

### **Determining Unmet Long Term Recovery Needs**

- A disaster-caused serious unmet need is something those affected by a disaster cannot meet for themselves.
- It may be a loss of life, injury, income, housing, vehicle or household goods.
- It is **NOT** a pre-disaster condition.
- It is **NOT** an ongoing social issue.
- It is **NOT** intended to be an upgrade to the client's previous living condition, although this may happen in reconstruction for obvious reasons in order to provide safe, sanitary, secure and appropriate housing.
- It should be identified by the person affected, verified, and presented to the LTRC by the Case Manager/Caseworker, and agreed upon by the Long Term Recovery Committee.

### **Prioritization Checklist**

In order to serve the most vulnerable population and do it in the most fair way is to assign a numbering system tied to their needs requirements. Those with the highest total points will be given assistance first.

#### Family Status Points

- Single with no dependents 1
- Married with no dependents 2
- Married with dependents 4
- Single with dependents 5
- Adult dependents living in home 3 (each person)
- Children living in home 1 (each person)
- Retired 2
- Age 62 or older living in home 2 (each person)
- Partial disability 2 (each person)
- Full disability 4 (each person)

#### Loan Application Status Points

- SBA Loan Denial 2
- Partial FEMA Grant (50% or less) 3
- FEMA Grant Denial 4

#### Family Combined Income Status Points

- No or limited income (Disability/SSI/SSD) 10
- \$ 1 to \$10,000 9
- \$ 10,000 to \$ 20,000 8
- \$ 20,000 to \$ 30,000 7
- \$ 30,000 to \$ 40,000 6
- \$ 40,000 to \$ 50,000 5
- \$ 50,000 or greater 4

## Unmet Needs Table Preparation Templates

**(SAMPLE)**

### CT Rises Unmet Needs Table

Date Presented: \_\_\_\_\_ Case Manager: \_\_\_\_\_

CAN # \_\_\_\_\_

Agency: \_\_\_\_\_ DOB: \_\_\_\_\_

Total Request: \$ \_\_\_\_\_

- Ages of household members: \_\_\_\_\_
- Is this a single-parent household? (Y/N) \_\_\_\_\_
- Does this household include individuals with special needs or disability? (Y/N) \_\_\_\_\_
- Own or Rent \_\_\_\_\_
- Client Release for Unmet Needs Table (Y/N) \_\_\_\_\_

Address at time of disaster: \_\_\_\_\_

Provide an overview of client's Post-disaster condition:

What are the Unmet Needs for this disaster?

The total \$ Amount requested: \_\_\_\_\_

Will Assistance help the client lead to sustainable recovery? (Y/N) \_\_\_\_\_

#### Client Recovery Resources

Personal Resources \_\_\_\_\_ Monthly Income \_\_\_\_\_

Monthly Expenses \_\_\_\_\_ Investments \_\_\_\_\_

Savings \_\_\_\_\_ Other Personal Resources \_\_\_\_\_

**Total Personal Resources available for recovery \$ \_\_\_\_\_**

FOR ACRONYMS SEE APPENDIX 1 PAGE 99

#### PREPARING FOR LONG-TERM RECOVERY

**Non-personal Recovery Resources \$ \_\_\_\_\_**

Total Non-personal available Recovery Resources \$ \_\_\_\_\_

Does the client have a sustainable recovery plan? (Y/N) \_\_\_\_\_

As the advocate for this client, I affirm that the information as described has been verified to every extent possible.

\_\_\_\_\_ Signature Date

**INCLUDED WITH THIS FUNDING REQUEST:**

- Non-personal Recovery Resources Worksheet
- 2 construction Quotes for repair costs over \$2500 (or CT Rises’ Construction Cost Verification)
  
- W-9; Contractor’s License and Proof of Insurance (for direct-to-contractor payments)
- Contractor Payment Request Form
- Photographs of property damage
- FEMA duplication of benefits form
- Client release for unmet needs table

FOR ACRONYMS SEE APPENDIX 1 PAGE 100

**SAMPLE:** *(Dollar figures are shown for example only)*

**PREPARING FOR LONG-TERM RECOVERY**

Funding	Approved Y/N	Amount Received	Amount Due	How Funds were used
Flood insurance	Y	\$16,242.00	\$0.00	Home Repair
ICC	N	\$0.00	\$0.00	N/A
Homeowners	N		\$0.00	N/A
FEMA	N	\$5,106.00	\$0.00	Rental Assistance
SBA	Y	\$0.00	\$0.00	N/A
SHPO	N	\$0.00	\$0.00	N/A
Shoreline Resiliency	N	\$0.00	\$0.00	N/A
American Red Cross	N	\$0.00	\$0.00	N/A

