

# Duplication of Benefits & Case Review Procedure

## DR-4085-NY

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Effective March 31, 2014

### 1. Introduction

FEMA's Individuals & Households Program (IHP) provides a significant amount of the financial assistance available to survivors (Applicant) following presidentially declared disasters. DR-4085-NY, through its Individual Assistance Branch (IA Branch), has established procedures to facilitate the sharing of information with our voluntary organization partners (Organization) that are engaged in applicant casework and/or case management (Case Manager). These organizations need to know the amount of and the reasons for the IHP assistance FEMA provided to the Applicant.

FEMA is committed to providing assistance to survivors. FEMA is also required to prevent the duplication of any benefit previously provided to the Applicant by any Organization. Appropriately sharing information among our partners allows for all segments of the recovery effort to be more effective, leading to the best result for all Applicants.

### 2. Duplication of Benefits Verification

There are three ways by which an Organization can obtain information on what assistance an Applicant received from FEMA (also known as Duplication of Benefits or DOB).

#### a) Self-Disclosure

- i) [www.disasterassistance.gov](http://www.disasterassistance.gov) offers Applicants the opportunity to create and log into their own account, giving them and their Case Manager the ability to see the amounts of assistance provided in each category of IHP, as well as indicate any information FEMA is waiting for in order to process the case. Creating an account on [www.disasterassistance.gov](http://www.disasterassistance.gov) does NOT re-register an Applicant for FEMA assistance. This is the quickest and preferred method for Applicants to provide information to Case Managers.
- ii) Calling the FEMA Helpline (800-621-3362) also allows Applicants and their Case Manager to obtain information. Once the Applicant has successfully confirmed their identity, they may pass the phone to the Case Manager in order to verify information in the file. Please note, this verbal permission to share information can be used only once, and does not allow the Case Manager to ask follow-up questions at a later date.

## **b) Written Consent for a FEMA Disaster Case Management (DCM) Request for Client Information (Report on FEMA Form HA-22)**

For FEMA to release Applicant information directly to a third party, FEMA must receive a **valid written consent** from the Applicant or Co-Applicant. A **valid written consent** is one that conforms to the guidance set out in Section 4. FEMA does not provide a standard request form; Case Managers create a form based on the guidance and sample set out in Section 3.

## **c) Routine Use**

The Privacy Act of 1974 governs how executive branch federal agencies must protect personally identifiable information (PII), and allows for certain Routine Use exceptions by which FEMA may share Applicant information without an Applicant's consent. One of these Routine Use exceptions allows FEMA to share information for the purpose of avoiding Duplication of Benefits with Organization partners. If an Organization wishes to obtain this information, in bulk, they may contact the NY Sandy Recovery Field Office's IA Branch to determine if this option will work for the Organization.

## **3. Procedure for submitting a Valid Written Consent and request for a Duplication of Benefits Verification (FEMA Form HA-22)**

### **a) Preparing to request DOB Verification**

- i) The Organization must create a written consent form and "Request for FEMA Form HA-22" on their organization's letterhead. It is strongly recommended that the sample written consent form in section 4.a) and the sample "Request for FEMA Form HA-22" in section 5 be used verbatim, inserting the agency specific information.
- ii) If an organization elects to use language other than that contained in the sample, DOB Verification may be delayed in order to verify that the language used in the written consent meets FEMA guidelines.
- iii) A Word document version of these forms is available; you can request the Word version via email from [FEMA-4085-DOB@fema.dhs.gov](mailto:FEMA-4085-DOB@fema.dhs.gov).

### **b) Requesting a DOB Verification**

- i) The Case Manager meets with Applicant and requests that the Applicant complete and sign a written consent to release information. Note that only the Applicant or the Co-Applicant on the FEMA IHP Application can sign a written consent for release of their information. Other members of the household cannot authorize the release of information.
- ii) The Case Manager completes the "Request for DOB Applicant Information" form.
- iii) All information on the written consent and "Request for DOB Client Information" form **MUST** be legible; typed or word processed, if possible.
- iv) All fields on the "Request for DOB Client Information" form must be completed.

