COMMUNITY
LONG-TERM RECOVERY GUIDANCE

January 2014
Acknowledgement

This guidance is a compilation of work from the WI VOAD Long Term Recovery manual and members of the MN VOAD Long Term Recovery Committee. MN VOAD LTR member agencies who participated in the development of the guidance include: American Red Cross, Headwaters Relief Organization, Hennepin County Public Health Department, Lutheran Social Services of Minnesota, Minnesota Homeland Security and Emergency Management, Minnesota VOAD, The Salvation Army, Southern Baptists Disaster Relief, United Methodist Committee on Relief, and United Way 211.
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INTRODUCTION

Minnesota Volunteer Organizations Active in Disasters (MNVOAD) created this manual to provide an overview of the process your community should consider implementing to address disaster response and long-term recovery. Members of MNVOAD utilized their experience in responding to a wide variety of disaster events to provide you with a resource to identify major issues in long-term recovery highlight lessons learned and give recommendations on best practices for the successful operation of a long-term recovery group during both presidentially and non-presidentially declared disasters.

In this manual, you will find policies and procedures needed to organize a long-term recovery group, including sample forms that can be adapted to meet your needs locally. This manual is a compilation of guidance from the National Volunteer Organizations Active in Disasters (NVOAD) and the Administration for Children and Families Disaster Case Management: Implementation Guide.

It is the responsibility of the local community to assist in the recovery process. This manual assumes a large-scale disaster has occurred and in such circumstances, local, state and federal resources may be available to assist in long-term recovery. However, there will also be situations where government assistance and private insurance is insufficient or unavailable, leaving residents with unmet needs.

The purpose of the long-term recovery process and group is to assist in identifying the resources that may be available to address those unmet needs. This manual serves as a guide and focuses on recovery following a large-scale disaster event and can be modified for any size or type of disaster.
DISASTERS AND LONG-TERM RECOVERY

Disaster: A disaster is an event that disrupts normal life, causes physical/mental trauma, damage to property and the community infrastructure. Disasters may include tornados, flooding, winter/ice storms, fires, explosions, hazardous material spills, and acts of violence or terrorism.

Long-term Recovery: Long-term Recovery occurs over an extended period of time following a disaster in which public agencies and volunteer organizations assist individuals and communities that have been impacted to develop and implement recovery plans. Long-term recovery is unique to each event and the community (ies) impacted. Recovery activities are dependent on the type of disaster and available resources.

Long-term Recovery Structure: Strong, well organized partnerships will enhance the coordination of responding individuals, faith-based organizations, and other community organizations who wish to address the unmet needs of communities, families and individuals. The structure and resources depend on the status of a Presidential Declaration. With a Presidential Declaration federal resources may be offered to community residents in the form of Individual Assistance.

Note: Based upon previous experience in disaster recovery, MNVOAD recommends that community members create a long-term recovery group prior to the actual disaster.
RESPONSIBILITIES OF ESSENTIAL PARTNERS IN LONG-TERM RECOVERY

- **Minnesota Division of Homeland Security and Emergency Management**
  - Serves as the Governor’s Authorized Representative in requesting federal assistance to respond to and recover from a disaster.
  - Facilitates the coordination between governmental, non-governmental, and faith-based organizations.

- **Minnesota State Departments**
  - Participates in State Disaster Recovery Centers
  - Deploys the Minnesota Behavioral Health Medical Reserve Corp to State Disaster Recovery Centers and to disaster impacted communities, upon the request of the local authorities, to assess needs and to provide community behavioral health support services.
  - Coordinates with HSEM in the application for and in the management of any FEMA Crisis Counseling Program (CCP) and FEMA Disaster Case Management (DCM) program grants.
  - Coordinates state funded (disaster Legislative special session funding) community recovery grants.
  - Collaborates with one another in the development of State Emergency Operations Plans consistent with the National Response Framework.
  - Coordinates with MNVOAD to maximize resources available for response and long-term recovery.

- **County Emergency Management**
  - Develops county Emergency Operations Plans consistent with the State Emergency Response Plan and the National Response Framework.
  - Conducts damage assessment following a disaster for submission to the Minnesota Division of Emergency Management.
  - Collaborates with community agencies and organizations.
  - Identifies and coordinates local resources to respond and recover from a disaster.
  - Supports the establishment of long-term recovery groups at the local level.
  - Coordinates with MNVOAD to maximize resources available for response and long-term recovery.

- **Minnesota Volunteer Organizations Active in Disaster (MNVOAD)**
  - Provides an umbrella as a 501(c)(3) entity for fund raising activities and distribution of funds through services and goods.
  - Coordinates with the National VOAD as a member.
  - Provides support and guidance to local long-term recovery process.

- **Local Community Based Private and Public Sector Partners**
  - Assists in coordination of basic needs recovery activities
  - Helps assure that the recovery process addresses the full range of behavioral health needs of the community.
Helps assure participation and inclusion of all members of the impacted community. Acts as advocates for, or provides assistance to, a wide range of members of the community, such as individuals with disabilities and others with access and functional needs, children, seniors, individuals with limited English proficiency and other underserved populations.

- Participates in case management to ensure that the needs of affected individuals and families are addressed.
- Assists in planning and participates in Disaster Assistance/Recovery Centers
- Assists with retaining and providing jobs and a stable tax base
- Coordinates local public health, and health care recovery operations
- Coordinates with MNVOAD to maximize resources available for response and long-term recovery

ORGANIZING LONG TERM RECOVERY GROUPS

Structures or forms of long-term recovery groups vary based upon the type of disaster and the number of counties or communities that have been impacted by the event. If one community is impacted, the long-term recovery model may focus on the city, village or township. In the event of a multi-county event, it may be practical to consider a multi-county or regional approach bringing together community representatives from those counties to form the organization. The long-term response to a disaster that has a lot of people impacted requiring community support creates the need for a more formal structure.

