Long Term Recovery Committee Guide and Templates

*Note: the following Guide does not constitute nor is it intended to constitute legal advice. Individuals or organizations seeking to form a Long Term Recovery Committee should seek the advice and assistance of legal counsel.*

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# I. Overview

## What this Guide Includes

This Long Term Recovery Guide includes sample materials based on the Somerset County Long Term Recovery, Inc.’s forms and planning considerations, as well as forms from other Long Term Recovery Committees that were established in the aftermath of major disasters around the country, with the goal of helping other communities to establish Long Term Recovery Committees.

## Things a Long Term Recovery Committee Can Do

* Conduct case work
* Provide support services
* Provide "gap" funding for residents (e.g., residents can contribute funds they have received from FEMA, insurance settlements, and their own resources, and the Long Term Recovery Committee can fund the difference between what the resident has and what is needed for the resident to recover).
* Support construction assessment
* Engage in volunteer recruitment
* Provide technical expertise needed to repair or rebuild damaged homes

## Lessons Learned by the Somerset County Long Term Recovery Committee following Hurricane Sandy

* The response lasted a few days, relief lasted 3 weeks, and long-term recovery lasted four years
* Long Term Recovery Committees should help to think about the systems that needs to be put in place to support rebuilding efforts (e.g., developing a system to involve volunteers in rebuilding efforts, establishing a group to coordinate the recovery efforts, involving the community in the recovery decision-making process, agree on case-file management, etc.)
* Every resident in need of assistance should be treated fairly, equally, and efficiently, which can be established through a consistent intake and case review process
* All Long Term Recovery Committee business should be conducted publicly (e.g., open to the public, publicly advertised, share meeting minutes)
* Having a Long Term Recovery Committee structure in place prior to an event can expedite the process of funding positions to run the Long Term Recovery office
* Knowing rebuilding requirements and standards is critical
* Insurance can be partnered with to help ensure people’s needs are met

## Considerations for Establishing a Long Term Recovery Committee

* Formally organize
* Adopt its bylaws
* Incorporate as a Maryland LLC
* Apply for and receive 501(c)(3) status determination
* Receive registration as a Maryland Home Builder
* Register as a Charitable Organization

## Resources

* Case Studies and Materials from the following:
	+ Boulder, CO Floods
	+ Joplin, MO Tornado
	+ Lee County, FL Hurricane
	+ Somerset County, MD Hurricane
* National VOAD Long Term Recovery Guide (2012), available at <https://www.nvoad.org/wp-content/uploads/longtermrecoveryguide-final2012.pdf>

# II. Establishing a Long Term Recovery Committee

## Sample Long Term Recovery Committee Structure

*Note: Based on the Somerset County Long Term Recovery Committee Forms*

Figure 1: Components of a Long Term Recovery Committee

**Components of a Long Term Recovery Committee**

## Sample Long Term Recovery Committee Mission, Vision, and Objectives

*Note: Based on the Somerset County Long Term Recovery Committee Mission, Vision, and Objectives*

<Jurisdiction> Long Term Recovery Committee

Approved <Month Day, Year>

### Mission

The <Jurisdiction> Long Term Recovery Committee exists to help residents of the <Jurisdiction> to recover from <the insert> disaster, and to provide a path to a better future for the <Jurisdiction> and its residents.

### Vision

The <Jurisdiction> Long Term Recovery Committee will provide a confidential, fair, and efficient process for <Jurisdiction’s> residents to apply for assistance from the <Jurisdiction> Long Term Recovery Committee, which will assist residents in their recovery from the disaster.

The <Jurisdiction> Long Term Recovery Committee embraces the principles of justice and equality for all residents in <Jurisdiction> as needs are determined and addressed. The <Jurisdiction> Long Term Recovery Committee will work in partnership with the local government, as well as the State and federal governments, faith-based and non-profit organizations, the business community, and other willing partners to carry out its mission to serve all residents, regardless of race, color, religion, national origin, age, gender, sexual preference, disability, economic status, or other characteristic.

The <Jurisdiction> Long Term Recovery Committee is:

* Community-driven
* Locally managed
* Holistic
* Project-oriented
* Based on best-practices

### Objectives

1. Establish a tax-exempt nonprofit organization (501(c)(3)) to support the long-term recovery efforts in the <Jurisdiction>.
2. Secure and operate a Community Resource Center located at <Insert Address>.
3. Provide professional case management by hiring a Case Manager, and other paid or volunteer staff needed to assist with the long-term recovery efforts in the <Jurisdiction>.
4. Meet as needed to ensure collaboration and regular communication.
5. Communicate with the residents of the <Jurisdiction> and all other stakeholders throughout the long-term recovery effort.
6. Solicit, receive, and disperse money, in-kind donations, and volunteer time to assist with the long-term recovery efforts in the <Jurisdiction>.
7. Provide assistance on a case-by-case basis based on the availability of resources.
8. Provide support and direction to, and coordinate with volunteer rebuilding teams.
9. Develop other programs and organizations that may benefit the future development of the <Jurisdiction>.