- v) On the “Request for DOB Client Information Form” indicate the Case Manager’s e-mail address and, any secondary e-mail address, if the data is to be sent to, for example, a common e-mail address at the Organization.
- vi) Once the forms are completed the Case Manager should transmit the written consent, the “Request for DOB Client Information Form” and a Privacy Act cover sheet (see Section 6 to the IA Branch via email at [FEMA-4085-DOB@fema.dhs.gov](mailto:FEMA-4085-DOB@fema.dhs.gov) (preferred) or faxed to (718) 830-9496. Information sent via email should be sent through a secured data transmission (password-protected Word document or pdf).
- vii) FEMA will review the forms for completeness and verify that the information matches the Applicant information in the FEMA system. The request cannot be processed and the Case Manager will be notified to correct any of the following and resubmit:
  - (a) Form(s) are not legible
  - (b) Form(s) are incomplete
  - (c) Data does not match the data in the FEMA Applicant System
- viii) Once a valid written request is received, FEMA will complete the FEMA Form HA-22 and return it to the Case Manager via e-mail. Section 7, below, lists those data fields provided in the FEMA Form HA-22. No other data can be provided via this process.

In providing assistance to Applicants in respect to FEMA documentation and appeal rights, Case Managers may have more questions than are covered in FEMA Form HA-22. Once the valid written consent is submitted, Case Managers may e-mail any additional questions the IA Branch at [FEMA-4085-DOB@fema.dhs.gov](mailto:FEMA-4085-DOB@fema.dhs.gov).

#### 4. What Is A Legally Sufficient Written Consent?

In order for any information to be disclosed to a third party, the Applicant must **FIRST** provide a written consent for the disclosure of his/her record. To be a valid, the written consent must:

- **Be in Writing.** Verbal permission is not acceptable because the agency is required to keep a written accounting of all Privacy Act disclosures. The request must include the individual Applicant’s name, application number, damaged property address, and telephone number.
- **Include Information on the Applicant’s Identity.** The Applicant must verify his/her identity. To verify identity, the individual must state his/her full name, current address, and date and place of his/her birth. The Applicant must sign the request and his/her signature must either be notarized or submitted with declaration under penalty of perjury (28 U.S.C. §1746). As a substitute for notarization, Applicants requesting that their records be released into their own custody may provide a copy of a state or federally issued identification card (e.g. driver’s license or passport).
- **Include an Individual Identifier.** The Applicant must include a record identifier (e.g. Social Security number, application number, etc.).

- **Specifically state what information is to be disclosed.** The Applicant must specifically state what they want released (e.g., my entire case file, my current contact information, the amount of my disaster assistance, etc.).
- **Specify who is to receive it.** The individual must designate, identify, or name the individual or Organization to whom the disclosure may be made (e.g., my sister Jane Doe who lives at . . .). The records may only be disclosed to the person or Organization identified in the consent. Any disclosures are made in writing; verbal disclosures are prohibited.
- **A written consent must be given by the Applicant prior to the release of his/her record.**

## a) Sample Written Consent

[TO BE PUT ON THE LETTERHEAD OF THE REQUESTING ORGANIZATION]

I hereby consent to the disclosure of the information collected and maintained by FEMA filed under my application number to [NAME OF Organization] for FEMA DR-4085-NY.

Specifically, I consent to have my entire FEMA Disaster Individual Household Program application file, or any part thereof, disclosed to (NAME OF Organization) for the purposes of providing me with additional disaster assistance and/or case management services. I also give permission to (NAME OF Organization) to disclose any information provided to them by FEMA, as well as any information I provided to (NAME OF Organization) to the following organizations that may be able to assist me:

- National or State VOAD members working on FEMA-4085-DR-NY
- Other case management providers under the Disaster Case Management Program for FEMA-4085-DR-NY
- (LIST ANY OTHER ORGANIZATIONS)

Additionally, I consent to have (NAME OF Organization) and its agents speak on my behalf to FEMA and/or represent me before FEMA.

This consent is made pursuant to and consistent with 28 U.S.C. § 1746. I declare, under penalty of perjury, that the foregoing is true and correct.

