA/OTHER: NONREF</b></p> <p>Not insured for the incident type</p> <p>WP previously created</p> <p>Inspection issued</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “Your case is being processed. You should be hearing from an inspector by ___ e.g., 14 days from issuance of the inspection.”</li> <li>2. On the <b>Registrant Info</b> screen, <b>CLICK</b> the <b>Home Dmg</b> and <b>PP Dmg</b> links on the <b>Losses, Damages and Needs</b> frame and <b>CHANGE</b> from <b>Unknown or No</b> to <b>Yes</b>, if applicable.</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) HA/ONA STATUS CHECK</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Call Sub-Type:</b> Status Change Request</li> <li>d. <b>Details:</b> Document the information that was discussed with the caller. (And any other changes made to file)</li> </ol> </li> </ol>
10.1c Adding Home/PP damages to NONREF application.  (Example: DUA only or damages previously UNKNOWN)	<p><b>Banner = HA/OTHER: NONREF</b></p> <p>Insured for the incident type</p> <p>WP NOT previously created</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “Before FEMA can offer assistance, all other forms of aid such as insurance must have been exhausted. Please file a claim with your insurance company. If you have already filed a claim and it was insufficient to cover all your essential needs and/or it will be delayed, you may mail or fax a copy of your insurance determination to FEMA within 12 months of the date you registered for assistance. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages.”</li> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> </ol>



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If call concerns:	And:	Then:
		<ol style="list-style-type: none"> <li>3. On the <b>Registrant Info</b> screen, <b>CLICK</b> the <b>Home Dmg</b> and <b>PP Dmg</b> links on the <b>Losses, Damages and Needs</b> frame and <b>CHANGE</b> from <b>Unknown or No</b> to <b>Yes</b>, if applicable.</li> <li>4. <b>ADD</b> insurance information (Type, Company Name, and Policy number only) to <b>Insurance Substantiation/Settlement</b> frame of the <b>Assistance</b> screen.</li> <li>5. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) ADDED HOUSING DAMAGES TO NONREF</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Status Change Request</li> <li>d. <b>Details:</b> Advised applicant to send in insurance settlement. Updated the <b>Registrant Info</b> screen and <b>Insurance Substantiation/Settlement</b> frame. (And any other changes made to file)</li> </ol> </li> <li>6. <b>CREATE a WP</b>, <b>ADD a Comment</b>, and <b>ROUTE to FEMA Manual Determination</b>, if a WP DOES NOT already exist.</li> <li>7. <b>PROCESS</b> according to <b>FEMA Manual Determination</b> guidelines.</li> </ol>
<p>10.2a Adding <b>SBA Home referral to NONREF</b> application when adding home damages</p>	<p><b>Banner = SBA Home: Blank</b></p> <p>Registration Period is <a href="#">open</a></p>	<ol style="list-style-type: none"> <li>1. On the <b>Assistance</b> screen, scroll down to the <b>SBA</b> frame and <b>CLICK</b> the <b>Add</b> link.</li> <li>2. <b>SELECT HOME</b> in the <b>Referral Type</b> drop-down list and <b>CLICK OK</b>.</li> <li>3. <b>SAY</b>, "Please hold while I update your file. After adding referral, <b>SAY</b>, "The Small Business Administration (SBA) will contact you via an auto-dialer system to inform you about how to apply for a disaster loan. You now have three convenient ways to apply: Online at <a href="http://Disasterloan.sba.gov">Disasterloan.sba.gov</a> , in-person by visiting a Disaster Recovery Center (DRC), or by submitting a loan application by mail. To see a list of the DRC's, please visit the website online <a href="http://sba.gov/current-disaster-declarations">sba.gov/current-disaster-declarations</a>. If the auto-dialer is unable to contact you, you will be sent a letter explaining how to obtain an application."</li> <li>4. If the applicant has questions/concerns about the SBA referral or loan process, <b>SAY</b>, "I can transfer you to an SBA representative for them to address your issues. Please hold while I transfer you. It may take a few minutes to make the transfer. In case we are disconnected, the SBA phone number is (800) 659-2955."</li> <li>5. <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving the call.</li> </ol>



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If call concerns:	And:	Then:
		<p>6. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) ADDED SBA HOME REFERRAL TO NONREF</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Status Change Request</li> <li>d. <b>Details:</b> Advised applicant all options for applying for an SBA disaster loan. Transferred to SBA (if you transfer the call.) (And any other changes made to file)</li> </ul>
<p>10.2b Adding <b>SBA Home</b> referral to <b>NONREF</b> application when adding home damages</p>	<p><b>Banner = SBA Home: Blank</b></p> <p>Registration Period is closed</p>	<ul style="list-style-type: none"> <li>1. If this is a closed DR (after 18 months), inform the applicant that no further action can be taken in the file.</li> <li>2. If the registration period only is closed, <b>SAY</b>, "Please hold while I review your file."</li> <li>3. If an SBA referral is warranted: On the <b>Assistance</b> screen, scroll down to the <b>SBA</b> frame and <b>CLICK</b> the <b>Add</b> link.</li> <li>4. <b>SELECT HOME</b> in the Referral Type drop-down list and <b>CLICK OK</b>.</li> <li>5. <b>SAY</b>, "I can transfer you to a Small Business Administration (SBA) representative for them to address your issues. They can tell you if you are still eligible to receive information and an application in the mail from the SBA. Please hold while I transfer you. It may take a few minutes to make the transfer. In case we are disconnected, the SBA phone number is (800) 659-2955." <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call.</li> <li>6. <b>SEND</b> an email to SBA (<a href="mailto:disastercustomerservice@sba.gov">disastercustomerservice@sba.gov</a>) notifying them of the SBA status change request and include the following information:                         <ul style="list-style-type: none"> <li>a. Disaster number</li> <li>b. Registration number</li> <li>c. Name of applicant</li> <li>d. Information you discussed</li> </ul> </li> <li>7. <b>ADD a Contact:</b></li> </ul>





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If call concerns:	And:	Then:
		<ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) SBA HOME REFERRAL REQUEST TO NONREF AFTER REG PERIOD CLOSED</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Status Change Request</li> <li>d. <b>Details:</b> Advised applicant to talk with SBA to learn if application will be mailed to him, and to complete and return to SBA ASAP. Transferred to SBA (if you transfer the call and emailed SBA customer service.) (And any other changes made to file)</li> </ul>
<p>10.3a Adding <b>SBA Business referral</b></p> <p>(Examples: Business, rental property, or private nonprofit organization)</p>	<p>Registration Period is <a href="#">open</a></p>	<ul style="list-style-type: none"> <li>1. On the <b>Assistance</b> screen, scroll down to the <b>SBA</b> frame and <b>CLICK</b> the <b>Add</b> link.</li> <li>2. <b>SELECT BUSINESS</b> in the Referral Type drop-down list and <b>CLICK OK</b>.</li> <li>3. <b>SAY</b>, "Please hold while I update your file. After adding referral, <b>SAY</b> "The Small Business Administration (SBA) will contact you via an auto-dialer system to inform you about how to apply for a disaster loan. You now have three convenient ways to apply: Online at <a href="https://disasterloan.sba.gov">Disasterloan.sba.gov</a> , in-person by visiting a Disaster Recovery Center (DRC), or by submitting a loan application by mail. To see a list of the DRC's, please visit the website online at <a href="https://disasterloan.sba.gov/ela/Declarations">https://disasterloan.sba.gov/ela/Declarations</a>. If the auto-dialer is unable to contact you, you will be sent a letter explaining how to obtain an application."</li> <li>4. If the applicant has questions/concerns about the SBA referral or loan process, <b>SAY</b>, "I can transfer you to an SBA representative for them to address your issues. Please hold while I transfer you. It may take a few minutes to make the transfer. In case we are disconnected, the SBA phone number is (800) 659-2955."</li> <li>5. <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call.</li> <li>6. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) ADDED SBA BUSINESS REFERRAL</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Status Change Request</li> <li>d. <b>Details:</b> Advised applicant all options for applying for an SBA disaster loan. Transferred to SBA (if you transfer the call.) (And any other changes made to file)</li> </ul> </li> </ul>



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If call concerns:	And:	Then:
<p><b>10.3b Adding SBA Business referral</b></p> <p>(Examples: Business, rental property, or private non-profit organization)</p>	<p>Registration Period is closed</p>	<ol style="list-style-type: none"> <li>1. If the registration period has closed for the disaster, DO NOT add a <b>BAPP</b> to the file: SBA will NOT mail the SBA application to these applicants. Instead, inform apps that they must talk to SBA themselves, transfer them as in #2 below, and adjust your contact accordingly.</li> <li>2. <b>SAY</b>, "I can transfer you to an SBA representative for them to address your issues. Please hold while I transfer you. It may take a few minutes to make the transfer. In case we are disconnected, the SBA phone number is (800) 659-2955."</li> <li>3. <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call.</li> <li>4. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) SBA BUSINESS REFERRAL REQUESTED</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Status Change Request</li> <li>d. <b>Details:</b> Advised applicant they must speak to someone regarding the SBA application since the registration period is closed. Transferred to SBA (if you transfer the call). (And any other changes made to file)</li> </ol> </li> </ol>
<p><b>10.4a Adding a HA/ONA referral to an SBA Business Only Application</b></p>	<p><b>Banner = HA/OTHER: NONREF</b></p> <p>Not insured for the incident type</p> <p>WP <u>NOT</u> created</p> <p>Registration Period is <a href="#">open</a></p> <p><b>OCCV_PASS</b> and <b>IDV_PASS</b></p>	<ol style="list-style-type: none"> <li>1. <b>ASK</b> the applicant if the home is the Primary residence. If <b>Yes</b>, go to step 2. If <b>No</b>, question whether the secondary residence is rental property and explain FEMA requirements for primary residence.</li> <li>2. <b>SAY</b>, "I will add this request for assistance to your file."</li> <li>3. On the <b>Registrant Info</b> screen, <b>CLICK</b> the <b>Home Dmg</b> and <b>PP Dmg</b> links on the <b>Losses, Damages and Needs</b> frame and <b>CHANGE</b> from <b>Unknown or No</b> to <b>Yes</b>, if applicable. On the Residence frame, <b>CHANGE Non-Applicable</b> to <b>Primary Residence</b>.</li> <li>4. On the <b>Registrant Info</b> screen, add all household occupants in the <b>Occupants</b> frame. <b>NOTE:</b> Only request the co-applicant's <b>SSN</b>. DO NOT request the <b>SSN</b> of any other occupant of the household.</li> <li>5. <b>CHANGE DDA</b> and phone numbers if needed.</li> <li>6. <b>CHANGE</b> income to household income.</li> <li>7. <b>DETERMINE</b> if home is accessible and note accordingly.</li> </ol>





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If call concerns:	And:	Then:
	<p><b>NOTE:</b> For all disasters prior to and including DR-4606-LA, individuals with an IDV_FAILED and/or OCCV_FAILED status will NOT automatically receive an Initial inspection. These individuals must submit documentation to verify their identity and/or occupancy prior to receiving an Initial inspection.</p> <p><b>NOTE:</b> For DR-4607-MI and forward, applicants that failed identity and occupancy verification post-registration will NOT be required to submit identity or occupancy documents prior to receiving an initial inspection.</p>	<ol style="list-style-type: none"> <li>8. <b>ENSURE</b> that all types of insurance are listed on the <b>Insurance Substantiation/Settlement</b> frame.</li> <li>9. <b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b>, <b>IDV_PASS</b>, and <b>OWNV_PASS</b> (if applicable). If either verification is failed, <b>REVIEW</b> submitted correspondence for acceptable documents.             <ol style="list-style-type: none"> <li>a. If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, identity, and/or ownership (if applicable), <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.</li> <li>b. <b>ACCESS</b> the <a href="#">Occupancy Verification SOP</a>, <a href="#">Identity Verification SOP</a>, and/or <a href="#">Ownership Verification SOP</a> on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents.</li> </ol> </li> <li>10. <b>UPDATE</b> the SBA status to <b>HAPP</b> on the <b>SBA</b> frame of the <b>Assistance</b> screen if prompted or if SBA Home status is blank. (See <a href="#">10.1a</a> for procedure.)</li> <li>11. If the SBA status is <b>HAPP</b>, transfer the call (Cold Transfer) to SBA, after <b>SAYING</b>, “<a href="#">I am going to transfer you to the SBA. They have information to relay to you about their program. In case we are disconnected, the SBA phone number is (800) 659-2955.</a>” When you make the transfer relay your name and PIN # to the applicant before you sign off.</li> <li>12. <b>CREATE</b> a WP, <b>ROUTE</b> to <b>FEMA Manual Determination</b> (See <a href="#">Creating a New WP</a>). If trained to process in <b>FEMA Manual Determination</b>, <b>FOLLOW</b> the steps in the <a href="#">Inspection Requests and Comparison</a> SOP to request an initial inspection.</li> <li>13. <b>ADD</b> a <b>Contact</b>:             <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) NONREF BUSINESS ADDED HOME DAMAGES</li> <li>b. <b>Call Type:</b> HA/ONA Program Request</li> <li>c. <b>Call Sub-Type:</b> Status Change Request</li> <li>d. <b>Details:</b> Changed DD address to home address and verified current phone contact. Changed income to household income. Document description of damages for home and personal property and any changes made in NEMIS. Created WP. (And any other changes made to file)</li> </ol> </li> <li>14. <b>PROCESS</b> according to <b>FEMA Manual Determination</b> guidelines.</li> </ol>





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If call concerns:	And:	Then:
<p>10.4b Adding a <b>HA/ONA</b> referral to an SBA Business only Application</p>	<p><b>Banner = HA/OTHER: NONREF</b></p> <p>Insured for the incident type</p> <p>Registration Period is <a href="#">open</a></p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "Please file a claim with your insurance company. If you have already filed a claim and it was insufficient to cover all your essential needs and/or your claim will be delayed, you may mail or fax a copy of your insurance determination to FEMA within 12 months of the date you registered for disaster assistance. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</li> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li>3. On the <b>Registrant Info</b> screen, <b>CLICK</b> the <b>Home Dmg</b> and <b>PP Dmg</b> links on the <b>Losses, Damages and Needs</b> frame and <b>CHANGE</b> from <b>Unknown or No</b> to <b>Yes</b>, if applicable. Update as much information as possible on the <b>Registrant Info</b> screen (occupants, income, addresses, etc.). <b>NOTE: Only request the co-applicant's SSN. DO NOT request the SSN of any other occupant of the household.</b></li> <li>4. <b>UPDATE</b> the <b>Insurance Substantiation/Settlement</b> frame (Type, Company Name, and Policy number only).</li> <li>5. <b>CREATE</b> a WP, <b>ROUTE</b> to <b>FEMA Manual Determination</b>. (See <a href="#">Creating a New WP</a>).</li> <li>6. <b>ADD</b> a <b>Contact</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) ADDED HOUSING DAMAGES TO SBA BUSINESS</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Status Change Request</li> <li>d. <b>Details:</b> Document additional/changes and description of damages for home and personal property; determine accessibility Advised applicant to send in insurance settlement. Updated the Registrant Info screen and <b>Insurance Substantiation/Settlement</b> frame. Created WP. (And any other changes made to file)</li> </ol> </li> <li>7. <b>PROCESS</b> according to <b>FEMA Manual Determination</b> guidelines.</li> </ol>
<p>10.5a Adding an <b>ONA</b> referral for <b>transportation</b> and/or <b>personal property</b></p>	<p><b>Banner = SBA: FIT, DECS, DECFa, or DECFdL</b></p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "The state is responsible for this type of assistance. You can contact the state at this number for further assistance with this need." <b>PROVIDE</b> the state's ONA Helpline number found on the <b>Disaster Info</b> screen [blue disaster number link in the <b>Banner</b>].</li> <li>2. <b>CREATE</b> a WP, <b>ROUTE</b> to the <b>State Manual Determination</b> queue. (See <a href="#">Creating a New WP</a>).</li> <li>3. <b>ADD</b> a <b>Contact</b>:</li> </ol>



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If call concerns:	And:	Then:
(ONA Joint Administrative Option)		<ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) ONA REFERRAL TO STATE</li> <li>b. <b>Call Type:</b> OTH Program Request</li> <li>c. <b>Sub-Type:</b> OTH Status Change Request</li> <li>d. <b>Details:</b> Referred applicant to state ONA number for further assistance with ONA referral. Created WP to State Manual Determination. (And any other changes made to file)</li> </ol>
10.5b Adding an <b>ONA</b> referral for <b>transportation</b> and/or <b>personal property</b>  (ONA Joint/State Administrative Option)	<b>Banner = SBA: HAPP</b>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “<a href="#">The Small Business Administration (SBA) and the state are responsible for this type of assistance. You can contact the SBA at (800) 659-2955 and the state for further assistance with this need.</a>” <b>PROVIDE</b> the state’s ONA Helpline number found on the <b>Disaster Info</b> screen [blue disaster number link in the <b>Banner</b>].</li> <li>2. <b>ADD</b> a <b>Contact</b>:                             <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) ONA REFERRAL TO STATE</li> <li>b. <b>Call Type:</b> OTH Program Request</li> <li>c. <b>Sub-Type:</b> OTH Status Change Request</li> <li>d. <b>Details:</b> Referred applicant to state ONA number for further assistance with ONA referral.</li> </ol> </li> </ol>
10.5c Adding an <b>ONA</b> referral for <b>transportation</b> and/or <b>personal property</b>  (ONA FEMA Administrative Option)	<b>Banner = SBA: HAPP</b>  Request is limited to transportation and/or personal property  Registration Period is <a href="#">open</a>	<ol style="list-style-type: none"> <li>1. Explain the SBA HAPP referral and loan/grant process. Encourage the applicant to return the SBA loan application as soon as possible.</li> <li>2. If the applicant has questions/concerns about the SBA referral or loan process, <b>SAY</b>, “<a href="#">I can transfer you to a Small Business Administration (SBA) representative for them to address your issues. Please hold: It may take a few minutes to make the transfer. In case we are disconnected, the SBA phone number is (800) 659-2955.</a>”</li> <li>3. <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call.</li> <li>4. <b>ADD</b> a <b>Contact</b>:                             <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) EXPLAINED SBA REFERRAL</li> <li>b. <b>Call Type:</b> OTH Program Request</li> </ol> </li> </ol>





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If call concerns:	And:	Then:
		c. <b>Sub-Type:</b> OTH Status Change Request  d. <b>Details:</b> Explained the SBA HAPP referral and loan-to-grant process. Advised applicant to return the completed loan application as soon as possible. Provided SBA number and transferred to SBA. (And any other changes made to file)
10.5d Adding an <b>ONA</b> referral for <b>transportation</b> and/or <b>personal property</b>  (ONA FEMA Administrative Option)	<b>Banner = SBA: Business only (BAPP) Or Non-Ref</b>  Request is limited to transportation, and/or personal property  Registration Period is closed	1. This scenario is based on <b>NON-REF</b> status. Check the income to determine if it will be <b>HAPP</b> or <b>FIT</b> using <a href="#">SBA Referrals</a> SOP for the appropriate Fiscal Year Test Table. 2. If it would be <b>HAPP</b> , continue. If <b>FIT</b> , go to <a href="#">10.6a</a> . 3. If the registration period has closed for the disaster, <b>DO NOT</b> change anything in the file or add a HAPP. SBA will <b>NOT</b> mail an application to these applicants. Instead, <b>INFORM</b> applicant that they must talk to SBA themselves, <b>TRANSFER</b> them as in #5 below, and include that information in a contact. 4. <b>SAY</b> , "I can transfer you to an SBA representative for them to address your issues. Please hold while I transfer you. It may take a few minutes to make the transfer. In case we are disconnected, the SBA phone number is (800) 659-2955." 5. <b>TRANSFER</b> the call (Cold Transfer) to the SBA using the <a href="#">Call Connect Procedures</a> and <b>PROVIDE</b> your name and PIN to the applicant before leaving/ending the call. 6. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) SBA _____ (whatever is added) REFERRAL REQUESTED</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Status Change Request</li> <li>d. <b>Details:</b> Advised applicant they must speak to someone regarding the SBA application since the registration period is closed. Transferred to SBA (if you transfer the call). (And any other changes made to file)</li> </ol>
10.6a Adding an <b>ONA</b> referral for <b>transportation</b> and/or <b>personal property</b>	<b>Banner = SBA: FIT, DECS, DECFa, or DECFdL</b>  WP <u>NOT</u> previously created	1. <b>SAY</b> , "I will add the expenses you mentioned to your file." If the applicant is insured for the type of damages listed, say, "Federal regulations prevent us from duplicating other assistance you may have received from your insurance provider. Please file a claim with your insurance company. If you have already filed a claim and it was insufficient to cover all your essential needs and/or your claim will be delayed, you may mail or fax a copy of your insurance determination to FEMA within 12 months of the date you registered for disaster assistance. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."