Approved by the <Jurisdiction> Long Term Recovery Committee on <Month Day, Year>.

## Sample Bylaws

*Note: Based on the Somerset County Long Term Recovery Committee Bylaws*

* See the Somerset County Long Term Recovery Committee, Inc. By-laws document for additional information.

## Sample Summary Report to Long Term Recovery Committee Funding Partners

*Note: Based on the Somerset County Long Term Recovery Committee Mission, Vision, and Objectives*

<Month Day, Year>

### Background on the <Jurisdiction> Long Term Recovery Committee

Following <Incident Name>, a group of citizens, non-profit organizations, and representatives from local and State agencies met to develop a long-term recovery strategy to address the <damage resulting from Incident Name>.

<Insert information about the Incident, and information about the impacted jurisdiction (e.g., economic information)>.

Additionally, a <Jurisdiction> Long Term Recovery Committee was formed to support and manage the long-term recovery efforts.

* The <Jurisdiction> Long Term Recovery Committee was formally organized on <Month Day, Year>.
* The <Jurisdiction> Long Term Recovery Committee adopted its by-laws on <Month Day, Year>.
* The <Jurisdiction> Long Term Recovery Committee was incorporated as a Maryland LLC named the <Insert Name> on <Month Day, Year>.
* The <Jurisdiction> Long Term Recovery Committee received its 501(c)(3) determination on <Month Day, Year>.
* The <Jurisdiction> Long Term Recovery Committee received its registration as a Maryland Home Builder on <Month Day, Year>.
* The <Jurisdiction> Long Term Recovery Committee’s registration as a Charitable Organization in the State of Maryland was approved on <Month Day, Year>.

The <Jurisdiction> Long Term Recovery Committee can best be described as a <Insert>, and its mission is to assist the <Jurisdiction’s> residents to recover from the <damage resulting from Incident Name>.

<Insert the services provided by the <Jurisdiction> Long Term Recovery Committee>.

<Insert the actions taken by the <Jurisdiction> Long Term Recovery Committee to provide the services listed above (e.g., hiring staff to coordinate recovery efforts)>.

<Insert the staff positions of the <Jurisdiction> Long Term Recovery Committee>.

<Insert information about the <Jurisdiction> Long Term Recovery Committee Board of Directors (number of members, the organizations represented by the members)>.

<Summarize the <Jurisdiction> Long Term Recovery Committee’s activities and accomplishments (e.g., construction projects, number of residents assisted, money raised, number of volunteers supporting projects, training offered, etc.)>.

<Insert project timeline>.

Table : Long Term Recovery by the Numbers

| Numbers | Accomplishments |
| --- | --- |
| # | Volunteers Engaged |
| # | Households Served |
| # | Homes Repaired |
| # | Homes in need of Repair  |
| # | New Homes Built  |
| # | New Homes Under Construction  |
| # | New Homes Remaining to be Built  |

## Sample Pledge of Confidentiality for LTRC Staff and Board Members

*Note: Based on the Somerset County Long Term Recovery Committee Forms*

This is to certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,an employee or Board member of the <Jurisdiction> Long Term Recovery Committee understand that any information (written, verbal, electronic, or other) obtained during the performance of my duties must remain strictly confidential. This includes all information about members, clients, families, employees, and other associate organizations, as well as any other information otherwise marked or known to be confidential.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality. I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and possible liability in any legal action arising from such breach.

I have read, understand, and have been given the opportunity to ask questions concerning this Pledge of Confidentiality.

Signature of Employee/Board Member

Date

Signature of Staff Witness

Date

## Sample Conflict of Interest

*Note: Based on the Somerset County Long Term Recovery Committee Forms*

**Goal**: No member of the Board of Directors or any of its Committees shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation with the <Jurisdiction> Long Term Recovery Committee.

**Policy**: Each individual shall have the duty to disclose to the organization any personal, professional, or business interest that he or she may have in any matter pending before the organization, and shall refrain from participation in any decision on such matter.

Any member of the Board of Directors or any of its Committees, or any staff member who is an officer, Board Member, Committee Member, or staff member of a client organization or vendor of the <Jurisdiction> Long Term Recovery Committee shall identify his or her affiliation with such agency or agencies; further, in connection with any Committee or Board action specifically directed to that agency, she or he shall not participate in the decision affecting that agency and the decision must be made and/or ratified by the full Board of Directors.

Any member of the Board of Directors or any of its Committees, staff, and certain consultants shall refrain from obtaining any list of clients for personal or private solicitation purposes at any time during the term of their affiliation.