Long-term Recovery Formation

- Convene stakeholders to address disaster needs
- Appoint a facilitator, temporary chair or steering group
- Create an organizational chart
- Develop mission statement
- Form working groups (sub-groups)
- Identify additional stakeholders for future involvement
- Establish a process for assessing disaster needs and available community resources
- Establish goals and preliminary budget
- Develop a timeline based on needs assessment and available resources
- Based upon assessment identify structure necessary to accomplish recovery
- Develop a staffing plan, paid or volunteer
- Evaluate periodically and refine as needed

Information Gathering

Pre-Disaster Considerations

- Population demographics including at risk populations (see Census Data)
- Disaster related needs of individuals and the community
- Community assets and resources
Community Long-Term Recovery Manual

- Existing Volunteer Base
  - Information and referral services such as United Way’s 2-1-1
  - Operational and existing LTR groups
  - Current response agencies (local, regional, and national such as faith based, social service and civic organizations)
  - Media Outlets
- Resources required (funds, materials, personnel or services) that are not available within the community
- Expectations of the local community
- Local fund raising efforts, potential grant opportunities, donations
- If considering taking financial donations, applying for 501(c)(3) status. (MNVOAD has 501(c)(3) status and could be utilized for this task.)
- Develop policies and processes to collect and consolidate, account for, distribute, and summarize all monetary donations

Post Disaster Considerations
- Size of geographic area impacted
- Magnitude and scope of the disaster
- Political, cultural and governmental jurisdictions involved
- Number of persons impacted
- Number of owner occupied homes and/or rental properties impacted and the level of impact.
- Number of businesses and public services impacted
- Local fund raising efforts, potential grant opportunities, donations.
- Additional members of the community becoming involved in the recovery effort
LONG-TERM RECOVERY STRUCTURE

Participants (Equal Partners)

- Representative of the community
- MNVOAD member agencies invited to participate
- Any local, state, or national organizations providing resources.
- Representatives of local Emergency Management or government.
- Members of local or private sector civic groups.
- Representatives, who have expertise in accounting, legal matters, grant writing, human resources, communications, marketing, and building trades, etc.

Participant Requirements

- Participation is voluntary and members should respect confidentiality and be aware of potential conflicts of interest.
- Participants represent agencies that provide staff resources, expertise, funding, and services or materials in the long-term recovery process.
- Participants are expected to attend meetings

Suggested Long Term Recovery Functions

- Finance Management
- Donation management – cash and in-kind contributions
- Case management
- Community assessment
- Crisis counseling
- Emotional/Spiritual Care
- Public information/Education
- Construction/reconstruction coordination
- Volunteer coordination
- Resource Round Table

Leadership should be identified early on to maintain both structure and focus in accomplishing the mission of the organization. The group must elect a chairperson, vice-chairperson, treasurer and secretary. Each officer needs to have a position description addressing his or her basic job functions and expectations.

The initial meetings will address the purpose of the LTR, establish an agreement to work together to coordinate recovery, decide on future meeting dates/locations, and create minutes of meeting discussions.

A key element of local long-term recovery operation is its relationship with the MNVOAD. The local group should identify an individual who will serve as the main point of contact with the MNVOAD.
The group must develop short and long term goals as part of a disaster recovery plan.

Examples may include:

- Establish by-laws
- Assess needs
- Establish a Communications Plan
- Establish a plan for acquisition, distribution and management of donations
- Develop an exit strategy
- Develop a list of funding priorities to guide their decision-making process and provide focus for case workers
- Develop and maintain an ongoing list of resources
- Develop assistance guidelines and criteria for meeting disaster related unmet needs
- Document, document, document
PERSONNEL

Every attempt should be made to recruit volunteers to fill the positions of case managers, case manager supervisors, volunteer coordinators, construction coordinators, etc. or hire staff to fill these positions. The process for use of volunteers or employed staff must include the following:

Personnel Assessment Considerations

- Develop a long-term plan to secure funding to retain the staff
- Identify an appropriate office location for them to work including access to a computer with Internet access, phone, cell phone, fax, and copier support
- Implement a timesheet system to document hours worked (Sample Attached)
- Identify a fiscal agent to pay employed staff
- Identify supervisor and supervising agency
- Coordinate training for all supervisors and case managers
- Establish a grievance process
- Establish and implement a process for periodic employee evaluations with written feedback as to their performance
- Maintain a personnel file on each case manager/supervisor
- At the end of their employment mail the file to the MNVOAD Chairperson for retention
- Search for multiple agency representation to share responsibility

Application Process

- Develop a position description for the case manager, case manager supervisor, volunteers coordinator, etc. (Sample included in this document)
- Advertise and/or post for qualified candidates. (Sample included in this document).

Interview Process

- Conduct interviews with a panel of at least three LTRC members. (Sample questions included in this document).
- Conduct criminal background and reference check on potential candidates
- Make a verbal and written offer of employment with hourly rate, reimbursable expenses and benefits (if provided) clearly stated in the letter.
- Recommended Requirements
  - The candidate has a valid driver’s license (no temporary or occupational license)
  - The candidate has access to a vehicle
  - The vehicle has current registration and is insured

Orientation

- Sign Conflict of Interest form
- Upon hiring, issue a photo identification card.
Ensure that case managers have direct supervision and support including regular review of active cases.

Volunteer Management

Volunteers are essential to the long-term recovery process and bring a variety of skills such as debris removal, construction, case management, donation management, professional services and program leadership.

Volunteer management should be a formalized process to address recruitment, training and supervision of volunteers. A Volunteer Coordinator position needs to be created either through an LTRC or a local volunteer organization.

Volunteer Coordinator responsibilities may include:

- Recruitment of volunteers to fill requested positions
- Ensure all volunteers go through orientation
- Ensure all volunteers are assigned to a supervisor for task assignment
- Ensure appropriate paperwork is completed by volunteers and personnel files are maintained
- Ensure proper equipment and supplies are provided to volunteers
- Attend LTR meetings
- Coordinate with other supervisory positions
- Ensure volunteers are properly trained
- Coordinate hydration, food services, and housing when needed
- Tracking of volunteer hours and submittal to partners
CASE MANAGEMENT PROCESS

This manual is based on the United Methodist Committee on Relief (UMCOR) and the National VOAD (NVOAD) models for case management. Upon request, UMCOR is willing to set up training that covers the aspects of doing case management and provides forms that are uniform in format and presentation. Manuals are available through UMCOR or NVOAD.

Thorough casework guides the case management process. Caseworkers meet with the clients and develop a rapport in which they team together to develop and implement a family or individual’s recovery plan. This holistic approach addresses disaster caused needs not met during the relief phase of the incident and the emotional needs of the household. Ideally the clients may obtain the items and/or services through financial assistance, referrals or coordination of services from a participating agency, organization or vendor.

A formal intake process begins the clients’ interaction with the Long-Term Recovery process. Casework activities include meeting clients on their terms and often away from the office environment. An assessment is conducted to identify the disaster recovery needs followed with the development of the recovery plan. The case management process guides the coordination and implementation of the plan. It is necessary for the caseworker to step through the entire cycle of the case management with the family or individual so as to monitor the progress and put closure to the case when the family has completed the process.