Catholic Charities of Fairfield	N	\$0.00	\$0.00	N/A
TSA Financial Assistance	Y	\$5,883.43	\$9,116.57	Other Assistance
UMCOR	N	\$5,200.00	\$4,800.00	Rental Assistance
The United Way	N	\$0.00	\$0.00	N/A
CT Rises	Y	\$0.00	\$0.00	N/A
CDBG/Priority	N	\$250,000	\$0.00	Home Repair
HMGP	N	\$0.00	\$0.00	N/A
Operation Hope	Y	\$0.00	\$0.00	N/A
		\$0.00	\$0.00	N/A
<b>TOTAL</b>		<b>\$282,431.43</b>	<b>13,916.57</b>	

FOR ACRONYMS SEE APPENDIX 1 PAGE 101

## Unmet Needs Table Presentation Template (SAMPLE)

Date Presented: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Agency of Case Manager: \_\_\_\_\_

Case Number or LTRC Assigned ID # \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Total Request: \$ \_\_\_\_\_

- Ages of household members: \_\_\_\_\_
- Is this a single-parent household? (Y/N) \_\_\_\_\_
- Does this household include individuals with special needs or disability? (Y/N) \_\_\_\_\_
- Own or Rent \_\_\_\_\_
- Client Release for Unmet Needs Table (Y/N) \_\_\_\_\_ (necessary to share information at the Table with other funders and partners)
- COVID 19 Status:
  - Members of household have not contracted COVID 19
  - Member(s) of household experiencing active COVID 19 symptoms at this time
  - Member(s) of household recovered from COVID 19
  - Seeking assistance for loss of a loved one due to COVID 19

**City/Town of residence at time of disaster:**

\_\_\_\_\_

**Provide an overview of client's Post-disaster situation:**

**What are the Unmet Needs for this disaster?**

Rent / Mortgage / Medical / Funeral / Child Care / Transportation / Food

Utilities: Gas / Electric / Water    Other: \_\_\_\_\_

**The total \$ Amount requested:** \_\_\_\_\_

Will Assistance help the client lead to sustainable recovery for 3 months / 6 months?  
(Y/N) \_\_\_\_\_

**Client Recovery Resources**

Personal Resources (bank and other accounts) \_\_\_\_\_

Monthly Income \_\_\_\_\_ Monthly Expenses \_\_\_\_\_

**Total Personal Resources available for recovery \$** \_\_\_\_\_

Total Non-personal available Recovery Resources \$ \_\_\_\_\_ (Unemployment)

**As the advocate for this client, I affirm that the information as described has been verified to every extent possible.**

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**INCLUDED WITH THIS FUNDING REQUEST:**

- COVID Recovery Resources Worksheet
- Client Release for Unmet Needs Table



# CT Rises Unmet Needs Table

Date presented: 9 /11 /15

Case Manager:

Agency: CCFC

CAN#: 201XXXXXX

DOB (if yes attach to form): NO

# of People in Household: 2

**Total request \$ 4500.00**

- Ages of household members: 81, 49
- Is this a single-parent household? No
- Does this household include individuals with special needs or disability? NO
- If applicable please note the special needs or disability.
- Own or Rent: OWN
- Client Release for Unmet Needs Table (Y/N): YES

**Address at time of disaster: East Haven, CT**

**Current Address (if different): SAME**

**Provide an overview of client's pre-Sandy condition:** Client's life was good. He is a veteran, and leads a social life. They were still recovering from Hurricane Irene when Super Storm Sandy hit. **He receives social security. Daughter has a job and is still working**

**Provide an overview of client's Post-Sandy condition:** Client's house is about 100 feet from the water, and the whole area was flooded. Client applied for CDBG and was accepted. Client and his daughter will now need to be out of the house for 6-8 Months while the house is elevated. Client has found a rental house just down the street from their house.

**What are the Storm Sandy Unmet Needs (include \$ value):** Rental Assistance for 3 months of rent \$4500.00. Owners of the rental house request that checks be mailed directly to them. See lease and W-9.

