

Buchanan County Disaster Recovery Coalition  
Policy and Procedures

MISSION STATEMENT

To strengthen area-wide disaster coordination in Buchanan County by sharing information, simplifying resident access, and jointly resolving cases with unmet needs.

Disaster: Flood, Tornado, windstorm, or as designated, that effects multiple households.

I. ELIGIBILITY

A. Application

1. The head of the household must submit a fully completed and signed application (see attachment A). Verifications requested by the Coalition must be provided.
2. Applicants must provide a signed Release of Information (See Attachment B) to the Coalition.
3. Applicants must have applied and been accepted for all other assistance available to them before receiving any assistance from the Coalition.

B. Residency

1. All eligible applicants must have been residents of Buchanan County during the designated disaster.

C. Ownership Status

1. Home Owner: Assistance is only available for a primary residence
2. Renter: Only non-structural assistance will be considered.
3. Businesses: Only businesses located in the home at the time of the disaster will be considered.
4. Non-profit agencies directly assisting disaster victims could be eligible to receive financial support from the Coalition.

D. Financial Eligibility

1. All applicants must provide proof of a clear financial hardship to the household as determined by the Coalition.
2. Households must either be not insured or under insured.

## II. ASSISTANCE AVAILABLE

A disaster-caused serious, unmet need is something the household cannot provide for themselves.

- A. Assistance May Include:
1. Either financial assistance or labor may be provided to eligible households to provide a safe living environment
  2. Assistance will be provided only to restore or provide essential living space.
  3. Assistance shall not be an upgrade of the applicant's previous living condition.
- B. Assistance Will Not include:
1. Cash payment to the household.
  2. Assistance with an on-going social issue. (Keeping the "wolf from the door" one more month)
  3. Assistance with a pre-disaster condition.
  4. Repairs or purchases of any vehicle with the exception of motorized wheelchairs.
  5. Repairs to rental or investment property.

## III. APPLICATION PROCESS

- A. Review Process
1. Once a completed application is received, it shall be presented to the Coalition at the next scheduled Coalition meeting.
  2. Applications shall be reviewed by the Coalition with no household members present.
  3. Applicants shall receive a written notice of decision (Attachment C) within three (3) working days after the Coalition Meeting.
- B. Appeal Process
1. Every applicant, whether granted assistance or not, shall be informed of the applicant's right to appeal the decision of the Coalition. This notice shall be on the written Notice of Decision. (Attachment C)
  2. An applicant may appeal a Coalition decision by providing a statement in writing to one of the participating Coalition agencies within 5 working days of the decision date on the notice of decision. The appeal shall be placed on the agenda of the next scheduled Coalition meeting. The agency that receives

- the appeal will be responsible for informing the applicant of the date and time of the hearing.
3. At such hearing, the applicant shall have the opportunity to present all relevant evidence in support of the appeal, including documentation, and may call witnesses in his or her behalf. The applicant's original application shall be admitted into evidence. The Coalition members may question the applicant, and the case-working agency. The applicant shall not be present when the Coalition deliberates on the appeal.
  4. The Coalition shall decide the appeal within five (5) working days of the hearing, and shall immediately notify the applicant of its decision in writing.
  5. All Coalition decisions at the appeal shall be final.

#### IV. COALITION STRUCTURE

- A. Membership will consist of agencies that will act as case workers, and groups or agencies that have resources to offer to the Coalition for disaster victims.
- B. All members of the Coalition must make a commitment to attend each scheduled case review meeting or send a designee who has the authority to make needed decisions at the meeting.
- C. Individual Agencies shall act as Case Workers for the purpose of the Coalition's assistance.
- D. A summary of cases to be reviewed will be sent out, by e-mail or fax, to each member of the Coalition before the scheduled meeting to help each member prepare for the meeting.
- E. Each Coalition member will sign a confidentiality statement at each meeting.
- F. Only agencies and Coalition members listed on the signed release of information shall hear a case.
- G. The Coalition will meet at least annually to review policies and finances.

*Assistance may only be granted to the extent that resources are available to the Coalition.*

Buchanan County Disaster Recovery Organization  
Disaster Type: \_\_\_\_\_

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

Name: \_\_\_\_\_  
(Last) (First) (Initial)

<u>Primary Residence</u>		
Address: _____	City: _____	Zip: _____
Home Phone: _____	Daytime Phone: _____	

<u>Temporary Residence (If Different)</u>		
Address: _____	City: _____	Zip: _____
Home Phone: _____	Daytime Phone: _____	

Name (First & Last) (List Head of Household First)	Age	Relationship

Were you a Resident of Buchanan County during the designated disaster? ( ) Yes ( ) No

ASSISTANCE APPLIED FOR AND/OR RECEIVED

Own                       Rent  
 SFD                       MH                       Duplex  
 Destroyed               Major               Minor  
 Insurance              ( ) Structural              ( ) Contents

Temp Housing Amount \$ \_\_\_\_\_  
 Home Repair Amount \$ \_\_\_\_\_  
 ONA Amount \$ \_\_\_\_\_  
 SBA Loan Amount \$ \_\_\_\_\_  
 DUA Amount \$ \_\_\_\_\_  
 Other Amount \$ \_\_\_\_\_

OWNERS  
 Date purchased \_\_\_\_\_  
 Price \$ \_\_\_\_\_  
 Balance \$ \_\_\_\_\_  
 Own Land ( ) Yes ( ) No