At this time, I am a Board Member, Committee Member, or an employee of the following organizations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that I, except as described below, am not now nor at any time during the past year have been:

1. A participant, directly or indirectly, in any arrangement, agreement, investment, or other activity with any vendor, supplier, or other party doing business with the <Jurisdiction> Long Term Recovery Committee, which has resulted or could result in personal benefit to me.
2. A recipient, directly or indirectly, of any salary payments, or loans, or gifts of any kind, or any free service, or discounts, or other fees from or on behalf of any person or organization engaged in any transaction with the <Jurisdiction> Long Term Recovery Committee.

Any exceptions to 1 or 2 above are stated below with a full description of the transactions and of the interest, whether direct or indirect, which I have (or have had during the past year) in the persons or organizations having transactions with the <Jurisdiction> Long Term Recovery Committee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee/Student/Volunteer/Board Member

Date

Approved <Month Day, Year>

## Sample Document Retention and Destruction Policy

*Note: Based on the Somerset County Long Term Recovery Committee Forms*

### 1. Policy and Purposes

This Policy represents the policy of the <Jurisdiction> Long Term Recovery Committee (herein the "organization") with respect to the retention and destruction of documents and other records, both in hard copy and electronic media (which may merely be referred to as "documents" in this Policy). Purposes of the Policy include (a) retention and maintenance of documents necessary for the proper functioning of the organization, as well as to comply with applicable legal requirements; (b) destruction of documents that no longer need to be retained; and (c) guidance for the Board of Directors, officers, staff, and other constituencies with respect to their responsibilities concerning document retention and destruction. The organization reserves the right to revise or revoke this Policy at any time.

### 2. Administration

**2.1 Responsibilities of the Administrator.** The organization's President shall be the administrator ("Administrator") in charge of the administration of this Policy. The Administrator's responsibilities shall include supervising and coordinating the retention and destruction of documents pursuant to this Policy, and particularly the Document Retention Schedule included below. The Administrator shall also be responsible for documenting the actions taken to maintain and/or destroy organization documents and retaining such documentation. The Administrator may also modify the Document Retention Schedule from time to time as necessary to comply with the law and/or to include additional or revised document categories as may be appropriate to reflect organizational policies and procedures. The Administrator is also authorized to periodically review this Policy and Policy compliance with legal counsel, and to report to the Board of Directors as to compliance. The Administrator may also appoint one or more assistants to assist in carrying out the Administrator's responsibilities, with the Administrator retaining ultimate responsibility for administration of this Policy.

**2.2 Responsibilities of Constituencies.** This Policy also relates to the responsibilities of board members, staff, volunteers, and outsiders with respect to maintaining and documenting the storage and destruction of the organization's documents. The Administrator shall report to the Board of Directors (the board members acting as a body), which maintains the ultimate direction of management. The organization's staff shall be familiar with this Policy, shall act in accordance therewith, and shall assist the Administrator, as requested, in implementing it. The responsibility of volunteers with respect to this Policy shall be to produce specifically identified documents upon request of management, if the volunteer still retains such documents. In that regard, after each project in which a volunteer has been involved, or each term which the volunteer has served, it shall be the responsibility of the Administrator to confirm whatever types of documents the volunteer retained and to request any such documents that the Administrator feels will be necessary for retention by the organization (not by the volunteer). Outsiders may include vendors or other service providers. Depending upon the sensitivity of the documents involved with the particular outsider relationship, the organization, through the Administrator, shall share this Policy with the outsider, requesting compliance. In particular instances, the Administrator may require that the contract with the outsider specify the particular responsibilities of the outsider with respect to this Policy.

### 3. Suspension of Document Destruction; Compliance.

The organization becomes subject to a duty to preserve (or halt the destruction of) documents once litigation, an audit, or a government investigation is reasonably anticipated. Further, federal law imposes criminal liability (with fines and/or imprisonment for not more than 20 years) upon whomever "knowingly alters, destroys, mutilates, conceals, covers up, falsifies, or makes a false entry in any record, document, or tangible object with the intent to impede, obstruct, or influence the investigation or proper administration of any matter within the jurisdiction of any department or agency of the United States ... or in relation to or contemplation of any such matter or case." Therefore, if the Administrator becomes aware that litigation, a governmental audit or a government investigation has been instituted, or is reasonably anticipated or contemplated, the Administrator shall immediately order a halt to all document destruction under this Policy, communicating the order to all affected constituencies in writing. The Administrator may thereafter amend or rescind the order only after conferring with legal counsel. If any board member or staff member becomes aware that litigation, a governmental audit or a government investigation has been instituted, or is reasonably anticipated or contemplated, with respect to the organization, and they are not sure whether the Administrator is aware of it, they shall make the Administrator aware of it. Failure to comply with this Policy, including particularly, disobeying any destruction haft order, could result in possible civil or criminal sanctions. In addition, for staff, it could lead to disciplinary action including possible termination.

### 4. Electronic Documents; Document Integrity.

Documents in electronic format shall be maintained just as hard copy or paper documents are, in accordance with the Document Retention Schedule. Due to the fact that the integrity of electronic documents, whether with respect to the ease of alteration or deletion, or otherwise, may come into question, the Administrator shall attempt to establish standards for document integrity, including guidelines for handling electronic files, backup procedures, archiving of documents, and regular checkups of the reliability of the system; provided that such standards shall only be implemented to the extent that they are reasonably attainable considering the resources and other priorities of the organization.