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If call concerns:	And:	Then:
(ONA FEMA Administrative Option)		<ol style="list-style-type: none"> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li>3. <b>CREATE</b> a WP, <b>ROUTE</b> to <b>FEMA Manual Determination</b> (See <a href="#">Creating a New WP</a>).</li> <li>4. <b>ADD</b> a <b>Contact</b>:                             <ol style="list-style-type: none"> <li>a. <b>Summary: FACILITY#</b> (NPSC#) ADDED _____ (TRANSPORTATION/PP) TO REGISTRATION</li> <li>b. <b>Call Type:</b> OTH Program Request</li> <li>c. <b>Sub-Type:</b> OTH Status Change Request</li> <li>d. <b>Details:</b> Record information regarding the request. If transportation, include Year, Make, Model, Comprehensive. Insurance (Y/N), Liability insurance (Y/N), Registered (Y/N), Drivable (Y/N), and Damaged (Y/N) for each auto owned/leased by a household member. Document that a WP was created. (And any other changes made to file)</li> </ol> </li> <li>5. <b>ACCESS</b> the case in <b>FEMA Manual Determination</b> and complete the casework.</li> </ol>
10.6b Adding an <b>ONA</b> referral for <b>transportation</b> and/or <b>personal property</b>  (ONA FEMA Administrative Option)	<p><b>Banner = SBA: REVIEW or CANCEL13</b> with a reason code of <b>"12 Adverse Change-ONA referral"</b></p> <p>WP <u>NOT</u> previously created</p>	<ol style="list-style-type: none"> <li>1. <b>CHECK</b> the SBA Reason Code to determine if the applicant is referred to ONA.                             <ol style="list-style-type: none"> <li>a. If an ONA referral is permitted, stop here and refer to <a href="#">10.6a</a> (above) for procedures.</li> <li>b. If an ONA referral is NOT permitted, continue.</li> </ol> </li> <li>2. <b>SAY</b>, "You are <b>NOT</b> eligible for grant assistance through FEMA's Individuals and Household's Program because [specify reason identified by SBA]. If you disagree with the Small Business Administration (SBA) decision and would like to appeal, you may contact them. I can transfer you to an SBA representative for them to address your issues. Please hold: It may take a few minutes to make the transfer. In the case we are disconnected, the SBA phone number is (800) 659-2955."</li> <li>3. <b>ADD</b> a <b>Contact</b>:                             <ol style="list-style-type: none"> <li>a. <b>Summary: FACILITY#</b> (NPSC#) REQUEST FOR ONA REFERRAL</li> <li>b. <b>Call Type:</b> OTH Program Request</li> <li>c. <b>Sub-Type:</b> OTH Status Change Request</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
		d. <b>Details:</b> Explained SBA decision, provided SBA number, and advised applicant to contact SBA for appeal procedures.
10.6c Adding an <b>ONA</b> referral for <b>transportation</b> and/or <b>personal property</b>  (ONA FEMA Administrative Option)	<b>Banner = SBA: FIT, DECS, DECFA, or DECFL</b>  WP was previously created	1. <b>SAY</b> , “ <a href="#">Your request is still pending. I will access your case and complete any outstanding casework now.</a> ” <b>PROVIDE</b> the specifics of the outstanding casework to the applicant (what needs to be done, what to expect, etc.).  2. <b>ADD</b> a <b>Contact</b> : a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) ONA STATUS CHECK b. <b>Call Type:</b> OTH Program Request c. <b>Sub-Type:</b> OTH Status Check d. <b>Details:</b> The ONA request was previously made. Provided status check and completed outstanding casework.  3. <b>ACCESS</b> the case in <b>FEMA Manual Determination</b> and complete the casework.
10.7a Adding an <b>ONA</b> referral for <b>medical, dental</b> and/or <b>moving and storage</b> expenses  (ONA FEMA Administrative Option)	WP NOT previously created	1. <b>SAY</b> , “ <a href="#">I will add the expenses you mentioned to your file.</a> ” If the applicant is insured for the type of damages listed, <b>SAY</b> , “ <a href="#">Federal regulations prevent us from duplicating other assistance you may have received from your insurance provider. Please file a claim with your insurance company. If you have already filed a claim and it was insufficient to cover all your essential needs and/or it will be delayed, you may mail or fax a copy of your insurance determination to FEMA within 12 months of the date you registered for disaster assistance. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.</a> ”  2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.  3. <b>CREATE</b> a WP, <b>ROUTE</b> to <b>FEMA Manual Determination</b> (See <a href="#">Creating a New WP</a> ).  4. <b>ADD</b> a <b>Contact</b> : a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) ADD ONA MEDICAL/DENTAL/MOVING AND STORAGE DAMAGES TO REGISTRATION b. <b>Call Type:</b> OTH Program Request c. <b>Sub-Type:</b> OTH Status Change Request





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		<p>d. <b>Details: RECORD</b> information regarding the request. <b>DOCUMENT</b> that a WP was created. (And any other changes made to file).</p> <p>5. <b>ACCESS</b> the case in <b>FEMA Manual Determination</b> and <b>COMPLETE</b> the casework. (<b>NOTE: SELECT</b> PND line, <b>GENERATE</b> an RFI letter with appropriate ONA category and <b>CLICK Send letter to mail queue</b>). A timer is NOT required.</p>
<p>10.7a.i. Adding an <b>ONA miscellaneous other</b> expense (including generator reimbursements)</p> <p>(ONA FEMA Administrative Option)</p>	<p>WP NOT previously created</p>	<ol style="list-style-type: none"> <li>1. On the <a href="#">Disaster Specific Information</a> page, review the ONA Misc items listed under the Summary information section of the appropriate disaster to verify that the item is listed.</li> <li>2. If the item is NOT listed <b>SAY</b>, “<a href="#">Unfortunately, your State did NOT include the item(s) you are requesting in their approved list. However, if your expense includes additional items that you would like us to review for possible assistance, please send in your receipt(s) for these item(s).</a>”                         <ol style="list-style-type: none"> <li>a. DO NOT generate an ‘<b>RFI – Misc Other</b>’ letter if the item is NOT listed.</li> </ol> </li> <li>3. If the item <u>is</u> listed <b>SAY</b>, “<a href="#">I will add the expenses you mentioned to your file. Please send or fax a copy of your receipt(s) for your item(s) to the address or fax number I will give you in a moment. Include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send. I am also sending you a letter requesting the receipts and other information as a follow-up to our conversation.</a>”</li> <li>4. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li>5. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary: FACILITY#</b> (NPSC#) ADD ONA MISC/OTHER DAMAGES TO REGISTRATION</li> <li>b. <b>Call Type:</b> OTH Program Request</li> <li>c. <b>Sub-Type:</b> OTH Status Change Request</li> <li>d. <b>Details: RECORD</b> information regarding the request. <b>DOCUMENT</b> if a WP was created, and any other changes made to the file.</li> </ol> </li> <li>6. <b>GENERATE</b> a <b>Notification letter - RFI Misc Other Items</b>, <b>CLICK SEND letter to mail queue</b>, and <b>CLICK</b> the <b>Home</b> link to exit the file and <b>SAVE</b> your work. A timer is NOT required. (See <a href="#">Generating an RFI Misc Other Letter for Miscellaneous/Other Items</a> for more information.)</li> </ol>





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If call concerns:	And:	Then:
<p>10.7a.ii. Adding an <b>ONA Child Care</b> expense</p> <p>(ONA FEMA Administrative Option)</p>	<p>WP NOT previously created</p>	<ol style="list-style-type: none"> <li>1. <b>SAY:</b> "I will add your request for disaster-caused Child Care assistance to your file. A follow-up letter will be mailed to you which includes all of the required information you will need to submit to be considered for this assistance. Please mail or fax your documents to FEMA within 21 days from the date on the letter to the address or fax number I will give you in a moment. Include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</li> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li>3. If the applicant asks to discuss the information to be submitted, refer to Section A.3. (Required Documentation for Child Care) of the <a href="#">Child Care Assistance</a> SOP and advise the applicant of the information required for review.</li> <li>4. <b>CREATE</b> a WP (See <a href="#">Creating a New WP</a>).</li> <li>5. <b>ADD</b> a <b>Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) REQUEST TO ADD ONA CHILD CARE EXPENSES TO FILE</li> <li>b. <b>Call Type:</b> OTH Program Request</li> <li>c. <b>Sub-Type:</b> OTH Status Change Request</li> <li>d. <b>Details:</b> <b>RECORD</b> information regarding the request. Created WP. (And any other changes made to file)</li> </ol> </li> <li>6. <b>ROUTE</b> to <b>FEMA Manual Determination</b>.</li> <li>7. <b>ACCESS</b> the file in <b>FEMA Manual Determination</b>.                     <ol style="list-style-type: none"> <li>a. <b>ADD</b> a <b>Misc/Other PND</b> line.</li> <li>b. <b>GENERATE</b> a <b>MISC/Other Child Care RFI</b> letter.</li> <li>c. On <b>Info Control</b> screen, set a Child Care verification to <b>Pending Response</b></li> <li>d. <b>ADD</b> a <b>Comment</b> to record actions taken in the file.</li> <li>e. <b>ROUTE</b> to <b>FEMA Info Control – Pending Receipt</b></li> </ol> </li> </ol>



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If call concerns:	And:	Then:
<p>10.7b Adding an <b>ONA</b> referral for <b>Funeral</b></p> <p>(ONA FEMA Administrative Option)</p>	<p>WP NOT previously created</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “I would like to offer our condolences for your loss. At this time, I will document your request in the file and a <a href="#">FEMA representative will be in contact with you.</a>”</li> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li>3. <b>CREATE</b> a WP, <b>ROUTE</b> to <b>FEMA Funeral</b> (See <a href="#">Creating a New WP</a>).</li> <li>4. <b>ADD</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) ADD ONA FUNERAL TO REGISTRATION</li> <li>b. <b>Call Type:</b> OTH Program Request</li> <li>c. <b>Sub-Type:</b> OTH Status Change Request</li> <li>d. <b>Details:</b> <b>RECORD</b> information regarding the request. <b>DOCUMENT</b> that a WP was created. (And any other changes made to file).</li> </ol> </li> <li>5. Designated staff will <b>PROCESS</b> the funeral request.</li> </ol>
<p>10.7c Adding an ONA referral for Medical, Dental, Child Care, Miscellaneous Other expenses (including generator reimbursements), and/or Moving and Storage</p> <p>(ONA FEMA Administrative Option)</p>	<p>WP was previously created</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “<a href="#">Your request is still pending. I will access your case and complete any outstanding casework now.</a>” <b>PROVIDE</b> the specifics of the outstanding casework to the applicant (what needs to be done, what to expect, etc.).</li> <li>2. <b>ADD</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) ONA STATUS CHECK</li> <li>b. <b>Call Type:</b> OTH Program Request</li> <li>c. <b>Sub-Type:</b> OTH Status Check</li> <li>d. <b>Details:</b> The ONA request was previously made. Provided status check and completed outstanding casework. (And any other changes made to file).</li> </ol> </li> <li>3. <b>ACCESS</b> the case in <b>FEMA Manual Determination</b> and <b>COMPLETE</b> the casework. (See <a href="#">Completing Casework</a> for additional information).</li> </ol>



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If call concerns:	And:	Then:
10.7d Applicant received a Funeral IOR "No Contact" letter or is responding to a call regarding their funeral assistance	The applicant did have disaster caused funeral expenses	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "I would like to offer our condolences for your loss. At this time, I will forward your request to a FEMA representative responsible for this assistance. When is a good time for someone to call you back? I will document your request in your file and someone will contact you shortly. Is there anything else I may help you with?"</li> <li>2. <b>VERIFY</b> applicant contact information and <b>ADD a Contact</b>:                             <ol style="list-style-type: none"> <li>a. <b>Summary</b>: FACILITY# (NPSC#) ONA STATUS CHECK</li> <li>b. <b>Call Type</b>: OTH Program Request</li> <li>c. <b>Sub-Type</b>: OTH Status Check</li> <li>d. <b>Details</b>: Applicant called requesting additional information regarding funeral assistance. Applicant would like a call back at xx:xx am/pm. (And any other changes made to file).</li> </ol> </li> <li>3. <b>EMAIL</b> all of the applicant information and the best call back time to <a href="#">FEMA-IHPHelpdesk</a>.</li> </ol> <p><b>NOTE</b>: DO NOT email the IHP Helpdesk for status or contact requests when there is a WP in the Funeral queue.</p>

Table 20: Adding IHP and SBA Referrals

2. Helpline Workpacket Guidelines

Before creating a new WP:

- **CHECK** the **Current Queues** frame and the **Events History** screen to make sure another WP has NOT already been created to address the caller's request.
- **CREATE** a **WP** if a decision or action needs to be made regarding an applicant's case and there is NOT a WP available to perform the action.

- a. If **HA: NONREF** (NOT **NONREG**) is shown in the **Banner** and the action requested will change the status, **ROUTE** to **FEMA Manual Determination** [10.1a](#), [10.1c](#) (**Home**) and [10.4a](#) (**Business Only**)





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- b. If **HA: CLOSED** is shown in the **Banner**, the HA status is **INCI/IMI/WVO**, the applicant is requesting an inspection; **ROUTE to FEMA Manual Determination**. Refer to [7.2b](#).
- c. If the **Inspection Status** screen/**Results** frame/**Inaccessible** field = **Yes**, the home is now accessible; **ROUTE to FEMA Manual Determination**. Refer to [7.4a](#).
- d. If **Additional Damages** have occurred within the incident period and the applicant requests a second inspection; **ROUTE to FEMA Manual Determination**. Refer to [7.9b](#).
- e. If **HA: CLOSED** is shown in the **Banner**, the HA status is **INS**, the applicant advises in writing that the insurance settlement will be delayed more than 30 days, and the applicant is requesting assistance or an inspection; **ROUTE to FEMA Manual Determination**. Refer to [17.2a](#) and [17.2b](#).
  - i. For DR-4563-AL and after, **CHECK** the **Outgoing Correspondence** frame on the **Communication** screen for an **Ineligible Insured No Response (IINR)** letter..
    1. If present, **ROUTE to FEMA Appeal**.
    2. If NOT present, **ROUTE to FEMA Manual Determination**.
- f. If the applicant is insured, identifies another COD for a peril NOT generally covered by their insurance; **ROUTE to FEMA Manual Determination**. Refer to [17.3b](#).
- g. If the **Banner** shows **SBA: FIT/DECS/DECFA**, or **DECfDL** and the applicant wants to add a SBA dependent category (Transportation or Personal Property); **ROUTE to FEMA Manual Determination**. Refer to [10.6a](#).
- h. If the applicant wants to add a Non-SBA dependent category (Medical, Dental, Moving and Storage, or Miscellaneous/Other), regardless of SBA status; **ROUTE to FEMA Manual Determination**.
  - i. If requesting Funeral Assistance, **ROUTE to FEMA Funeral**.
  - ii. Refer to [10.7a](#) – [10.7b](#).



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- i. If the applicant says they did NOT receive the **EFT** payment and it has been more than 48 hours since the **Scheduled** date, **ROUTE** to **FEMA Supervisor Review – Reissue**. Refer to [16.1g](#).
- j. If the applicant requests **Road and Bridge** assistance, there has been no contact, and more than two weeks have passed since the inspection, **ROUTE** to **FEMA Supervisor Review – Road and Bridge**. Refer to [8.1b](#).
- k. If the applicant requests initial Rental Assistance and it has been less than 30 days since the date of their **INR** decision letter, **ROUTE** to **FEMA Manual Determination**. Refer to [13.1](#).
- l. If the applicant submitted Continued Temporary Housing Assistance (CTHA) documents, it is within 45 days of the end of the CTHA period, and there is no WP in the **Continued Assistance** queue; **ROUTE** to **FEMA Continued Assistance**.

### Step by Step – How to Create a Workpacket

1. <b>ACCESS</b> the case file in <b>Applicant Update</b>	5. From the <b>Route to Process</b> and <b>Route to Sub-queue</b> drop-downs, choose where to route the WP. If a WP already exists in that queue/subqueue, a warning message will display, and the caseworker will have the option to cancel.
2. <b>CLICK</b> on <b>Create WP</b> button (left side of the screen).	6. <b>SELECT Save</b> to keep the WP or <b>Cancel</b> to delete the WP.
3. <b>Create WP</b> pop up will appear and the <b>Rgsn ID</b> number will be auto-filled.	7. From the <b>Type</b> , <b>CLICK</b> the box for <b>Comment</b> and <b>ADD</b> a <b>Comment</b> following standard guidelines about why the WP was created. If there is a document that needs reviewed, include the document ID number; <b>CLICK Save</b> .
4. <b>Priority</b> default is to <b>Medium</b> . (DO NOT change.)	8. <b>SELECT Home</b> to exit the case file.

Table 21: How to Create a Workpacket in NEMIS Web App Inquiry/Update

### 3. Generating an **RFI – Misc Other Items** Letter for Miscellaneous/Other

The **RFI** letter for miscellaneous/other items e.g., Humidifier, Dehumidifier, Chainsaw, Generator, etc. is now generated in the Letter Wizard under Notification Letters. The **RFI** letter found under Request Letters is now used only for Child Care.

Step#:	Action Taken:				
1.	<b>ACCESS</b> the <b>Communication</b> screen.				
2.	<table border="1" style="width: 100%;"> <tr> <td style="width: 40%;"><b>LOCATE</b> the 'Outgoing Letter/Email History' frame:</td> <td>a. From the <b>Program drop-down</b>, <b>SELECT Housing Assistance</b></td> </tr> <tr> <td></td> <td>b. <b>CLICK</b> the <b>Add</b> button.</td> </tr> </table>	<b>LOCATE</b> the 'Outgoing Letter/Email History' frame:	a. From the <b>Program drop-down</b> , <b>SELECT Housing Assistance</b>		b. <b>CLICK</b> the <b>Add</b> button.
<b>LOCATE</b> the 'Outgoing Letter/Email History' frame:	a. From the <b>Program drop-down</b> , <b>SELECT Housing Assistance</b>				
	b. <b>CLICK</b> the <b>Add</b> button.				
3.	From the <b>Available Letters</b> component list box, <b>SELECT NOTIFICATION LETTERS</b> .				



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4.	<b>CLICK</b> on the <b>Letter Wizard</b> button.	
5.	<b>SELECT MISC</b> from the list box.	
6.	<b>CLICK</b> on the <b>Next</b> button.	
7.	<b>SCROLL</b> down to and select <b>RFI – Misc Other Items</b>	
8.	<b>CLICK</b> on the <b>Next</b> button.	
9.	<b>CLICK</b> on the <b>Finish</b> button.	
10.	<b>REVIEW</b> the letter for accuracy.	a. If correct, <b>CONTINUE</b> to Step 11. b. If incorrect, <b>CLICK</b> the <b>Cancel</b> button. <b>START</b> again with Step 1.
11.	<b>CHECK</b> the box <b>Send letter to mail queue</b> . If box is already marked, <b>CONTINUE</b> to Step 12.	
12.	<b>CLICK</b> the <b>OK</b> button.	
13.	<b>ADD</b> a <b>Contact</b> and/or <b>Comment</b> regarding the action taken on the applicant's behalf.	
14.	To exit the file and save your work:	a. If working in the <b>Applicant Update</b> queue, <b>CLICK</b> the <b>Home</b> link. b. If there are no other pending issues and you are working in a processing queue e.g., <b>FEMA Manual Determination</b> , <b>ROUTE</b> to <b>FEMA Complete</b> .

Table 22: Generating an "RFI - Misc Other Items" Letter for Miscellaneous Other Items

## F. Temporary Housing Assistance

- [Manufactured Housing Unit](#)
- [Lodging Expense Reimbursement](#)
- [Rental assistance](#)
- [Rental Referrals](#)
- [Transitional Shelter Assistance Request](#)

1. Manufactured Housing Unit
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- a. Refer to disaster-specific information for possible referral phone numbers for issues related to factory-built housing (or mobile home) programs.

If call concerns:	And:	Then:
11.1a Request for Temporary Housing Unit (THU)/Manufactured Housing Unit (MHU)	Program implemented for applicant's disaster	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "To assist with your temporary housing needs, we recommend searching your local newspaper or available internet search options."</li> <li>2. If the applicant indicates they DO NOT have access to the internet or newspapers:                             <ol style="list-style-type: none"> <li>a. <b>SAY</b>," I will forward your request to a FEMA representative that may be able to assist you in locating some housing resources."</li> </ol> </li> <li>3. <b>SEND</b> an e-mail to the <a href="#">IHP-Helpdesk</a> with the applicant's information and/or concerns. For more information refer to the <a href="#">Direct Housing Assistance</a> SOP.</li> <li>4. <b>ADD a Contact</b>:                             <ol style="list-style-type: none"> <li>a. <b>Summary: FACILITY#</b> (NPSC#) THU REQUEST AND/OR RENTAL REFERRALS</li> <li>b. <b>Call Type: HA</b></li> <li>c. <b>Sub-Type: MHU Inquiry</b></li> <li>d. <b>Details:</b> Applicant requested direct housing. Advised the applicant to access newspapers and internet resources for rental resource information/Assisted the applicant in locating rental resources. If the applicant was eligible for a direct housing request, add any specific information for the request. (And any other changes made to file)</li> </ol> </li> </ol>
11.1b Request for Temporary Housing Unit (THU) / Manufactured Housing Unit (MHU)	Program NOT implemented for applicant's disaster	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "At the present time, FEMA and/or the state, territorial or tribal government has <b>NOT</b> authorized the use of temporary housing units in this disaster declaration. We recommend searching your local newspaper or available internet search options for possible rental resources for your temporary housing needs"</li> <li>2. If the applicant indicates they DO NOT have access to the internet or newspapers:                             <ol style="list-style-type: none"> <li>a. <b>SAY</b>," I will be happy to assist you further with this request."</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
		<ul style="list-style-type: none"> <li>b. <b>ACCESS</b> online rental housing search engines or any available resources listed as Referrals on the <a href="#">Disaster Specific</a> page. Under Quick Links, search for "Housing Information".</li> <li>c. <b>ASK</b> for any specific information listed on the sites; some examples include:                             <ul style="list-style-type: none"> <li>i. State</li> <li>ii. City</li> <li>iii. Zip</li> <li>iv. Radius</li> <li>v. Bedrooms</li> <li>vi. Bedrooms (Minimum or Exact)</li> <li>vii. Cost (maximum)</li> </ul> </li> <li>d. <b>SAY</b>, "Do you have paper and a pen or pencil? Please write down the phone numbers and addresses for these units."</li> </ul> <p>3. <b>ADD a Contact</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) THU REQUEST</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> MHU Inquiry</li> <li>d. <b>Details:</b> Applicant requested a FEMA provided temporary housing unit. Advised that there is NOT currently a program for it in this DR. Advised the applicant to access newspapers and internet resources for rental referral information/Assisted the applicant in locating rental resources. (And any other changes made to file)</li> </ul>
11.2 Status of Temporary Housing Unit (THU) / Manufactured Housing Unit (MHU) request	Request previously submitted to JFO	1. <b>REVIEW Events Log</b> for JFO notes including PPI, Site Inspections, MH Delivery, utility connections, and lease agreement information.



