

# LAWYERS' COMMITTEE FOR CIVIL RIGHTS UNDER LAW

## DISASTER SURVIVORS INTAKE FORM

### ABOUT YOU

Name: [REDACTED]	FEMA ID: [REDACTED]
Current Address: [REDACTED]	Annual Household Income: 18,000
Phone: [REDACTED]	Social Security No: [REDACTED]

### YOUR NEEDS

What is your biggest need? What do you want help with at today's workshop?

help w/ medical and to repair house appeal w/ fema

### CURRENT HOUSING SITUATION

<input type="checkbox"/> In Damaged Home	<input type="checkbox"/> Shelter	<input checked="" type="checkbox"/> Trailer
<input type="checkbox"/> Friends/Relatives	<input type="checkbox"/> Homeless	<input type="checkbox"/> Other:

### FEMA ASSISTANCE

Registered with FEMA?	Yes / No (circle one)
Registration Date	Sept. 13, 2005
Received \$2,000 in Emergency Assistance?	Yes / No (circle one)
Received \$2,358 in Transitional Housing Assistance?	Yes / No (circle one)
Any other money provided by FEMA?	Amount: \$ NO

If denied money, reason given:

- |   |   |
|---|---|
| <input type="checkbox"/> Delays by FEMA/Waiting for FEMA decision | <input type="checkbox"/> FEMA says others in my household applied |
| <input type="checkbox"/> FEMA referred me to my insurance company | <input checked="" type="checkbox"/> FEMA says I am not eligible   |
| <input type="checkbox"/> FEMA referred me to apply for SBA loan   | <input type="checkbox"/> Other/describe:                          |
| <input type="checkbox"/> FEMA says my application has errors      |   |

Requested a trailer?	Yes / No (circle one)	Received a trailer?	Yes / No (circle one)
Filed a written appeal with FEMA for denial of any benefits?		Yes / No (circle one)	

### SBA ASSISTANCE

Applied for an SBA loan for my home?	Applied / Did not apply (circle one)
Applied for an SBA loan for my business?	Applied / Did not apply (circle one)
SBA Loan was approved or denied?	Approved / Denied (circle one)
Describe any problems with the SBA loan program:	

### UNEMPLOYMENT

Household lost a job as a result of the hurricane?	Lost a job / Did not lose a job (circle one)
Applied for Disaster Unemployment Assistance?	Applied / Did not apply (circle one)
Received Disaster Unemployment Assistance?	Yes / No (circle one)

### INSURANCE

Are you having problems with your home insurance company? Please describe below or on back

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Denying coverage  | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Not sent adjuster out to my home; no settlement offered |                                 |
| <input checked="" type="checkbox"/> Claim settlement offered is too low          |                                 |

### LANDLORD/TENANT

Are you having problems with your landlord? Please describe below or on back.

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Eviction/landlord wants to raise rent            | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Eviction/dispute over unpaid rent                |                                 |
| <input type="checkbox"/> Landlord refuses to make repairs after hurricane |                                 |

### MORTGAGE PROBLEMS

Please describe:

Please describe other problems (Discrimination in Housing/Employment, etc.) on back.

3/15/06

██████ came in with her daughter, who lives with her. Before the storm, she was living in her home with her husband, daughter, son, & some other family. Her home was filled with water, & everything was destroyed.

the house ~~was~~ was insured through State Farm. The insurance inspector initially said it was a "total loss," but the company told him to evaluate each individual loss instead.

The company estimated the loss to the house of \$166k, but only paid \$48,100, which it said was the max under the policy. They said the loss of belongings was \$89k, but paid \$12,700, the limit.

██████ applied for FEMA money to cover the difference b/w the replacement costs & what insurance covered, as well as medical expenses. (She got extra prescriptions filled in preparation for the storm, which cost approx \$1400.) All FEMA claims were denied, & she would like to appeal. However, the denial letters are more than 60 days old. They did send additional info to FEMA after the denials, & thought that was all they needed to do. In early Nov., a FEMA inspector came to their house, but they never heard back about his evaluation. She has received some rental assistance.

State Farm won't send a copy of the policy, so she doesn't know if the limits of coverage are accurate, or their refusal to cover the gazebo, garage, fence, etc. was appropriate.

Issues

- 1) need help getting ~~down~~ a copy of the insurance policy, which State Farm is refusing to send.
- 2) need to appeal to FEMA, providing a copy of insurance docs, as well as an explanation of what she needs & why
- 3) in FEMA appeal, need to explain why they did not understand that they could appeal within the 60-day window
- 4) once they see insurance policy, may need help dealing with State Farm if they are entitled to greater coverage

**Mississippi Volunteer Lawyers Project  
CLIENT INTAKE FORM**

Fax #: 601.944.9678; email: [mvlp@msbar.org](mailto:mvlp@msbar.org) Case#

PLEASE PRINT

Client's Name: [REDACTED]

Soc. Sec.#: [REDACTED]

Address: [REDACTED] County: Harrison

City: Biloxi State: MS Zip: 39530

Home Telephone: [REDACTED] Work Telephone: [REDACTED]

Cellular Telephone: [REDACTED] Email Address: [REDACTED]

Employer's Name: [REDACTED]

Employer's Address: [REDACTED]

Date of Birth: [REDACTED] Age:  Under 18  18-59  60+ Sex:  Male  Female

Race:  Black  White  Hispanic  Native American  Asian/Pacific Islander

Marital Status:  Single  Married  Divorced  Separated  Widowed

Citizen:  Yes  No Eligible Alien:  Yes  No Migrant:  Yes  No

Is this your 1<sup>st</sup> time taking with an attorney on this matter?:  Yes  No