### 5. Privacy.

It shall be the responsibility of the Administrator, after consultation with counsel, to determine how privacy laws will apply to the organization's documents from and with respect to employees and other constituencies; to establish reasonable procedures for compliance with such privacy laws; and to allow for their audit and review on a regular basis.

### 6. Emergency Planning.

Documents shall be stored in a safe and accessible manner. Documents which are necessary for the continued operation of the organization in the case of an emergency shall be regularly duplicated or backed up and maintained in an off-site location. The Administrator shall develop reasonable procedures for document retention in the case of an emergency.

### 7. Document Creation and Generation.

The Administrator shall discuss with staff the ways in which documents are created or generated. With respect to each employee or organizational function, the Administrator shall attempt to determine whether documents are created that can be easily segregated from others so that when it comes time to destroy (or retain) those documents, they can be easily culled from the others for disposition. This dialogue may help in achieving a major purpose of the Policy -- to conserve resources -­ by identifying document streams in a way that will allow the Policy to routinely provide for destruction of documents. Ideally, the organization will create and archive documents in a way that can readily identify and destroy documents with similar expirations.

### 8. Document Retention Schedule.

[Periods are suggested but are not necessarily a substitute for counsel's own research and determination as to appropriate periods.]

Table : Document Retention Schedule

| Document Type  | Retention Period  |
| --- | --- |
| Accounting and Finance  | 7 years |
| Accounts Payable  | 7 years |
| Accounts Receivable | 7 years  |
| Annual Financial Statements and Audit Reports  | Permanent  |
| Bank Statements, Reconciliations, & Deposit Slips  | 7 years |
| Canceled Checks - routine | 7 years |
| Canceled Checks - special, such as loan repayment  | Permanent  |
| Credit Card Receipts | 3 years |
| Employee/Business Expense Reports/Documents  | 7 years |
| General Ledger | Permanent |
| Interim Financial Statements | 7 years |
| Client Case Files, Social Work Notes  | 5 years after closed |
| Contributions/Gifts/Grants  | Permanent |
| Contribution Records | Permanent |
| Documents Evidencing Terms of Gifts | Permanent |
| Grant Records | 7 years after end of grant period  |
| Corporate and Exemption | Permanent |
| Articles of Incorporation and Amendments  | Permanent |
| Bylaws and Amendments | Permanent |
| Minute Books, including Board & Committee Minutes | Permanent |
| Annual Reports to Attorney General & Secretary of State | Permanent |
| Other Corporate Filings | Permanent |
| IRS Exemption Application (Form 1023 or 1024) | Permanent |
| IRS Exemption Determination Letter | Permanent  |
| State Exemption Application (if applicable) | Permanent |
| State Exemption Determination Letter (if applicable)  | Permanent |
| Licenses and Permits | Permanent |
| Employer Identification (EIN) Designation | Permanent |
| Correspondence and Internal Memoranda | Hard copy correspondence and internal memoranda relating to a particular document otherwise addressed in this Schedule should be retained for the same period as the document to which they relate. |
| Hard copy correspondence and internal memoranda relating to routine matters with no lasting significance | 2 years  |
| Correspondence and internal memoranda important to the organization or having lasting significance | Permanent, subject to review |
| Electronic Mail (E-mail) to or from the organization | Electronic mail (e-mails) relating to a particular document otherwise addressed in this Schedule should be retained for the same period as the document to which they relate, but may be retained in hard copy form with the document to which they relate. |
| E-mails considered important to the organization or of lasting significance should be printed and stored in a central repository. | Permanent, subject to review  |
| E-mails not included in either of the above categories | 12 months |
| Electronically Stored Documents | Electronically stored documents (e.g., in .pdf, text or other electronic format) comprising or relating to a particular document otherwise addressed in this Schedule should be retained for the same period as the document which they comprise or to which they relate, but may be retained in hard copy form (unless the electronic aspect is of significance). |
| Electronically stored documents considered important to the organization or of lasting significance should be printed and stored in a central repository (unless the electronic aspect is of significance). | Permanent, subject to review |
| Electronically stored documents not included in either of the above categories | 2 years  |
| Employment, Personnel and Pension Personnel Records | Permanent |
| Personnel Records | 10 years after employment ends |
| Employee Contracts | 10 years after termination |
| Retirement and pension records | Permanent  |
| Insurance* Property, D&O, Workers' Compensation and General Liability Insurance Policies Insurance
 | Permanent  |
| Claims Records | Permanent  |
| Legal and Contracts* Contracts, related correspondence and other supporting documentation
 | 10 years after termination |
| Legal correspondence  | Permanent  |
| Management and Miscellaneous* Strategic Plans
 | 7 years after expiration |
| Management and Miscellaneous* Disaster Recovery Plan
 | 7 years after replacement |
| Management and Miscellaneous* Policies and Procedures Manual
 | Current version with revision history  |
| Property - Real, Personal and Intellectual * Property deeds and purchase/sale agreements
 | Permanent |
| Property - Real, Personal and Intellectual * Property Tax
 | Permanent  |
| Property - Real, Personal and Intellectual * Real Property Leases
 | Permanent |
| Property - Real, Personal and Intellectual * Personal Property Leases
 | 10 years after termination |
| Property - Real, Personal and Intellectual * Trademarks, Copyrights, and Patents
 | Permanent  |
| Tax* Tax exemption documents and correspondence
 | Permanent |
| Tax* IRS Rulings
 | Permanent |
| Tax* Annual information returns – federal and state
 | Permanent |
| Tax* Tax returns
 | Permanent |

