

## Iowa Individual Disaster Assistance Grant Program (IIAGP)

Applicant Name: \_\_\_\_\_

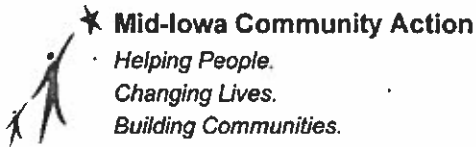
Application Date: \_\_\_\_\_

ID# \_\_\_\_\_

Approval/Denial Date: \_\_\_\_\_

### Staff Checklist – Application for Assistance and Other Requirements

- DHS Iowa Individual Disaster Assistance Grant Program (IIAGP) Application**
- Application must be completed, dated, and signed by applicant
  - Date of Disaster- \_\_\_\_\_ (date of damage to their property and application must be within 45 days of disaster unless extension granted by DHS)
- Completed Loss Information section of application**
- Ensure household understands the limits on amount of assistance per the Emergency Assistance Iowa Code: Chapter 58 section 441-58.5(29C)
- Proof of Income: 200% Poverty Income Level**
- Must obtain all necessary information and enter in THO: 30 days of current income or most recent tax return for all household members
- Must have photo ID for all adult residents – 18 years of age and older**
- Verification that the household's residence was located in the area identified in the disaster declaration during the designated incident period and the household verifies occupancy at that residence**
- Need printout from the assessor's website showing client is owner or contracted owner of residence
  - Title if mobile home
  - If renter, need a copy of the current lease detailing what are renter's responsibilities. Need landlord's name, address and phone number.
  - If buying home on contract, the assessor's page will show a "title holder" and a "contract buyer." Applicant needs to be shown as the "contract buyer."
- Statement from Insurance Company of household's coverage**
- If covered by household insurance or renter's insurance need copy of coverage
  - If the disaster is due to a flood ask the applicant if they have flood insurance required by FEMA if they have had a past claim with FEMA
  - Proof that claim is less than the deductible amount of insurance. This program will not reimburse the amount of insurance deductible when the claim exceeds deductible amount.
  - Client to sign self-declaration
- Handwritten narrative of the disaster event and how the disaster caused the loss being claimed (section 3 on application) Narrative form allows for more room for family documentation. Request the household be as specific as possible.**



**Vehicle damage: current copies of the vehicle registration, driver's license and liability insurance card**

- Vehicle must be owned by someone in the household
- Current copies of vehicle registration
- Current liability insurance verification

**When applicable, ORIGINAL receipts attached in order for applicant to receive direct reimbursement**

- Make certain dates on receipts are within disaster time frame
- Make certain receipts are itemized clearly showing description, quantity, price, etc. – make certain items are acceptable and check for non-related items the family may have paid for while at store such as pop, candy, etc
- Add up receipts to ensure totals are under maximum award levels
- If receipt includes tax- MICA will reimburse (we are a tax exempt agency but this program will pay it)

**Bids/Estimates**

- Name of business, address, contact person and phone number for contact
- Itemized descriptions (IE: 2qty- full bed, 1 qty – queen bed, etc) cost, sales tax (if applicable)- NOTE- MICA is tax exempt, and so it is recommended to tell vendors that when bidding, however this program will pay for sales tax, grand total
- To be delivered or picked up by client (if applicable) – free delivery or if delivery fees must include in the bid/estimate
- Costs checked to ensure totals are under maximum award levels
- Work done by “family/friends” – is not usually eligible, handwritten bids, and bids from family/friends are not accepted unless they have proof of a business

**MICA Statement of Confidentiality signed and dated**

**MICA Disaster release signed and dated**

**Eligibility or denial letter sent within one week of decision**

- Copy of denial letters forwarded to disaster supervisor

**Summary of assistance letter sent within one week of closure**

**Signature of Disaster Case Manager** \_\_\_\_\_



Iowa Department of Human Services  
**Iowa Individual Disaster Assistance  
 Grant Program (IIAGP) Application**

**1. Applicant Information (personal information)**  
 Include a copy of government-issued identification for all adults living in the household.

a. First and Last Name	
b. Social Security Number	c. Phone Number                      Cell Number
d. Email Address	
e. Address Affected by Disaster	
f. County	g. City, State, Zip Code
h. <i>Current Address if Different from Above</i>	
i. County	j. City, State, Zip Code
k. Insurance Company Name	Insurance Company Phone Number
l. Alternate Contact Information (name and phone number)	
m. Total Number of Adults in Household	Total Number of Children in Household
n. Total Annual Household Income \$	Note: Household annual income must be 200 percent or less of the federal poverty level for a household of that size.
For questions call 1-866-434-4692	

