



15 July 2011

To: Marion County residents/business owners who reported damage to the EMA office since June 10, 2011

RE: Damage reports / Iowa Individual Disaster Assistance Program

Thank you for reporting the damage to your home or business. The information is extremely helpful in the damage assessment process. As of July 15, 2011, there have been 70 reports from Marion County received in the Emergency Management Office. The purpose of this letter will serve as acknowledgement that we have received your damage report information and have included it in our report to Iowa Homeland Security Emergency Management Division (IHSEMD) and the Federal Emergency Management Agency (FEMA). Secondly this is to notify you that as a result of this damage the Marion County Emergency Management Commission and Marion County Board of Supervisors requested that Governor Branstad activate the Iowa Individual Disaster Assistance for Marion County. Governor Branstad has activated this program effective Monday July 18<sup>th</sup>, 2011. Beginning Monday, information specific to this program and Marion County can be found at the Iowa Department of Human Services webpage by using the link below.

Red Rock Area Community Action Program (RRACAP) has been designated as the program administrator for Marion County. Residents who have questions or need assistance with the application should contact RRACAP at 641-842-6571 to make an appointment.

**Completed applications must be turned in to RRACAP at 3014 E. Main Street, P.O. Box 719, Knoxville. No exceptions will be allowed.**

Information and program documents can be found at:

[http://www.dhs.state.ia.us/Consumers/Assistance\\_Programs/CashAssistance/DisasterAssistance/StormHelp.html](http://www.dhs.state.ia.us/Consumers/Assistance_Programs/CashAssistance/DisasterAssistance/StormHelp.html)

Additionally, enclosed with this letter are the Iowa Individual Disaster Assistance Program application page; information page; and a cross reference sheet for the National Poverty Guidelines.

Future information regarding damage assessments or disaster related programs will be provided via press release to local media outlets in and near Marion County as well as posted on the Marion County website at:

<http://www.co.marion.ia.us/>

Thank you for your understanding and cooperation throughout this process. Please contact me if you have questions either by email at [janderson@co.marion.ia.us](mailto:janderson@co.marion.ia.us) or by phone at 641-828-2256.

Respectfully,

Jeff Anderson

EMA Coordinator, Marion County

## Iowa Disaster Assistance Application

Iowa Disaster Assistance Application Date of disaster _____		
<b>(1) Applicant Information (personal information) Include PICTURE ID OF ALL ADULTS</b>		
<b>(a) Name:</b> _____		<b>(b) Total Annual Household income</b> _____
<b>(c) Date of birth:</b> _____	<b>(d) SSN:</b> - - - - -	<b>(e) Phone:</b> - - Cell - -
<b>(f) Damaged address:</b> _____		
<b>(g) City:</b> _____	<b>(h) County:</b> _____	<b>(i) ZIP Code:</b> _____
<b>(j) Own Rent (Please circle)</b> _____	<b>(k) Insurance Company:</b> _____	<b>(l) Insurance phone:</b> _____
<b>(m) Alternate contact Name and Phone number:</b> _____		
<b>(n) Current address if different from above</b> _____	<b>(o) Damaged address (Please circle one)</b> <u>Home</u> <u>Townhome</u> <u>Apartment</u> <u>Mobile</u>	<b>Questions call :</b> <b>1-866-434-4692</b>
<b>(n)</b> _____	<b>(p) Number of adults in home</b> _____ <b>Number of children in home</b> _____	<b>(q) Receipts provided</b> Y___ N___ <b>Request voucher program</b> Y___ N___
<b>(2) Loss Information (Include receipts for replaced item (s) If no receipts, request voucher program)</b>		
<b>Reason for loss (Please circle) Tornado Flood Earthquake Other (Please Explain with additional sheet)</b>		
Structural Damage Cost to repair \$5,000 maximum _____		Kitchen loss \$560.max _____
Bed furniture \$250 per person _____	Clothing \$145 per person _____	HVAC \$2100 max _____
Water heater \$425 max _____	Dehumidifier \$150 max _____	Sump pump \$200 max _____
Electrical \$300 max _____	Disaster Vehicle repair \$500 max _____	Temp housing max \$50 per day _____
<b>Total requested</b> _____	<b>\$5,000.00 maximum grant.</b>	<b>OFFICE USE ONLY</b>
<b>(3) Attestation:</b>		
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 and County Emergency Management to request reimbursement for expenses under the Iowa Individual Assistance Disaster Grant Program. I authorize the release of this information to other aid organizations and persons to administer this program as determined to be necessary by the Iowa Department of Human Services. 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 this program, or if I have insurance that covers losses claimed, or if I have received assistance from other programs for the same claimed items to include but not limited to a non profit charitable organization, Federal Emergency Management, or Small Business Administration, I hereby agree to repay any funds acquired through this program back to the State of Iowa Department of Human Services. I understand I have the right to appeal eligibility and damage award decisions within 15 days of a decision.		
<b>Applicant Signature:</b> _____	<b>NEXT STEP: Please take your completed form, copies of identification, and receipts (if needed) to the county emergency management coordinator.</b>	
<b>Date:</b> _____		
<b>(4) County Emergency Management Coordinator</b>		
I confirm that (1) The address provided on this application is a valid address and is reasonably believed to be in the disaster affected area. (2) Disaster related expenses were possible as a result of the current disaster.		
(A). _____ County has an appointed entity and is referring this application to _____ to be considered for the locally administered Voucher program.		
(B). _____ County does not have an appointed entity to consider vouchers for disaster assistance. I am forwarding the application to the Department of Human Services to be processed as a <u>reimbursement only grant and all receipts are being forwarded with the application.</u>		
<b>County emergency Management coordinator</b>		
<b>Signature:</b> _____		<b>Date:</b> _____
<b>(5) DHS Central office Signature</b>		
<b>Signature</b> _____		<b>Date:</b> _____