# III. Managing Volunteers

## Sample Pledge of Confidentiality for Volunteers

*Note: Based on the Somerset County Long Term Recovery Committee Forms*

This is to certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a volunteer of the <Jurisdiction> Long Term Recovery Committee understand that any information (written, verbal, electronic, or other) obtained during the performance of my duties must remain strictly confidential. This includes all information about members, clients, families, employees, and other associate organizations, as well as any other information otherwise marked or known to be confidential.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality. I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and possible liability in any legal action arising from such breach.

I have read, understand, and have been given the opportunity to ask questions concerning this Pledge of Confidentiality.

Signature of Volunteer

Date

Signature of Staff Witness

Date

## Sample LTRC Volunteer Intake Form

*Note: Based on the Joplin, MO Long-Term Recovery Committee Forms*

Date:\_\_\_\_\_\_\_\_\_ Volunteer #:\_\_\_\_\_\_\_\_\_

**<Jurisdiction> <Date> <Disaster Recovery Effort Name>**

**Volunteer Intake Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_\_\_\_

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

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

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Availability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently affiliated with a disaster relief agency? [ ] Yes [ ] No

If so, what agency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### PLEASE CHECK ALL SKILLS THAT APPLY:

#### MEDICAL:

[ ]  Doctor – indicate specialty:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Nurse – indicate specialty:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Emergency medical certification

[ ]  Mental health counseling

[ ]  Veterinarian

[ ]  Veterinary technician

[ ]  First Aid (current card? [ ] Yes [ ] No)

[ ]  CPR (current card? [ ] Yes [ ] No)

[ ]  Survival training and technique

#### COMMUNICATIONS:

[ ]  CB operator

[ ]  Ham radio operator

[ ]  Telephone receptionist

[ ]  Public relations

[ ]  Web page design

#### LANGUAGES:

[ ]  French

[ ]  German

[ ]  Italian

[ ]  Spanish

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### EQUIPMENT:

[ ]  Backhoe

[ ]  Chainsaw

[ ]  Generator

[ ]  Dozer

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### SERVICE:

[ ]  Food

[ ]  Elderly

[ ]  Functional and Access Needs Provider

[ ]  Childcare

[ ]  Spiritual counseling

[ ]  Social work

[ ]  Search and rescue

[ ]  Auto repair/towing

[ ]  Traffic control

[ ]  Crime watch

[ ]  Animal rescue

[ ]  Animal care

[ ]  Emergency planning

[ ]  Law enforcement

[ ]  Emergency management

[ ]  Firefighting

#### OFFICE SUPPORT:

[ ]  Clerical – filing, copying, etc.

[ ]  Data entry

[ ]  Software: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### TRANSPORTATION:

[ ]  Car

[ ]  Station wagon/minivan

[ ]  ATV

[ ]  Off road vehicle/4-wheel drive

[ ]  Boat – capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Commercial driver – class and license #:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Camper/RV – capacity and type:
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### STRUCTUAL:

[ ]  Damage assessment

[ ]  Metal construction

[ ]  Wood construction

[ ]  Block construction

[ ]  Plumbing

[ ]  Electrical

[ ]  Roofing

[ ]  Structural engineering

#### LABOR:

[ ]  Loading and shipping

[ ]  Sorting/packing

[ ]  Clean-up

[ ]  Debris clearance

[ ]  Operate equipment

[ ]  Experience in supervising and managing others

**OTHER SKILLS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Sample LTRC Volunteer Release and Waiver of Liability

*Note: Based on the Joplin, MO Long-Term Recovery Committee Forms*

**<Jurisdiction> <Date> <Disaster Recovery Effort Name>**

**RELEASE AND WAIVER OF LIABILITY for Individual and Group Volunteers**

***PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.***

This Release and Waiver of Liability, executed on this \_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_**\_\_\_\_\_\_\_,** by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**, in favor of <Jurisdiction>, and their partner organizations, private, nonprofit, and faith-based organizations, directors, officers, members and affiliates (herein referred to as “<Jurisdiction Long Term Recovery Committee>”).