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If call concerns:	And:	Then:
		<ol style="list-style-type: none"> <li>2. <b>SEND</b> an e-mail to the <a href="#">IHP-Helpdesk</a> with the applicant's information and/or concerns. For more information, refer to the <a href="#">Direct Housing Assistance SOP</a>.</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) THU STATUS REQUEST</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> MHU Inquiry</li> <li>d. <b>Details:</b> Applicant requested status of FEMA provided temporary housing unit request. Advised applicant [specific information given to applicant]. (And any other changes made to file)</li> </ol> </li> </ol>
<p>11.3 Vacating a FEMA-provided Temporary Housing Unit (THU)/Manufactured Housing Unit (MHU)</p>	<p>Applicant DOES NOT have JFO contact number for program</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "I DO NOT have access to those records; however, I will request that someone contact you as soon as possible."</li> <li>2. <b>CALL</b> the IHP-Helpdesk to request contact. Have the following information ready:                     <ol style="list-style-type: none"> <li>a. Applicant's name</li> <li>b. Registration number</li> <li>c. Brief description of applicant's questions/concerns</li> </ol> </li> <li>3. DO NOT give the applicant the JFO's phone number or address. If the applicant insists upon speaking to someone in the field office now, reassure them that someone will contact them soon. If necessary, <b>SAY</b>, "I apologize, however, I DO NOT have a number you can call at that location. Please be assured that someone will contact you soon."</li> <li>4. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) THU MOVE OUT REQUEST</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> MHU Inquiry</li> </ol> </li> </ol>





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If call concerns:	And:	Then:
		<p>d. <b>Details:</b> Applicant requested to move out of FEMA provided temporary housing unit. Applicant did NOT have number to call program. Called IHP-Helpdesk requesting someone from the program to contact applicant. (And any other changes made to file)</p>
<p>11.4a Request for maintenance services for Temporary Housing Unit (THU)/ Manufactured Housing Unit (MHU)</p>	<p>Applicant DOES NOT have a contact number for maintenance issues and no disaster preshift is available</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "I DO NOT have access to those records; however, I will request that someone contact you as soon as possible."</li> <li>2. <b>E-MAIL</b> the IHP-Helpdesk to request contact. Have the following information ready:                             <ol style="list-style-type: none"> <li>a. Applicant's name</li> <li>b. Registration number</li> <li>c. Brief description of applicant's questions/concerns</li> </ol> </li> <li>3. DO NOT give the applicant the JFO's phone number or address. If the applicant insists upon speaking to someone in the field office now, reassure them that someone will contact them soon. If necessary, <b>SAY</b>, "I apologize, however, I DO NOT have a number you can call at that location. Please be assured that someone will contact you soon."</li> <li>4. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) THU MAINTENANCE REQUEST</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> MHU Inquiry</li> <li>d. <b>Details:</b> Applicant requested maintenance on FEMA provided temporary housing unit. Applicant did NOT have number to call program. Called IHP-Helpdesk requesting someone from the program to contact applicant. (And any other changes made to file)</li> </ol> </li> </ol>
<p>11.4b Request for maintenance services for Temporary Housing Unit (THU)/Manufactured Housing Unit (MHU)</p>	<p>Applicant has a contact number for maintenance issues</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "Please call the number provided with the unit directly for the appropriate Maintenance Services."</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) THU MAINTENANCE REQUEST</li> <li>b. <b>Call Type:</b> HA</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
		c. <b>Sub-Type:</b> MHU Inquiry  d. <b>Details:</b> Applicant requested maintenance on factory-built housing unit. Applicant had number to call program. Advised applicant to call number provided with unit for maintenance issues. (And any other changes made to file)
11.5 Moving a Temporary Housing Unit (THU)/ Manufactured Housing Unit (MHU) to another location	Applicant DOES NOT have a contact number for the program	Refer to <a href="#">Vacating a FEMA-provided Temporary Housing Unit (THU)/Manufactured Housing Unit (MHU)</a> for procedures.
11.6 Accessibility issue with Temporary Housing Unit (THU) or Manufactured Housing Unit (MHU)	N/A	1. <b>SAY</b> "I am referring your request to the FEMA representative in your area. You will be contacted by someone soon."  2. <b>E-MAIL</b> the IHP-Helpdesk requesting a representative to contact applicant.  3. <b>ADD a Contact:</b>  a. <b>Summary:</b> FACILITY# (NPSC#) THU ACCESSIBILITY REQUEST  b. <b>Call Type:</b> HA  c. <b>Sub-Type:</b> MHU Inquiry  d. <b>Details:</b> Applicant requested assistance with accessibility issue (specify issue) with FEMA provided temporary housing unit. Called the IHP-Helpdesk requesting a representative to contact applicant. (And any other changes made to file)
11.7 <b>Purchase a Temporary Housing Unit (THU) Manufactured Housing Unit (MHU)</b>	Caller with or without a <b>Rgsn ID</b> number wants to purchase a MH	1. <b>GIVE</b> applicant the website for <a href="http://www.gsaauctions.gov">www.gsaauctions.gov</a>  2. Accessing the file is NOT required for this issue.  3. If applicant has a registration, <b>ADD a contact:</b>  a. <b>Summary:</b> FACILITY# (NPSC#) MHU PURCHASE REQUEST/INQUIRY  b. <b>Call Type:</b> HA  c. <b>Sub-Type:</b> MHU Inquiry



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If call concerns:	And:	Then:
		<p>d. <b>Details:</b> Applicant interested in purchasing a FEMA provided temporary housing unit. Specify the information given to the applicant. (And any other changes made to file)</p>

Table 113: Manufactured Housing Unit

### 2. Lodging Expenses Reimbursement

If call concerns:	And:	Then:
<p>12.1a Request for lodging expense reimbursement (LER)</p>	<p>Applicant has NOT sent LER request to FEMA</p>	<p>1. <b>SAY</b>, “Lodging expense reimbursement may be provided if your primary residence was made unsafe and uninhabitable by the disaster and if you have verifiable paid receipts for the lodging expenses. FEMA cannot reimburse you if the American Red Cross paid for the stay or if you have insurance to cover your Additional Living Expenses. Lodging assistance DOES NOT cover food, phone bills, or other room-related charges; it is limited to the room rate and room taxes and is processed “after the fact” as a reimbursement for qualified applicants.</p> <p>To apply for lodging expense reimbursement, please submit for verification copies of your receipts for short-term lodging at a hotel, motel, or other similar facility, and a statement of denial or insufficient payment from your insurance company, if you are insured for this peril type (excluding flood damages only). Each receipt must include the following:</p> <ul style="list-style-type: none"> <li>a. Applicant's or household member's name</li> <li>b. Name of hotel/motel</li> <li>c. Check-in and check-out dates</li> <li>d. Room rate and applicable taxes</li> </ul> <p>Additionally, if the reason for the lodging expenses is that your contractor required you to move out of your home while repairs were made, the name and phone number of the contractor (or repair person) must also be included with your request for reimbursement. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.”</p> <p>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</p>





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If call concerns:	And:	Then:
		<p>3. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) LODGING EXPENSE REIMBURSEMENT REQUEST</li> <li>b. <b>Call Type:</b> HA Program Requests</li> <li>c. <b>Sub-Type:</b> Transient Assistance Request</li> <li>d. <b>Details:</b> Applicant requested lodging expense reimbursement. Advised applicant of standard LER procedures and documentation requirements. Provided mailing address and fax number. (And any other changes made to file)</li> </ul>
12.1b Request for lodging expense reimbursement (LER)	<p>Applicant sent documentation more than 5 days ago</p> <p>No LER documents in file</p>	<p>1. <b>SAY</b>, "It frequently takes up to 5 days to receive documents and get them added to a file. At this time, documentation requesting lodging expense reimbursement is NOT in your file. I would recommend that you send them again. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send."</p> <p>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</p> <p>3. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) LODGING EXPENSE STATUS CHECK</li> <li>b. <b>Call Type:</b> HA Program Requests</li> <li>c. <b>Sub-Type:</b> Processing Delay Action Request</li> <li>d. <b>Details:</b> Applicant [mailed or faxed] request for lodging expense reimbursement on [date]. Docs are NOT in file. Advised applicant to resend docs. Provided mailing address and fax number. (And any other changes made to file)</li> </ul>
12.1c Request for lodging expense reimbursement (LER)	<p>LER documents in file</p> <p>No LER decision</p>	<p>1. <b>SAY</b>, "Your request for lodging expense reimbursement has been received; however, a decision has NOT yet been made. I will process your request immediately following this call. If you DO NOT receive a decision letter by mail or email within 7 days, please call back to check on the status of your case."</p> <p>2. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) LODGING EXPENSE STATUS CHECK</li> </ul>



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If call concerns:	And:	Then:
		b. <b>Call Type:</b> HA Program Request c. <b>Sub-Type:</b> HA Status Check d. <b>Details:</b> Applicant submitted request for lodging expense reimbursement on [date] and docs are in file. No decision has been made. Advised applicant that I would process the case today and to call back in 7 days if no decision received by mail or email. (And any other changes made to file) 3. <b>ACCESS</b> the file in <b>FEMA Manual Determination</b> or other casework queue and process the LER request.
12.1d Request for lodging expense reimbursement (LER)	A decision WAS made.	1. Follow general procedures to provide HA program status. 2. <b>ADD</b> a <b>Contact:</b> a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) LODGING EXPENSE STATUS CHECK b. <b>Call Type:</b> HA Program Request c. <b>Sub-Type:</b> HA Status Check d. <b>Details:</b> Applicant requested status of LER request. [Briefly summarize information provided to the applicant.] (And any other changes made to file)

Table 24: Lodging Expense Reimbursement

3. Rental Assistance

If call concerns:	And:	Then:
13.1a. Request for initial rental assistance	Has <b>Moved/Willing to Move = No</b> on the <b>Inspection Status</b> screen  No letter in the file to state reason for moving	1. <b>SAY</b> , <b>"Please give me a moment to review your file."</b> a. Before a payment is made from an <b>INR</b> decision, <b>VERIFY</b> that: i. Habitability Repairs Required ( <b>HRR = yes</b> ). ii. An insurance review was completed to ensure that the applicant <b>DOES NOT</b> have an insurance policy that covers Additional Living Expenses (ALE). If yes, then an insurance settlement or denial is required to be in the file before the applicant will be considered for rental assistance.





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	<p><b>Habitability Repairs Required = YES</b> on the <b>Inspection Status</b> screen</p> <p>It is 30 days or less from the date of the <b>INR</b> determination letter</p>	<ul style="list-style-type: none"> <li>b. If it is 30 days or less from the date of the <b>INR</b> determination letter and no Ale insurance coverage is present, the verbal request for rental assistance may be accepted.</li> <li>c. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>i. <b>Summary Line:</b> <b>FACILITY#</b> (NPSC#) REQUEST FOR RENTAL ASSISTANCE</li> <li>ii. <b>Call Type:</b> HA Program Request</li> <li>iii. <b>Sub-Type:</b> HA Status Change Request</li> <li>iv. <b>Details:</b> Applicant requested initial rental assistance. Inspection indicates “Has APP Moved = NO” and “Habitability Repairs Required = YES”. Result – applicant eligible for 2 months ER when no Additional Living Expenses (ALE) insurance coverage is present. (And any other changes made to file)</li> </ul> </li> <li>d. <b>CREATE</b> a WP and <b>Comment</b> in NEMIS. <b>ROUTE</b> to <b>FEMA Manual Determination</b>.</li> <li>e. <b>PROCESS</b> the case in <b>FEMA Manual Determination</b> queue and <b>PAY</b> two months initial rent.</li> </ul> <p><b>Source: PPM:</b> <a href="#">Rental Assistance</a> SOP.</p>
<p>13.1b. Request for initial rental assistance</p>	<p>Has <b>Moved/Willing to Move = No</b> on the <b>Inspection Status</b> screen</p> <p>No letter in the file to state reason for moving</p> <p><b>Habitability Repairs Required = YES</b> on the <b>Inspection Status</b> screen</p> <p>It is 31 days or more from the date of the <b>INR</b> determination letter</p>	<ul style="list-style-type: none"> <li>1. <b>SAY</b>, “<a href="#">Please give me a moment to review your file.</a>”             <ul style="list-style-type: none"> <li>a. Before a payment is made from an <b>INR</b> decision, <b>VERIFY</b> that:                     <ul style="list-style-type: none"> <li>i. Habitability Repairs Required (<b>HRR = yes</b>).</li> <li>ii. An insurance review was completed to ensure that the applicant DOES NOT have an insurance policy that covers Additional Living Expenses (ALE). If yes, then an insurance settlement or denial is required to be in the file before the applicant will be considered for rental assistance.</li> </ul> </li> <li>b. If it has been 31 days or more from the date of the <b>INR</b> determination letter and no Ale insurance coverage is present, the request for rental assistance must be submitted in writing.                     <ul style="list-style-type: none"> <li>i. <b>SAY</b>, “<a href="#">To request this assistance, please mail or fax a written request that includes an explanation of the reason you need rental assistance. If repairs have already been made, include any supporting documentation you may have to support your request. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send</a>”</li> </ul> </li> </ul> </li> </ul>





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		<ul style="list-style-type: none"> <li>ii. Provide the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> </ul> <p>c. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>i. <b>Summary Line:</b> FACILITY# (NPCS#) REQUEST FOR RENTAL ASSISTANCE</li> <li>ii. <b>Call Type:</b> HA Program Request</li> <li>iii. <b>Sub-Type:</b> HA Status Change Request</li> <li>iv. <b>Details:</b> Applicant requested initial rental assistance. Inspection indicates “Has APP Moved = NO” and “Habitability Repairs Required = YES”. Advised applicant to submit written request when no Additional Living Expenses (ALE) insurance coverage is present. Provided mailing address and fax number. (And any other changes made to file).</li> </ul> <p>d. DO NOT create a WP.</p> <p>e. Examples, if needed:</p> <ul style="list-style-type: none"> <li>i. A health department assessment indicating the habitability of the home was compromised by the disaster incident;</li> <li>ii. For owners: a verifiable contractor’s statement detailing how the damage is disaster-caused, listing repairs that need to be made and the date the repairs will be completed</li> <li>iii. For renters: A statement from the Landlord that you CANNOT be present while repairs are being made.</li> </ul> <p><b>Source: PPM:</b> <a href="#">Rental Assistance</a> SOP.</p>
<p>13.1c Request for initial rental assistance</p>	<p>Has <b>Moved/Willing to Move = No</b> on the <b>Inspection Status</b> screen</p> <p>A letter is in the file stating the reason for moving</p>	<p>1. <b>SAY</b>, “<a href="#">Please give me a moment to review your file.</a>”</p> <ul style="list-style-type: none"> <li>a. Before a payment is made from an <b>INR</b> decision, <b>VERIFY</b> that:                 <ul style="list-style-type: none"> <li>i. <b>Habitability Repairs Required (HRR = yes).</b></li> <li>ii. The reason for moving in the applicant’s written request is a disaster-caused need to relocate. If yes, then the request is adequately substantiated, and the need is justified.</li> </ul> </li> </ul>



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	<p><b>Habitability Repairs Required = YES</b> on the <b>Inspection Status</b> screen</p>	<p>iii. An insurance review was completed to ensure that the applicant DOES NOT have an insurance policy that covers Additional Living Expenses (ALE). If yes, then an insurance settlement or denial is required to be in the file before the applicant will be considered for rental assistance.</p> <p>2. <b>ADD</b> a <b>Contact</b>:</p> <p>a. <b>Summary:</b> <b>FACILITY#</b> (NPCS#) REQUEST FOR RENTAL ASSISTANCE</p> <p>b. <b>Call Type:</b> HA Program Request</p> <p>c. <b>Sub-Type:</b> HA Status Change Request</p> <p>d. <b>Details:</b> Applicant submitted written request for initial rental assistance. Inspection indicates “Has APP Moved = NO” and “Habitability Repairs Required = YES”. Result – applicant eligible for 2 months ER when no Additional Living Expenses (ALE) insurance coverage is present. (And any other changes made to file).</p> <p>3. <b>CREATE</b> a WP in NEMIS. <b>ROUTE</b> to <b>FEMA Manual Determination</b>.</p> <p>4. <b>PROCESS</b> the case in <b>FEMA Manual Determination</b> queue and <b>PAY</b> two months initial rent.</p> <p><b>Source: PPM:</b> <a href="#">Rental Assistance</a> SOP.</p>
<p>13.1d Request for CTHA</p>	<p>A Renter, or an Owner with <b>RP FVL</b> less than the initial temporary housing assistance award, AND</p> <p>The applicant received temporary housing assistance due to <b>HRR = Yes e.g. ER, ENCOMP, ECBRA</b>.</p>	<p>1. <b>SAY</b>, “I will send you an <a href="#">Application for Continued Temporary Housing Assistance</a>. When you receive this letter:</p> <p>a. <a href="#">Review and complete the Application for Continued Temporary Housing Assistance form</a>;</p> <p>b. <a href="#">Submit verifiable documentation to support the information you provide on the form</a>; AND</p> <p>c. <a href="#">Return all documents to FEMA for review (PROVIDE the mailing address and fax number to the applicant and advise the applicant they have the option to upload documents to their DAC account online.)</a></p> <p>d. <a href="#">Please include the disaster and registration numbers, the last four digits of your social security number, and your name on all pages of any documentation you send.</a>”</p> <p>2. If the applicant has additional questions on documentation, refer to the <a href="#">Continued Temporary Housing Assistance</a> SOP.</p>



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		<ol style="list-style-type: none"> <li>3. <b>GENERATE</b> the <b>Recertification – Declaration of Continued Need letter</b> (Housing Assistance, Request Letters, Recertification)</li> <li>4. <b>ADD</b> a <b>contact</b>:             <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) CTHA REQUEST</li> <li>b. <b>Call Type:</b> HA Program Requests</li> <li>c. <b>Sub-Type:</b> Recertification Request</li> <li>d. <b>Details:</b> <b>DESCRIBE</b> the information discussed with the applicant. (And any other changes made to file).</li> </ol> </li> </ol>
<p>13.1e Request for CTHA</p>	<p>Received an eligible <b>ERCT</b> award, AND</p> <p>The applicant indicates their post-disaster income or housing costs have changed.</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “I will send you a new <a href="#">Application for Continued Temporary Housing Assistance</a>. When you receive this letter:             <ol style="list-style-type: none"> <li>a. <a href="#">Review, complete, and sign the Application</a>,</li> <li>b. <a href="#">Gather your post-disaster income, rent receipts, an essential utility bill for your temporary housing unit (gas, propane, electric, water, sewer, or trash), and all verifiable documents to support the post-disaster information you enter on the Application, and</a></li> <li>c. <a href="#">Submit all documents to FEMA for review</a> (<b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and <b>ADVISE</b> the applicant they have the option to <a href="#">upload documents</a> to their DAC account online).</li> <li>d. <a href="#">Also, to help us identify your file, please include your registration number and last four digits of your social security number on all pages of any correspondence you send.</a>”</li> </ol> </li> <li>2. If the applicant has additional questions on documentation, refer to the <a href="#">Continued Temporary Housing Assistance SOP</a>.</li> <li>3. <b>GENERATE</b> the <b>Recertification – Declaration of Continuing Need letter</b> (Housing Assistance, Request Letters, and Recertification).</li> <li>4. <b>ADD</b> a <b>Contact</b>:             <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> CTHA REQUEST – CHANGE</li> <li>b. <b>Call Type:</b> HA Program Requests</li> </ol> </li> </ol>





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		<ul style="list-style-type: none"> <li>c. <b>Sub-Type:</b> Recertification Request</li> <li>d. <b>Details:</b> The applicant had a change in income/temporary housing costs (select reason that applies) and requests CTHA. Advised the applicant to submit all verifiable post-disaster income and temporary housing cost documents for review. (And any other changes made to file)</li> </ul>
<p>13.1f. Request for CTHA</p>	<p>Received an eligible <b>ERCT</b> award,                   AND                   The applicant indicates their post-disaster income and housing costs have NOT changed.</p>	<ul style="list-style-type: none"> <li>1. <b>Say,</b> “To request Continued Temporary Housing Assistance, please submit the following:                         <ul style="list-style-type: none"> <li>a. Proof of exhaustion of your last Continued Temporary Housing Assistance award (supply the amount of the ERCT award if necessary) with documents such as rent receipts, <u>signed</u> Landlord statements, or payment ledgers, and</li> <li>b. A <u>signed</u> statement requesting continued assistance with a statement of your permanent housing plan. This may include finding affordable housing, repairing your home if you are an owner, or purchasing a new home.</li> <li>c. Submit all documents to FEMA for review (<b>PROVIDE</b> the <u>mailing address and fax number</u> to the applicant and <b>ADVISE</b> the applicant they have the option to <u>upload documents</u> to their DAC account online).”</li> </ul> </li> <li>2. If the applicant has additional questions on documentation, refer to the <u>Continued Temporary Housing Assistance</u> SOP.</li> <li>3. <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) CTHA REQUEST = NO CHANGE</li> <li>b. <b>Call Type:</b> HA Program Requests</li> <li>c. <b>Sub-Type:</b> Recertification Request</li> <li>d. <b>Contact Details:</b> Describe the information discussed with the applicant. (And any other changes made to file).</li> </ul> </li> </ul>

Table 125: Rental Assistance

4. Rental Referrals



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If call concerns:	And:	Then:
<p>14.1                      Request from applicant for rental referrals</p>	<p>N/A</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “To locate rental referrals in your area, we recommend searching your local newspaper or available internet search options.”</li> <li>2. If the applicant indicates they DO NOT have access to the internet or newspapers:</li> <li>3. <b>SAY</b>, “I will be happy to assist you further with this request.”</li> <li>4. <b>ACCESS</b> online rental housing search engines or any available resources listed as Referrals on the <a href="#">Disaster Specific</a> page. Under Quick Links, search for “Housing Information”.</li> <li>5. <b>ASK</b> for any specific information listed on the sites; some examples include:                             <ol style="list-style-type: none"> <li>a. State</li> <li>b. City</li> <li>c. Zip</li> <li>d. Radius</li> <li>e. Bedrooms</li> <li>f. Bedrooms (Minimum or Exact)</li> <li>g. Cost (maximum)</li> </ol> </li> <li>6. <b>SAY</b>, “Do you have paper and a pen or pencil? Please write down the phone numbers and addresses for these units.”</li> <li>7. <b>ADD</b> a <b>Contact</b>:                             <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) RENTAL REFERRAL INFORMATION</li> <li>b. <b>Call Type:</b> Referral Information Request</li> <li>c. <b>Sub-Type:</b> Rental Resource Information-Distributed/Not Available</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
		<p>d. <b>Details:</b></p> <ul style="list-style-type: none"> <li>i. If the applicant is able to access the internet or newspapers: Advised the applicant to access newspapers and internet resources for rental resource information.</li> <li>ii. If the applicant indicated they DO NOT have access to the internet or newspapers: Document the number of rental referrals given to the applicant and any other specific information received from the call. (And any other changes made to file)</li> </ul>
14.2 Vacant rental unit for listing by landlord	Representative would like to add a new resource or modify information for a resource previously provided	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “<a href="#">Currently, FEMA DOES NOT collect this information. We recommend posting your available units in your local newspaper or on the internet.</a>”</li> <li>2. Thank the caller.</li> <li>3. DO NOT create a <b>Contact</b>.</li> </ol>