**2. Loss Information**  
 Include receipts for replaced items. If no receipts, request voucher program.

Date of Disaster	Disaster type: <input type="checkbox"/> Tornado <input type="checkbox"/> Flood <input type="checkbox"/> Other:	
Temporary housing: \$	Food Assistance: \$	Receipts provided? <input type="checkbox"/> Yes <input type="checkbox"/> No Request voucher program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal property: \$	Home repair: \$	
Total requested: \$                      0.00	<i>The title of the property must be in the name of the applicant.</i>	

**3. Brief Description of Damage Caused by the Disaster and List Damaged Items**

**4. Attestation**

I attest that the information provided on this form is true and accurate. I am providing this information to the Iowa Department of Human Services ("Department") for expenses under the Iowa Individual Assistance Disaster Grant Program ("Program"). I authorize the Department to release this information to other aid organizations and persons for purposes of administering the Program. I attest that persons receiving assistance in the household are legal residents of the United States. I understand that if I am not eligible for benefits under the Program, if I have insurance that covers losses claimed, or if I have received assistance from other programs for the same claimed items, I hereby agree to repay to the Department any funds acquired through the Program within 60 days.

**5. Reconsiderations**

You, or the person helping you, may request reconsideration if you do not agree with any action taken on your application.

Your request for reconsideration must be completed within 15 days from the date on the denial letter.

You may submit your written request for reconsideration by submitting a detailed request to:

Iowa Department of Human Services  
Attn: Division of Field Operations – Emergency Assistance  
5th Floor, 1305 E Walnut Street  
Des Moines, IA 50319-0114

If you need assistance filing a request for reconsideration, ask your disaster case manager.

**6. Discrimination**

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, religion, age, disability or veteran status; hereafter referred to as protected category.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services  
Attn: Hoover Building, 5th Floor – Bureau of Policy Coordination  
1305 E Walnut Street  
Des Moines, IA 50319-0114

or via email [contactdhs@dhs.state.ia.us](mailto:contactdhs@dhs.state.ia.us)

The Iowa Department of Human Services is an equal opportunity provider.

Applicant Signature

Date

## Instructions for Completion of the IIAGP Application

### **Section 1. Applicant information.**

- a. Your first and last name
- b. Your Social Security number
- c. Your main phone number and cellphone number
- d. Your email address
- e. The address that was affected by the disaster
- f. County of the address that was affected by the disaster
- g. City, state, and zip code of the address that was affected by the disaster
- h. If you are residing at a different address than the one listed above
  - i. County
  - j. City, state, and zip code
- k. Your insurance company name and phone number
- l. Alternate contact information – name and phone number
- m. Total number of adults in the household and total number of children in the household
- n. The total annual income for all household members

**NOTE: Household annual income must be 200% or less of the federal poverty level for a household of that size.**

#### 2020 National Poverty Guidelines

Family Size	1	2	3	4	5	6	7	8	Per person additional
200% of Federal Poverty Level (annual income)	\$25,524	\$34,488	\$43,440	\$52,404	\$61,368	\$70,320	\$79,284	\$88,248	\$8,964

### **Section 2. Loss information.**

Each household **MAY** receive up to \$5,000 for a qualifying household and items that qualify under one of the four categories listed below. Please check with your local Community Action Agency ([www.iowacommunityaction.org](http://www.iowacommunityaction.org)). Receipts **MUST** be in applicant's name.

**Temporary Housing** – Receipts **MUST** be in applicant's name. IIAGP will cover up to \$65 per day for 30 days of lodging at a licensed establishment such as a hotel or motel, if the household's home is destroyed, uninhabitable, inaccessible, or unavailable to the household.

**Food Assistance** – Replacement of spoiled or destroyed food, up to a maximum of \$50 for one person; \$25 for each additional person in the household. Fast food receipts will not be accepted.

**Personal Property** – Some examples are: Kitchen items, personal hygiene, clothing, bedroom furnishings, etc. Please check with your local Community Action Agency ([www.iowacommunityaction.org](http://www.iowacommunityaction.org)).

**Home Repair** – Some examples are: Repair of structural components, repair of floors, wall, ceilings, doors, windows, and carpeting. Please check with your local Community Action Agency ([www.iowacommunityaction.org](http://www.iowacommunityaction.org)).

Assistance will be denied for the following: Preexisting conditions are the cause of the damage; landlord owned property; and if the title of the property is not in the applicant's name.

### **Section 3. Brief description of the damage caused by the disaster.**

### **Section 4. – Section 6. Read these sections carefully.**

Your original signature is required on the application, along with the date the application was signed.