Case Managers:

- Verify unmet needs through home visits, obtaining previous records, and existing reports from qualified vendors and/or service providers.
- Follow standard price and procedure guidelines for distributing items such as washers and dryers to minimize costs and maximize available resources for all the families with similar unmet needs.
- Maintain up-to-date resource lists that are pulled together through existing and new networks of community organizations and agencies.
- Work under the premise that items are not automatically replaced but, through casework, guide the survivors to restore basic unmet needs utilizing various resources.
- Develop lists of needed items that cannot be resourced locally for review by the LTRC to be given to MNVOAD for potential resources.
- Advocate for the clients by developing solid individualized presentations on behalf of the clients to existing Long-Term Recovery Committees, government agencies, or individual non-government agencies or organizations.
- Coordinate the facilitation of emotional support with crisis counselors working with the Long-Term Recovery Committee.
- Assist families obtaining services through legitimate practices such as being in compliance with zoning laws, obtaining permits, acknowledgement of the National Flood Insurance program, etc.

Case management requires the coordination of services acquired from various sources. The Coordinated Assistance Network (CAN) or another web-based case management database is
typically used to ensure that services are tracked and not duplicated. The CAN database is made available for use during a federally declared disaster.

**FISCAL ADMINISTRATION**

To be fiscally responsible, monetary and in-kind donations should be channeled through a 501(c)(3) organization. If the impacted communities accept monetary or in-kind donations directly, either instead of or in addition to promoting donations to voluntary organizations, funds can be managed by a long-term recovery committee.

The committee/task force can accept charitable donations by:

- Applying for and receiving 501(c)(3) status from the IRS.
- Coordinating with a local foundation or organization that has 501(c)(3) status.
- Coordinating with Minnesota Voluntary Organizations Active in Disaster to serve as fiscal agent.
  - MNVOAD can serve as the initial fiscal agent for receipt of donated funds.
  - Designated funds will be made available to the local/regional LTRC when its budget is submitted and approved and it has a fiscal agent for fund distribution.
  - Mini-grants may be available to individuals and families through other funding resources and coordinated through MNVOAD.

**NOTE:** It can take over a year to apply for and receive 501(c)(3) status from the IRS. If the community chooses this option, it should begin the application process immediately and identify a back-up option in the event an emergency occurs before it has formed a dedicated non-profit organization. Due to the length of time, it is suggested to apply for a 501(c)(3) status prior to a disaster event. Develop policies and processes to collect and consolidate, account for, distribute, and summarize all monetary donations.

It is imperative that a paper trail process for all monetary and in-kind donations as well as expenditures be in place to support public accountability and required audits. A paper trail includes tracking all expenditure and revenue receipts which includes volunteer and employee records.

**Additional Steps Once A LTRC Is Established**

- Identify a process for paying vendors. This will require having a fiscal agent (bank) and a dedicated checking account. (This will enhance accountability).
- Identify at least two group members, with an alternate, to authorize all payments.
- Conduct or ensure a criminal and credit background check on all LTRC members that handle money.
- Develop an operations budget as well as a separate cost center for distribution of donations to community members.
- Address budget items such as compensation rates for case workers/supervisors, policies for reimbursement of employee expenses such as mileage and meal expenses. Employee
expenses must be submitted for approval and reimbursement on a standardized form. (Sample attached)

- Develop a fund raising plan, maintain a master roster of donors to prevent/minimize repeated requests for goods/services, and report extraordinary needs to the MNVOAD for assistance in locating support to meet those needs.
- Seek monetary/in-kind contributions for office space, equipment, cell phones and other operational support to minimize overhead costs.
DOCUMENTS TO HELP FORMALIZE YOUR LTRC

Mission Statements

A Mission Statement briefly describes the committee’s primary objective, program overview and participants.

Sample Mission Statement #1

The (name of group) has agreed to meet and work together to address the needs of residents of (location or area) in response to the (name of disaster). We will strive to:

- Provide coordinated management of the long-term recovery to the disaster.
- Provide additional long-term assistance to individuals affected by the disaster who do not have adequate personal resources for basic needs as result of the disaster.
- Advocate for ongoing preparedness within the faith community and cooperation with governmental and volunteer agencies active in disasters.

Participants in this effort include: (names of participants)

Sample Mission Statement #2

The mission of the (name of group) is to strengthen area-wide disaster coordination in the affected area including (description of area) by sharing information, simplifying resident access to services, and jointly resolving cases with disaster-caused recovery needs.

Sample Mission Statement #3

MISSION:

To meet the need for ongoing coordination among communities providing volunteer, financial, spiritual, physical and/or psychological support for people whose lives have been ravaged by the (type of disaster).

To provide collaborative leadership in the discernment of long-term needs for recovery and rehabilitation that can be most effectively met or assisted by this community.

To provide advocacy for people most vulnerable to having their needs overlooked in public recovery planning processes.

OBJECTIVES:

This team will meet as needed and otherwise communicate on an ongoing basis to assure the most productive possible collaboration in addressing its mission.
The team will assure appropriate linkage for communities with public and civic disaster response organizations including FEMA, American Red Cross, Church World Service, The Salvation Army, and state or local governmental entities.

The team will, as needed, assist community organizations (and develop and provide coordination for such groups, if needed) to assure systematic needs analysis and resource matching.

Where appropriate, the team will work with individual groups to provide community support.

The team will assure the availability of support training for clergy and community leaders who have had limited or no direct interaction with disaster recovery or recent prior disaster preparedness training.

The team will work together to assure public visibility for disaster recovery efforts.

The team will seek to build constructive relationships with community groups to avoid (or at least minimize) the existence or appearance of competition or conflict between groups in disaster response work.

This assistance to recovery will be provided on a case-by-case basis to the extent resources are available.

SAMPLE OF ORGANIZATIONAL CHART:
SAMPLE OF BY-LAWS FOR LTR

As the Mission Statement helps define the need, the philosophy, and the actions the group will take, a set of bylaws (even informal) will help the group identify how it intends to operate and relate within and outside of itself.

The by-laws describe basic procedures to indicate its governance, specify handling of funds, and establish lines of authority and responsibility.

The following are two samples of by-laws that may be adapted to fit your organizations needs.

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Sample Bylaws #1

BYLAWS
OF
(ORGANIZATION’S NAME)

ARTICLE 1. Purpose of the Corporation

The (Name of Organization) sets forth these Bylaws in accordance with the laws of the state of (Name of state) as an act of incorporating a not-for-profit organization, to establish and maintain a network within and on behalf of the faith communities and secular agencies which will provide a coordinated response to (specific disaster or more general language – general language is recommended).

ARTICLE 2. Members of the Corporation

(This section should be at the discretion of the group as you decide who is a “member.” One organization’s language is included below as a sample.)

Members of the Corporation shall be not more than (Number) representatives identified by each of the faith communities (diocese, presbytery, conference, et al) who (1) have provided material or financial support for the work of the (Name of the Organization) and who (2) authorize these representatives to be identified annually as Corporate Members.