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Signature

Date

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Name

FEMA Registration Number

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Current Address (if different than damaged home), City, State & Zip Code

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Damaged Home Address, , City, State & Zip Code

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Area Code & Phone Number

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Date & Place of Birth

## 5. Request for FEMA Form HA-22

[TO BE PUT ON THE LETTERHEAD OF THE REQUESTING ORGANIZATION]

### Case Manager Request Form FEMA-4085-DR-NY

#### All Requests should be submitted to:

Attention: FEMA Individual Assistance Branch  
NY Sandy Recovery Office

FEMA Email Address: FEMA-4085-DOB@fems.dhs.gov  
Or Fax Number: 718-830-9496

*Re: FEMA Duplication of Benefits Verification*

#### To Be Completed By Case Manager:

Date sent: \_\_\_/\_\_\_/\_\_\_

Submitting Agency: \_\_\_\_\_

Caseworker: \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Signed Written Consent Attached: \_\_\_\_\_ Already on file with FEMA: \_\_\_\_\_

**Applicant** Last name, First Name: \_\_\_\_\_

FEMA Registration #: \_\_\_\_\_

Damaged Dwelling (DD) Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_

Current Phone(\_\_\_\_) \_\_\_\_\_ DD Phone(\_\_\_\_) \_\_\_\_\_

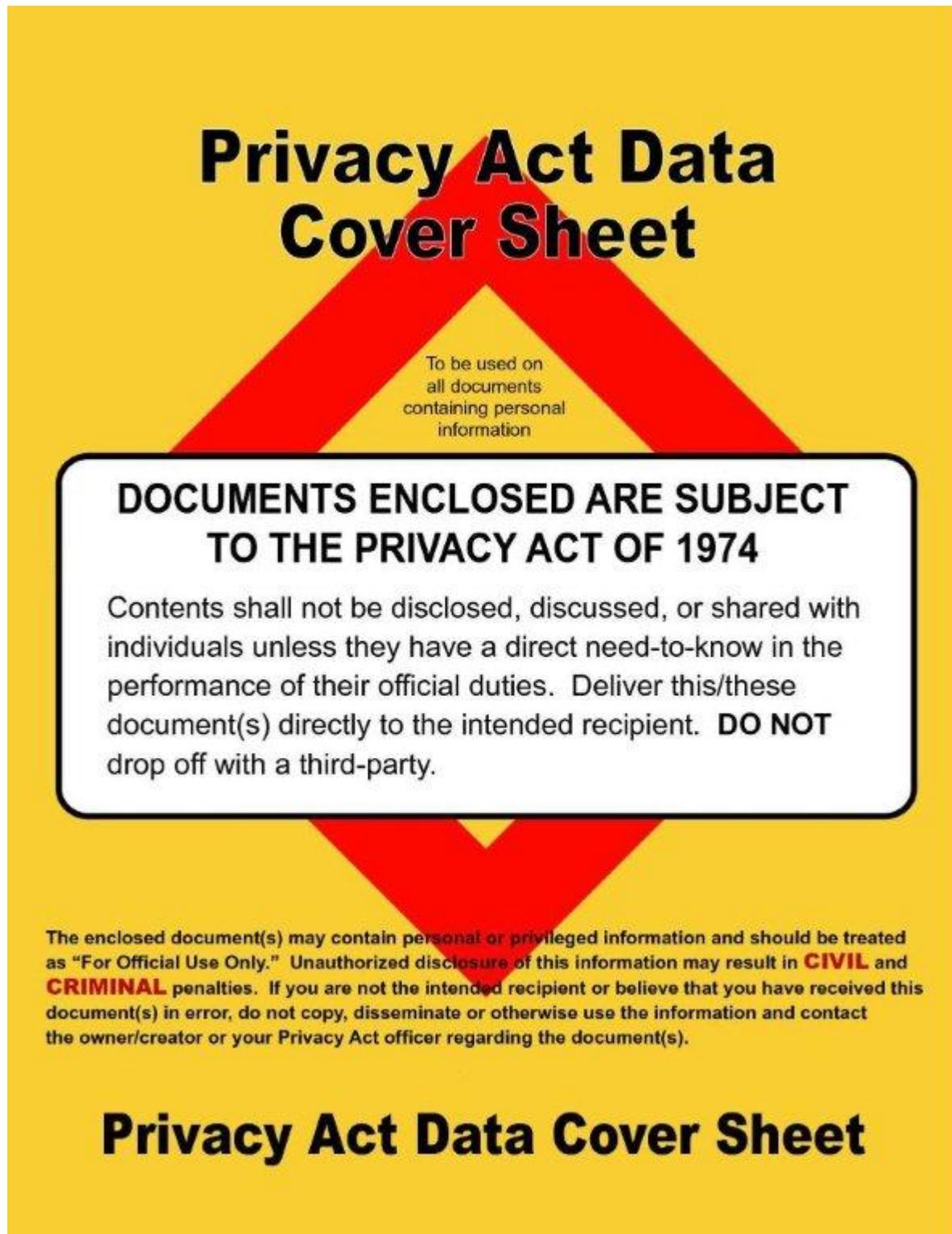
**SPECIFIC REQUEST** (*what info are you requesting from FEMA*):