Mid-Iowa Community Action  
Iowa Disaster Assistance  
**SELF-DECLARATION OF INSURANCE COVERAGE**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Date of Damage at the above address: \_\_\_\_\_

I currently carry  HOMEOWNERS  RENTERS insurance coverage at the address above  
(attach copy of policy)

I have submitted a claim to my insurance provider

I have not submitted a claim to my insurance provider

I plan to submit a claim to my insurance provider

I do not plan to submit a claim to my insurance provider

The policy I carry **DOES NOT** include flood coverage (attach documentation)

The policy I carry **DOES** include flood coverage (attach documentation)

I am a HOMEOWNER without insurance coverage (attach address verification)

I am a RENTER without insurance coverage (attach address verification & rental lease)

I am a CONTRACT BUYER without insurance coverage.

I am a CONTRACT BUYER with insurance in the seller's name (attach copy of policy)

I attest that the information provided on this form is true and accurate.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date



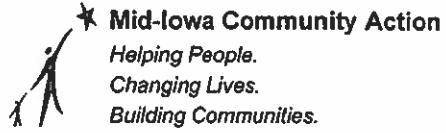
**Iowa Individual Assistance Grant Program**  
**Narrative of the disaster event and how the disaster**  
**caused the loss being claimed.**

Date: Applicant Name:

Narrative:

Applicant Signature:

**Mid-Iowa Community Action, Inc.**  
**Statement of Confidentiality**



As a consumer of Mid-Iowa Community Action, Inc. (MICA) services you have the right to expect that we will protect any private, personal information you share with us for the purpose of receiving services. We have the responsibility to preserve information we receive about you and your family and disclose information only for your benefit. Information we share about you and your family will be kept to a minimum – only that which is necessary to provide you with individualized services will be shared. No information about you and your family will be divulged to anyone other than the persons who are authorized to receive such information.

MICA provides a wide variety of services through various departments, including but not limited to: Head Start, Early Head Start, FaDSS (Family Development and Self-Sufficiency Program), Child and Adult Care Food Program (CACFP), energy assistance, weatherization, and a variety of health services programs. In order to provide services to you, we may share information with appropriate staff within our agency. All agency staff are trained in confidentiality procedures.

All communications with persons or organizations outside of the agency regarding specific information about you or your family is strictly forbidden unless we have obtained prior written consent from you to release such information. Written releases are required prior to all in-person, telephone, written, faxed, electronic or any other means of communication. Written consents must be specific and will become a part of your permanent file. An exception to this practice occurs when a program funder requires information about the program children or families being served. Only information required by the funder for program monitoring, management or data collection will be shared.

Otherwise, the only other time your confidential information will be shared without your permission is in the case of imminent harm or danger to you or a member of your family; or in the case of suspected child abuse. MICA staff are mandatory reporters of child abuse.

I have read and understand this confidentiality statement and understand it will expire in one year from date signed below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
MICA Staff Signature

\_\_\_\_\_  
Date

For ECP only Name of ECP Child(ren) \_\_\_\_\_





**Iowa Disaster Case Management  
Release of Confidential Information Form**

Mid-Iowa Community Action, Inc.

I, voluntarily authorize the exchange of information for the coordination of disaster recovery services and case management.

Name of Client: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone/Contact Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I allow information to be exchanged between the following agencies/organizations as needed:

Name of Community Action Agency:	<b>Mid-Iowa Community Action</b>
Name of Local Long Term Recovery Committee:	
Name of County Emergency Management Coordinator:	
	Iowa Community Action Association
	Iowa Department of Human Services
	Iowa Homeland Security Emergency Management Division
	Iowa Disaster Human Resource Council
	Iowa Workforce Development
	The Salvation Army
	American Red Cross
	United Way
	USDA
Name of Council of Government:	
Name of Local Agency on Aging:	
LIST OTHER ORGANIZATIONS:	

This authorization becomes invalid on this date or when the case is closed: \_\_\_\_\_  
(not to exceed one year)

\_\_\_\_\_  
Client's and/or Guardian's Signature Date

\_\_\_\_\_  
Case Manager Signature Date

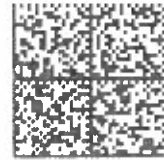


**★ Mid-Iowa Community Action, Inc.**

Story County Family Development Center  
230 SE 16th Street • Ames, IA 50010

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*Helping People.  
Changing Lives.  
Building Communities.*



U.S. POSTAGE >> PITNEY BOWES



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Attn: \_\_\_\_\_  
Mid-Iowa Community Action, Inc.  
230 SE 16th Street  
Ames, IA 50010