ARTICLE 3. Eligible Voters

Only members of the Corporation shall be eligible to vote on matters coming before the corporate meetings, whether stated or special. Voting by proxy and cumulative voting are not allowed.

ARTICLE 4. Meetings of the Corporation
All meetings will be at the call of the Chair or any two of the corporate officers.

The Annual Meeting of the Corporation shall be in (Month) each year, for the purpose of electing executive officers and addressing any other corporate business properly coming before the Corporation. Public notice of this meeting, the time and place shall be given by written notice to all Corporate Members at least two weeks (14 days) prior to the meeting.

Special corporate meetings shall be called by the Chair or any two corporate officers, or upon the request of ten percent of the Corporate Members, providing the call shall clearly state the purpose for the meeting and prior written notice being given two weeks (14 days) in advance to all Corporate Members. Only business specified in the call for the special meeting shall be conducted.

ARTICLE 5. Quorum

A quorum for transaction of business shall consist of twenty-five percent of the total Corporate Members.

ARTICLE 6. Corporate Officers

There shall be elected from the Members of the Corporation:

1. A Chair who shall preside at all meetings, as well as be the chief executive officer of the corporation, and perform other functions as deemed necessary by the Executive Group.

2. A Vice-Chair who shall preside in the absence of the Chair, or at other times deemed necessary by the chair, and perform other functions as deemed necessary by the Executive Group.

3. A Secretary who shall record and preserve all minutes of meetings, and perform other functions as deemed necessary by the Executive Group. If unable to attend a meeting, the presiding officer shall appoint a secretary pro term for that meeting.

4. A Treasurer who shall receive, deposit and account all financial matters of the Corporation, providing regular financial reports to the Members, and perform other functions as deemed necessary by the Executive Group.

The Corporate Officers shall be elected for two-year terms of office, and are eligible for as many successive terms as the Corporation deems appropriate.

The Officers shall represent three or more of the Corporate Member organizations.

ARTICLE 7. Executive Group

The Executive Group shall be accountable to the Members and consist of the Chair, Vice-Chair and Secretary of the Corporation and shall meet at the call of the Chair to perform such actions related to the management of the affairs of the corporation, including but not limited to:
1. Hiring, evaluating and terminating an administrator and/or other personnel, whether compensated or volunteer;

2. Engaging and executing contracts and agreements.

Except as otherwise required by law or these Bylaws, the Executive Group shall have all the authority of the Board in the management of (Organization’s Name) during such time as the Board is not meeting and may authorize contracts and agreements as required. The Treasurer and Director/Coordinator shall be advisory members without vote to the Executive Group.

ARTICLE 8. Programmatic Groups and Taskforces

The Corporation may create such temporary or permanent groups made up of its Corporate Members or other persons as agreed upon. These groups shall have such authority as the Corporation directs.

ARTICLE 9. Vacancies and Nominating Process

The Executive Group shall determine the appropriate process for securing nominations from among the Corporate Members for vacancies of any of the corporate offices, announcing the nomination process, and conducting an election.

ARTICLE 10. Financial Audit

The Executive Group shall obtain an annual audit and review of the financial affairs of the Corporation. The report shall be placed in the minutes of the Executive Group and reported to the Corporate Members.

ARTICLE 11. Amendments

These Bylaws may be amended, subject to the charter of the Corporation and the laws of the state of (Name), at any annual meeting or special meetings of the Corporation by a two-thirds vote of the voters present, providing that a full written account of the proposed changes have been sent to all Corporate Members two weeks (14 days) prior to the meeting.

ARTICLE 12. Dissolution of the Corporation

Upon the dissolution of this Corporation either by two thirds vote of the Corporate Members all assets and liabilities shall be distributed among the last annual list of the Members represented in the corporation membership in proportion to the materials and financial resources given to the corporation to date.
Sample Bylaws #2

BYLAWS
OF

(ORGANIZATION’S NAME)

ARTICLE I. Purposes of the Corporation

As set forth in the Articles of Incorporation, the (Organization’s Name) has been formed for the following purposes:

To operate exclusively for charitable and educational purposes, including but not limited to improvement of the condition of the poor, the underprivileged and the victims of discrimination and alienation.

To accomplish these purposes, the Board shall have the authority to exercise all the powers conferred upon corporations formed under the (appropriate state law) in order to accomplish its charitable and educational purposes, including but not limited to the power to accept donations of money or property, whether real or personal, or any interest therein, wherever situated; provided that only such powers be exercised as are permitted to be exercised by a nonprofit corporation which qualifies as a corporation described in Section 501(c)(3) of the Internal Revenue Code as amended; nor shall it engage directly or indirectly in any activity which would cause the loss of such qualification.

ARTICLE II. Board of Directors

Section 1. General Powers

The Board of Directors of the (Organization’s Name) constitutes its governing body. It shall manage, control, and direct the affairs and property of the corporation and subject to these Bylaws shall have all powers necessary to carry out the purposes of the (Organization’s Name) as specified in the laws of the United States and (appropriate state law).

Section 2. Composition of the Board

(a) The members of the initial Board shall be those (Number) persons named as directors in the Articles of Incorporation plus such persons as shall be added to the Board before (Date). Thereafter, the Board shall consist of not less than (Number) nor more than (Number). The term of each director shall continue until termination by death, the effective date of resignation, or the date of his/her service period in accordance with these Bylaws.

(b) Vacancies in the Board of Directors and any Board position to be filled by an increase in the number of Directors may be filled at any meeting of the Board upon nomination and a vote of (Percent) of the members of the Board present at such meeting.
(c) A Director may resign from the Board at any time by giving notice in writing thereof. A Director may be removed by the voter of (Percent) of the Board members present at any meeting of the Board.

Section 3. Meeting of the Board

(a) The annual meeting of the Board shall be held in (Month) of each year. Regular meetings of the Board, in addition to the annual meeting, shall be held (frequency). Special meetings of the Board shall be called by the Board Chair at the request of any (number) of Directors.

(b) The time and place of all meetings of the Board shall be designated by the Board Chair. Meeting may be held either within or outside of the (state, county, or other locale).

(c) At least (number) days’ notice shall be given to each Director of the annual and regular meetings of the Board. Special meetings of the Board may be held if at least (Number) days’ notice is given of such meeting. Any Director may waive notice of any meeting by submitting a signed waiver of notice whether before or after the meeting.

(d) (Percent) of the Directors shall constitute a quorum for the transaction of business at any meeting of the Board except that if a quorum shall not be present at a meeting, a (Percent) of the Directors present may adjourn the meeting from time to time without further notice.

(e) All matters shall be decided by a vote of (Percent) of the Directors present at any meeting at which a quorum is present, except as otherwise provided by statute, the Articles Of Incorporation or these Bylaws.