Table 136: Rental Referrals

5. Transitional Shelter Assistance Request

If call concerns:	And:	Then:
15.1 Transitional Shelter Assistance	The applicant wants to verify eligibility	<ol style="list-style-type: none"> <li>1. <b>REVIEW</b> the <b>Event History</b> and search for updated TSA entries and information. Say: “<a href="#">I will be happy to assist you with that. Please hold for a moment while I review your file.</a>”</li> <li>2. <b>PROVIDE</b> the applicant with their TSA eligibility status. Make sure the applicant meets the basic eligibility requirements for TSA:                             <ul style="list-style-type: none"> <li>a. Identity, Occupancy;                                     <ul style="list-style-type: none"> <li>i. <b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b> and/or <b>IDV_PASS</b>. If either verification is failed, <b>REVIEW</b> submitted correspondence for acceptable documents.</li> <li>ii. If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy and/or identity, <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.</li> <li>iii. <b>ACCESS</b> the <a href="#">Occupancy Verification</a> SOP and/or <a href="#">Identity Verification</a> SOP on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents.</li> </ul> </li> </ul> </li> </ol>





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If call concerns:	And:	Then:
		<ol style="list-style-type: none"> <li>1. If the Registration Status screen also shows <b>OWNV_FAILED</b>, <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.</li> <li>2. <b>ACCESS</b> the <a href="#">Ownership Verification SOP</a> on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents                             <ol style="list-style-type: none"> <li>b. The primary residence is located in an area designated for TSA;</li> <li>c. Indicated home damage during registration;</li> <li>d. Reported damage that occurred within the incident period;</li> <li>e. Reported a cause damage that corresponds to the declared disaster;</li> <li>f. Be the head of the household – NO Dup status;</li> <li>g. <b>CONFIRM</b> the applicant’s current location.</li> <li>h. <b>ADD a Contact:</b></li> <li>i. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUEST ASSISTANCE WITH TSA</li> <li>j. <b>Call Type:</b> HA</li> <li>k. <b>Sub-Type:</b> TSA Call Back</li> <li>l. <b>Details:</b> Applicant requested information about the transitional shelter assistance program eligibility. Provided the applicant with available information in file. (And any other changes made to file)</li> </ol> </li> </ol>
15.1a Transitional Sheltering Assistance	The applicant wants to verify the continuation of the TSA eligibility	<ol style="list-style-type: none"> <li>1. <b>REVIEW</b> the <b>Event History</b> and the <b>TSA Report</b> on the <b>Temporary Housing</b> frame of the <b>Assistance</b> screen for updated TSA entries and information. Say: <b>"I will be happy to assist you with that. Please hold for a moment while I review your file."</b></li> <li>2. <b>PROVIDE</b> the applicant with their TSA eligibility status. Make sure the applicant continues to meet the basic eligibility requirements for TSA.</li> <li>3. Applicants are NOT eligible for continued TSA eligibility if:</li> </ol>



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If call concerns:	And:	Then:
		<ul style="list-style-type: none"> <li>a. The applicant voluntarily withdraws from the HA Program;</li> <li>b. The applicant is ineligible for IHP assistance;</li> <li>c. The inspection returned with <b>HRR=No</b>;</li> <li>d. The applicant stated during inspection they would NOT relocate;</li> <li>e. The applicant failed to meet the inspector;</li> <li>f. The applicant has a Dup status with another applicant;</li> <li>g. The applicant agreed to participate in a direct assistance repair program e.g., STEP, and the repairs are completed;</li> <li>h. The applicant has received financial temporary housing assistance e.g., <b>ERIA, ERU, ER, ENCOMP, ECBRA</b>, etc.</li> <li>i. Refused to accept direct housing assistance e.g., a FEMA Housing Unit,</li> <li>j. The applicant is participating from Permanent Housing Construction and has been leased into a direct housing unit; OR</li> <li>k. The applicant DID NOT comply with the TSA terms and conditions.</li> </ul> <p>4. TSA eligibility may NOT continue if the applicant meets any of the criteria above. <b>PROVIDE</b> the applicant with the checkout date as recorded in NEMIS.</p> <p>5. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) STATUS OF CONTINUED TSA</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> TSA Call Back</li> <li>d. <b>Details:</b> Applicant requested information about TSA continuation. Provided the applicant with current TSA status and checkout date = (Checkout date) due to (e.g., HRR=No).</li> </ul>



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If call concerns:	And:	Then:
15.1b Transitional Shelter Assistance	The applicant wants to confirm the TSA checkout date.	<ol style="list-style-type: none"> <li>1. <b>REVIEW</b> the <b>Temporary Housing</b> frame of the <b>Assistance</b> screen and the <b>Event History</b> in search for updated TSA entries and information. <b>SAY:</b> "I will be happy to assist you with that. Please hold for a moment while I review your file."</li> <li>2. <b>REVIEW</b> and <b>CONFIRM</b> the TSA checkout date.</li> <li>3. <b>ADD</b> a <b>Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUEST ASSISTANCE WITH TSA</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> TSA Call Back</li> <li>d. <b>Details:</b> Applicant requested information about their check out date for the hotel in the transitional shelter assistance program. Provided the applicant with available status and information (<b>INCLUDE</b> any other changes made to file).</li> </ol> </li> </ol>

Table 147: Transitional Shelter Assistance Request

## G. Funds

- [Funds](#)
- [Returned Funds or Non-Receipt of FEMA Check](#)
- [Processing a Request to Stop Payment and Reissue Disaster Assistance Check](#)
- [FEMA Finance Center \(FFC\) Codes](#)
- [Generating the MCHK / Request to Stop Payment and Reissue Disaster Assistance Check](#)

### 1. Funds

- a. To confirm if a Treasury Questionnaire has been sent, **GO** to the **Assistance** screen and **CLICK** the **Finance** link on the **Housing Assistance** or **PP/Other Assistance** frames. **SELECT** the applicable disbursement in the **Elig**





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**Payments** frame. A letter "Q" noted in the **Treasury Request History** frame indicates that a questionnaire has been sent. An "R" below this notation indicates that Treasury has received the Questionnaire.

- b. To confirm if an award has been returned, **GO** to the **Assistance** screen and **CLICK** the **Finance** link on the **Housing Assistance** or **PP/Other Assistance** frames. **SELECT** the applicable disbursement in the **Elig Payments** frame. If the payment has been returned, it will be listed in the **Accounts Receivable** frame.

If call concerns:	And:	Then:
16.1a <b>Delayed</b> IHP payment	Award approved;  WP processed out of Approval queue less than 7 days ago;  Scheduled date NOT in <b>NEMIS</b> ;  Award is NOT shown as returned in the <b>Accounts Receivable</b> frame; AND  Request previously made.	1. <b>SAY</b> , "I see in your file where this request was previously made, and that Finance was notified less than 7 days ago. Please allow up to 7 days for the issue to be resolved. If you <b>DO NOT</b> receive the letter by [date: 7 days since previous request], please call back to check on the status."  2. <b>ADD</b> a <b>Contact</b> :  a. <b>Summary: FACILITY#</b> (NPSC#) HA/ONA STATUS CHECK FOR PAYMENT  b. <b>Call Type:</b> HA  c. <b>Sub-Type: Check</b> Inquiry  d. <b>Details: Applicant</b> requested status of payment distribution. Award approved and processed out of Approval queue less than 7 days ago. Schedule date is NOT in NEMIS. Advised applicant to wait at least 7 days, and if letter is NOT received in 7 days to call back to check on status. (And any other changes made to file)



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If call concerns:	And:	Then:
<p>16.1b <b>Delayed</b> IHP payment</p>	<p>Award approved;                      WP processed out of Approval queue more than 7 days ago;                      Scheduled date NOT in <b>NEMIS</b>;                      Award is NOT shown as returned in the <b>Accounts Receivable</b> frame; AND                      Request NOT previously made.</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "Since it has been more than 7 days since your case was processed, I will send an email to notify Finance of this issue. If you <b>DO NOT</b> receive a letter in 7 days, please call back to check on the status."</li> <li>2. <b>EMAIL</b> the <a href="#">IHP-Helpdesk</a> to request assistance from Finance to resolve the issue and include:                             <ol style="list-style-type: none"> <li>a. Applicant's name</li> <li>b. Disaster number</li> <li>c. Registration number</li> <li>d. Approval date</li> <li>e. Approved amount</li> <li>f. Brief summary of issue</li> </ol> </li> <li>3. <b>ADD a Contact</b>:                             <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) HA/ONA STATUS CHECK FOR PAYMENT</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Check Inquiry</li> <li>d. <b>Details:</b> Applicant requested status of payment distribution. Award approved and processed out of Approval queue more than 7 days ago. Schedule date is NOT in the NEMIS file. Advised applicant that I would notify Finance about issue and if a letter is NOT received in 7 days, to call back. (And any other changes made to file)</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
16.1c Delayed IHP payment	Award approved;  WP processed out of Approval queue more than 7 days ago;  Scheduled date NOT in NEMIS;  Award is NOT shown as returned in the <b>Accounts Receivable</b> frame; AND  Request previously made.	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "I see where this request was previously made and that Finance was notified more than 7 days ago. I am NOT sure why this issue has NOT already been resolved. I will send a follow-up email to Finance to request an expedited resolution. If you DO NOT receive a letter within 7 days, please call back to check on status."</li>   <li>2. <b>E-MAIL</b> the <a href="#">IHP-Helpdesk</a> to request assistance from Finance to resolve the issue, <b>INCLUDE</b> the details outlined in <a href="#">11.1b</a>, and the date when the previous request was sent.</li>   <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) HA/ONA DELAYED PAYMENT – SECOND REQUEST TO FINANCE</li>   <li>b. <b>Call Type:</b> HA</li>   <li>c. <b>Sub-Type:</b> Check Inquiry</li>   <li>d. <b>Details:</b> Applicant requested status of payment distribution. Award approved and processed out of Approval queue more than 7 days ago. Schedule date NOT in the NEMIS file. Request previously sent to Finance on [date]. Advised applicant that I would notify Finance to request expedited assistance with issue and if a letter is NOT received in 7 days call back to check on status (<b>INCLUDE</b> any other changes made to file).</li> </ol> </li> </ol>





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If call concerns:	And:	Then:
16.1d Delayed IHP payment	Award approved; EFT NOT selected; WP processed out of Approval queue; Scheduled less than 14 business days ago; Award is NOT shown as returned in the <b>Accounts Receivable</b> frame; AND Request previously made.	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "Your case was processed and approved for assistance in the amount of \$___ on [date]. Since it has been less than 14 business days since it was scheduled for payment by Finance, please allow additional time for receipt of the check. If you DO NOT receive the letter by [date: 14 business days from scheduled date], please call back to check on the status again."</li> <li>2. <b>ENSURE</b> that the mailing address is correct and determine if the applicant would prefer EFT (instead of check) in case the check is returned to Treasury.</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) HA/ONA STATUS CHECK FOR PAYMENT</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Check Inquiry</li> <li>d. <b>Details:</b> Applicant requested status of payment. Advised applicant that Finance scheduled payment on [date] and to allow up to 14 business days to receive check.</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
<p>16.1e <b>Delayed</b> IHP payment</p>	<p>Award approved;                      EFT NOT selected;                      Scheduled more than 14 business days ago;                      Award is NOT shown as returned in the <b>Accounts Receivable</b> frame; AND                      Treasury Questionnaire NOT previously sent.</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “Your case was processed and approved for assistance in the amount of \$___, which was scheduled for payment by Finance on [scheduled date]. Is there anyone in your household who may have picked up the check and forgotten to give it to you? If not, <b>SAY</b>, “Since it has been more than 14 business days since it was scheduled, I will send a Request to Stop Payment and Reissue Disaster Assistance Check letter to you. Please complete, <u>sign</u> and return the enclosed forms to FEMA promptly. When we receive the completed document from you, we will begin the process of reissuing the funds to you. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.”</li> <li>2. <b>PROVIDE</b> the <u>mailing address and fax number</u> to the applicant and advise the applicant they have the option to <u>upload documents</u> to their DAC account online.</li> <li>3. <b>ENSURE</b> that the mailing address is correct and determine if the applicant would prefer EFT (instead of check) in case the check is returned to Treasury.</li> <li>4. Refer to section <u>H.2.a</u>: Lost, Stolen or Non-receipt of FEMA Check Procedures for instructions on how to send a <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter.</li> <li>5. <b>ADD</b> a <b>CONTACT</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) LOST, STOLEN OR NON-RECEIPT OF CHECK</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Check Inquiry</li> <li>d. <b>Details:</b> Applicant requested status of payment. Advised applicant that Finance scheduled payment on [date], which is more than 14 business days ago. Advised applicant that I would send a <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter and to complete and return to FEMA promptly for processing. <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter was sent. (And any other changes made to file)</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
<p>16.1f Delayed IHP payment</p>	<p>Award approved;                      EFT NOT selected;                      Scheduled more than 14 business days ago;                      Award is NOT shown as returned in the <b>Accounts Receivable</b> frame; AND                      Treasury Questionnaire previously sent, but NOT returned.</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “Please complete the form and return it in the envelope provided with the questionnaire.”   <b>NOTE:</b> Because this letter is prepared and sent directly from the U.S. Department of Treasury, a copy is NOT included in the applicant’s file. FEMA personnel CANNOT review it to confirm the mailing address or content of this letter. For this reason, have the applicant refer to the letter and assist as needed.</li> <li>2. If the applicant lost the questionnaire or states that they did NOT receive the letter, <b>SAY</b>, “I will request that another copy be sent to you.”</li> <li>3. <b>CONFIRM</b> the <b>CMA</b> and <b>EMAIL</b> <a href="#">June Cooper</a> and <a href="#">Anne Treece</a> at the FEMA Finance Center (FFC) with the following details:                         <ol style="list-style-type: none"> <li>a. Applicant's name</li> <li>b. Disaster number</li> <li>c. Registration number</li> <li>d. Brief summary requesting an additional questionnaire be mailed to the applicant.</li> </ol> </li> <li>4. <b>ADD a Contact</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) REQUEST FOR TREASURY QUESTIONNAIRE</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Check Inquiry</li> <li>d. <b>Details:</b> Requested applicant return the Treasury Questionnaire, <u>or</u> another Treasury Questionnaire be sent to applicant (<b>INCLUDE</b> any other changes made to file).</li> </ol> </li> </ol>





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If call concerns:	And:	Then:
16.1g Delayed IHP payment	Award approved;  EFT selected;  Scheduled more than 2 business days ago;  Award is NOT shown as returned in the <b>Accounts Receivable</b> frame;  EFT NOT received; AND  NO high or low risk stamps on the <b>Registration Status</b> screen  (Stamps include:  <b>BANK_VRFN</b> ;  <b>LTT_NDNCA</b> ;  <b>EMU_TMR</b> ;  <b>BANK_VRFN_CD</b> ;  <b>EMU_TMR_CD</b> ;  <b>BANK_VRFN_CD_HR</b> ;  <b>EMU_TMR_CD_HR</b> ;  <b>MDD_TMR</b> ; AND  <b>HRP_IDD</b> ).	<ol style="list-style-type: none"> <li>1. <b>VERIFY</b> that it has been more than 48 hours since the scheduled date of the award, and that the applicant/co-applicant has confirmed with the bank the funds have NOT been received.</li> <li>2. <b>VERIFY</b> the EFT information in the applicant/co-applicant's file and update as needed, including the bank name, account number, and routing number.</li> <li>3. <b>SAY</b>, "I will request that the funds be reissued to your account. If you DO NOT receive the deposit within 3 business days, please call back to check on the status."</li> <li>4. <b>CREATE</b> a WP, <b>ROUTE</b> it to <b>Supervisor Review – Reissue</b> (See <a href="#">Creating a New WP</a>).</li> <li>5. <b>ADD</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary Line:</b> FACILITY# (NPSC #) EFT NOT RECEIVED</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Check Inquiry</li> <li>d. <b>Details:</b> Applicant/co-applicant requested status of award. EFT was scheduled [date: more than 2 days ago]. Confirmed that applicant/co-applicant has NOT received EFT. Verified that EFT information in file is correct. Requested reissue. (Note if any changes were made to the EFT information.)</li> </ol> </li> </ol> <p><b>NOTE:</b> Designated staff from the Specialized Processing Unit (SPU) will access the file and complete casework.</p>



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If call concerns:	And:	Then:
16.1h Delayed IHP payment	Award approved  EFT selected  Scheduled more than 2 days ago  EFT NOT received  The <b>Registration Status</b> screen contains <b>ANY</b> high or low risk stamps  (Stamps include:  <b>BANK_VRFN</b> ;  <b>LTT_NDNCA</b> ;  <b>EMU_TMR</b> ;  <b>BANK_VRFN_CD</b> ;  <b>EMU_TMR_CD</b> ;  <b>BANK_VRFN_CD_HR</b> ;  <b>EMU_TMR_CD_HR</b> ;  <b>MDD_TMR</b> ; AND  <b>HRP_IDD</b> ).	<ol style="list-style-type: none"> <li>1. <b>VERIFY</b> that it has been more than 48 hours since the scheduled date of the award, and that the applicant/co-applicant has confirmed with the bank the funds have NOT been received.</li> <li>2. <b>SAY</b>, “We are not able to reissue the assistance to your bank account. I will request that the funds be reissued in the form of a check.”</li> <li>3. <b>REMOVE</b> the EFT information.</li> <li>4. <b>CONFIRM</b> the CMA.</li> <li>5. <b>CREATE</b> a WP, <b>ROUTE</b> it to <b>Supervisor Review – Reissue</b> (See <a href="#">Creating a New WP</a>).</li> <li>6. <b>ADD</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary Line</b>: FACILITY# (NPSC #) EFT NOT RECEIVED</li> <li>b. <b>Call Type</b>: HA</li> <li>c. <b>Sub-Type</b>: Check Inquiry</li> <li>d. <b>Details</b>: Applicant/Co-applicant requested status of award. EFT was scheduled [date: more than 2 days ago]. Confirmed that Applicant/Co-Applicant has not received EFT. Removed EFT information due to risk stamp in Registration Status screen. Verified CMA. Requested reissue. (Note if any changes were made to the CMA information.)</li> </ol> </li> </ol> <p><b>NOTE</b>: Designated staff from the Specialized Processing Unit (SPU) will access the file and complete casework.</p>
16.1i Delayed IHP payment	Award approved;  EFT or Treasury check; AND	<ol style="list-style-type: none"> <li>1. <b>REVIEW</b> the <b>Overview</b> screen to determine if a WP exists in the <b>FEMA Supervisor Review - Reissue</b>.                         <ol style="list-style-type: none"> <li>a. If a WP DOES NOT exist, <a href="#">CREATE a WP</a> to <b>FEMA Supervisor Review - Reissue</b>.</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
	Award is shown as returned in the <b>Accounts Receivable</b> frame.	<ol style="list-style-type: none"> <li>2. <b>SAY</b>, "I see where your payment has been returned to FEMA. I will request for your file to be reviewed to reissue this payment to you. Please allow me to verify some information to ensure we send this payment to the correct address or bank account."</li> <li>3. <b>ASK</b> the applicant to verify their CMA; and, if they selected EFT, verify their banking information.</li> <li>4. <b>SAY</b>, "Please allow two business days to receive an EFT payment or 14 business days to receive a Treasury check."</li> <li>5. <b>ADD</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary</b>: <b>FACILITY#</b> (NPSC#) HA/ONA DELAYED PAYMENT – FUNDS RETURNED</li> <li>b. <b>Call Type</b>: HA</li> <li>c. <b>Sub-Type</b>: Check Inquiry</li> </ol> </li> <li>6. <b>Details</b>: Applicant requested status of payment distribution. Advised applicant the payment has been returned to FEMA. Verified applicant's CMA and EFT information. Advised applicant to allow 2 business days to process an EFT payment or 14 business days to process a Treasury check (<b>INCLUDE</b> any other changes made to file).</li> </ol>

Table 158: Funds

2. Returned Funds or Non-Receipt of FEMA Check

a. Non-Receipt of FEMA Check

1. Occasionally a check from Treasury is lost, stolen, or never received. If an applicant notifies FEMA that this has occurred, and the original Treasury check has NOT been returned to FEMA as undeliverable by the United States Postal Service (USPS), a pre-printed **Request to Stop Payment and Reissue Disaster Assistance Check** letter MUST be sent to the applicant. The letter must be [signed](#) by the applicant and returned to FEMA for processing.
2. Once a **Request to Stop Payment and Reissue Disaster Assistance Check** letter is processed, and Treasury has verified the original check was cancelled, another check can be issued by Finance and mailed to the applicant. Refer to [Processing a Request to Stop Payment and Reissue Disaster Assistance Check letter](#) for additional information. This process may take up to 90 days to complete.





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- i. If the original Treasury check has been returned by the USPS, refer to [Section 16.1h](#) for instructions.
- b. Returned Check/Funds
  1. If an applicant requests to return financial assistance to FEMA, non-negotiated Treasury checks MUST be mailed to the following address:  
  
DEPARTMENT OF THE TREASURY  
ATTN: Treasury Check Return  
P.O. BOX 51318  
Philadelphia, PA 19115
  2. If an applicant is asked to or wishes to return the disaster assistance award and has cashed or deposited their Treasury check, the applicant MUST:
    - a. Send a personal check, cashier's check, or money order in the amount of original FEMA award
    - b. Make the instrument out to FEMA
    - c. Mail the check, cashier's check or money order to:  
  
FEMA  
P.O. Box 6200-16  
Portland, OR 97228-6200
    - d. For payments sent via couriers e.g., UPS, DHL, FedEx, the address is:  
  
US BANK - Government Lockbox  
Attn: DHS-FEMA – 6200-16  
17650 NE Sandy Blvd.  
Portland, OR 97230



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3. Remind the applicant to include their name, last four digits of their **SSN**, and FEMA **Rgsn ID** number on any correspondence.