**Monthly Income:**  
 (Check Type, Fill in amount)

**Applicant Amount:**

**Others in Household  
 Amount:**

<input type="checkbox"/> 1. Employment Wages	_____	_____
<input type="checkbox"/> 2. Public Assistance	_____	_____
<input type="checkbox"/> 3. Social Security	_____	_____
<input type="checkbox"/> 4. SSDI	_____	_____
<input type="checkbox"/> 5. SSI	_____	_____
<input type="checkbox"/> 6. Veterans Benefits	_____	_____
<input type="checkbox"/> 7. Railroad Pension	_____	_____
<input type="checkbox"/> 8. Child Support	_____	_____
<input type="checkbox"/> 9. Dividends, Interest, Etc.	_____	_____
<input type="checkbox"/> 10. Other	_____	_____

**Resources:** (Check and fill in amount and agency)

Type	Amount	Bank, Trustee, or Company
<input type="checkbox"/> Cash	_____	_____
<input type="checkbox"/> Checking Account	_____	_____
<input type="checkbox"/> Savings Account	_____	_____
<input type="checkbox"/> Certificates of Deposit	_____	_____
<input type="checkbox"/> Trust Funds	_____	_____
<input type="checkbox"/> Life Insurance (cash value)	_____	_____
<input type="checkbox"/> Stocks and Bonds	_____	_____
<input type="checkbox"/> Vehicle	Value: _____	Year: _____
<input type="checkbox"/> Real Estate	Value: _____	Location: _____
<input type="checkbox"/> Burial Fund/Trust	_____	_____
<input type="checkbox"/> Other Resources	_____	_____

Recovery Plans

Has family established a plan for recovery?     Yes     No  
 Explain

---



---



---

What remains to be done?

---



---



---

Are insurance, federal, state, local and/or family resources sufficient to meet disaster-caused needs?  
 Yes     No

Explain:

---



---



---

What is the family's stated need?

---

---

---

Has family obtained estimates for repairs or replacement of the residence?  Yes  No

Amount of estimates \$ \_\_\_\_\_

Obtained permits/inspections?  Yes  No

Checked elevation requirements?  Yes  No

Would you or a family member like to visit with a counselor about your experiences?

Yes  No

I hereby, under penalty of perjury, that the statements I made on this application are true and I understand that Buchanan County Disaster Recovery Coalition will use these statements to determine my eligibility for assistance. I am aware that the information set forth in this application may be verified and investigated and if false statements or misrepresentations were made in order to be eligible for assistance, the application becomes null and void. I hereby authorize all persons including FEMA, American Red Cross, SBA, & the Iowa IFG Program to release confidential information concerning my personal situation to the Buchanan County Disaster Recovery Organization if such information is necessary.

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

\_\_\_\_\_  
Date

To be completed by Coalition Agency:

Information Verified  Yes  No

Buchanan County Disaster Recovery Coalition  
RELEASE OF INFORMATION  
For  
The Provision of Non-duplicative Services and Assistance

I \_\_\_\_\_ give my permission to all agencies listed below to release,  
(Resident)  
disclose, and receive information necessary only for the purposes of post disaster services or  
assistance to the Buchanan County Disaster Recovery Coalition. This release will be effective for  
12 months from the date of my signature below.

.....  
Coalition Agencies:

- |                                      |   |
|--------------------------------------|---|
| Iowa IFG                             | Buchanan County EMA Commission            |
| Buchanan County Community Services   | Baptist Churches (American)               |
| Buchanan County DHS                  | Baptist Churches (Southern)               |
| Buchanan County Food Pantry          | Catholic Church                           |
| Community Care (Public Health)       | Christian Reformed World Relief Committee |
| FEMA                                 | Church of the Brethren                    |
| Hawkeye Valley Area Agency On Aging  | Church World Services                     |
| Other Needs Assistance (ONA)         | Episcopal Church                          |
| Iowa State Extension                 | Greater Buchanan County Foundation        |
| Hospice of Buchanan County           | Public Health (Sanitation)                |
| Kidsville                            | Iowa Interfaith                           |
| One Another                          | Legal Service Corporation                 |
| Operation Threshold                  | Lutheran Church                           |
| American Red Cross                   | Mennonite Disaster Service                |
| SBA Disaster Loans                   | Presbyterian Church                       |
| United Way                           | Salvation Army                            |
| Volunteer Co-Op                      | United Church of Christ                   |
| Iowa Concern Hotline                 | United Methodist                          |
| Lutheran Services of Iowa (LSI)      | Buchanan County Board of Supervisors      |
| Iowa Disaster Human Resource Council | Other: _____                              |

.....  
(Fill in the following only if resident used an "X" for his/her signature.)

The mark below was witnessed as the signature of: \_\_\_\_\_  
\_\_\_\_\_ Witnessed by: \_\_\_\_\_  
(Date)

.....  
\_\_\_\_\_

\_\_\_\_\_

(Resident Signature)

(Date)

**Buchanan County Disaster Recovery Coalition  
Notice of Decision**

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

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

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

Date Application was reviewed by Coalition: \_\_\_\_\_

---

**ACTION TAKEN**

1. \_\_\_\_\_ Your Application has been reviewed. The following assistance can be provided by the Coalition:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_ Your application has been reviewed. The Coalition will need the following additional information before a decision can be made:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_ Your application for funding has been denied for the following reason:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Buchanan County Disaster Recovery Coalition Chair

\_\_\_\_\_  
Date

Appeal Process

An applicant may appeal a Coalition decision by providing a statement in writing to one of the participating Coalition agencies within 5 working days of the decision date on the notice of decision. The appeal shall be placed on the agenda of the next scheduled Coalition meeting



When completed, please return to:  
Community Services  
210 5<sup>th</sup> Ave. NE  
Independence, Iowa 50644  
If you have questions:  
call Julie Davison, at (319) 334-7450