- FEMA DOB Verification in order to prevent duplication of benefits by allowing us to know when FEMA has already assisted an applicant; and allow us to provide assistance for needs unmet by FEMA.

Other (*specify*): \_\_\_\_\_

## 6. Privacy Act Cover Sheet

The privacy act cover sheet includes both the graphic below and the warning on the next page.

The graphic is a yellow rectangular cover sheet with a large red double-headed arrow pointing up and down. At the top, the title "Privacy Act Data Cover Sheet" is written in bold black font. Below the title, centered within the arrow, is the text "To be used on all documents containing personal information". A white rounded rectangle with a black border is positioned in the center, containing the text "DOCUMENTS ENCLOSED ARE SUBJECT TO THE PRIVACY ACT OF 1974" in bold black font, followed by a paragraph of instructions. At the bottom of the cover sheet, another paragraph of text is provided, and the title "Privacy Act Data Cover Sheet" is repeated in bold black font.

**Privacy Act Data Cover Sheet**

To be used on  
all documents  
containing personal  
information

**DOCUMENTS ENCLOSED ARE SUBJECT  
TO THE PRIVACY ACT OF 1974**

Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties. Deliver this/these document(s) directly to the intended recipient. **DO NOT** drop off with a third-party.

The enclosed document(s) may contain personal or privileged information and should be treated as "For Official Use Only." Unauthorized disclosure of this information may result in **CIVIL** and **CRIMINAL** penalties. If you are not the intended recipient or believe that you have received this document(s) in error, do not copy, disseminate or otherwise use the information and contact the owner/creator or your Privacy Act officer regarding the document(s).

**Privacy Act Data Cover Sheet**

# ATTENTION

## MATERIAL MAY BE SUBJECT TO THE PRIVACY ACT OF 1974, AS AMENDED

WHEN NOT UNDER THE CONTINUING CONTROL AND SUPERVISION OF A PERSON AUTHORIZED ACCESS TO SUCH MATERIAL, **IT MUST BE**, AS A MINIMUM, MAINTAINED UNDER LOCKED CONDITIONS.

### !!WARNING – CRIMINAL PENALTIES!!

Disclosure of Agency records which contain individually identifiable information is prohibited. Any officer, employee or contractor of the Agency, who by virtue of his/her official position, has possession of, or access to, Agency records which contain personal data subject to the Privacy Act who willfully discloses it in any manner to any person or agency NOT entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5000 (5 USC 552a(i)(1))

An officer, employee, or contractor of the Agency who willfully maintains a system of records without meeting the Notice Requirements of Subsection (e)(4) of the Privacy Act shall be guilty of a misdemeanor and fined not more than \$5000. (5 USC 552a(i)(2))

Any person who knowingly and willfully requests or obtains any record concerning an individual from an Agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$5000. (5 USC 552a(i)(3))

No record which is contained in a system of records may be disclosed to a recipient Agency or non-Federal Agency for use in a computer matching program except pursuant to a written agreement between the source Agency and recipient Agency or non-Federal Agency. (5 USC 552a(o))