(f) Any action which is required or permitted to be taken at any meeting of the Board of Directors or of any group of the Board may be taken by oral agreement without a meeting, if within (Number) days after such oral agreement, the text of the resolution or matter agreed upon is sent to all members of the Board and more than (Percent) of the Board do not object to such action in writing within (Number) days of the mailing of such text.

ARTICLE III. Groups

Section 1. Executive Group.

The Board of Directors shall designate from its members an Executive Group consisting of at least (Number) Directors. Except as otherwise required by law or these Bylaws, the executive Group shall have all the authority of the Board in the management of (Organization’s Name) during such time as the Board is not meeting and may authorize contracts and agreements as required. A quorum for the transaction of business by the Executive Group shall consist of (Percent) of the total membership of the Executive Group, and decisions shall be made by a (Percent) vote at a meeting at which a quorum is present. The Executive Group shall keep regular minutes of its proceedings and shall report the same to the Board at regular meetings of the Board or more often if appropriate. A report of any executive proceedings shall be available upon request by any member of the Board. Vacancies in the membership of the Executive Group shall be filled by the Board at a regular or special meeting.
Section 2.  Other Groups

The Board Of Directors may create such other temporary or permanent groups of its members or other persons as agreed upon. The groups shall have such authority as the Board or these Bylaws direct.

ARTICLE IV.  Board Structure

Section 1.  Officers

(a) The officers of the Nonprofit Corporation shall include a Chair (President), Secretary, Treasurer and other officers as may be deemed necessary by the Board or required by law. Officers shall receive no compensation.

(b) Officers shall be elected (Frequency) by the Board with such election to be conducted at the regular annual meeting.

Section 2.  Board Chair
The Chair (President) shall be the principal officer of the Nonprofit Corporation, and subject to the control of the Board of Directors, shall perform all duties customary to the office of Chair of a Board of Directors.

Section 3.  Secretary
The Secretary shall be responsible for the keeping of an accurate record of all meetings of the Board of Directors, shall have custody of the official papers of the Nonprofit Corporation, see that all notices are duly given in accordance with these Bylaws or as required by law, and in general perform all duties customary to the office of Secretary.

Section 4.  Treasurer
(a) The Treasurer shall have custody of and be responsible for all corporate funds and securities; shall keep full and accurate accounts of receipts, disbursements, assets and liabilities of the Nonprofit Corporation; shall present timely and accurate reports of such transactions to the Board of Directors as required; and shall perform all duties customary to the office of Treasurer.

(b) The Treasurer shall deposit or cause to be deposited all monies or other valuable effects in the name of the Nonprofit Corporation in such depositories as shall be selected by the Board Of Directors or the Executive Group.

ARTICLE V.  General Provisions

Section 1.  Checks
All checks, drafts or other orders for the payment shall be signed by such officer or officers or such other person or persons as the Board Of Directors may from time to time designate.

Section 2.  Gifts
The Board of Directors may accept on behalf of the Nonprofit Corporation any contribution, gift, bequest or devise for the purposes of the Corporation.
Section 3. Fiscal Year
The fiscal year of the Nonprofit Corporation shall be fixed by the Board of Directors.

Section 4. Auditing of Financial Records
An annual audit of all finances by a qualified accountant or group named by the Board of Directors shall be conducted for the purposes of submission of a full statement of finances and operations to the membership of the Board of Directors.

Section 5. Staff

(a) The Board shall determine such volunteer or paid staff positions as it shall deem necessary.

(b) The Board may name a Personnel Group as deemed necessary.

ARTICLE VI. Amendments

Except as otherwise provided by the Articles of Incorporation or Bylaws, these Bylaws may be altered, amended or repealed, or new Bylaws adopted by a vote of (Percent) of the total number of Directors at any meeting of the Board, if at least (Number) days written notice is given each member of the Board of intention to alter, amend, repeal or adopt new Bylaws at such meeting.
EXAMPLE OF JOB DESCRIPTIONS:

Position Title: President/Chair of the Board

Directs and coordinates the effective implementation of the mission, goals, and strategies of the Long Term Recovery Group as established by the governing body.

Responsibilities:
1. Assists the governing body in developing and implementing the operational policies, programs, and training events which meet identified needs before, during and after a disaster
2. Assumes responsibility as the chief development and fundraising officer of the organization
3. Attends all governing body meetings and serves as staff resources to governing body LTRGs
4. Develops public relations program
5. Organizes and presides at the LTRG network meetings
6. Reports on-going statistical and descriptive information regarding programs, operations and finances to the governing body
7. Serves at the disposition of the governing body
8. Works to build relationships with other coalitions
9. Works with community groups, agencies and faith groups in developing inclusivity.

Qualifications:
1. Demonstrated empathy for people in disasters
2. Effective public relations skills
3. Excellent administrative skills with minimum of 3-5 years’ experience
4. Experience in successful ecumenical coalitions
5. Demonstrated flexibility in changing circumstances

Position Title: Treasurer

Provides oversight of the financial aspects of the LTRG and ensures the group receives regular, solid financial statements and reports.

Responsibilities:
1. To disburse all money contributed to the Long Term Recovery Committee, keeping accurate records of how the money is spent.
2. To prepare accurate monthly financial reports indicating the financial well-being of the committee.
3. To participate in and report regularly to the Committee.
4. To assure there are adequate records documenting assets of the committee for insurance and other purposes.
5. To make recommendations for the investment of excess funds (if any).
6. To insure that all governmental taxes, reporting forms and regulations are met on a timely basis.
Qualifications:
1. Degree in accounting, business management or a related field from an accredited college or university
2. Formal training/experience in accounting or fiscal procedures
3. Alternative to the above qualifications as the committee may find appropriate

Position Title: Secretary

The secretary maintains records of the LTRG and ensures effective management of organizational records

Responsibilities:
1. Prepare and manage correspondence, reports and documents
2. Organize and coordinate meetings
3. Take, type, and distribute minutes of the meetings
4. Handle incoming mail and other material
5. Operate office equipment
6. Manage and maintain office supplies

Qualifications:
1. Knowledge and experience of relevant software applications- spreadsheets, word processing, and database management
2. Knowledge of administrative and clerical procedures
3. Knowledge of business principles
4. Proficient in spelling, punctuation, and grammar
5. Proven experience of producing correspondence and documents
6. Proven experience in information and communication management

Position Title: Case Manager Position Description

The case manager guides disaster survivors in making in-depth assessments of their long-term recovery needs and assists them in accessing available funding.