I, the volunteer, desire to work as a volunteer for<Jurisdiction Long Term Recovery Committee> and engage in activities, as coordinated by <Jurisdiction Long Term Recovery Committee>, related to being a volunteer. I understand that such activities may include, but may not be limited to, tree and debris removal/cleanup, application of tarps, and distribution of goods. I freely and voluntarily execute this Release under the following terms.

1. **RELEASE AND WAIVER.** I hereby release and forever discharge the <Jurisdiction Long Term Recovery Committee> from any and all liability, claims and demands of whatever kind either in law or in equity, which arise or may hereafter arise from my activities with the <Jurisdiction Long Term Recovery Committee>. I understand that this Release discharges the <Jurisdiction Long Term Recovery Committee> from any liability or claim that I may have against the <Jurisdiction Long Term Recovery Committee> with respect to bodily injury, personal injury, or property damages that may result from my activities with the <Jurisdiction Long Term Recovery Committee>. I also understand that the <Jurisdiction Long Term Recovery Committee> does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, auto, or disability insurance in the event of injury or loss.

2. **MEDICAL TREATMENT.** I hereby release and forever discharge the <Jurisdiction Long Term Recovery Committee> from any claim which arises or may arise on account of first aid, treatment, or any service rendered in connection with my volunteer activities with the <Jurisdiction Long Term Recovery Committee>**.**

3. **ASSUMPTION OF RISK.** I understand that my volunteer activities may include work that is hazardous, including but not limited to work around power tools, heavy machinery, as well as transportation to and from the work site. I hereby expressly assume the risk of injury or harm in the volunteer activities.

4. **INSURANCE**. I understand that the <Jurisdiction Long Term Recovery Committee> does not carry or provide health, medical, disability, or auto insurance coverage for any emergent volunteer. Each volunteer is expected and encouraged to obtain his or her own medical, health, disability and auto insurance.

5. **PHOTOGRAPHIC RELEASE.** I hereby grant unto the <Jurisdiction Long Term Recovery Committee> all rights to any and all photographic and video images made during my service to the <Jurisdiction Long Term Recovery Committee> for internal use or reasons of publicity.

6. **OTHER.** I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by local and state laws. I agree that in the event that any provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remainder of the Release and Waiver, which shall continue to be held enforceable.

### Information

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

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

\* Volunteer Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Volunteer Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

\* Volunteer Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**For volunteers under the age of 18 Parent or Guardian must fill in this information.**

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Emergency Contact Information

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Sample LTRC Volunteer Member Survey

*Note: Based on the Joplin, MO Long-Term Recovery Committee Forms*

Focus: Construction and Volunteer Services

|  |  |
| --- | --- |
| Agency Name:  | Contact Number: |
| Local Address: |
| Contact Name and Title:  |
| Contact phone and email:  |
| What is your agency’s mission: |
| Describe your agency’s history and work in <Jurisdiction> and/or other disaster-impacted communities: |
| How long is your agency committed to working in <Jurisdiction>? |
| What are the five biggest barriers or challenges you have faced in <Jurisdiction> thus far? |
| What are the five greatest accomplishments or impacts you have made in <Jurisdiction> thus far? |

### Describe the services your agency provides:

[ ]  Case Management

[ ]  Construction

[ ]  Volunteer Coordination or Supervision

[ ]  Emergency assistance

[ ]  Mental health or spiritual support

[ ]  Educational support for youth

[ ]  Job training for adults

[ ]  Financial literacy or support

[ ]  Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the specific work your agency does in the categories selected above. Feel free to use the back of this page to add additional information.

### Construction

1. Do you rebuild, build homes, remove debris or other?
2. Describe your work in <Jurisdiction> to date.
3. Have you worked in other disaster impacted communities? If yes, please describe.
4. Have you participated in any residential projects? If yes, please describe.
5. Have you completed any community projects? If yes, please describe.
6. What type of labor do you use (i.e., volunteer, paid, subs, other)?
7. What type of supervision do you provide?
8. Do you have tools?
9. Where do you purchase materials and tools?
10. How many years of residential construction experience does your permanent team have?
11. Do you have plans to complete any rebuilds or new in the coming 6 months? If yes, please describe location and estimated cost.
12. Do you charge clients a fee or are they required to a pay percentage of the total cost?
13. How do you determine the scope of work?
14. What are the most challenging codes or building requirements you have encountered to date?
15. What other construction challenges have you faced or anticipate facing?
16. How long is your agency committed to working in <Community> in construction?

### Volunteers

1. What type of work do your volunteers typically do?
2. How do you find work/projects for your volunteers to complete?
3. How many volunteers do you have per week?
4. Do you have skilled volunteers? If so, what are their five most common skill sets?
5. Describe the types of projects have your volunteers have completed to date?
6. What projects are you planning to complete in the coming 6 months?
7. Do you have a local or national recruitment strategy or pipeline in place? If yes, please describe.
8. How do volunteers register to work with your organization? What information do you collect about them?
9. What pre arrival information do you send them?
10. How do you place them and manage them when they arrive?
11. How long do they typically stay? Where do they stay?
12. Do they typically bring tools or supplies?
13. Do they donate?
14. Are they asked to pay a fee to cover volunteer coordination/administration?
15. Do you do volunteer appreciation and/or send a follow up survey?
16. How do you keep your volunteers engaged after they return home?