Adverse Party: \_\_\_\_\_

Adverse Party's Address: \_\_\_\_\_

**HOUSEHOLD RESIDENTS:**

Name	Age	Relationship	Employment
[REDACTED]	63	Husband	S/E
[REDACTED]	61	Self	S/E
[REDACTED]	18	Son	Not

**INCOME: Amount Received**

Week  Monthly  Bi-monthly  Annually

Source	Applicant	Spouse	Other
<input type="checkbox"/> Wages	\$ -	\$ 18,000	\$
<input type="checkbox"/> Social Security	\$	\$	\$
<input type="checkbox"/> SSI	\$	\$	\$
<input type="checkbox"/> AFDC	\$	\$	\$
<input type="checkbox"/> Pension	\$	\$	\$
<input type="checkbox"/> Unemployment	\$	\$	\$
<input type="checkbox"/> Worker's Comp.	\$	\$	\$
<input type="checkbox"/> Child Support	\$	\$	\$
<input type="checkbox"/> Alimony	\$	\$	\$
<input type="checkbox"/> Other:	\$	\$	\$

Total Amount: \$ 18,000 Income Guideline for Household of \_\_\_\_\_ = \$ \_\_\_\_\_

**SSETS:**

Source	Value	Amt. Owed	Monthly Pmt.
<input type="checkbox"/> Cash	200.00		
<input type="checkbox"/> Saving/Checking	500.00		
<input type="checkbox"/> Home/Land	?		
<input type="checkbox"/> Vehicles	20,000		
<input type="checkbox"/> Other			

**EDUCTIONS:**

Source	Value	Amt. Owed	Monthly Pmt.
<input type="checkbox"/> Child Support			
<input type="checkbox"/> Alimony			
<input type="checkbox"/> Medical Expenses			1,700.00
<input type="checkbox"/> Other			

This agreement is made by and between Mississippi Volunteer Lawyers Project, its partners, affiliates and/or panel members (Project Members) and

\_\_\_\_\_ (Client).  
Client retains *Project Members* to represent him/her as his/her legal or administration representative in the matter of subject to client's case being accepted by MVLP.

I request the *Project Members* to provide legal services to me and to investigate my claim and to advise me of my rights. I understand that the *Project Members* are not committing to litigate any claim. Should I need to pursue litigation; the *Project Members* will discuss this representation with me. If the *Project Members* cannot represent me, property action will be taken on behalf of all parties involved. I hereby authorize the *Project Members* to review my file and handle as necessary.

Client: [REDACTED]

Date: 3-15-06

NOTES:



# FEMA



R. David Paulison  
Acting FEMA Director  
Emergency Preparedness and Response

Haley Barbour  
Governor  
State of Mississippi

National Processing Service Center ..... 10/31/2005  
P.O. Box 10055  
Hyattsville, MD 20782-7055

FEMA Disaster Helpline: 1-800-621-FEMA (3362)  
Fax No.: 1-800-827-8112

FEMA Application No. [REDACTED]

Disaster No. 1604

[REDACTED]  
[REDACTED]  
[REDACTED]

Dear Mr. [REDACTED]:

The Federal Emergency Management Agency (FEMA) and the State of Mississippi have reviewed your request for disaster assistance. Listed below is our decision regarding your request. This initial determination will not preclude you from receiving future assistance.

**CATEGORIES**

Housing Assistance  
Other  
Transportation

**DETERMINATION**

INSI - Ineligible - Insured, Inspected - No Decision  
IID- Ineligible - Insufficient Damage  
INS - Insured

=====  
Total Grant Amount:

=====  
\$0.00

For a more detailed explanation of this decision, please refer to "HELP AFTER A DISASTER", the FEMA Applicant's Guide which was mailed to you after you applied for assistance. The section entitled "If You Are/Are Not Eligible for Help" (pages 6-9) explains the reasons which support our decision. You may also access "HELP AFTER A DISASTER" online at [www.fema.gov/about/process](http://www.fema.gov/about/process).

**PLEASE READ THE FRONT AND BACK OF THE "NOTICES" INCLUDED WITH THIS LETTER FOR ADDITIONAL IMPORTANT INFORMATION.**

**Applicants with Insurance:** Your application for assistance may be placed on hold to allow you time to file your insurance claim. Federal law prohibits FEMA or the State from duplicating assistance that may be available from insurance. A \$0 amount listed above does not necessarily mean that you are ineligible for assistance. It means that FEMA needs to know the amount of your insurance settlement and your unmet needs before we can process your application further.

If a decision results in a monetary award, you will soon receive a check at your current mailing address, or an electronic funds transfer to your bank. To help us communicate with you in a timely manner, please contact FEMA and the U.S. Postal Service to update your current mailing address. Remember,

in order to have your mail forwarded, you need to submit a Postal Service Change of Address each time you relocate, whether it is temporary or permanent. If you need to contact the Postal Service, you may go to [www.usps.gov](http://www.usps.gov) on the web, or call 1-800-ASK-USPS, or pick up a Change of Address form at any Post Office.

If you disagree with this decision, you have the right to appeal within 60 days of the date of this letter. If you have any other disaster-related questions, please read the NOTICES included in this letter, call the FEMA Disaster Helpline at 1-800-621-FEMA (3362) (hearing/speech impaired only, call 1-800-462-7585), or visit [www.fema.gov](http://www.fema.gov) and click on FAQ's for Disaster Assistance.

Sincerely,

SUPER

Individuals and Households Program Officer