Responsibilities:
1. Attend all required training
2. Develop forms and data management tools to gather and record information for complete client files
3. Contact survivors to assess their needs in a timely fashion
4. Work closely with clients to uncover all possible unmet needs
5. Respect client confidentiality at all times
6. Prioritize cases and set objectives in consultation with the long-term recovery group
7. Research and network with available funding resources and donations to assist clients meet their needs
8. Use a web based database such as the CAN (Coordinated Assistance Network) to avoid duplication of resource allocation
9. Maintain detailed casework records and files
10. Present cases to the unmet needs group for approval of recommendations  
11. Ensure that allocated funds are accounted for and distributed in a timely manner  
12. Encourage client active participation and ownership in their individual/family recovery process  
13. Assess files/cases to determine when needs are met and, when appropriate, close files  
14. Ensure that closed files are transmitted to the MNVOAD for safeguarding and retention  

**Qualifications:**  
1. Bachelor’s Degree in Social Work with one more years of experience preferred or equivalent combination of degree and experience  
2. Experience with nonprofits or human services strongly preferred  
3. Experience advocating for clients and/or networking with multiple non-profit agencies preferred  
4. Advanced knowledge of Microsoft Word and Excel required  
5. Possess excellent communication and public relations skills  
6. Have an understanding of local non-profit and faith-based agencies and their mission in disasters  
7. Knowledge of state and federal disaster response programs  
8. Ability to work a flexible schedule  
9. Excellent organizational and problem solving skills  
10. Experience working independently  
11. Experience working with vulnerable populations  

**Position Title: Case Manager Supervisor**  

**Responsibilities:**  
1. Attend all required training  
2. Supervise up to 10 full-time Case Managers  
3. Responsible for collecting information on resources that are available in the region, learn how to access help for survivors, and know what each helping agency’s priorities, deadlines and requirements are  
4. Make sure each case manager has a resource booklet  
5. Serve as the representative to the Long-term Recovery Group. A case manager would be invited to present an appropriate case  
6. Assign cases to the case managers  
7. Monitor the number of cases assigned to and the ongoing effectiveness of each case manager  
8. Follow up on details and commitments to survivors made by case managers  
9. Watch for signs of stress in case managers  
10. Be responsible to brief staff regarding conditions in the disaster area and the status of assistance programs  
11. Conduct daily debriefing of case managers  
12. Prioritize assessments according to status: i.e., “emergency”, “urgent”, “short-term”, “long-range”, “information only” or “no present need but a recheck is necessary”  
13. Arrange for follow up with case managers  
14. Provide ongoing guidance and support to case managers  
15. Ensure that closed files are transmitted to the MNVOAD for safeguarding and retention
Qualifications:

1. Bachelor’s Degree in Social Work with one more years of experience preferred or equivalent combination of degree and experience
2. Experience in a supervisory position
3. Experience with nonprofits or human services strongly preferred
4. Experience advocating for clients and/or networking with multiple non-profit agencies preferred
5. Advanced knowledge of Microsoft Word and Excel required
6. Possess excellent communication and public relations skills
7. Have an understanding of local non-profit and faith-based agencies and their mission in disasters
8. Knowledge of state and federal disaster response programs
9. Ability to work a flexible schedule
10. Excellent organizational and problem solving skills
11. Experience working independently
12. Experience working with vulnerable populations

Position Title: Volunteer Coordinator

Position Description

Responsibilities:

1. Work with Case Managers and 2-1-1 to identify requests for services
2. Assign volunteers to the area of greatest need by prioritizing cases and identifying the most vulnerable populations
3. Working with volunteers and donors connecting donations and labor with identified needs of individuals and families
4. Scheduling individual and volunteer groups for work sites
5. Arranging for or provide supervision on work-sites
6. Coordinate with Construction Coordinator to provide materials and volunteers for the construction projects
7. Arrange for lodging and meals for volunteers when requested
8. Work with Long Term Recovery Group for publicity about need for volunteers and materials
9. Attending Long-Term Recovery Group meetings to coordinate with staff and group members

Qualifications:

1. BA/BS degree in human services field, preferably with emphasis on volunteer coordination. Course work in volunteer management preferred.
2. One to two years experience working with volunteers
3. Computer literate including proficiency in the use of Windows, databases, spreadsheets and word processing.
4. Possess an aptitude in both written and oral communication with public speaking experience.
5. Have excellent interpersonal skills.
6. Be well organized and efficient.
Position Title: Construction Coordinator Position Description

Responsibilities:
1. Work with the Volunteer Coordinator and volunteers to assist a community’s recovery from a disaster
2. Conduct project inspections and estimates for needed materials and labor
3. Coordinate the supply of materials, equipment, tools, volunteers, and contractors required for the completion of the home repair project
4. Direct the rebuilding activities of volunteers and contractors on such projects in a sensitive, safety-conscious manner
5. Assist the disaster survivors in their home repair project with guidance that meets their ability and needs
6. Be aware of the spiritual environment in which you work and serve
7. Complete necessary construction estimates
8. Arrange for timely supply of all materials, tools and equipment to the work site
9. Coordinate contractors or other agency repairs as well as volunteers to ensure the project proceeds in a timely manner
10. Assign, supervise, and conduct on-site training of the volunteer workers in ways that ensure safety, quality workmanship and high morale while providing service to disaster survivors.
11. Complete necessary reports to the Volunteer Coordinator and Long Term Recovery Group
12. Meet with appropriate building inspectors and have good working knowledge of standard codes and construction
13. Complete and explain the home repair agreement with the homeowners
14. Cultivate effective relationships with partner agencies, inspectors, vendors, and the community
15. Organize tool and or material storage area

Qualifications:
1. Minimum of 5 years’ experience in general construction
2. Basic knowledge in plumbing, electric and HVAC
3. Basic knowledge of the Universal Standard Building Code
4. Modest computer skills
5. Experience in supervising construction projects
6. Experience in job assignment
7. Experience in problem solving
8. Experience in estimating entire construction project
9. Ability to work with all ages, denominations, and cultures
10. Match donations and labor resources with identified needs of individuals and families
11. Oversee functions such as donations of supplies and equipment
12. Link individual and volunteer groups with sites
13. Supervise work-sites
14. Publicity and communication
15. Attend Long-Term Recovery Group meetings to coordinate with staff and group members
16. Assign volunteers to the area of greatest need by prioritizing cases and identifying the most vulnerable populations

SAMPLE OF JOB POSTING FOR CASE MANAGER

**Case Managers Needed**

Any County, Minnesota is seeking Case Managers for its Long Term Recovery Committee. This position is open to individuals looking to volunteer their time to help those affected by the recent disaster. Your responsibilities will include the following:

- Accurately document conversations and observations with disaster clients and identify client needs and match need with appropriate community personnel and resources.
- Communicate effectively orally and in writing.
- Retrieve and sort information and reports for client casework.
- Complete case interviews in office and field settings.
- Report to case manager supervisor daily.