# IV. Case Review Materials

## Sample Policies and Procedures for Case Review Committee Grant Awards

*Note: Based on the Somerset County Long Term Recovery Committee Forms*

**Goal**: To provide a confidential, fair and efficient process for <Jurisdiction> residents to apply for assistance from the <Jurisdiction> Long Term Recovery Committee in order to assist them in their recovery from <Incident Name>.

**Objective**: The <Jurisdiction> Long Term Recovery Committee (the Committee) seeks to provide "gap services" to residents affected by the <Incident Name> in order to assist them in their own recovery. The Committee establishes this policy and these procedures so that resource grants can be provided to eligible residents who have been affected, through a fair, equitable, and compassionate process.

**Policy**: The Committee will solicit and receive cash, building supplies, goods, services, in-kind donations and volunteer labor (i.e., resources) to benefit residents in their recovery. These resources will be allocated to residents according to the provisions of this policy. The Committee will establish a Case Review Committee to implement this policy.

The Case Review Committee will make decisions to award grants to residents based on the consideration of multiple factors including, but not limited to:

* The extent of damage that the resident's primary residence sustained from this <Incident>;
* The amount and the sources of other recovery funding the resident received (e.g., FEMA, insurance, other State, federal, or non-profit organization funds);
* The resident's economic, physical, mental, and family situation; and
* The amount of resources that are available to the Committee.
* Note: damage to rental properties are not considered by this policy, and are addressed by a separate policy.

Decisions about granting resource grants shall be made within thirty (30) days of receiving an application by the Case Review Committee. Decisions will be made by the Case Review Committee, in consultation with the Committee's staff, in accordance with this policy.

**Appeal Process**: Residents can appeal the Case Review Committee's decisions about their grant application in writing to the Committee President. An Appeal Committee appointed by the President shall review all appeals. The Appeal Committee shall review the application and the Case Review Committee's decision within thirty (30) days. The Appeal Committee's decision to uphold or amend the Case Review Committee's decision shall be final and conveyed in writing to the resident within seven (7) days of receiving the appeal.

**Procedure**: To apply for a Resource Grant from the Committee, applicants must:

* Provide written documentation that demonstrates that he or she has applied for disaster assistance from FEMA. Being denied assistance by FEMA does not exclude the applicant from consideration.
* Obtain a Resource Application Form from the <Jurisdiction> Long Term Recovery Committee office, complete the application truthfully, sign, date and return the application to the office within two weeks of its receipt.
* Interview with the Case Manager (or designee) to discuss the application and give a comprehensive summary of the applicant's recovery needs, resources available, and resources still needed.

The Case Review Committee will meet on a regular basis to make decisions about received Resource Applications. The Case Review Committee can make the following decisions regarding an application:

* **Approve** the applicant's request, in whole or in part, contingent on available resources.
* **Deny** the request because the applicant does not meet the Committee's criteria.
* **Defer** the request until further information is solicited from the applicant and verified, or until additional resources are available to the Committee.
* **Refer** the request to a more appropriate agency.

Applications will be prioritized by a points system. Applicants earn points by meeting certain criteria determined by the Committee. The following criteria may be taken into account when assessing the resources that can be given to eligible applicants and the priority order in which the resources can be released to eligible applicants:

* Applicants who do not accept help from available resources (e.g., FEMA assistance, SBA loans) or who have missed the FEMA registration deadline entirely can be excluded from consideration or given lower priority;
* Residents who received support, but spent the money for other needs, can be excluded or given a lower priority.
	+ Note: the <Jurisdiction> Long Term Recovery Committee will ask for documentation as to how FEMA, SBA, insurance, or any other recovery money was spent.
* Applicants will be expected to participate in their own recovery to the full extent possible (e.g., financially, contributing “sweat equity,” volunteering in the recovery project, and assisting others in the community recovery);
* Assessment of the level of damage to their primary residence (i.e., total damage less funding received from other resources, such as FEMA, SBA, insurance);
* Assessment of the underlying value of the house compared with the damage sustained;
* Lower income applicants will be given higher priority over higher income applicants;
* The applicant's family situation and their ability to assist the applicant will be considered;
* Applicants with disabilities and others with access and functional needs will be given higher priority;
* Applicants living in critical areas in the <Jurisdiction> will be given higher priority;
* Applicants living in temporary housing because their residence is not habitable will be given higher priority;
* Applicants who cannot remain in their home (e.g., due to mold infestation) will be given higher priority;
* Applicants who have children in college may be given higher priority if deemed appropriate;
* Applicants who are renters can receive assistance; however, restrictions can be placed on the landlord (e.g., rent cannot be raised for ten years, a restrictive lease must be signed);
	+ Note: these cases will be evaluated by a separate policy.
* Applicants who have lived in a dwelling for which they do not have title, but have not paid rent, and have been responsible for the property and its upkeep, may be eligible upon the discretion of the Committee; and
* The Case Review Committee may provide assistance if the Code Enforcement Officer will issue permits or provide approval.