## Iowa Disaster Assistance Application

### Instructions for completion of the Iowa Disaster Assistance Application

**Section 1 applicant information** - Complete all boxes that pertain to your household members.

- (a) Your name.
- (b) The total yearly income for all persons living in your home?
- (c) Your date of birth
- (d) Your social security number.
- (e) Your phone numbers
- (f) The address of your damaged dwelling. The address where you live that was damaged by the disaster.
- (g) City
- (h) County
- (i) Zip code
- (j) Whether you own or rent your home?
- (k) Your insurance company name
- (l) Phone number of your insurance company
- (m) A name of an alternate contact and phone number.
- (n) Current address if different from the damaged address.
- (o) What type of structure is it?
- (p) Number of adults that live in the home, Number of children that live in the home.

To participate in the reimbursement only grant program include all receipts for replacement items claimed.

To participate in the voucher program request the voucher program information from your local County emergency management coordinator.

**Section 2 Loss Information** - Complete all boxes that apply to your losses and include receipts for replacements. If you do not have replacement receipts or do not have funds to replace lost items, ask if there is an entity that has been approved by your county to assist you to obtain vouchers for replacement. **To apply for reimbursement only grant program you must have receipts for repairs attached to the application. You must also attach a copy of a form of government-issued photo identification with your application (i.e., drivers license, passport, etc).**

**Section 3 Attestation** - Read this area carefully. If you are provided duplicate assistance by other organizations, the Department will pursue the return of state funds. You must also be a legal resident of the United States to apply for assistance. Your right to appeal is also explained in this area. Your original signature is required on the application. Date the application on the date signed.

**Section 4 Count Emergency Management Coordinator** - determines if the address provided is in the disaster affected area. They determine if stated losses could have reasonably been caused by the related disaster. (A.) If the county has an entity designated for a local voucher system and vouchers are requested the coordinator will pass the application to the appropriate entity and submit a copy of the application to the Department of Human Services. (B.) If the county does not have an appointed entity the application is process as a re-imbursement grant through the normal submission process. All receipts for repairs shall be included with the application for submission. Coordinator signs and dates the application and submits to Homeland Security Emergency Management at "DRGP" 7105NW 70th Avenue, Johnston Iowa 50131

**Section 5 DHS Central office Signature** - Department of Human Services (CENTRAL OFFICE in Des Moines) receives and processes the application. When the Department representative signs and dates the application and processing of the application begins.

NOTE: In the event of a presidential disaster declaration, all state programs are canceled and federal disaster programs will have priority.

NATIONAL POVERTY GUIDELINES  
200% of Poverty

Year	Family Size								Per person Additional	
	1	2	3	4	5	6	7	8		
2011	Annual	\$21,780	\$29,420	\$37,060	\$44,700	\$52,340	\$59,980	\$67,620	\$75,260	\$7,640
	Monthly	\$1,815	\$2,452	\$3,089	\$3,725	\$4,362	\$4,999	\$5,635	\$6,272	\$637
2009	Annual	\$10,830	\$14,570	\$18,310	\$22,050	\$25,790	\$29,530	\$33,270	\$37,010	\$3,740
	Monthly	\$903	\$1,215	\$1,526	\$1,838	\$2,150	\$2,461	\$2,773	\$3,085	\$312
2009	Annual	\$21,660	\$29,140	\$36,620	\$44,100	\$51,580	\$59,060	\$66,540	\$74,020	\$7,480
	Monthly	\$1,805	\$2,429	\$3,052	\$3,675	\$4,299	\$4,922	\$5,545	\$6,169	\$624
2008	Annual	\$20,800	\$28,000	\$35,200	\$42,400	\$49,600	\$56,800	\$64,000	\$71,200	\$7,200
	Monthly	\$1,734	\$2,334	\$2,934	\$3,534	\$4,134	\$4,734	\$5,334	\$5,934	\$600
2007	Annual	\$20,420	\$27,380	\$34,340	\$41,300	\$48,260	\$55,220	\$62,180	\$69,140	\$6,960
	Monthly	\$1,702	\$2,282	\$2,862	\$3,442	\$4,022	\$4,602	\$5,182	\$5,762	\$580
2006	Annual	\$19,600	\$26,400	\$33,200	\$40,000	\$46,800	\$53,600	\$60,400	\$67,200	\$6,800
	Monthly	\$1,634	\$2,200	\$2,767	\$3,334	\$3,900	\$4,467	\$5,034	\$5,600	\$567
2005	Annual	\$19,140	\$25,660	\$32,180	\$38,700	\$45,220	\$51,740	\$58,260	\$64,780	\$6,520
	Monthly	\$1,595	\$2,139	\$2,682	\$3,225	\$3,769	\$4,312	\$4,855	\$5,399	\$544
2004	Annual	\$18,620	\$24,980	\$31,340	\$37,700	\$44,060	\$50,420	\$56,780	\$63,140	\$6,360
	Monthly	\$1,552	\$2,082	\$2,612	\$3,142	\$3,672	\$4,202	\$4,732	\$5,262	\$530
2003	Annual	\$17,960	\$24,240	\$30,520	\$36,800	\$43,080	\$49,360	\$55,640	\$61,920	\$6,280
	Monthly	\$1,497	\$2,020	\$2,544	\$3,067	\$3,590	\$4,114	\$4,637	\$5,160	\$524

Source: Federal Register/ Vol. 76, No 13/ Thursday, January 20, 2011

"The poverty guidelines may be formally referenced as the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)."

"questions about how a particular program applies the poverty guidelines should be directed to the organization that administers the program".

When appropriate, monthly figures have been rounded up.