3. Processing a **Request to Stop Payment and Reissue Disaster Assistance Check** letter

1.	<b>REVIEW</b> the <b>Communication</b> screen to see if a <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter was mailed. If <b>Yes</b> , <b>STOP</b> here and <b>ADVISE</b> the applicant accordingly. If <b>No</b> , continue with Step 2.	
2.	<b>CLICK</b> on the <b>Assistance</b> screen.	
3.	<b>REVIEW</b> the <b>Housing Assistance and PP/Other Assistancess</b> frames to verify that the assistance check to be mailed to the Applicant was Approved ( <b>Approved</b> column).	
4.	<b>CLICK</b> the <b>Finance</b> link on the <b>Assistance</b> screen;	
	<b>If:</b>	<b>Then:</b>
	HA/ONA payment was NOT approved	A message appears stating that there are NO disbursements for this registration  <b>REVIEW</b> the file to determine the reason the payment was NOT approved.  <b>EXPLAIN</b> the situation to the applicant.  <b>ADD</b> a Contact to summarize the call.  <b>COMPLETE</b> any outstanding processing.  <b>STOP</b> here.
A HA/ONA payment IS listed	Information is listed on the <b>Elig Payments</b> frame  <b>PROCEED</b> to Step 5.	
5.	In the <b>Elig Payments</b> frame, <b>SCROLL</b> to the right to verify that a <b>Schedule Number</b> is listed.	
	<b>If:</b>	<b>Then:</b>
Schedule Number is NOT listed	<b>REVIEW</b> the <b>Event History</b> for a reason explaining the lack of the Schedule number; call <b>IHP-Helpdesk</b> if no reason is documented.  <b>EXPLAIN</b> the situation to the applicant.  <b>ADD</b> a <b>Contact</b> documenting your conversation with the applicant.	



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	A Schedule Number IS listed	<b>CONTINUE</b> with Step 6.
6.		<b>VERIFY</b> that it has been 14 business days since the check was mailed. Refer to Schedule Date field.
7.	Disaster Finance Center (DFC) codes can help you determine what to advise the applicant. (See <a href="#">FFC CODES</a> )	
	<b>If it has been:</b>	<b>Then:</b>
	Less than 14 business days since check mailed	<b>ADVISE</b> that they must wait at least 14 business days from the time the check was mailed before a <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter can be sent.  <b>ADD</b> a <b>Contact</b> to document your conversation with the applicant.
	14 business days or more since check mailed	<b>CONTINUE</b> with Step 8.
8.		Note the Schedule number, date (for Contact), and dollar amount (for the check) found in the Finance link. The schedule number and amount are necessary to produce a <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter.
9.		<b>CLICK Close</b> . The information on the <b>Assistance</b> screen will become visible.
10.		<b>CLICK</b> on the <b>Registrant Info</b> screen. Ensure that the applicant's <b>CMA</b> is correct.

Table 169: Processing a Request to Stop Payment and Reissue Disaster Assistance Check letter

#### 4. FEMA Finance Center (FFC) Codes

- a. FEMA Finance Center (FFC) codes can help in advising applicants regarding missing funds. These codes appear within the **Treasury Request History** frame on the **Finance** link.

FFC Code	Definition
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A: Acknowledgement	Pending status, status is NOT known at this time. Treasury has received the non-receipt request.
B: Bank Account Correct	EFT Funds were transmitted and will be credited to the account the applicant provided.
C: Case Closed	Treasury determined the applicant cashed the check.
F: To Fiscal	"Non-receipt" request forwarded to Finance.
I: Initiate Non-Receipt	<b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter (MCHK) has been sent to applicant & returned. Non-receipt initiated.
I: Initiate Copy of Check	Used when requesting a copy of the check be sent to the applicant.
I: Initiate Certified Copy	Used to request a certified copy of a check ( <b>NEVER USED by NPSC</b> ).
LP: Limited Pay Ability Cancellation	A stale (over a year old) Treasury check has NOT been cashed and legally CANNOT be cashed.
N: Negotiated	The check has been cashed.
O: Outstanding	Check has NOT been cashed or presented.
P: Pending Investigation	Treasury and/or Secret Service is still investigating.
PC: Payment over Cancellation	Payment over Cancellation - An "Outstanding" check was processed as a "non-receipt and reissued. Later, the original check is cashed, resulting in duplication of payment. A Questionnaire and copy of cashed check will be sent to app to complete & return. The applicant must return the questionnaire or return the duplicated funds. If neither occurs, FEMA will begin recoupment.
Q, Q2, and Q3: Questionnaire Sent	Questionnaire was sent to applicant to begin the investigation process. App must complete & return the questionnaire. (Q2 and Q3 indicate 2 <sup>nd</sup> and 3 <sup>rd</sup> questionnaires sent).
R: Questionnaire Returned	Applicant completed & returned questionnaire. Investigation will begin.
S: Settlement Authorized	Treasury has determined the applicant did NOT cash the check is authorizing reissue.
T: To Treasury	Questionnaire has been returned by app and forwarded to Treasury. Investigation begins.
W: Wrong Bank Account	EFT funds were returned from Bank to FEMA due to an incorrect account number.
X: Original Check Returned	Original check was returned to Treasury.

Table 30: FFC Codes

**5. Generating the MCHK / Request to Stop Payment and Reissue Disaster Assistance Check letter**



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Step #	Action Taken						
1.	<b>ACCESS</b> the <b>Communication</b> screen.						
2.	On the <b>Outgoing Correspondence</b> frame, <b>CLICK</b> the <b>Add</b> link.						
3.	From the <b>Available Letters</b> frame, <b>SELECT NOTIFICATION LETTERS</b> .						
4.	<b>SELECT MISC</b> .						
5.	<b>SELECT STOP PAYMENT</b> .						
6.	<b>SELECT MCHKS-STOP PAYMENT ON CHECK</b> and <b>CLICK Next</b> .						
7.	<b>ENTER</b> the dollar amount (without the \$ symbol) and Schedule number you noted earlier.						
8.	<b>CLICK Next</b> .						
9.	<b>CLICK Preview</b> and ensure the letter is correct.						
10.	<b>VERIFY</b> that the letter is correct.						
	<table border="1"> <thead> <tr> <th>If the letter is:</th> <th>Then:</th> </tr> </thead> <tbody> <tr> <td>Incorrect</td> <td><b>CLICK Cancel</b>. Start again with Step 1 of Generating the <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter.</td> </tr> <tr> <td>Correct</td> <td>Continue with Step 12.</td> </tr> </tbody> </table>	If the letter is:	Then:	Incorrect	<b>CLICK Cancel</b> . Start again with Step 1 of Generating the <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter.	Correct	Continue with Step 12.
If the letter is:	Then:						
Incorrect	<b>CLICK Cancel</b> . Start again with Step 1 of Generating the <b>Request to Stop Payment and Reissue Disaster Assistance Check</b> letter.						
Correct	Continue with Step 12.						
11.	From the bottom right portion of your screen, <b>CLICK</b> the <b>Send Letter to Mail Queue</b> checkbox.						
12.	<b>CLICK</b> on the <b>OK</b> button. A warning popup window will appear.						
13.	From the warning popup window, <b>CLICK</b> on the <b>OK</b> button.						
14.	<b>ADD</b> a <b>Contact</b> and/or <b>Comment</b> regarding the action taken on the applicant's behalf. <b>CLICK</b> on the <b>Comment/Contact Complete</b> button.						
15.	<b>CLICK</b> on the <b>Home</b> link to save your work and exit the application.						

Table 31: Generating the MCHK / Request to Stop Payment and Reissue Disaster Assistance Check letter

## H. Insurance

- [Insurance Issues](#)
- [Generating the Request for Advance Disaster Assistance letter](#)





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1. Insurance Issues

If call concerns:	And:	Then:
17.1a <b>Status check</b> for insured application	<b>Banner = HA/ONA: CLOSED</b>  <b>HA/ONA = INS</b>  No insurance documents in file	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “FEMA cannot provide assistance until other forms of assistance such as insurance are exhausted. If you have NOT already done so, please file a claim with your insurance company. If your insurance coverage DOES NOT cover all your essential needs and/or is delayed, you may mail, fax, or upload a copy of your insurance determination to FEMA for review. For RP and ONA, your documentation must be submitted within 12 months of the date you registered for assistance. For Temporary Housing, your documents must be submitted prior to the financial closure date for the disaster. Please include your disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.”                         <ol style="list-style-type: none"> <li>a. In addition, for DR-4563-AL and forward, <b>SAY</b>, “You should have received a letter explaining the need to send an insurance settlement or denial letter to FEMA. At this time, you DO NOT need to file an appeal. If we DO NOT receive any insurance settlement documentation from you within 60 days of the date of this letter, FEMA will provide you a decision regarding your eligibility for assistance in writing. If you disagree with FEMA’s decision, you will then have the right to appeal.</li> </ol> </li> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) ADVISED TO SEND INSURANCE SETTLEMENT</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> HA/OTH Status Change</li> <li>d. <b>Details:</b> Applicant requested status of case. Insured applicant has NOT submitted any insurance docs. Advised applicant to submit insurance settlement or denial. Provided mailing address and fax number.</li> </ol> </li> </ol> <p><b>Source:</b> PPM <a href="#">Rental Assistance</a> SOP.</p>
17.1b <b>Status check</b> for insured application	<b>Banner = HA/ONA: CLOSED</b>  <b>HA/ONA = INS</b>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “FEMA cannot provide assistance until other forms of assistance, such as insurance have been exhausted. Our records indicate that you have insurance. We can update your file if you submit a <a href="#">signed written request</a> to remove insurance information from your file. You may mail, fax or upload your insurance</li> </ol>





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If call concerns:	And:	Then:
	No insurance documents in file  Applicant requests removal of insurance information	<p><a href="#">information removal request</a>. Please include disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.”</p> <ol style="list-style-type: none"> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) ADVISED TO SEND INSURANCE REMOVAL REQUEST</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Applicant Information Change Request</li> <li>d. <b>Details:</b> Applicant requested removal of insurance information. Advised applicant to submit insurance removal request in writing and provided mailing address and fax number.</li> </ol> </li> </ol> <p>Source: PPM <a href="#">Insurance Processing for HA and Personal Property</a> SOP.</p>
17.1c Status check for insured application	<p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>HA/ONA = INS</b></p> <p>Insurance information sent by applicant <b>less</b> than 5 days ago</p> <p>No insurance documents in file</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “It frequently takes up to 5 days to receive documents and get them added to a file. At this time, your insurance documents are NOT yet in your file. Since you sent them less than 5 days ago, please allow ____ more days. If you would like to verify that we have received your documents, feel free to call back after [day/date].”</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INSURANCE SETTLEMENT SENT PENDING RECEIPT</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> HA/OTH Status Check</li> <li>d. <b>Details:</b> Applicant requested status of case. Applicant is insured and stated that insurance docs were [mailed or faxed] on [date]. No insurance docs in file. Advised applicant that it takes up to 5 days to receive and add them to file and to wait until [date] to call back to verify receipt.</li> </ol> </li> </ol>
17.1d Status check for	<p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>HA/ONA = INS</b></p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “FEMA has received your insurance documents; however, the information that you submitted is NOT adequate to prove whether or NOT you have coverage. If you have NOT already done so, please contact your insurance company and file a claim. Once they provide you with a settlement or denial letter, fax, mail or</li> </ol>



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If call concerns:	And:	Then:
insured application	Insurance documents in the file, but NOT adequate substantiation	<p><a href="#">upload that letter with any attachments to FEMA. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.</a></p> <ol style="list-style-type: none"> <li>2. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INSURANCE DOCS RECEIVED</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Leave blank.</li> <li>d. <b>Details:</b> Applicant requested status of case. Applicant is insurance. Insurance docs in file. No decision. Advised applicant I would process insurance information and to call back in 7 days if NOT contacted.</li> </ol> </li> <li>4. <b>ACCESS</b> file in processing queue and complete casework.</li> </ol> <p>Source: PPM <a href="#">Rental Assistance</a> SOP.</p>
17.1e Status check for insured application	<p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>HA/ONA = INS</b></p> <p>Insurance information sent by applicant or insurance company <b>more</b> than 5 days ago</p> <p>No insurance documents in file</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “It frequently takes up to 5 days to receive documents and get them added to a file. At this time, your insurance documents have NOT been added to your file.”</li> <li>2. <b>DETERMINE</b> if the applicant or their insurance company sent the documents.                     <ol style="list-style-type: none"> <li>a. If the applicant sent them, <b>SAY</b>, “I would recommend that you send them again. You may mail, fax, or <a href="#">upload the insurance determination to FEMA. Please ensure that you include your name, last four digits of your social security number, registration number, and disaster number on every page of the document.</a>”</li> <li>b. If the insurance company sent them, <b>SAY</b>, “Please contact your insurance company and request that they resend the documents. Ask them to include your name, social security number (at least the last four digits), registration number, and disaster number on every page they send in for you. Also, please ensure they have the correct mailing address and/or fax number.”</li> </ol> </li> <li>3. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> </ol>





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If call concerns:	And:	Then:
		<p>4. If there is a delay in mailroom processing, <b>SAY</b>, “We may have received your insurance papers but due to the severity of current disasters, we are experiencing delays in associating the mail with our files. I apologize for this inconvenience. Please allow up to ___ days for the documentation to be added to your file before resending the information. If you would like to verify receipt of the documents, please call back after [day/date].” Search Preshift entries for information regarding any disaster-specific mailroom delays and associated timelines.</p> <p>5. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INSURANCE SETTLEMENT SENT PENDING RECEIPT</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Process Delay Action Request</li> <li>d. <b>Details:</b> Applicant requested status of case. Applicant is insured and stated that insurance docs were [mailed or faxed] on [date]. No insurance docs in file. Advised applicant [summary of guidance provided]. (And any other changes made to file)</li> </ul> <p>Source: PPM <a href="#">Rental Assistance</a> SOP.</p>
17.1f Status check for insured application	<p><b>Banner = HA/ONA: CLOSED</b></p> <p><b>HA/ONA = INS</b></p> <p>Insurance settlement or denial in file</p> <p>No decision</p>	<p>1. <b>SAY</b>, “FEMA has received your insurance documents; however, a decision has NOT yet been made on your case. I will process your insurance information immediately following this call. If you are NOT contacted by mail or phone within 7 days, please call back to check on the status of your case.”</p> <p>2. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INSURANCE DOCS RECEIVED</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Leave blank.</li> <li>d. <b>Details:</b> Applicant requested status of case. Applicant is insured. Insurance docs in file. No decision. Advised applicant I would process insurance information and to call back in 7 days if NOT contacted. (And any other changes made to file)</li> </ul> <p>3. <b>ACCESS</b> the file in the processing queue and complete the casework.</p>





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If call concerns:	And:	Then:
17.1g Status check for insured application	For <b>DR-4563-AL and forward</b> ,  <b>Banner = HA/ONA: CLOSED</b>  <b>HA/ONA = IINR</b>  Insurance settlement or denial in file  No appeal letter in file	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “When you registered for assistance you should have received a letter explaining the need to send insurance settlement or denial documentation to FEMA. Because FEMA previously did NOT receive any insurance settlement or denial documentation, an eligibility determination was made on your file and a decision letter explaining the required documentation was sent to you. We have received the insurance documents you have submitted, however if you disagree with FEMA’s decision, please also provide an appeal letter explaining the reason for your appeal. ”.</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INSURANCE DOCS RECEIVED AFTER IINR</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Leave blank.</li> <li>d. <b>Details:</b> Applicant requested status of case. Applicant is insured. Insurance docs in file. No appeal letter on file. Advised applicant to submit appeal letter to be reviewed for possible assistance. (And any other changes made to file)</li> </ol> </li> <li>3. <b>ACCESS</b> the file in the processing queue and complete the casework as needed.</li> </ol>
17.1h Status check for insured application	For <b>DR-4563-AL and forward</b> ,  <b>Banner = HA/ONA: CLOSED</b>  <b>HA/ONA = IINR</b>  Insurance settlement or denial in file  Appeal letter in file	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “FEMA has received your insurance documents and appeal letter; however, a decision has NOT yet been made on your case. I will process your insurance information immediately following this call. If you are NOT contacted by mail or phone within 7 days, please call back to check on the status of your case.”</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INSURANCE DOCS RECEIVED</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Leave blank.</li> <li>d. <b>Details:</b> Applicant requested status of case. Applicant is insured. Insurance docs and appeal letter in file. No decision. Advised applicant I would process insurance information and to call back in 7 days if NOT contacted. (And any other changes made to file)</li> </ol> </li> <li>3. <b>ACCESS</b> the file in the processing queue and complete the casework.</li> </ol>



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If call concerns:	And:	Then:
17.2a <b>Delayed insurance settlement</b>	<b>Banner = HA/ONA: CLOSED</b>  <b>HA/ONA = INS</b>  Delay = less than 30 days  WP NOT previously created	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “FEMA considers an insurance settlement to be delayed only if you have NOT received any payment, including an advance, for 30 days or longer after your claim was filed. I will send a “Request for Advance Disaster Assistance” letter to you. Once it has been 30 days from the date you filed your claim, please complete it and return the form along with any written notification by your insurance indicating a settlement will be delayed from more than 30 days. To help us identify your documents, please include your registration number, last four digits of your social security number, and full name on all pages of any correspondence you send. FEMA will consider your case upon receipt of the <u>signed</u> letter and verification of your insurance delay. Please remember that any assistance FEMA provides to you will be considered an advance on your insurance settlement, which must be repaid promptly once you receive your insurance settlement”.</li> <li>2. <b>GENERATE</b> the “<b>Request for Advance Disaster Assistance</b>” letter found under HA Misc. letters.                         <ol style="list-style-type: none"> <li>a. <b>ADVISE</b> the applicant of all required information according to Section III.E. of the <a href="#">Rental Assistance</a> SOP.</li> </ol> </li> <li>3. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li>4. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) DELAYED INSURANCE SETTLEMENT</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Leave blank.</li> <li>d. <b>Details:</b> Applicant stated that insurance settlement is delayed. Delay has NOT exceeded 30 days. Advise applicant the <b>Request for Advance Disaster Assistance</b> letter must be completed and returned, and that I would send it to them, along with available written notification from the insurance company. (And any other changes made to file)</li> </ol> </li> </ol> <p>Source: PPM <a href="#">Rental Assistance</a> SOP.</p>





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If call concerns:	And:	Then:
17.2b <b>Delayed insurance settlement.</b>	<b>Banner= HA/ONA: CLOSED                      HA/ONA = INS</b> Delay = more than 30 days "Request for Advancement" NOT issued WP NOT previously created and inspection NOT issued	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "I will send an "Request for Advance Disaster Assistance" letter to you. Please complete and return it along with written notification by your insurance company of the delay of more than 30 days. To help us identify your documents, please include your registration number, last four digits of your social security number, and full name on all pages of any correspondence you send. FEMA will consider your case upon receipt of the <u>signed</u> letter and insurance documentation. Please remember that any assistance FEMA provides to you will be considered an advance on your insurance settlement, which must be repaid promptly once you receive your insurance settlement".</li> <li>2. <b>GENERATE</b> the "Request for Advance Disaster Assistance" letter found under HA Misc. letters.                         <ol style="list-style-type: none"> <li>a. <b>ADVISE</b> applicant of all required information according to Section III.E. of the <a href="#">Rental Assistance</a> SOP.</li> </ol> </li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) DELAYED INSURANCE SETTLEMENT</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Process Delay Action Request</li> <li>d. <b>Details:</b> Applicant sent notification that insurance settlement will be delayed more than 30 days. Advised applicant that the <b>Request for Advance Disaster Assistance</b> letter must be completed and returned, and that I would send it to them. Any assistance approved must be repaid when settlement is received. (And any other changes made to file).</li> </ol> </li> </ol> <p>Source: PPM <a href="#">Rental Assistance</a> SOP.</p>
17.2c <b>Delayed insurance settlement.</b>	<b>Banner= HA/ONA: CLOSED                      HA/ONA = INS</b> Delay = more than 30 days Insurance Company notification of Delay in file	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "An inspection was issued for your home and the inspector will contact you soon. If you <b>DO NOT</b> hear from an inspector within 7 days, please call back to check on the status of your file."</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) DELAYED INSURANCE SETTLEMENT</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> Leave blank.</li> </ol> </li> </ol>





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If call concerns:	And:	Then:
	<p><b>“Request for Advance Disaster Assistance”</b> letter” returned</p> <p>WP previously created, and inspection issued</p>	<p>d. <b>Details:</b> Insurance Company notification of Delay Request previously made, and inspection issued on (date). Advised applicant that inspector will contact them and to call back to check status if no contact for more than 7 days. (And any other changes made to file).</p>
<p>17.3a  <b>Adding an uninsured cause of damage</b></p>	<p>WP previously created, and inspection issued</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “Your file indicates that this issue has been previously reported and your file was issued for inspection on [date]. If you <b>DO NOT</b> hear from an inspector by [date: 7 days from date of issue], please call back to check on the status of your case.”</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) ADDING UNINSURED DAMAGE TYPE</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> HA Status Check</li> <li>d. <b>Details:</b> Applicant requested addition of uninsured cause of damage – (specify damage type). Request previously made and inspection issued on [date]. Advised applicant to allow 7 days for inspector contact and to call back after [date: 7 days after issue] if <b>NOT</b> contacted by inspector. (And any other changes made to file).</li> </ol> </li> </ol>
<p>17.3b  <b>Adding an uninsured cause of damage</b></p>	<p><b>Banner= HA/ONA: CLOSED</b></p> <p><b>HA/ONA = INS</b></p> <p>WP NOT previously created, and inspection NOT issued</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “Because this additional cause of damage is <b>NOT</b> covered by your insurance, I will issue your case for inspection. If you <b>DO NOT</b> hear from an inspector within 7 days, please call back to check on the status of your case.”</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) ADDING UNINSURED DAMAGE TYPE</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> HA Status Change Request</li> <li>d. <b>Details:</b> Applicant requested addition of uninsured cause of damage – (specify damage type). Advised applicant that I would issue for an inspection and instructed them to call back after 7 days if <b>NOT</b> contacted by inspector. Created WP. (And any other changes made to file).</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
		<ol style="list-style-type: none"> <li>3. <b>CREATE</b> a WP (See <a href="#">Creating a New WP</a>), and <b>ROUTE</b> it to <b>FEMA Manual Determination</b>.</li> <li>4. <b>ACCESS</b> the case in <b>FEMA Manual Determination</b> and complete casework to issue for inspection.</li> </ol>
17.3c Adding an uninsured cause of damage	Inspection issued more than 7 days and NOT returned/completed	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "Your request was submitted and is being processed. Because it has been more than 7 days since it was issued for inspection, I will request follow-up from Inspection Services. Please allow 7 days for us to research this issue and to process your case before you call back to check on the status again."</li> <li>2. <b>ADD a Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary</b>: FACILITY# (NPSC#) INSPECTION REQUESTED</li> <li>b. <b>Call Type</b>: HA Program Request</li> <li>c. <b>Sub-Type</b>: HA Status Check</li> <li>d. <b>Details</b>: Applicant requested addition of uninsured cause of damage – (specify damage type). Inspection issued on [date]. Advised applicant that I would request follow-up from Inspection Services and that they should allow 7 days for research and processing before calling back.</li> </ol> </li> <li>3. <b>CALL</b> IHP-Helpdesk to request follow up with Inspection Services and include:                         <ol style="list-style-type: none"> <li>a. Applicant's name</li> <li>b. Disaster number</li> <li>c. Registration number</li> <li>d. Inspection issue date</li> <li>e. Brief description of the situation</li> </ol> </li> <li>4. <b>ADD a Comment</b> to record these actions.</li> </ol>
17.4 Request to have NFIRA requirement	Applicant states property mapped incorrectly OR	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "There are several steps that are required to have a flood insurance requirement removed from a file or property. The first step is to request a change in your flood zone designation. Additional information on how to change a flood zone designation can be found at <a href="https://hazards.fema.gov/">https://hazards.fema.gov/</a> or call (877)336-2627 ((877)FEMA-MAP).</li> </ol>