The time requirement for this position is approximately 20 hours per week.

Qualifications include the following:

- Ability to work as a team player and to motivate others in team building.
- Ability to be flexible, adaptable to change and accept direction as required in varied work settings, weather conditions, cultures and geography.
- Ability to build effective relations with units and individuals who can help with work related goals.
- Ability to monitor and correct performance and manage conflict.
- Ability to spot problems early on and to take needed action so that flow and service delivery are not impacted.
- Good computer skills

A background check will be required and interested individuals must be at least 18 years of age. Orientation and training will be provided.
SAMPLE OF INTERVIEW QUESTIONS

Tell me about a time you were able to successfully work with another person even when that individual may not have personally liked you (or vice versa).

Give me an example of a time when you motivated others.

Give me a specific example of a time when you used good judgment and logic in solving a problem.

Give me an example of a time when you had to make a split second decision.

Tell me about specific fundraising strategies you have used and whether you met your financial goals using those strategies.

Give me an example of a time when it was necessary to make a difficult fiscal decision.

What has been your most rewarding accomplishment?

How would you evaluate your ability to handle conflict?

Have you ever had to discipline or counsel an employee or group member? What was the nature of the discipline? What steps did you take? How did you prepare yourself?

Describe some times when you were not very satisfied or pleased with your performance. What did you do about it?

Tell me about a time when you had to work with a difficult person. How did you handle the situation?

Describe a time when you took personal accountability for a conflict and initiated contact with the individual(s) involved to explain your actions.

Describe a team experience you found disappointing. What could you have done to prevent it?

Describe a team experience you found satisfactory. What was your role?

Why did you decide to seek a position in this company?

Describe a time when you demonstrated your skills in leadership.

Give me a specific occasion in which you conformed to a policy with which you did not agree.

Describe a situation where others you were working with on a project disagreed with your ideas. What did you do?
Describe some projects or ideas (not necessarily your own) that were implemented, or carried out successfully primarily because of your efforts.

Describe a situation that required a number of things to be done at the same time. How did you handle it? What was the result?

What has been your experience in giving presentations? What has been your most successful experience in speech making?

Tell me about a time you had to handle multiple responsibilities. How did you organize the work you needed to do?

Describe the last time that you undertook a project that demanded a lot of initiative.
# MINNESOTA VOAD MEMBERSHIP AND RESOURCES

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<th>Case Management</th>
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<td>Paws for Hearing, Inc</td>
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<td>Second Harvest Food Bank</td>
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<td>United Church of Christ MN Conference</td>
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<td>United Way MN</td>
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* This list is not all inclusive of resource organizations involved with MNVOAD.
## SAMPLE OF BUDGET FORM

<table>
<thead>
<tr>
<th>Expense Items</th>
<th>Factor</th>
<th>Rate</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Office Space Rental</td>
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<td></td>
</tr>
<tr>
<td>Warehouse Rental &amp; related expenses</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Equipment rental/purchase</td>
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<tr>
<td>Office Supplies</td>
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<td>Telephones</td>
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<td>Postage</td>
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<tr>
<td>Newsletter/publicity</td>
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<td><strong>TOTAL</strong></td>
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<tr>
<td><strong>Staffing Expenses</strong></td>
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<tr>
<td>Director</td>
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<tr>
<td>Administrative Assistant</td>
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<tr>
<td>Supervisor/Case Managers</td>
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<td>Case Managers</td>
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<tr>
<td>Volunteer Coordinator</td>
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<td>Donations Manager</td>
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<tr>
<td>Staff development - training</td>
<td></td>
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<tr>
<td>Mileage</td>
<td></td>
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<td><strong>TOTAL</strong></td>
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<tr>
<td><strong>Miscellaneous Expenses</strong></td>
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1/22/14
<table>
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<td>Accounting Fiscal Unit</td>
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<tr>
<td>Insurance - liability</td>
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<tr>
<td>Direct Assistance to families</td>
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<tr>
<td>Rebuilding Materials Purchase</td>
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<tr>
<td>Other cash grants to survivors</td>
<td></td>
<td></td>
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<tr>
<td><strong>TOTAL</strong></td>
<td></td>
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<tr>
<td><strong>TOTAL OF ALL EXPENSES</strong></td>
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**Income**

- Wis. United Methodist UMCOR
- Presbyterian Disaster Response
- United Church of Christ
- Lutheran Disaster Response
- Catholic Charities
- Church World Service
- United Way
- Other grants:  

**TOTAL INCOME**
**EXPENSE VOUCHER**

Pay To ___________________________ Date ________________

Amount ___________________________ Dollars

<table>
<thead>
<tr>
<th>DATE</th>
<th>PARTICULARS</th>
<th>ACCOUNT CODE</th>
<th>AMOUNT</th>
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Mileage from below

Approved by: ____________________________

Requested by: __________________________

Received for the Above Payee ____________________________

**Mileage Summary**

<table>
<thead>
<tr>
<th>DATE</th>
<th>PARTICULARS</th>
<th>ODOMETER READING</th>
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<tr>
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1/22/14
Community Long-Term Recovery Manual

Timesheet

Employee Name

Pay Period Starts

Pay Period Ends

<table>
<thead>
<tr>
<th></th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<th>Saturday</th>
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<td>Lunch Out</td>
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<tr>
<td>HOURS WKD:</td>
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Total # of Hours Week 1:  

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<tr>
<td>HOURS WKD:</td>
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<tr>
<td>Other Hrs</td>
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</tbody>
</table>

Total # of Hours Week 2:  

Total # Hours Both Weeks  

1/22/14
CASEWORK FORMS

Sample Priority List

1. Heat, fuel, food, clothing (if you are not able to refer to local agency)
2. Utilities – water, sewer, electrical
3. Addressing health hazards - example mold remediation
4. Shelter repair/replacement – primary home, primary living space
5. Appliance replacement/repair
6. Transportation – primary vehicle
7. Mitigation issues

Solid referrals for:

Furnaces
Water heaters
Utility bills
Out Buildings
Long-term Recovery Group

Unmet Needs Payment Request Form

CASE NUMBER:

CHECK#:

AMOUNT:

PAYMENT ISSUED FOR:

DATE PAYMENT ISSUED:

VENDOR/CLIENT:

DATE AUTHORIZED:

PERSONS WHO AUTHORIZED:

______________________________

______________________________

1/22/14
Minnesota VOAD
Long-Term Recovery Group

Check Request Form

Payee – Send To: __________________________________________
________________________________________________________
________________________________________________________
Amount: ________________________________________________

Payment Issued For: Unmet Needs _____

Long Term Recovery Group: (Check one)

    Region 1: ____
    Region 2: ____
    Region 3: ____
    Region 4: ____

Date Requested: _________________________________________

Requested By: ___________________________________________

Approved By: ___________________________________________
Community Long-Term Recovery Manual
Meeting Sign-In Sheet

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>ADDRESS</th>
<th>PHONE</th>
<th>E-MAIL</th>
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</thead>
<tbody>
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1/22/14
Confidential Information Release Form

A. I, ____________________________, hereby authorize the ____________________________ to release to the agency or person designated below any information maintained by the ____________________________ that is relevant for the purpose of providing assistance for my disaster-related needs.