**Will assistance help the client lead to sustainable recovery? YES**



# CT Rises Unmet Needs Table

## Client Recovery Resources:

### Personal Resources

Monthly Income \$2694.00

Monthly Expenses \$ 1444.00

Investments \$0

Savings \$0

Other Personal Resources \$0

Total personal resources available for recovery: \$1250.00

### Non-Personal Recovery Resources

(see attached form)

Total Non-personal available Recovery Resources: \$0

Does the client have a sustainable recovery plan? YES

As the advocate for this client, I affirm that the information as described has been verified to the extent possible. \_\_\_\_\_ Date: \_\_9/11/15\_\_\_\_\_

Funding	Approved Y/N	Amount Re-ceived	Amount Due	How Funds were used
Flood insurance	Y	\$16,242.00	\$0.00	Home Repair
ICC	N	\$0.00	\$0.00	N/A
Homeowners	N		\$0.00	N/A
FEMA	N	\$5,106.00	\$0.00	Rental Assistance
SBA	Y	\$0.00	\$0.00	N/A
SHPO	N	\$0.00	\$0.00	N/A
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<b>TOTAL</b>		<b>\$282,431.43</b>	<b>13,916.57</b>	

The Salvation Army Southern New England  
Phase 1 (July 13 – October 16, 2020)  
CoVID Recovery Casework / Case Management Best Practices

**Area Setup:**

- o Staff and clients should wear masks when in common spaces
- o Consider having extra face masks for arrivals without a face mask
- o Chairs should be six feet apart
- o Hand Sanitizer should be readily available – ask clients to use upon entering the building or give them the option of washing their hands in the restroom
- General
  - o Provide detailed cleaning/sanitation instructions for cleaning staff
  - o All staff should wear masks when around other staff
  - o All staff should regularly wash their hands for 20 seconds
  - o All staff should be 6' away from anyone in the building
  - o Vulnerable populations may not know how to properly cover their face (covering both nose and mouth), therefore we are recommending providing instructions to make certain both nose and mouth are covered.
- Office Setup:
  - o Desk setup with clear line of sight between staff and door – as per safety precautions we always recommend staff are closest to the door
  - o Plastic/glass barrier between staff and client with space to pass items underneath if possible
  - o If desk space between staff and client is not 6' apart, consider adding table in front of staff's desk and place client chair on the opposite side of table. This should be close to 6' apart
  - o If not able to achieve 6' apart, consider utilizing a different space in the Corps (that has ability to be private) for safety of client and staff
  - o Have a jar/container marked CLEAN with clean pens for client use
  - o When client is finished using pen, it should be put in a separate jar/container marked USED pens
  - o When client leaves, it is recommended that staff wipe down client chair and desk/table space with disinfectant wipe prior to seeing the next client
  - o At the end of the day, all pens used by clients should be wiped down with a disinfectant wipe and left overnight to dry
  - o Place clean pens back into jar/container marked CLEAN

**Social Services Hours:**

- Food Distribution hours remain the same – Monday, Wednesday & Friday – 9:00 – Noon.
- Casework/Case Management hours – Monday, Wednesday & Friday – 1:00 – 3:00 p.m. and Tuesday & Thursday – 9:00 – 3:00 p.m. (In-person & over the phone) Please post a sign on the

door that states “If you are here for an appointment, please wait outside and staff will let you in.”

**Food/Meal Distribution Service Delivery:**

- Food distribution remains the same.
  - Food should be distributed using pre-packed boxes
  - Appointments, where possible
  - No level of client choice pantry during Phase 1
  - Soup Kitchen meals should be distributed as a pack-n-go meal

**In-Person Casework/Case Management Appointments:**

- Should be implemented using the safe office setup as referenced above, to include masks being worn by everyone.
- Appointments should be no longer than 30 minutes.
- Appointments should not be scheduled back to back. At least 15 minutes should be left between appointments to allow staff time to wipe surfaces down, make sure a clean pen is put out, etc.
- Only one person per appointment may enter the building to meet with the caseworker/case manager.
- Those coming in for an appointment must wait outside until staff meet them at the door and bring them in. This should only be done once the person from the prior appointment has left the building and 15 minutes have gone by to allow for preparing the space for the next appointment.

**Casework / Case Management:**

- Survey:
  - The Needs Assessment Survey should be used for every inquiry to determine if they should receive traditional social services casework, CoVID casework or CoVID Case Management.
  - The completed survey should be kept in the client file.
- Traditional Social Services Casework (Non Co-VID related)
  - Complete normal pre-CoVID Intake Form over the phone.
  - Conduct as much of the casework over the phone to assess the client needs.
  - If the client is eligible for normal pre-CoVID emergency financial assistance and your Corps/location as funding available to assist, follow normal protocol, assistance limits, etc.
  - Schedule an in-person appointment to bring in photo ID and all other required back-up documentation for the file.
- CoVID Casework (Financial loss as a result of CoVID)
  - Complete CoVID Intake Form over the phone.
  - Conduct as much of the casework over the phone to assess the client needs.