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If call concerns:	And:	Then:
removed from case	Applicant states home was moved to higher ground and is mapped incorrectly	<ol style="list-style-type: none"> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) NFIRA MAINTENANCE REMOVAL REQUESTED</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> HA Status Check</li> <li>d. <b>Details:</b> Applicant requested that the NFIRA requirement is removed from their file or property. Advised applicant of the process to have the requirement removed. Provided contact information. (And any other changes made to file).</li> </ol> </li> </ol>
17.5 Flood Insurance Requirement (EPPZ)	<p><b>EPPZ</b> received after (date the text insert was added)</p> <p>App is a renter</p> <p>It is within 6 months of the date of the <b>EPPZ</b> letter.</p> <p>App calls or submits letter stating they will be returning to the damaged dwelling</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "I will request that a flood policy is purchased in your name. Please give me a few moments while I update your file."</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) FLOOD INSURANCE REQUEST</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> NFIP Inquiry</li> <li>d. <b>Details:</b> Applicant will be returning to damaged dwelling and requests a Group Flood Insurance. Set the Renter Request GFIP on the <b>Info Control</b> screen.</li> </ol> </li> <li>3. From <b>Applicant Update</b>, open the <b>Info Control</b> screen;             <ol style="list-style-type: none"> <li>a. <b>SELECT Add</b> on the <b>Verification Requirements</b> frame;</li> <li>b. In the <b>Verification Requirement</b> field, <b>SELECT RENTER REQUESTED GFIP</b>;</li> <li>c. <b>SELECT</b> either <b>Pending Request</b> or <b>Pending Response</b> (either is fine as you will be immediately changing it);</li> <li>d. <b>CLICK Save</b> and <b>RENTER REQUESTED GFIP</b> will now show in the <b>Verification Requirements</b> frame.</li> </ol> </li> </ol>





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If call concerns:	And:	Then:
		<p>e. <b>HIGHLIGHT RENTER REQUESTED GFIP</b> in the <b>Verification Requirements</b> frame and <b>CLICK</b> the <b>Decision</b> link;</p> <p>f. In the <b>Associate</b> frame, <b>SELECT</b> the applicable substantiation item and <b>CLICK Save</b>; If there is no applicable substantiation item because the applicant verbally stated they are returning to the damaged dwelling, <b>SELECT 90-69B</b>.</p> <p>g. <b>CHANGE</b> the <b>Verification Status</b> to <b>Verified</b>; AND</p> <p>h. <b>CLICK Save</b>.</p> <p>4. <b>ADD</b> the following <b>Comment</b>:</p> <p>a. <b>Summary</b>: FACILITY# (NPSC) SET RRGFIP VERIFICATION</p> <p>b. <b>Text</b>: State whether the verification was set based on the applicant statement or applicant correspondence. If the applicant submitted correspondence, include the document number in the <b>Comment</b> text.</p> <p>5. Caseworkers, please note: If there are no other assistances or issues to be addressed after setting the above Verification, then <b>ROUTE</b> the case to <b>Complete</b> from <b>FEMA Manual Determination</b> queue or choose the <b>Home</b> link in the <b>Banner</b>.</p> <p>6. Helpline:</p> <p>a. <b>CREATE</b> a WP and <b>ROUTE</b> to <b>FEMA Manual Determination</b> (See <a href="#">Creating a New WP</a>)</p> <p>b. <b>ADD</b> a <b>Contact</b>. (<b>INCLUDE</b> any other changes made to file).</p> <p><b>Source: PPM: <a href="#">GFIP Eligibility</a> SOP.</b></p>

Table 32: Insurance Issues

2. Generating the **Request for Advance Disaster Assistance** letter



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Step #	Action Taken						
1.	<b>CLICK</b> on the <b>Communication</b> screen.						
2.	From the <b>Outgoing Correspondence</b> frame, <b>CLICK</b> the <b>Add</b> link.						
3.	From the <b>Available Letters</b> frame, <b>SELECT NOTIFICATION LETTERS</b> .						
4.	<b>SELECT MISC</b> .						
5.	<b>SELECT Request for Advance Disaster Assistance</b> .						
6.	<b>CLICK Next</b> .						
7.	<b>CLICK Preview</b> .						
8.	<b>VERIFY</b> that the letter is correct.						
	<table border="1"> <thead> <tr> <th>If the letter is:</th> <th>Then:</th> </tr> </thead> <tbody> <tr> <td>Incorrect</td> <td>                     a. <b>CLICK Cancel</b>.                      b. Start again with Step 1 of <b>Request for Advance Disaster Assistance</b> letter.                 </td> </tr> <tr> <td>Correct</td> <td>a. Continue with Step 9.</td> </tr> </tbody> </table>	If the letter is:	Then:	Incorrect	a. <b>CLICK Cancel</b> . b. Start again with Step 1 of <b>Request for Advance Disaster Assistance</b> letter.	Correct	a. Continue with Step 9.
If the letter is:	Then:						
Incorrect	a. <b>CLICK Cancel</b> . b. Start again with Step 1 of <b>Request for Advance Disaster Assistance</b> letter.						
Correct	a. Continue with Step 9.						
9.	From the bottom right portion of your screen, be sure that <b>Send Letter to Mail Queue</b> checkbox is checked.						
10.	<b>CLICK</b> on the <b>OK</b> button. A warning popup window will appear.						
11.	From the warning popup window, <b>CLICK</b> on the <b>OK</b> button.						
12.	<b>ADD</b> a <b>Contact</b> and/or <b>Comment</b> regarding the action taken on the applicant's behalf. <b>CLICK</b> on the <b>Comment/Contact Complete</b> button.						
13.	<b>CLICK</b> on the <b>Home</b> link to save your work and exit the application.						

Table 33: Generating the Request for Advance Disaster Assistance letter

**I. Appeal / Duplicates / Recoupment / DRRRA**

- [Appeal Issues](#)
- [Duplicate Investigation / Resolution Issues](#)
- [Recoupment Issues](#)



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- [Disaster Recovery Reform Act \(DRRA\)](#)

1. Appeal Issues

If call concerns:	And	Then
18.1a How to appeal HA/ONA decision	Has NOT submitted appeal letter	<p>1. <b>REVIEW</b> the decision letter with the applicant.</p> <p>a. <b>SAY</b>, “You have until [provide date: 60 days from the date of the decision letter or 1 year from registration date for insurance cases] to fax or mail a written, <u>signed</u> request letter appealing this decision, including a list of damages and any unmet needs that you believe were NOT covered by a previous decision. Include any documents supporting the request, such as receipts and estimates. Follow these steps to appeal the decision. Explain in writing why you think the decision about the amount or type of assistance you received is NOT correct. You or your co-applicant must <u>sign</u> the appeal letter. If someone other than you or the co-applicant is writing the letter, they must <u>sign</u> the appeal letter and you must also provide FEMA with a <u>signed</u> statement authorizing that individual to appeal on your behalf. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send. Once that documentation is received it will be reviewed and a determination will be provided.”</p> <p>b. <b>SAY</b>, “Supporting documents may include, but are NOT limited to, the following:</p> <ul style="list-style-type: none"> <li>i. <u>Landlord’s statements</u></li> <li>ii. <u>Merchandise or provider receipts</u></li> <li>iii. <u>Service or repair receipts/statements</u>. Each must include an estimate breakdown, contact information, measurements, etc.</li> <li>iv. <u>School/employer statement (for loss of essential tools)”</u></li> </ul> <p>2. <b>PROVIDE</b> the <u>mailing address and fax number</u> to the applicant and advise the applicant they have the option to <u>upload documents</u> to their DAC account online.</p> <p>3. After the standard 60-day appeal timeframe has expired, the applicant may still appeal if they provide supporting appeal documentation and either a written or verbal explanation as to the reason they were unable to supply an appeal request in a timely manner. Refer to the <u>Appeal Processing</u> SOP.</p> <p>4. <b>ADD a Contact</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) HA/ONA APPEAL REQUEST</p>





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If call concerns:	And	Then
		<ul style="list-style-type: none"> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub Type:</b> Appeal Request</li> <li>d. <b>Details:</b> Applicant requested appeals process. Explained process. Advised applicant of date by which appeal must be submitted for this decision. (And any other charges made to the file).</li> </ul>
18.1b How to appeal HA/ONA decision	Has NOT submitted appeal letter  Applicant unable to write appeal letter (disabled, illiterate, non-English speaking, etc.)	1. <b>SAY</b> , “You have until (provide date: 60 days from the date of the decision letter or 1 year from registration date for insurance cases) to fax or mail a written, <u>signed</u> request (letter, estimate, and/or receipt) appealing this decision, including a list of damages and any unmet needs that you believe were NOT covered by a previous decision. Include any documents supporting the request.” After being advised by the applicant that they CANNOT write the letter, say, “Do you know someone who could write an appeal letter to FEMA for you? I would be happy to explain to them what should be included in the letter, if they are available now. If not, you



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can call back when they are available.” If the applicant authorized someone to assist them explain the following steps to appeal the decision:

2. **SAY**, “Explain in writing why you think the decision about the amount or type of assistance you received is **NOT** correct.
  - a. If you are **NOT** the applicant or co-applicant and are writing the letter, you must sign the appeal letter and the applicant must also provide FEMA with a signed statement authorizing you to appeal on their behalf.
  - b. Please include the disaster number, registration number, last four digits of your social security number, and the applicant’s name on all pages of any correspondence you send. Once that documentation is received it will be reviewed and a determination will be provided.”
3. **SAY**, “Supporting documents may include, but are **NOT** limited to, the following:
  - a. Landlord’s statements
  - b. Merchandise or provider receipts
  - c. Service or repair receipts/statements. Each must include an estimate breakdown, contact information, measurements, etc.
  - d. School/employer statement (for loss of essential tools)”
4. **PROVIDE** the mailing address and fax number and advise the applicant they have the option to upload documents to their DAC account online.
5. If the applicant **DOES NOT** know anyone who can assist them with this issue, **E-MAIL** your supervisor with a brief summary of the need and the following details:
  - a. Applicant’s name
  - b. Registration number
  - c. Disaster number
  - d. Current contact information
6. **SAY**, “I will forward a request to ask that someone in our field office contact you as soon as possible to assist you with the letter.” (Your supervisor will forward your email to the IHP-Helpdesk and then the Joint Field Office (JFO) for someone to contact the applicant.)



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If call concerns:	And	Then
		<p>7. After the standard 60-day appeal timeframe has expired, the applicant may still appeal if they provide supporting appeal documentation and either a written or verbal explanation as to the reason they were unable to supply an appeal request in a timely manner. Refer to the <a href="#">Appeal Processing</a> SOP.</p> <p>a. If the applicant provides a verbal explanation, staff MUST record this in their Contact.</p> <p>8. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) HA/ONA APPEAL REQUEST</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p> <p>c. <b>Sub-Type:</b> Appeal Request</p> <p>d. <b>Details:</b> Applicant requested appeals process. Explained appeal process. Advised applicant of date by which appeal must be submitted for this decision. Applicant stated they could NOT write the letter. Emailed SUPERVISOR to request IHP-Helpdesk/JFO to contact and assist applicant with letter. Advised applicant that someone will contact them as soon as possible. (And any other changes made to file).</p>
18.2a Status of appeal	<p>Appeal letter received from applicant</p> <p>Appeal documents are incomplete or inadequate  <b>ADOC</b> may have been sent)</p> <p>No decision made</p>	<p>1. <b>REVIEW</b> the file focusing on caseworker contacts and any outgoing correspondence requesting documentation.</p> <p>2. <b>SAY</b>, "Although we received your appeal letter, we still need additional documentation from you before we can make a decision."</p> <p>3. <b>PROVIDE</b> specific information requested in the <b>ADOC</b> letter to the applicant regarding the documentation that is still required.</p> <p>4. <b>SAY</b>, "Appeal cases can take up to 90 days to process, please submit the additional information as soon as possible. To help us identify your letter, please include your registration number, last four digits of your social security number, and full name on all pages of any correspondence you send. Once that documentation is received it will be reviewed and a determination will be provided. Please remember to include your <a href="#">signature</a>."</p> <p>5. <b>PROVIDE</b> the <a href="#">mailing address and fax number</a> to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</p> <p>6. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) HA/ONA APPEAL DOCUMENTATION REQUIRED</p>





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If call concerns:	And	Then
		<p>b. <b>Call Type:</b> HA/OTH Program Request</p> <p>c. <b>Sub-Type:</b> HA/OTH Status Check</p> <p>d. <b>Details:</b> Confirmed that applicant's appeal letter was received, and that additional information is required for processing. Advised applicant to send in [information requested] as soon as possible. (And any other changes made to file).</p>
18.2b Status of appeal	<p>Appeal letter NOT received from applicant</p> <p>Applicant states appeal letter SENT MORE than:</p> <p>Fax – 5 days ago</p> <p>Mail – 14 days ago</p>	<p>1. <b>VERIFY</b> the status of the Mailroom Department and any backlogs via Preshift. If no backlog, <b>SAY</b>, “We have NOT received your appeal letter. Would you please resubmit your letter? I apologize for the inconvenience. Please ensure that you mail or fax the information by [date: 60 days from date of decision for RP or ONA or before the financial closure date for Temporary Housing]. Your letter of appeal must be in writing, <u>signed</u>, and explain why you think the decision about the amount or type of assistance you received is NOT correct.</p> <p>Please also include any supporting documents, such as contractor estimates with your appeal request. Additionally, to help us identify your documents, please include your registration number, last four digits of your social security number, and full name on all pages of any correspondence you send. Once that documentation is received, FEMA may contact you to request additional documents or to complete an inspection. Please remember to <u>sign</u> your request.”</p> <p>2. <b>PROVIDE</b> the <u>mailing address and fax number</u> to the applicant and advise the applicant they have the option to <u>upload documents</u> to their DAC account online.</p> <p>3. <b>PROVIDE</b> specific information to the applicant regarding what documentation MUST be submitted with the appeal letter.</p> <p>4. <b>ADD a Contact:</b></p> <p>a. <b>Summary:</b> FACILITY# (NPSC#) APPEAL LETTER NOT RECEIVED</p> <p>b. <b>Call Type:</b> HA/OTH Program Request</p> <p>c. <b>Sub-Type:</b> Process Delay Action Request</p> <p>d. <b>Details:</b> Document when appeal was sent to FEMA and that you advised the applicant to resubmit it by _____. (And any other changes made to file).</p>
18.2c Status of appeal	Appeal letter NOT received from applicant	<p>1. <b>SAY</b>, “It can take (fax – 5 days, mail – 14 days) to be added to a file. At this time, the letter/fax you referred to has NOT been added.” <b>CONFIRM</b> the address or fax number the documents were sent to.</p> <p>2. <b>SAY:</b> “Please wait until [specify day] to call back to confirm we have received it.”</p>



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If call concerns:	And	Then
	Applicant states appeal letter SENT LESS than • Fax – 5 days ago Mail – 14 days ago	<ol style="list-style-type: none"> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPEAL STATUS CHECK</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> HA /OTH Status check</li> </ol> </li> <li>4. <b>Details:</b> Document when appeal was sent to FEMA and that you advised the applicant to call back to check status after (date). (And any other changes made to file).</li> </ol>
18.2d Status of appeal	Appeal letter received  No decision made	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "FEMA may take up to 90 days to process appeals due to the complex process and additional actions. We are making every effort to process your case as soon as possible."</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) HA/ONA STATUS CHECK</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> HA/OTH Status Check</li> <li>d. <b>Details:</b> Document when appeal letter was received and what information you provided to the applicant. (And any other changes made to file).</li> </ol> </li> <li>3. <b>Only if the case is escalated: SEND</b> an <b>E-MAIL</b> request to <a href="#">FEMA-IHPHelpdesk</a> with an explanation for a review of the file. <b>INCLUDE</b> the following details:                         <ol style="list-style-type: none"> <li>a. Applicant's name</li> <li>b. Registration number</li> </ol> </li> <li>4. Disaster number</li> </ol>





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If call concerns:	And	Then
18.3 Appeal of INPR decision (Ineligible Not Primary Residence)	<b>Banner = HA/ONA: Closed</b>  <b>HA status = INPR</b>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "The letter you received from FEMA states that we cannot process your file until you provide proof that the damaged home is your primary residence."</li> <li>2. If the applicant DOES NOT understand, <b>PROVIDE</b> the standard definition for a primary residence.</li> <li>3. <b>REVIEW</b> the <b>Registration Status</b> screen for <b>OCCV_PASS</b>, <b>IDV_PASS</b>, and <b>OWNV_PASS</b> (if applicable),. If either verification is failed, <b>REVIEW</b> submitted correspondence for acceptable documents.                         <ol style="list-style-type: none"> <li>a. If NO documents have been submitted OR the submitted documents are insufficient to prove occupancy, identity, and/or ownership (if applicable), <b>ADVISE</b> the applicant to submit a written, signed appeal letter along with acceptable documentation to appeal the decision.</li> <li>b. <b>ACCESS</b> the <a href="#">Occupancy Verification SOP</a>, <a href="#">Identity Verification SOP</a>, and/or <a href="#">Ownership Verification SOP</a> on the <a href="#">PPM</a> to provide further guidance to the applicant regarding acceptable documents.</li> </ol> </li> <li>4. <b>PROVIDE</b> specific documentation that the applicant can submit to satisfy this requirement e.g., utility bill, merchant statement, etc.. <b>SAY</b>, "Please remember to include your <a href="#">signature</a> and the reason for your appeal. Please include your registration number, last four digits of your social security number, and full name to help us identify your documents."</li> <li>5. <b>PROVIDE</b> the <a href="#">mailing address and fax</a> number to the applicant and advise the applicant they have the option to <a href="#">upload documents</a> to their DAC account online.</li> <li>6. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) HA/ONA APPEAL FOR INPR</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Appeal Request</li> <li>d. <b>Details:</b> Document specific information given to the caller. (And any other changes made to file).</li> </ol> </li> </ol>
18.4 If staff finds a case with an appeal letter that has NOT been addressed	There is no WP	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "I will send your file to the Appeals Group, so they can review the correspondence you sent and review your case."</li> <li>2. <b>CREATE</b> a WP to the Appeals queue: (See <a href="#">Creating a New WP</a>).</li> <li>3. <b>ADD a Contact.</b></li> </ol>





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If call concerns:	And	Then
		<ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPEAL RECEIVED, NOT WORKED.</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Appeal Request</li> <li>d. <b>Details:</b> Appeal letter (doc ID#) received (date), was NOT addressed. Creating WP for FEMA APPEALS. (And any other changes made to file).</li> </ol>
18.5 If staff finds a case that was incorrectly processed		<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "<a href="#">Please give me a few moments to review your case file.</a>"</li> <li>2. <b>CREATE</b> a WP (See <a href="#">Creating a new WP</a>) AND/OR contact your supervisor for assistance;</li> <li>3. <b>SAY</b>, "I will forward your file for a complete review of your case. If you have NOT received a status after 7 days, please call the FEMA Helpline. Is there anything else I can help you with?"; AND</li> <li>4. <b>ADD</b> a Contact.                             <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) CASE REVIEW REQUEST</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Appeal Request</li> <li>d. <b>Details:</b> Created WP. Note the reason for review e.g., document review (And any other changes made to file).</li> </ol> </li> </ol>
18.6 If staff finds a case in the Appeals queue that is NOT an appeal (such as a request for LER, or an initial Rental Assistance Request)	N/A	<ol style="list-style-type: none"> <li>1. <b>ROUTE</b> the WP to the appropriate queue.</li> <li>2. <b>PROCESS</b> the WP according to current policies and procedures.</li> <li>3. <b>ADD</b> a Contact as necessary.</li> </ol>



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18.7 Late appeal	The standard 60-day timeframe has expired	<ol style="list-style-type: none"> <li>1. The applicant may still appeal if they provide supporting appeal documentation and either a written or verbal explanation as to the reason they were unable to supply an appeal request in a timely manner.</li> <li>2. <b>SAY</b>, “You may still appeal this decision if you provide us with either a written or verbal explanation as to the reason you were unable to submit your appeal request within the standard 60-day timeframe.”</li> <li>3. Refer to section <a href="#">18.1a</a> for all the information to be included in the appeal request.</li> <li>4. Refer to sections <a href="#">18.1a</a> and <a href="#">18.1b</a> if the applicant is unable to write the appeal letter themselves.</li> <li>5. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) HA/ONA LATE APPEAL REQUEST</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Appeal Request</li> <li>d. <b>Details:</b> Applicant asked how to appeal after the standard 60-day timeframe has expired. Explained appeal process. Advised Applicant they must explain, either in writing or verbal, why they were unable to appeal during the standard timeframe. (<b>INCLUDE</b> reason if applicant supplies verbal explanation and any other changes made to file).</li> </ol> </li> </ol>

