

# FORT BEND **RECOVERS**

*Application*

# FORT BEND RECOVERS

## Instructions for Submission

- Case Management Agency will submit requests to Project Manager, Robert Lenning: rlenning@bakerripley.org
- The following supporting documentation must be submitted along with this form:
  - Proof of legal status (*for Rebuild only*)
  - Proof of homeownership
  - Proof of income (for all residents age 18 & over)
  - Flood insurance coverage (or attempt)
  - Pictures of home damage and receipts, if available
  - Substantial Damage Letter
  - Federal assistance documentation (denied, approved, i.e. FEMA and/or SBA)
  - FEMA Duplication of Benefits (FEMA DOB)
  - Release of information to Fort Bend Recovers (CAN waiver)
  - Proof of disability, if applicable
  - IDs for all residents age 18 & over

*\*Please Note: Additional information may be requested before a decision is rendered.*

## Qualifications

- This fund will serve the most vulnerable residents: seniors, individuals with disabilities, and lower-income families with children. Priority will be provided in the impacted counties as described below:
  - Fort Bend County Residents
- Funds are limited to providing services to households at or below 200% of the 2016 Federal Poverty Guidelines.
- Only one request can be submitted per household, up to \$5,000.
- For homes in the floodway or substantially damaged homes in the flood plain, document elevation requirements and compliance with all related codes.
- Must work with approved vendors.
- Must agree to document progress, utilizing before and after photos.

## Request Priority (*Priority is given to the following demographics*)

- Households demonstrating poverty (either by income or failed FEMA/SBA income test).
- Households with seniors (60+ years).
- Households with small children (<12 years).
- Individuals with disabilities.

## Exclusions

- Incomplete forms.
- Requests unrelated to the 2017 Hurricane Harvey Flood.
- Requests related to clients who are not in current purview of service.
- Homes that do not meet the elevation requirements are not eligible to access funds.

## Approval and Payment Process

- The Repair/Rebuild workgroup will make the final approval and/or recommendations based on available funding.
- Agencies will receive a final notification via email of cases that are approved and/or denied.
- Payment will be made directly to the Vendor that is providing the service, not the client.
- Allow 7 business days from submission for remittance of payment.



# FORT BEND RECOVERS

List each person living in your household.

| Name | Relationship | Age | Gender | Race | Ethnicity |
|------|--------------|-----|--------|------|-----------|
|      |              |     |        |      |           |
|      |              |     |        |      |           |
|      |              |     |        |      |           |
|      |              |     |        |      |           |
|      |              |     |        |      |           |
|      |              |     |        |      |           |
|      |              |     |        |      |           |
|      |              |     |        |      |           |

List each family member who has a job or receives Social Security, Social Security Disability (SSI), Pension, Retirement, Child Support, etc.

| Name | Relationship | Annual Income | Income Source |
|------|--------------|---------------|---------------|
|      |              |               |               |
|      |              |               |               |
|      |              |               |               |
|      |              |               |               |
|      |              |               |               |
|      |              |               |               |
|      |              |               |               |

I certify and declare to the best of my knowledge and belief that the information I have provided is true, accurate, and complete. I understand that my home is being considered for critical repairs, and if approved, I authorize Fort Bend Recovers to make all arrangements for said repairs according to our proposed plan. I hereby, release, discharge, hold harmless, and forever acquit Fort Bend Recovers, their officers, agents employees, and volunteers from any and all actions, causes of action, claims or any liabilities whatsoever, known and unknown, now existing or which may arise in the future, on account of or in any way related to the repairs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# FORT BEND RECOVERS

**The purpose of this form is to confirm that households receiving funds are eligible and active in disaster case management.**

I, \_\_\_\_\_, hereby certify that I am the case manager for  
(Case Manager's Name, printed)

\_\_\_\_\_ and that they are compliant with their recovery plan.  
(Client's Name, printed)

Please answer all the following by checking each box:

- Yes    No   I certify that the client's household was affected by the 2017 Hurricane Harvey floods, and that the assistance requested is directly related to the immediate impact (or collateral damage\*) as a result of said floods.
- Yes    No   I have confirmed that the need described in this request is valid.
- Yes    No   I have verified the client's household income and that the client has no other resources available to meet this need.
- Yes    No   I have confirmed that the client is not receiving duplicates benefit from multiple agencies.
- Yes    No   I certify that the information pertaining to this client and request has been documented in the CAN system.
- Yes    No   I certify that the information in this application is accurate to the best of my knowledge.
- Yes    No   I certify that a release of information form is on file that permits the sharing of client information with the Repair/Rebuild Work Group.

*\*Collateral needs – These are needs that have developed in the course of the client's recovery process. While these needs are not required to be directly related to the incident, they must have developed due to hardships caused by the impact of the incident.*

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Agency