- If determined that the client qualifies for SA or other community resources to meet their needs, work with the client over the phone for as much of the casework process as possible.
  - Connecting clients to community and state resources should be our first line of services/financial assistance.
  - If/when the client has needs that were not able to be met by other resources and qualify for SA financial assistance as outlined in the CoVID Emergency Assistance Financial Guideline and Limitations, make sure client has all required documentation.
  - Schedule an in-person appointment to bring in photo ID and all other required back-up documentation for the file.
  - Casework may be accomplished over a 30-60 day period depending on the clients situation.
- CoVID Case Management:
    - Follow the same protocols for CoVID casework.
    - Create a recovery plan to address various clients needs such as; housing, utility, medical, grief/loss, mental health, etc.
    - Connect to internal and external resources
    - Provide on-going case management for an extended period of time (average 3-6 months)
    - Advocate on behalf of the client with the local and regional Long-term Recovery Groups to access resources for the family after all other resources have been maximized.

**Stats:**

- Food distribution stats should be reported on the existing EDS stat form and submitted every Monday and Thursday to Cassandra Simoncelli.
- Traditional social services casework and financial assistance services should be recorded on the traditional excel stat spreadsheet and submitted monthly to Cassandra Simoncelli as you did pre-CoVID.
- CoVID Casework and financial assistance should be recorded on the CoVID stat spreadsheet and submitted monthly to Cassandra Simoncelli using the deadline provided by her. For CoVID Casework stats, in-person and over the phone casework should be counted under interview conducted and NOT case management. The case management definition under EDS Social Services has a different definition.
- CoVID Case Management and financial assistance should be recorded on the CoVID stat spreadsheet and submitted monthly to Cassandra Simoncelli using the deadline provided by her.



# The Salvation Army

Divisional Social Services  
855 Asylum Avenue  
Hartford, CT 06106  
860-702-0025

## Eligibility Requirements & Emergency Financial Assistance Limitations. (Rev. June 2020)

DISASTER INCIDENT <b>CoVID-19</b>	DATE ISSUED <b>June 2020</b>
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### Eligibility Requirements are as follows:

1. Only one person from a household may apply. An individual may not apply on behalf of two or more households.
2. The individual or family head-of-household must demonstrate that the family:
  - a. was affected by the disaster.
  - b. has needs that are related directly as a result of the disaster as of March 1<sup>st</sup> to date
3. Proper identification is required. This includes a photo ID (driver's license, state issued ID card, etc.)
4. United States citizenship is **not** a requirement for service.
5. **If a client's income was higher during the pandemic and/or remained the same as their pre-CoVID income, and are now behind with their rent/mortgage, utility, car, etc. as a result of failure to pay, they are disqualified for any CoVID financial assistance. The moratoriums that were in place were to help protect people who were not able to pay as a result to lower or no income as a result of CoVID. It was not a free pass to not pay their bills.**

For this disaster, clients will not have a FEMA # as in previous. Therefore, clients will need to provide required documentation as listed below:

### Client Files/Required Documentation:

All client files must include the following:

- COVID Needs Assessment Survey
- Intake Information Form
- Photo ID
- Proof of Income/Unemployment before CoVID (work pay stub, checking account, etc.) and during CoVID (work pay stub, documentation from unemployment showing their weekly amount). If client states that they applied for unemployment but did not receive it, they need to print off the denial notification from the unemployment website.
- If loss of employment was due to a medical condition, proof of documented medical condition.
- Detailed case notes documenting client's situation, needs and assistance/resources provided or referred to.



# The Salvation Army

Divisional Social Services  
 855 Asylum Avenue  
 Hartford, CT 06106  
 860-702-0025

## Eligibility Requirements & Emergency Financial Assistance Limitations.

(Rev. June 2020)

### Emergency Financial Assistance Types/Limits

The maximum award limits listed below should not be disclosed to the clients. This is for internal purposes only. Please do not tell the client that they are eligible to receive up to.....

Assistance is provided based on need once the caseworker/case manager have exhausted other external resources from the client.