Table 34: Appeal Issues

2. Duplicate Investigation / Resolution Issues



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If call concerns:	And:	Then:
19.1 Duplicate status	Case in Duplicate Investigation	<ol style="list-style-type: none"> <li>1. <b>SAY:</b> You are linked with (only give name of individual) because you both used the same (supply reason for duplication found on the <b>Linked Regs</b> frame).</li> <li>2. DO NOT give any information about the linked applicant to the caller other than the name.</li> <li>3. <b>ASK</b> the applicant clarifying questions to help resolve the duplicate issue.</li> <li>4. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) STATUS CHECK = DUPLICATE</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> HA Status Check</li> <li>d. <b>Details:</b> Applicant requested status check. Advised applicant that case is NOT being processed because it is linked with (insert name of individual because of –reason-). Clarified _____. Advised applicant that I would access case to process duplicate issue. (And any other changes made to file).</li> </ol> </li> <li>5. <b>ACCESS</b> case in <b>Duplicate Investigation</b> and/or <b>Duplicate Resolution</b> and <b>PROCESS</b> the case.</li> </ol>

Table 35: Duplicate Investigation / Resolution Issues

### 3. Recoupment Issues

If call concerns:	And:	Then:
20.1a Helpline Call is for the Recoup Helpline	The call is during the Recoup Helpline business hours	<ol style="list-style-type: none"> <li>1. <b>SAY:</b> “Please stay on the line while I transfer your call to the Recoupment Helpline. If we get disconnected, please call (800) 816-1122.”                     <ol style="list-style-type: none"> <li>a. Using warm transfer procedures stay on the line with the caller until a Recoupment Helpline staff member answers the call.</li> <li>b. If the verification information has been confirmed with the caller. <b>ADVISE</b> the Recoupment Helpline staff member that the applicant information has been verified and access to the file is available for the caller. It is NOT required to verify this information prior to transferring the call.</li> </ol> </li> <li>2. <b>COMPLETE</b> the transfer Helpline call to Recoup Helpline.</li> </ol>
20.1b	The call is after Recoup	<ol style="list-style-type: none"> <li>1. <b>SAY:</b> “The Recoupment Helpline is closed at this time. It is open 9:00 AM to 4:00 PM EST, Monday through Friday. Please call back at (800) 816-1122 during those times. Can I help you with anything else?”</li> </ol>





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If call concerns:	And:	Then:
Helpline Call is for the Recoup Helpline	Helpline business hours	

Table 36: Recoupment Issues

4. Disaster Recovery Reform Act

If call concerns:	And:	Then:
21.1a Disaster Recovery Reform Act (DRRA)	<p>The applicant returns a call due to an auto dialer</p> <p>AND</p> <p>The DRRA stamp (<b>DRRA_MAX</b>) is available</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "On October 5, 2018, President Trump signed the <a href="#">Disaster Recovery Reform Act of 2018 (DRRA)</a> into law. This law expands the amount of assistance available to eligible applicants in disasters from August 1, 2017 forward. FEMA is reviewing the cases of applicants from those disasters to see if they may be eligible for additional financial assistance. If you are found eligible for additional assistance, you will receive a letter explaining your eligibility".</li> <li>2. <b>REVIEW</b> the CMA option and EFT information and update the fields as needed.                         <ol style="list-style-type: none"> <li>a. Refer to sections <a href="#">1.2</a> and <a href="#">1.10</a> for additional information.</li> </ol> </li> <li>3. <b>CREATE</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) RETURN DRRA CALL</li> <li>b. <b>Call Type:</b> Critical Data Change</li> <li>c. <b>Sub-Type:</b> (see section <a href="#">1.2</a> and <a href="#">1.10</a>)</li> <li>d. <b>Details:</b> Applicant received DRRA auto dialer call. Updated applicant's <b>CMA/EFT</b>.</li> </ol> </li> <li>4. <b>OR</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> <b>FACILITY#</b> (NPSC#) RETURN DRRA CALL</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> HA/OTH Status Check</li> <li>d. <b>Details:</b> Applicant received DRRA auto dialer call. Updated applicant's <b>CMA/EFT</b>.</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
21.1b Disaster Recovery Reform Act (DRRA)	<p>The applicant did NOT receive an auto dialer call</p> <p>AND</p> <p>The DRRA stamp (DRRA_MAX) is NOT available</p>	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "On October 5, 2018, President Trump signed the <a href="#">Disaster Recovery Reform Act of 2018 (DRRA)</a> into law. This law expands the amount of assistance available to eligible applicants in disasters from August 1, 2017 forward. FEMA is reviewing the cases of applicants from those disasters to see if they may be eligible for additional financial assistance. If you are found eligible for additional assistance, you will receive a letter explaining your eligibility".</li> <li>2. <b>CREATE</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT CALLED ABOUT DRRA</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> HA/OTH Status Check</li> <li>d. <b>Details:</b> Applicant called to inquire about NOT receiving the DRRA auto dialer call. Informed applicant they would be contacted if determined eligible for additional assistance.</li> </ol> </li> </ol>

Table 37: Disaster Recovery Reform Act

## J. Replacement Housing

- [Home Replacement and Permanent Housing Construction](#)

1. Home Replacement and Permanent Housing Construction

If call concerns:	And:	Then:
21.1a Inquiry about Replacement Assistance	<p>Home destroyed</p> <p>Not insured</p>	<ol style="list-style-type: none"> <li>1. Refer to disaster-specific procedures and/or search Preshift entries for current instructions. (This type of assistance is generally auto-processed.) If there is no WP, <b>CREATE</b> one and route to <b>Supervisor Review – Replacement Consideration</b> subqueue. (<a href="#">See creating new WP</a>).</li> <li>2. <b>ADVISE</b> applicant accordingly.</li> <li>3. <b>ADD</b> a <b>Contact</b>:                         <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INQUIRY ABOUT REPLACEMENT ASSISTANCE</li> <li>b. <b>Call Type:</b> HA Program Request</li> </ol> </li> </ol>



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If call concerns:	And:	Then:
		c. <b>Sub-Type:</b> HA Program Information  d. <b>Details:</b> Applicant requested replacement assistance. Home destroyed. Not insured. Document steps taken, and information given to the applicant. (And any other changes made to file).
21.1b Inquiry about Replacement Assistance	Home destroyed  Insured, but insurance is inadequate (denied or insufficient)  Insurance settlement/denial in file  No WP has been created.	1. <b>SAY</b> , "I am referring your case to the department that handles this program. If you <b>DO NOT</b> hear anything within 7 days, please call back to check on the status."  2. <b>CREATE</b> a WP if none exists and <b>Comment</b> , and <b>ROUTE</b> to <b>Supervisor Review - Replacement Consideration</b> .  3. <b>E-MAIL</b> the case specifics to <a href="#">FEMA IHP Specialized Processing Unit</a> .  4. <b>ADD</b> a <b>Contact</b> : <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INQUIRY ABOUT REPLACEMENT ASSISTANCE</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> HA Program Information</li> <li>d. <b>Details:</b> Applicant requested replacement assistance. Home destroyed. Insurance [denied or insufficient]. Emailed case specifics to FEMA IHP Specialized Processing Unit. Advised applicant to call back in 7 days if NOT contacted. Created WP. (And any other changes made to file).</li> </ol>
21.2 Inquiry about Permanent Housing Construction	N/A	1. Refer to disaster-specific operating procedures and/or search Preshift entries for current instructions. (This type of assistance is generally auto-processed.)  2. <b>ADVISE</b> applicant accordingly. (If no guidance is found, <b>SAY</b> , "The type of assistance you have requested is <b>NOT</b> currently available in this disaster declaration." (Discuss other available housing options depending on the situation).  3. <b>ADD</b> a <b>Contact</b> : <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) INQUIRY ABOUT PERMANENT HOUSING CONSTRUCTION</li> <li>b. <b>Call Type:</b> HA Program Request</li> <li>c. <b>Sub-Type:</b> HA Program Information</li> </ol>





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If call concerns:	And:	Then:
		d. <b>Details:</b> Applicant requested permanent housing construction. (Document steps taken, and information given to the applicant and any other changes made to file).

Table 38: Home Replacement and Permanent Housing Construction

**K. Other Referrals**

- [Hazard Mitigation](#)
- [Loss of Food Assistance Request](#)
- [Disaster Unemployment Assistance Request](#)
- [Emergency Critical Needs Assistance \(ECNA\) or \(CNA\)](#)

1. Hazard Mitigation

If call concerns:	And:	Then:
22.1 Request for general Hazard Mitigation information	Applicant is NOT inquiring about a hazard mitigation letter received	1. <b>SAY</b> , "To find information on hazard mitigation: <ul style="list-style-type: none"> <li>a. Check the internet at <a href="http://www.fema.gov">www.fema.gov</a>. On the website from the menu icon, click Emergency Management, then Risk Management and Hazard Mitigation Planning.</li> <li>b. Call FEMA's Publication Distribution Center at (800) 480-2520 to order the HAZMIT information (as well as other publications).</li> <li>c. Call FEMA's Mitigation Grant Program Helpline at (866) 222-3580."</li> </ul> 2. If the caller is registered with FEMA, <b>ADD a Contact:</b> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) HAZARD MITIGATION INFO REQUEST</li> <li>b. <b>Call Type:</b> Applicant Document Request</li> <li>c. <b>Sub-Type:</b> HazMit Package</li> </ul>



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If call concerns:	And:	Then:
22.2 Inquiry regarding Hazard Mitigation	Hazard Mitigation letter received	<p>d. <b>Details:</b> Provided website, phone number for HAZMIT Information, and phone number for FEMA's Mitigation Grant Program Helpline.</p> <p>1. <b>SAY</b>, "FEMA provides financial assistance for the repair of real property components, including items determined eligible for hazard mitigation measures that reduce the likelihood of future damage to the residence, utilities, or infrastructure. You received this letter because FEMA included hazard mitigation funds as part of your home repair assistance for real property components that existed and were functional prior to the disaster. Your letter explains the specific mitigation measures for which you received funds."</p> <p>2. <b>READ</b> the applicable letter codes descriptions for the <b>Hazard Mitigation Supplemental Letter (HZMSL)</b>:</p> <ul style="list-style-type: none"> <li>a. <b>Roofing Mitigation Measures Letter (HMRF)</b>: Depending on the type of roof, the funds are intended to make your roof more resilient to future storms using techniques such as installing shingles that can withstand winds up to 116 mph, adding a heavier rubberized membrane or thicker sheathing material below shingles to help reduce leaking.</li> <li>b. <b>Furnace Mitigation Measures Letter (HMFU)</b>: The funds are intended for elevating your flood-damaged furnace.</li> <li>c. <b>Water Heater Mitigation Measures Letter (HMWH)</b>: The funds are intended for elevating your flood-damaged water heater.</li> <li>d. <b>Electrical Main Panel Mitigation Measures – Elevation Insert (HMEPE)</b>: The funds are intended for elevating your flood-damaged main electrical panel.</li> <li>e. <b>Electrical Main Panel Mitigation Measures – Relocation Insert (HMEPR)</b>: The funds are intended for relocating your flood-damaged main electrical panel.</li> </ul> <p>3. <b>NOTE:</b> The additional hazard mitigation funds will be automatically included in the applicant's Home Repair Assistance award amount and are subject to the Financial Housing Assistance Maximum award limit.</p> <p>2. <b>ADD a Contact:</b></p> <ul style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) HAZARD MITIGATION INQUIRY</li> <li>b. <b>Call Type:</b> Applicant Document Request</li> <li>c. <b>Sub-Type:</b> HazMit Package</li> <li>d. <b>Details:</b> Applicant received Hazard Mitigation letter. Provided Hazard Mitigation information to applicant.</li> </ul>



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If call concerns:	And:	Then:
22.3 Inquiry regarding Hazard Mitigation	Hazard Mitigation letter NOT received	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "If you are eligible for Hazard Mitigation funds, you will receive a letter with information regarding Hazard Mitigation Assistance. Hazard Mitigation is NOT a separate form of assistance that can be requested."</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) HAZARD MITIGATION INQUIRY</li> <li>b. <b>Call Type:</b> Applicant Document Request</li> <li>c. <b>Sub-Type:</b> HazMit Package</li> <li>d. <b>Details:</b> Applicant did NOT receive Hazard Mitigation letter. Informed applicant that if they are eligible they will receive a Hazard Mitigation letter and that it is not a separate form of assistance that can be requested."</li> </ol> </li> </ol>

Table 39: Hazard Mitigation

### 2. Loss of Food Assistance Request

If call concerns:	And	Then:
23.1 Loss of food	The applicant is requesting information or assistance from FEMA with lost food.	<ol style="list-style-type: none"> <li>1. Refer to disaster-specific procedures and/or search Preshift entries for current instructions. (This type of assistance is generally provided by voluntary agencies.) DO NOT refer the applicant to local government agencies unless a referral is available in the particular disaster.</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUEST ASSISTANCE WITH LOSS OF FOOD</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Food Only Inquiry</li> <li>d. <b>Details:</b> Applicant reported/requested assistance with food loss. Provided the applicant with available referrals and information.</li> </ol> </li> </ol>

Table 40: Loss of Food Assistance Request

### 3. Disaster Unemployment Assistance Request





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If call concerns:	And	Then:
24.1 Disaster Unemployment Assistance	The applicant is requesting information or assistance with unemployment as a result of the disaster.	<ol style="list-style-type: none"> <li>1. <b>SAY:</b> "If you or a member of your household lost work or became unemployed due to the disaster, your local unemployment office may provide benefits and services, even if you are self-employed, through their regular unemployment and/or Disaster Unemployment Assistance Program."</li> <li>2. Refer to disaster-specific procedures/referrals and/or search the listed referrals in NEMIS. (This type of assistance is provided by the local unemployment office.)</li> <li>3. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUEST DISASTER UNEMPLOYMENT ASSISTANCE</li> <li>b. <b>Call Type:</b> HA</li> <li>c. <b>Sub-Type:</b> Disaster Unemployment Only</li> <li>d. <b>Details:</b> Applicant requested information about the disaster unemployment program. Provided the applicant with available referrals and information.</li> </ol> </li> </ol>

Table 41: Disaster Unemployment Assistance Request

### 4. Critical Needs Assistance (CNA) Inquiry

25.1 CNA (NOT authorized for disaster)	The applicant is requesting general information about Critical Needs Assistance.	<ol style="list-style-type: none"> <li>1. <b>SAY:</b> "FEMA and the state will collaborate together to determine if this category of assistance will be offered. If you are eligible for this one-time award, the eligibility criteria will be based on the information you provided when you registered for assistance and a notification will be sent to you via your preferred method of correspondence."</li> <li>2. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUESTED CNA INFORMATION</li> <li>b. <b>Call Type:</b> ONA</li> <li>c. <b>Details:</b> Applicant requested information about the Critical Needs Assistance program. Provided the applicant with available information.</li> </ol> </li> </ol>
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25.2 CNA (Authorized for disaster)	The applicant is requesting general information about Critical Needs Assistance.	<ol style="list-style-type: none"><li>1. <b>SAY:</b> “If you are eligible for this one-time award, the eligibility criteria will be based on the information you provided when you registered for assistance and a notification will be sent to you via your preferred method of correspondence.”</li><li>2. <b>ADD a Contact:</b><ol style="list-style-type: none"><li>a. <b>Summary:</b> FACILITY# (NPSC#) APPLICANT REQUESTED CNA INFORMATION</li><li>b. <b>Call Type:</b> ONA</li><li>c. <b>Details:</b> Applicant requested information about the Critical Needs Assistance program. Provided the applicant with available information.</li></ol></li></ol> <p><b>NOTE:</b> If needed, reference the CNA authorization memo posted on the <a href="#">Disaster Specific Information</a> page.</p>
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### L. Non-Verbal Communication / Escalated Calls

- [Escalated Calls](#)
- [Communicating with Deaf and Hard of Hearing Applicants](#)

1. Escalated calls



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If call concerns:	Then:
27.1 Applicant's request to speak to a supervisor	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, "I can do that for you. While we are waiting for the supervisor, may I pull up your application and verify the information? We will save time and your information will be available for the supervisor once they arrive. While we are waiting, may I ask what you wanted to speak to a supervisor about?"</li> <li>2. If the applicant is agreeable, <b>REVIEW</b> the file thoroughly (before calling for the supervisor) and, if possible, address the issue without calling a supervisor.</li> <li>3. If the applicant is NOT agreeable:                         <ol style="list-style-type: none"> <li>a. <b>CONTACT</b> a supervisor or alternate supervisor to speak to them immediately.</li> <li>b. If a supervisor is NOT available, if necessary, obtain good contact information from the caller and send an <b>E-MAIL</b> to your supervisor with the applicant contact information. Subject Line "Applicant requires return call"</li> <li>c. <b>INFORM</b> the caller a supervisor will call them as soon as possible.</li> </ol> </li> <li>4. <b>ADD</b> a <b>Contact</b> based on the how the call goes and document it accordingly.</li> </ol>

Table 42: Escalated Calls

2. Communicating with Deaf and Hard of Hearing Applicants

- a. Determine the Applicant's preferred method of communication and document it in their file. In addition, when the file status is **currently issued for inspection**, **SEND** an email with the preferred communication method to Inspection Services at ([FEMA-VA-NPSC-Task-Monitors@fema.dhs.gov](mailto:FEMA-VA-NPSC-Task-Monitors@fema.dhs.gov)). To enter this information in the applicant's file, **ADD** a **Contact**:
  - i. **Summary:** FACILITY# (NPSC#) SPECIAL NEEDS APPLICANT = DEAF / HARD OF HEARING
  - ii. **Details:** Document the applicant's preferred method of communicating with FEMA
- b. Refer to the [Effective Communication Accommodations for Applicants with Hearing Speech or Other Communication Disabilities](#) SOP for additional information.





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**M. Congressional / Civil Rights / Media**

- [Civil Rights](#)
- [Congressional Issues](#)
- [Media Request](#)
- [Social Service Referral Telephone Numbers](#)

1. Civil Rights

If call concerns:	Then:
<p>28.1 Civil Rights violation by disaster personnel from any government agency, department, or office, or private or non-private disaster assistance organization.</p> <p>Under Federal civil rights laws and the Robert T. Stafford Disaster Relief and Emergency Act (Stafford Act), FEMA, SLTT partners, and non-governmental relief and disaster assistance organizations engaged in the “distribution of supplies, the processing of applications, and other relief and assistance activities shall [accomplish these activities] in an equitable and impartial manner, without discrimination on the grounds of race, color, religion, [national origin], sex, age, disability,</p>	<ol style="list-style-type: none"> <li>1. DO NOT make a judgment regarding the validity of the complaint. Your job is to report the issue.</li> <li>2. <b>SAY</b>, “Thank you for bringing this matter to our attention. It is important to FEMA that any person eligible to receive disaster assistance or other services from FEMA or recipients of FEMA assistance is entitled to those benefits without discrimination. In order to report this matter to our Civil Rights Office, I need some information. Are you willing to provide the information to help me do that at this time?”</li> <li>3. Immediately <b>SEND</b> an email to the <a href="#">FEMA-CivilRightsOffice</a> as found in the Global Address List. <b>INCLUDE</b> the following:                         <ol style="list-style-type: none"> <li>a. <b>Subject Line:</b> Civil Rights Complaint;</li> <li>b. Applicant/caller’s name;</li> <li>c. Address;</li> <li>d. Phone number;</li> <li>e. Registration number, if applicable;</li> <li>f. Disaster number; AND</li> <li>g. Brief summary of allegations.</li> </ol> </li> </ol>



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If call concerns:	Then:
English proficiency, or economic status." Civil rights laws and legal authorities remain in effect, and CANNOT be waived, during emergencies.	<ol style="list-style-type: none"><li>4. Please provide the caller with the Civil Rights Resource Line phone number if they would like to contact a Civil Rights Advisor directly. 1(833) 285-7448, (833 CVL-RGHT).</li><li>5. DO NOT email these messages or give documents to the local onsite Civil Rights Advisor.</li><li>6. <b>ADD a Contact:</b><ol style="list-style-type: none"><li>a. <b>Summary:</b> FACILITY# (NPSC#) FORWARDED TO OER</li><li>b. <b>Call Type:</b> Leave blank</li><li>c. <b>Sub-Type:</b> Leave blank</li><li>d. <b>Details:</b> Leave blank. DO NOT include any details regarding the call or allegations. Privacy issues are involved, and the identity of a complainant must be protected. Therefore, DO NOT make a <b>Comment</b> in NEMIS.</li></ol></li><li>7. <b>IMPORTANT NOTE:</b> If the individual absolutely insists on speaking directly to the OER External Civil Rights Division DO NOT refuse. Tell the applicant to call (833) 285-7448 (833 CVL-RGHT).</li><li>8. Refer to the <a href="#">Civil Rights Issues</a> SOP for additional information.</li></ol>

Table 43: Civil Rights

### 2. Congressional Issues



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If call concerns:	And:	Then:
29.1a Congressional application	Applicant Calls	1. Handle the call as you would any other using standard procedures.
29.1b Congressional application	Congressional Office calls on behalf of an applicant	<ol style="list-style-type: none"> <li>1. <b>Important Reminder:</b> DO NOT discuss the case with non-applicants, including Congressional representatives, due to the Privacy Act. Congressional representatives inquiring about cases in review or other matters may contact Recovery personnel directly via either phone or email. Use discretion and consistency in the information you provide to these entities.</li> <li>2. If you receive a telephone call or an email from these individuals, refer them immediately to FEMA Congressional Affairs Division for any needed assistance.</li> <li>3. <b>SAY</b>, "Due to the Privacy Act, I am unable to discuss this case with you. If you have a pencil and paper, I will provide a contact number for the Congressional Affairs Division."</li> <li>4. FEMA Congressional Affairs Division staff may be reached at (202) 646-4500.</li> <li>5. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> FACILITY# (NPSC#) CONGRESSIONAL REPRESENTATIVE INQUIRY</li> <li>b. <b>Call Type:</b> HA/OTH Program Request</li> <li>c. <b>Sub-Type:</b> Status Check</li> <li>d. <b>Details:</b> Access denied. Congressional representative inquiry concerning applicant's file. Referred caller to the FEMA Congressional Affairs Division at (202) 646-4500.</li> </ol> </li> </ol>

Table 44: Congressional Issues

### 3. Media Request

If call concerns:	Then:
30.1 Media request for information	<ol style="list-style-type: none"> <li>1. All media inquiries must be referred to FEMA Office of External Affairs.</li> <li>2. <b>SAY</b>, "You have reached the FEMA Applicant Assistance line. Please let me refer you to our FEMA Office of External Affairs. The phone number is (202) 646-3272. The email address is <a href="mailto:FEMA-News-Desk@fema.dhs.gov">FEMA-News-Desk@fema.dhs.gov</a>, which is the preferred method for requests. They will be able to provide answers to your questions. Thank you for your understanding."</li> </ol>

Table 45: Media Request





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### 4. Social Service Referral Telephone Numbers

- a. For Social Service Referrals, please use the [Disaster Specific Information](#) page and/or **VERIFY** 211 direct website (<http://www.211.org/>) for coverage details. **CLICK** on the disaster, then on Disaster Referral Information link.