## 7. Data Provided on a FEMA HA-22 Disaster Case Management Request for Client Information

Data Element	Explanation
<b>Applicant Information</b>	
Head of Household	The Applicant; the person who initiated the application for FEMA assistance.
Registration ID	ID number for the registrant's FEMA application for disaster assistance
Current Address	Current mailing address – the location the applicant indicated they wish to receive mail. It may or may not be their current living address
Current Phone #	Current phone number reported to FEMA by the registrant / co-registrant
Alt Current Phone #	Alternate phone number reported to FEMA by the registrant / co-registrant
Damaged Address	Address of the dwelling that the registrant lived in at the time of the disaster
Own/Rent	Indicates if the Applicant owns or rents their damaged dwelling
Co-Registrant	The name of the Co-Applicant, if any
<b>Inspection Information</b>	
FEMA Inspected	Yes/No – indicates if the damaged dwelling has been inspected by FEMA
If No FEMA, Geospatial?	Alternate to physical inspection, a yes in this field indicates damage was determined via assessment of geospatial data
Damage Type	Verified cause of damage
Home Unsafe	Yes/No indicates if the home was unsafe to enter at the time of the inspection
Home Inaccessible?	Yes/No indicates if the home was inaccessible at the time of the inspection
Home Destroyed?	Yes/No indicates if the inspector determined the home was destroyed at the time of the inspection
<b>Housing Assistance</b>	
DHAP Eligible? (exported to HUD)	Yes/No indicates if application was eligible for DHAP and referred to HUD
Rental \$\$ and Last Date	Cumulative dollar amount of rental assistance and the date it was last issued to registrant. Assistance provided counts towards the FEMA max grant limit at the time the disaster was declared
Home Repair \$\$ and Last Date	Cumulative dollar amount of home repair assistance and the date it was last issued to registrant. Assistance provided counts towards the FEMA max grant limit
Home Replacement \$\$ and Last Date	Cumulative dollar amount of home replacement assistance and the date it was last issued to registrant. Assistance provided counts towards the FEMA max grant limit
Total HA and Last Date	Cumulative dollar amount of the total housing assistance (rental, home repair, home replacement) provided and date last provided to the registrant.
Temporary Housing Unit?	Yes/No indicates if application was provided a temporary housing unit (direct housing). Assistance provided does not count towards the FEMA max grant limit

<b>Other Needs Assistance</b>	
<b>Personal Property \$\$ and Last Date</b>	Cumulative dollar amount of personal property expenses and the date it was last issued to registrant. Assistance provided counts towards the FEMA max grant limit
<b>Medical \$\$ and Last Date</b>	Cumulative dollar amount of medical expenses and the date it was last issued to registrant. Assistance provided counts towards the FEMA max grant limit
<b>Dental \$\$ and Last Date</b>	Cumulative dollar amount of dental expenses and the date it was last issued to registrant. Assistance provided counts towards the FEMA max grant limit
<b>Funeral \$\$ and Last Date</b>	Cumulative dollar amount of funeral expenses and the date it was last issued to registrant. Assistance provided counts towards the FEMA max grant limit
<b>Transportation \$\$ and Last Date</b>	Cumulative dollar amount of transportation expenses and the date it was last issued to registrant. Assistance provided counts towards the FEMA max grant limit
<b>Total OTH \$\$ and Last Date</b>	Cumulative dollar amount of the total Other Needs Assistance provided and date last provided to the registrant
<b>Max Grant Info</b>	
<b>Received Max Grant? Amount</b>	Yes/No indicates if the Applicant has reached the FEMA IHP max grant FEMA max grant limit (based on the fiscal year of the date of the declaration - FY2013 for Hurricane Sandy)
<b>SBA Status</b>	Current SBA status
<b>Insurance Info</b>	
<b>Homeowner Insurance?</b>	Yes/No indicates if Applicant has a homeowner's insurance policy
<b>Flood Insurance?</b>	Yes/No indicates if Applicant has a flood insurance policy
<b>Date</b>	Date the report was generated