**The total amount of combined assistance provided to any one household may not exceed the maximum limits as listed below without approval from the D.S.S.D., P.S., or D.S.**

Family Size	Maximum Award
1	\$ 1,000
2	\$ 1,250
3	\$ 1,500
4	\$ 2,000
5+	\$ 2,500

### Emergency Financial Assistance Categories

Type of Assistance	Explanation of Assistance	Required Documentation to Process Assistance/Payment
GROCERIES	Alcohol and tobacco prohibited.	
Rental / Mortgage Assistance	Assist with past due/current rent/mortgage as a result of loss of income due to CoVID-19. May help with full or partial rent.	<ul style="list-style-type: none"> <li>Signed Lease by the client who is requesting assistance clearly showing the monthly rental amount.</li> <li>Letter/statement from landlord showing the monthly rent amount, the past due balance &amp; the time period covering the past due balance.</li> <li>Statement from mortgage company, along with mail showing proof of address to show client resides in the property as outlined in the mortgage statement.</li> <li>Statement must clearly show the monthly amount of mortgage, the past-due balance and the time period covering the past due balance.</li> <li>W-9 Form completed and signed by the landlord or mortgage company. We are not able to provide payment without a W-9.</li> </ul>
MEDICAL, Treatment	Pay bills / invoices related to medical treatment due to disaster related injuries and/or trauma.	<ul style="list-style-type: none"> <li>Past due/current medical treatment due to disaster related injuries and/or trauma.</li> <li>Must provide medical documentation showing health related services were a direct result of CoVID.</li> </ul>





# The Salvation Army

Divisional Social Services  
855 Asylum Avenue  
Hartford, CT 06106  
860-702-0025

## Eligibility Requirements & Emergency Financial Assistance Limitations.

(Rev. June 2020)

		<ul style="list-style-type: none"> <li>W-9 must be completed and signed by the provider requesting payment.</li> </ul>
TRANSPORTATION	Car payment, repair and/or car insurance.	<ul style="list-style-type: none"> <li>Vehicle must be used to travel to/from work.</li> <li>Statement from lender/insurance company. If past due, past due balance time period must be clearly documented.</li> <li>W-9 must be completed and signed by the lender/insurance company.</li> </ul>
ENERGY, Utilities	Water, sewer, electric, gas bills or property tax	<ul style="list-style-type: none"> <li>Utility bill (water, sewer, electric, gas or property tax) in the client's name. We cannot provide payment on a utility bill that is not in the name of the client. The bill must clearly show the current and/or past due balance and must provide the time period covering the past due balance.</li> <li>W-9 must be completed by the perspective vendor of the service.</li> </ul>
OTHER	Other assistance provided by The Salvation Army that does not otherwise fit in the categories listed above must be approved by the DSSD, PS or DS.	

**In-kind assistance, when available, should be provided in addition to financial assistance for any of the services categories listed.**

**Other essential emergency needs not mentioned below may be considered when necessary.** However, this exception should be approved by the Divisional Social Services Director, Program Secretary and/or Divisional Secretary.

In unusual circumstances, the Divisional Social Services Director (DSSD), Program Secretary (PS), and/or Divisional Secretary (DS) may authorize additional monies that exceed the maximum award. This may be the case when a client demonstrates a severe need, including disaster-related injuries or a death.

With the exception of gift cards, all payments will be made directly to a 3<sup>rd</sup> party vendor. For all forms of direct financial assistance, presentation of an appropriate bill or statement that specifies the services (to be) provided and/or the itemized cost(s) and the time period for the amount will be necessary before payment can be rendered. **Checks or cash will not be paid directly to the client.**

***The goal of this disaster financial assistance is to help people return to their pre-disaster status. It is not to improve their pre-disaster status.***

COVID 19 Recovery Resources Worksheet (SAMPLE)

<b>Funding Source</b>	<b>Approved Y/N</b>	<b>Amount Received</b>	<b>Amount Due</b>	<b>How Funds were used</b>
Medical Insurance				
SSI/SSDI				
Temporary Rental Housing Assistance Program (TRHAP)				
Temporary Mortgage Assistance Program				
COVID 19 (Utility) Payment Program				
Unemployment Assistance				
Pandemic Unemployment Assistance				
Pandemic Electronic Benefit Transfer (EBT) – Food assistance				
Supplemental Nutrition Assistance Program (SNAP)				
Women, Infants, and Children (WIC)				
The Emergency Food and Assistance Program (TEFAP)				
Child Nutrition Program (Meals4Kids Summer Food Programs/Grab and Go Meals)				
Commodity Supplemental Food Program (CSFP)				
USDA Farmers to Families Food Box Program				
Quarantine & Isolation (Q&I) Assistance through Community Resource Coordinator (CRC)				
SBA (if small business)				
Other				
<b>TOTAL</b>				