## N. Web and Other Issues

- [Web Access Problems](#)
- [Other Issues](#)

### 1. Web Access Problems

If call concerns:	And:	Then:
31.1a Applicant CANNOT access file information online	Completed registration on the Internet less than 24 hours ago  File NOT found in system	<ol style="list-style-type: none"><li>1. <b>SAY</b>, "Please allow 24 hours for the registration to replicate in our system. After 24 hours, you may review your status online at <a href="http://www.disasterassistance.gov">www.disasterassistance.gov</a> or call FEMA Disaster Assistance to review your file."</li><li>2. Answer any general questions from the applicant.</li></ol>



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If call concerns:	And:	Then:
31.1b Applicant CANNOT access file information online	Personal identification number (PIN) received <b>more</b> than 24 hours ago	<ol style="list-style-type: none"> <li>1. <b>SAY</b>, “If you are unable to advance beyond the Login screen, you can request a new PIN (or Password) by using the Request Password/PIN option.”</li> <li>2. <b>ACCESS</b> the APPs file to review status and answer any questions.   <b>NOTE:</b> An e-mail address is required to be on file prior to the first login to the DAC-AI account to receive a one-time PIN allowing access to their records online. Refer to the <a href="#">Guide for Creating an Account &amp; Uploading Documents</a> for further information.</li> <li>3. If the applicant would like to speak to the Internet Helpdesk, <b>CONSULT/TRANSFER</b> the call according to the <a href="#">Call Connect Procedures</a> SOP. <b>INFORM</b> the Internet Helpdesk staff member of the issue the applicant is experiencing with the Individual Assistance Center before transferring the caller. <ol style="list-style-type: none"> <li>a. <b>VERIFY</b> the applicant’s DOB and complete SSN before transferring the call.</li> </ol> </li> <li>4. <b>ADD a Contact:</b> <ol style="list-style-type: none"> <li>a. <b>Summary:</b> APPLICANT UNABLE TO ACCESS FILE ONLINE</li> <li>b. <b>Call Type:</b> Leave blank.</li> <li>c. <b>Sub-Type:</b> Leave blank.</li> <li>d. <b>Details:</b> Applicant requested assistance with online login problems. [Transferred or provided number to Internet Helpdesk.]</li> </ol> </li> </ol> <p><b>NOTE:</b> DO NOT transfer applicants who are currently <b>IDV_FAILED</b> in the <b>Registration Status</b> screen, the IHD CANNOT create an online account for these applicants even if they are <b>IDV_PASS</b> in the <b>Banner</b>.</p>

Table 46: Web Access Problems

1. Other Issues

a. Processing Delays

- i. If processing on an applicant’s file is delayed, **SAY**, “I apologize for the delay. Your file is currently under review. Once a determination is made, FEMA will mail a decision letter to you. May I verify your current mailing address please?”





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### b. Damage Comparison with Neighbor or Friend

- i. If an applicant compares damages or assistance to that of a neighbor or friend, **SAY**, “I can understand why you might feel that way. FEMA DOES NOT compare damages from one home to another. Each application is reviewed and verified separately. If you DO NOT agree with a FEMA decision, you may appeal in writing within 60 days of the date of the decision letter. Please include your disaster number, registration number, last four digits your social security number, and your name on all pages of any correspondence you send.” **PROVIDE** the mailing address and fax number and advise the applicant they have the option to upload the document(s) to their DAC account online.

### c. Concern Regarding Length of Inspection Process

- i. If an applicant states that they think the inspector did NOT take enough time to inspect their home, **SAY**, “I can understand why you might feel that way. The amount of time for each inspection varies based on the severity of the damages. By utilizing advanced technology and comprehensive training programs, our property inspections currently average 15 minutes. If you DO NOT agree with a FEMA decision, you may appeal in writing within 60 days of the date of the decision letter. Please include the disaster number, registration number, last four digits of your social security number, and your name on all pages of any correspondence you send.” **PROVIDE** the mailing address and fax number and advise the applicant they have the option to upload the document(s) to their DAC account online.

### d. Displaced Person Inquiry

- i. Individual: If the caller requests assistance finding a displaced person during a disaster, **SAY**, “To receive information on assistance with reuniting families displaced as a result of a national disaster, please refer to www.usa.gov / Disasters and Emergencies / After a Disaster. Here you can receive information about the Multi-Agency Reunification Services Plan and the National Emergency Child Locator Center. The American Red Cross “Safe and Well” program is also accessible on these sites.”

### e. Law Enforcement Agency (Police Officers, U.S. Marshals, FBI Agents and Other Officials)

- i. If this is a Law Enforcement Agency searching for a missing person, **SAY**, “If you are a law enforcement official searching for a displaced person I can provide you with the phone number for someone to assist with your





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request. Please call the Federal Mega Center in Denver at (877)437-7411. The centers in operation 24 hours a day, 7 days a week.”

### f. Non-Disaster Related Calls

- i. If caller is calling about non-disaster related call, say “Our Call Center is intended for use by applicants to discuss their disaster related needs and assistance from FEMA. Unfortunately, I DO NOT have any information regarding INSERT TOPIC. For more information about FEMA and its mission, you may wish to visit our website at [www.fema.gov](http://www.fema.gov).”

### g. Mailing Address and Fax Number

- i. The mailing address and fax number to which applicants submit written documentation is:

FEMA – Individuals & Households Program  
National Processing Service Center  
P.O. Box 10055  
Hyattsville, MD 20782-8055  
FAX (800) 827-8112

## O. Frequently Asked Questions

- [Applicants with Lost Critical Federal Documents](#)
- [Citizenship](#)
- [DRC and JFO Services](#)
- [Duplication of Benefits](#)
- [E-Correspondence](#)
- [Facility Designations](#)



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- [Fraud and Price Gouging](#)
- [Important Numbers](#)
- [Non-IA Disaster Declarations](#)
- [Non-Typical Assistance](#)
- [Open Registration Period](#)
- [Referrals](#)
- [Safe Rooms and Disaster Preparation](#)
- [Signature](#)
- [TTY](#)

### 1. Applicants with Lost Critical Federal Documents

- a. Am I eligible for a waiver of the document replacement fees?
  - i. The Disaster Recovery Reform Act of 2018 authorized the President to provide waivers of documents replacement fees for certain documents lost as a result of the disaster.
  - ii. This authority was further delegated to the offices responsible for specific documents, the Department of State and U.S. Citizenship and Immigrations Services.
  - iii. You may contact these offices for more information. U.S. Citizenship and Immigration Services has a website on general fee waivers available at <https://www.uscis.gov/feewaiver>.



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### 2. Citizenship

#### a. What help is there for people who are NOT United States citizens?

- i. If you are NOT a U.S. Citizen, Non-Citizen National or Qualified Alien, you may still be eligible for IHP assistance if you are the parent or guardian of a minor child who resides with you and who is a United States Citizen, Non-Citizen National, or Qualified Alien.
- ii. You can register for assistance using the child's SSN. If your child is a U.S. Citizen, Non-Citizen National or Qualified Alien, but DOES NOT have a SSN, you can still apply for FEMA assistance by obtaining your child's SSN number and calling FEMA to register within 60 days of the disaster declaration date. If you have any questions concerning your right to apply, or need assistance locating volunteer agencies to help you, you may call FEMA at (800) 621-3362.

#### b. What are FEMA's citizenship/immigration requirements?

- i. You must be a U.S. Citizen, Non-Citizen National, or a Qualified Alien in order to be eligible for FEMA's Individuals and Households Program Assistance in the form of money or direct services.
- ii. A U.S. Citizen is a person born in one of the 50 States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands; or is a person born outside of the U.S. to at least one U.S. parent; or naturalized citizen.
- iii. A Non-Citizen National is a person born in an outlying possession of the U.S. e.g., American Samoa or Swain's Island on or after the date the U.S. acquired the possession, or a person whose parents are U.S. non-citizen nationals. All U.S. citizens are U.S. nationals; however, NOT every U.S. national is a U.S. citizen.
- iv. A Qualified Alien includes a person with:
  1. Legal permanent resident ("green card" holder);
  2. An asylee, refugee, or an alien whose deportation is being withheld;
  3. Alien paroled into the U.S. for at least one year;





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4. Alien granted conditional entry (per law in effect prior to April 1, 1980);
  5. Cuban/Haitian entrant;
  6. Aliens in the U.S. who have been abused, subject to battery or extreme cruelty by a spouse or other family/ household member, or have been a victim of a severe form of human trafficking; OR
  7. Aliens whose children have been abused and alien children whose parent has been abused who fit certain criteria.
- v. Both the **Public and Call Center** applications for completing a Registration include certification of the applicant's Citizenship status and affirmed the conditions from the previously used Declaration and Release (FEMA form 009-0-3 or 009-0-4).
- vi. You DO NOT have to be a U.S. Citizen, Non-Citizen National, or a Qualified Alien for Crisis Counseling or Disaster Legal Services or for other short-term, non-cash emergency assistance.

**NOTE:** IDV is a different requirement than Citizenship Verification. Individuals who are NOT U.S. Citizens, but are either Non-Citizen Nationals or Qualified Aliens are able to obtain an SSN to legally work in the United States. An applicant who is NOT a U.S. Citizen, Non-Citizen National, or a Qualified Alien could be IDV\_PASS but will NOT be eligible for IHP assistance.

- c. If I am an undocumented immigrant, am I eligible for assistance for disaster-related needs?
- i. You may be eligible under many different programs run by state and local agencies and voluntary agencies for various types of cash assistance; OR
  - ii. If the household has:



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1. Another adult household member to meet the eligibility; OR
  2. The parent or legal guardian of a minor child who is a U.S. citizen, non-citizen national, or a qualified alien applies for assistance on behalf of the child, as long as they live in the same household.
    - i. The parent or legal guardian must register as the co-applicant.
- d. If I am an undocumented immigrant, am I eligible for any assistance from FEMA?
- i. You may be eligible for short-term, non-cash, emergency aid provided by FEMA.
  - ii. You will NOT be personally eligible for FEMA's Individuals and Households Program Assistance in the form of money or direct services; however, you may apply on behalf of your U.S. citizen child, or another adult household member may qualify the household for assistance.
- e. If I am an undocumented immigrant, can I apply on behalf of my child who was born in the United States?
- i. You can apply on behalf of your minor child (under 18 years of age) for FEMA's Individuals and Households Program Assistance in the form of money or direct services if you live together.
- f. Do I need a SSN to register for FEMA's Individuals and Households Program Assistance in the form of money or direct services?
- i. If you are applying on your minor child's behalf, you should provide their SSN.
- g. Are foreign students studying in the United States eligible for FEMA's Individuals and Households Program Assistance in the form of money or direct services as "Qualified Aliens"?
- i. While foreign students may qualify for non-cash in-kind disaster relief (such as search and rescue, provision of food, water, sheltering, or emergency medical assistance), they DO NOT qualify for FEMA's Individuals and Households Program Assistance in the form of money or direct services because their authorization to reside in the United States is based in part on the existence of an in-country support system.
- h. What categories of aliens that are lawfully present in the U.S. DO NOT qualify for IHP assistance?



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- i. These categories include, but are NOT limited to:
  - 1. Temporary tourist visa holders;
  - 2. Foreign students;
  - 3. Temporary work visa holders; AND
  - 4. Habitual residents such as citizens of the Federated States of Micronesia and the Republic of the Marshall Islands.
- i. If I have a SSN, am I eligible for FEMA's Individuals and Households Program Assistance in the form of money or direct services a "Qualified Alien"?
  - ii. Not necessarily, because having a SSN DOES NOT automatically mean that you are a Qualified Alien. You may be legally present in the U.S. and have a SSN, but NOT be a Qualified Alien.

### 3. Disaster Recovery Center (DRC) and Joint Field Office (JFO) Services

- a. What is the difference between a DRC and JFO?
  - i. A Disaster Recovery Center (DRC) is a readily accessible facility in the disaster area specifically staffed to service the applicant. Applicants can visit a DRC in the affected area for direct, face-to-face assistance with questions and documents . The locations of these service centers are posted on the **Disaster Info** screen and are updated as necessary. You can access the **Disaster Info** screen by clicking the **Disaster number** link located in the **Banner**. The DRCs, which are fixed and/or mobile, are available to individuals, family members, and business owners who may visit for:
    - 1. Guidance regarding disaster recovery
    - 2. Registering for disaster assistance when unable to complete registration online or over the phone
    - 3. Clarification of any written correspondence received





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4. Answers to their questions, resolution to their problems, and referrals to agencies that may provide further assistance to meet the applicant's needs.
  5. Status of applications being processed by FEMA. SBA status if there is an SBA Representative at the Disaster Recovery Center site. However, all Helpline calls should be referred to the SBA general helpline number at (800) 659-2955.
  6. Mitigation (MT) reconstruction information and general MT information.
- ii. The JFO is the site from which the disaster is coordinated and is NOT staffed to service the applicant directly like the DRC. DO NOT refer applicants to the Joint Field Office (JFO).

### 4. Duplication of Benefits

- a. The applicant received money from a crowdfunding account e.g., GoFundMe, Crowdrise, or Charitable. Is this considered a duplication of benefits with FEMA assistance?
  - i. Assistance received from crowdfunding sources, voluntary agencies, government agencies, or other sources is only considered a duplication of benefits if there is information in file, voluntarily submitted by the applicant, demonstrating the funds provided raised/collected were used for the specific type of assistance FEMA provided to the applicant.
    1. Duplication of benefits example: The applicant submitted information demonstrating crowdfunding funds were collected due to the loss of their service animal. The applicant received a medical assistance award for the loss. The applicant later explains they received duplicated funds from their crowdfunding account to obtain another service animal. In this case, since the applicant is specifying they received funds for the same purpose, a potential duplication of benefits will be evaluated in pre-recoupment.
    2. No duplication of benefits example: The applicant created a crowdfunding account for general disaster recovery including needs for occurrences such as loss of employment. FEMA provided assistance for home repairs. If there is no evidence the applicant obtained crowdfunding earnings for home repairs a duplication of benefits is NOT established.



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3. Exception: Clothing is often provided by voluntary agencies; however, clothing is expendable and is NOT considered a duplication of benefits. Refer to the [Personal Property Assistance](#) SOP for additional information

### 5. E-Correspondence

#### a. Why can't I e-mail my documents to FEMA?

- i. At this time, our systems DO NOT allow documents to be e-mailed to FEMA. Please fax, mail or upload your documents to us. We are aggressively pursuing additional e-mail features that may allow us to transmit documentation through e-mail in the future. Refer to the [Guide for Creating an Account & Uploading Documents](#) instructions for additional information.

#### b. Why can't you tell me about my FEMA file through e-mail?

- ii. In an effort to protect your PII, we only send e-mail notifications that new correspondence is available within your online Disaster Assistance Center account.

### 6. Facility Designations

#### a. What are FEMA's Facility Designation, Identity Prefixes, and Site Codes?

- i. FEMA has three National Processing Service Centers (NPSC) and additional facilities to assist disaster survivors with IA processing. Each center is identified by a prefix that is representative of the location of the facility.
  1. 91 - TXNPSC: Texas National Processing Service Center
  2. 92 - MDNPSC: Maryland National Processing Service Center
  3. 93 - VANPSC: Virginia National Processing Service Center
  4. 94 - Puerto Rico
  5. 95 - DSA staff in the field



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6. 98 - Turnkey Locations
  7. 99 - All other locations
- ii. Various categories of surge staff provide assistance to FEMA with registration intake, applicant status check, and other survivor services. Staff will identify their **Comments** and **Contacts** with the following Site Code for the location they are, followed by a letter indicating the surge type.
1. S - SWAT
  2. R - Reservist
  3. L - Local Hire
  4. T - External Contractor (Temp/ Turnkey)
  5. D - DHS Surge
  6. I – IRS

### 7. Fraud and Price Gouging

- a. Who do I call to report fraud, including neighbors who are defrauding FEMA?
  - i. If you have knowledge of Fraud, Waste, Abuse, or allegations of mismanagement involving disaster relief operations, you can report this to FEMA:
    1. FEMA Fraud Branch tip line:
      - a. Email: [StopFEMAFraud@fema.dhs.gov](mailto:StopFEMAFraud@fema.dhs.gov)
      - b. Fax: (202) 212-4926
      - c. Write:





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FEMA Fraud and Internal Investigation Division  
400 C Street SW  
Mail Stop 3005  
Washington, DC 20472-3005

2. You can also report this to DHS OIG hotline:
  - a. Online through their [allegation form](#) (Recommended)
  - b. Call: (800) 323-8603
  - c. Fax: (202) 254-4297
  - d. Write:

DHS Office of Inspector General / MAIL STOP 0305  
Attn: Office of Investigations - Hotline  
245 Murray Lane SW  
Washington, DC 20528-0305

- ii. When making your report convey as much information (who, what, where, when, why, and how) as possible. You may request confidentiality or register your complaint(s) anonymously.
- b. How do I, as a FEMA employee, report suspected fraud by other FEMA personnel?
  - i. Report any type of fraud, waste, abuse, etc. to [StopFEMAFraud@fema.dhs.gov](mailto:StopFEMAFraud@fema.dhs.gov)
    1. When making your report convey as much information (who, what, where, when, why, and how) as possible.
- c. If I report suspected fraud, waste, abuse, or allegations of mismanagement of disaster relief operations, do I put anything in the applicant's NEMIS file regarding this type of referral?



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- ii. No. These types of referrals are initially speculative based on limited information and could unnecessarily cause a conflict or confusion prior to an official investigation e.g., via file copy request, miscommunication, etc..
  - 1. To keep these types of referrals as low-profile as possible until an official investigation is complete, **DO NOT** use accusatory terminology such as **fraud, OIG, criminal, investigation**, etc. Instead, **USE** the alternative word **unverifiable**.
- d. Applicant asks about price gouging?
  - iii. If you suspect price gouging, please contact your state's Attorney General's office.
  - iv. Reports of disaster-related price gouging (e.g., by gas stations, hotels, convenience stores, restaurants, etc.) are acceptable to be noted in the applicant's NEMIS file.
- e. Is FEMA sending agents out to take registrations or are these scam artists?
  - v. Yes. After a disaster event, FEMA may have agents perform onsite (door to door) visits to register applicants for assistance, such as Disaster Survivor Assistance Team members. All FEMA personnel and contractors will have official identification. You should always request to see the I.D. of anyone saying they work for FEMA if their badge/I.D. is NOT displayed. A shirt or jacket that says FEMA DOES NOT constitute an official I.D.

### 8. Important Numbers

- a. How can I reach the IRS?
  - i. You can call: (800) 829-1040.
  - ii. For hearing impaired, a TTY service is provided. Call: (800) 829-4059.
- b. How can I contact the National Flood Insurance Program (NFIP)?
  - i. The official website is: <http://www.floodsmart.gov/>
  - ii. Call:



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1. Main Number: (800) 427-4661
2. NFIP Claims Department: (800) 767-4341
- iii. Email: [FloodSmart@fema.dhs.gov](mailto:FloodSmart@fema.dhs.gov)

### 9. Non-IA Disaster Declarations

- a. Where could I find information about disaster declarations that DO NOT include Individual Assistance?
  - i. Information regarding non-IA disaster declarations can be found at the following link:  
[www.fema.gov/disasters/disaster-declarations](http://www.fema.gov/disasters/disaster-declarations).

### 10. Non-typical Assistance

- a. Does FEMA provide [debit cards, evacuation support, other non-typical assistance]?
  - i. FEMA typically doesn't offer these types of assistance, but we do look at the needs of each disaster. Please monitor FEMA websites and social media accounts for updates on Disaster Programs that may be available in your area.

### 11. Open Registration Period

- a. What is the open registration period for a disaster?
  - i. The open registration period is the period in which registrations are accepted within a state, territorial, or tribal government (STT) declaration consisting of the initial registration period of 60 days after the date of the Presidential Declaration and any subsequent extensions. This DOES NOT include the Late Application period.

### 12. Referrals

- a. Do you have a listing of contractors?





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- i. No. FEMA CANNOT promote local businesses. Your local Chamber of Commerce can provide a listing of contractors who are chamber members in your area.

### 13. Safe Rooms and Disaster Preparation

- a. What is a safe room?
  - i. A safe room is a concrete and/or steel reinforced room. The room is built inside a structure that is above ground to provide protection during storms.
  - ii. Many tornado prone states offer safe room programs where instruction and related info might be available. Safe room program requirements differ from state to state so encourage the callers to contact their local emergency management office for specific information.
  - iii. FEMA publication 320 has some recommended construction plans for safe rooms. For additional information, callers may access [Taking Shelter from the Storm: Building a Safe Room for Your Home or Small Business](#) or they may call (800) 480-2520 to order the publication by telephone.

### 14. Signature

- a. What constitutes a valid signature?
  - i. 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 their 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 their agent, with the intent to sign the document.

### 15. TTY



**FEMA**

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- a. I am hearing impaired. Does FEMA have a number I can use to register for or get information about my request for disaster assistance?
  - i. The TTY number is (800) 462-7585.
  - ii. Those users, who wish to use a Sign Language interpreter, may dial 7-1-1 from any residential phone within the United States to access the Video Relay Service (VRS).