Approved by the Board of Directors, <Jurisdiction> Long Term Recovery Committee <Month Day, Year>

## Sample Vulnerability Assessment for Client's Household

*Note: Based on the Somerset County Long Term Recovery Committee Forms*

Case Number: <Insert>

Date: <Insert>

Homeowner's Household Total Points: <Insert>

### INCOME: (Choose One)

* 8 POINTS = Income at or below 100% or the current poverty guidelines
* 4 POINTS = Income more than 100% but less than 200% of poverty guidelines
* 1 POINT = Income more than 200% but less than 300% of poverty guideline
* 0 POINTS = Income above 300% of the current poverty guidelines

### EXCESSIVE FINANCIAL OBLIGATIONS:

* 3 POINTS = Client(s) financial obligations are at or greater than 40% Debt to Gross Income Ratio (compare monthly debt to monthly gross income)

### LOANS:

* 3 POINTS = Client(s) has accessed and expended all loans for which they qualified

### CURRENT HOUSING SITUATION: (Choose One)

* 5 POINTS = Homeless
* 5 POINI'S = Living in current unsafe conditions
* 4 POINTS = Living with relatives/friends, sharing living quarters (homeless)
* 3 POINTS = Client(s) paying both rent and mortgage
* 3POINTS = Residing in a hotel
* 0 POINTS = Other

### DAMAGE TO HOUSE:

* 4 POINTS = Impacted by 51% rule (assessment of damage in excess of 50% of the cost to rebuild)
* 3 POINTS = Major modification 25%-49%
* 2 POINTS = Minor modification less than 20%

### MORTGAGE PAY-OFF: (Choose One)

* 4 POINTS = Client(s) received forced mortgage pay-off letter from insurance proceeds
* 2 POINTS = Client(s) required to pay off SBA loan with other proceeds
* 1 POINT = Client(s) received implied mortgage pay-off threat letter
* 0 POINTS Client(s) = voluntarily paid off mortgage with any insurance proceeds and is unable to complete his/her house

### HOMEOWNERS AND FLOOD INSURANCE: (Choose One)

* 4 POINTS = Client(s) uninsured AT TIME of disaster
* 4 POINTS = Client(s) had no flood insurance but had flooding
* 4 POINTS = Client(s) had no homeowners insurance but had wind damage
* 4 POINTS = Client(s) FEMA non-compliant and thus ineligible for assistance
* 0 POINTS = Client(s) had both homeowners and flood insurance

### AGE (based on age of oldest person in household): (Choose One)

* 4 POINTS = 85 years of age and older
* 3 POINTS = 75-84 years of age
* 2 POINTS = 67-74 years of age
* 1 POINT = 65-66 years of age
* 0 POINTS = 64 years of age and below

### HEAD of HOUSEHOLD:

* 4 POINTS = Client is Single Parent with dependent in household

### CHILDREN:

* 1 POINT PER DEPENDENT= Dependents in the household
* 2 POINTS PER DEPENDENT = Dependents in the household with disabilities

### DOCUMENTED MEDICAL/MENTAL HEALTH NEED:

* 2 POINTS = Client(s) with medical and/or mental health expenses that exceed 7.5% of their Adjusted Gross Income
* 2 POINTS = Asthma or other breathing related illnesses

### CONSTRUCTION NEEDS:

* 3 POINTS = Major repair
* 2 POINTS = Minor repair
* 1 POINT = No repair; Only Labor

<Insert Date Adopted>

## Sample Long Term Recovery Committee Case Process

*Note: Based on the Somerset County Long Term Recovery Committee Forms*

Determine Vulnerability Assessment Number

Case Work is Done to Determine Needs, Verification, and/or Appropriate Referral

Construction Manager Does Assessment of the House and Determines a Cost Estimate

Client is Moved to Recovery

Members of the Construction Committee and/or Recovery Committee (i.e., faith-based/nonprofit organizations) Determine Funding Sources and Group Responsible for Building

The Case is Taken to the Construction Committee/Recovery Committee (i.e., faith-based/nonprofit organizations)

Figure 2: Long Term Recovery Committee Case Process

## Other Case Review Support Materials

* Note, other information on meeting unmet needs can be found in the following resource materials:
	+ Joplin Area Long Term Recovery Committee, Joplin, Missouri, “UNMET NEED ASSISTANCE GUIDELINES,” Adopted March 8, 2012.
	+ Lee County, Southwest Florida, Department of Human Services Long Term Disaster Recovery Committee, “Long-Term Disaster Recovery Guidelines.”