B. I, ____________________________, hereby authorize the agency or person designated below to release to the ____________________________ any information maintained by the agency or person that is relevant and necessary for the purpose of providing assistance for my disaster-related needs.

C. I further understand that the release of information does not guarantee that assistance will be provided, but that without the information my case cannot be presented for consideration.

Name of agency and/or person designated to release information to or to receive

Information from: ____________________________

Agency Representative ____________________________

I understand that I may revoke this authorization, in writing or by verbal proclamation, at any time except where information has already been released as a result of this authorization. Unless revoked, this authorization will remain in effect until the expiration time I have indicated below.

_____ Authorization expires as of _________________ (date)

Name Printed ____________________________

Current Address ____________________________

Signature of the Individual who is Subject of Record Date

Signature of Person Legally Authorized to Consent Relationship Date
## Client Interview Checklist

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Were necessary releases of confidential information signed?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was all necessary information shared?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were objectives of the interview realized?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were points that client should remember summarized?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the interview seem to meet the client’s needs?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are any questions unanswered?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does the client understand the actions required?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was another meeting date set, if required?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does the client have a written copy of any referrals made?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Community Long-Term Recovery Manual

Application for Assistance

Name _________________________________________________________________

Address ___________________________________ City ________________________

Post Disaster Address _________________________________________________

Home phone # ________________________  Work phone # _____________________

Alternative Phone # if we have a difficulty contacting you:
   Name _____________________________ Phone # ______________________

Please list everyone living in the home:

Name _____________________________ Relationship _________________________

Name _____________________________ Relationship _________________________

Name _____________________________ Relationship _________________________

Name _____________________________ Relationship _________________________

Name _____________________________ Relationship _________________________

Name _____________________________ Relationship _________________________

Residence is:   ____ House   ____ Mobile home   ____ Apartment   ____ Farm
   ____ Second home   ____ Recreational vehicle

Do you:   ____ Own   ____ Rent

Damage was the result of:    _____ Flood   _____ Tornado   _____ Other

Is the residence located on a Flood Plain?   _____ Yes   _____ No

Damage done to the residence:
   _____ Destroyed   (Can’t be repaired)
   _____ Major   (Has quite a bit of structural damage that can be repaired)
   _____ Moderate   (Has some structural damage that can be repaired)
   _____ Minor   (Has a little damage that can be repaired)

Do you have Insurance?   ____ Yes   ____ No   Flood Insurance?   ____ Yes   ____ No

Insurance covers:   ____ Structure only   ____ Contents only   ____ Both

1/22/14
Was insurance sufficient to cover all the damages?  ____ Yes  ____ No

Were you employed before the disaster?  ____ Yes  ____ No

Did you lose your job as a result of the disaster?  ____ Yes  ____ No

Please list all monthly income for all household members:
  Wages ________  Social Security/SSI ________  W-2 ________
  Child Support ________  Unemployment ________  Other ________

Please list all monthly living expenses:
  Rent/Mortgage ________  Transportation ________  Phone ________
  Heat ________  Electric ________  Childcare ________  Medical ________  Credit ________
  Cards ________  Other ________

Did you apply for assistance from FEMA?  _____ Yes  _____ No

If yes, your FEMA case number is __________________

If yes, did you also fill out the application for a SBA loan?  _____ Yes  _____ No

Please list the FEMA received:
  ____ Housing  Amount ______________
  ____ Home repair  Amount ______________
  ____ Personal belongings  Amount ______________
  ____ Other Needs  Amount ______________
  ____ SBA Loan  Amount ______________

Please list any assistance you have received from other organizations or agencies:
  Name of Organization/Agency  Amount Received
  ____________________________________________________________________
  ____________________________________________________________________
  ____________________________________________________________________
  ____________________________________________________________________
  ____________________________________________________________________

What kind of assistance are you currently looking for?
  ____ Food
  ____ Clothing  ____ Help with labor
  ____ Transportation  ____ Building materials
Community Long-Term Recovery Manual

___ Furniture  ___ Resource information
___ Medication  ___ Help with forms
___ Health needs  ___ Someone to talk to
___ Temporary housing  ___ Visit from pastor
___ Permanent housing  ___ Other

Describe specific needs: ___________________________________________________

________________________________________________________________________

Do you have a plan for recovery?  _____ Yes  _____ No

If yes, please describe what it is ____________________________________________

________________________________________________________________________

________________________________________________________________________

What remains to be done? _________________________________________________

________________________________________________________________________

Have you obtained estimates for repairs or replacement?   _____ Yes   _____ No

Amount of estimates ___________________

Have you obtained permits/inspections?   ____ Yes   ____ No

APPLICANT STATEMENT:  I agree and affirm that I am making Volunteer application for
assistance for disaster relief from the _________ Unmet Needs Project.  I understand that the
information contained in this application and the accompanying Individual/Family Plan for
Recovery and the Release of Confidential Information form will be utilized by the _________
Unmet Need Project to assist me with my disaster-related needs.  I understand that the assistance
is not guaranteed and that the case worker does not make the final determination of the
availability of funds or other kinds of help.  My signature below signifies that I have read and/or
understand this document and the service being provided me.

Signature of applicant ___________________________     Date __________________

Case Managers signature ________________________     Date __________________

1/22/14
Verification Letter

Dear ____________________

The discussion we had concerning your case included a need to verify certain information. The following items will be needed to continue your case process. **Please obtain the items checked within the next seven (7) days.** Your case worker ________________________, will call and make an appointment to obtain this information.

**ITEMS REQUESTED:**

_____ Deed, mortgage, private agreement, bill of sale, title

_____ List of assets (type, amount, location, verification)

_____ Real Estate – other than primary home

_____ Insurance ( ) home ( ) contents ( ) autos
   Name/address of company and agent, amount of settlements and coverage
   verification of policy and settlement letter

_____ Outstanding loans – auto, merchandise, personal, signature

_____ Current Bills

_____ Monthly income verification (pay stubs/year-to-date)

_____ Receipts of ALL FEMA/SBA FUNDS SPENT
Case Presentation Checklist

____ Release of Confidential Information Form
____ Case Presentation Sheet
____ FEMA application number
____ Income/cash verification

________________ Current Income Amount ____________________________

____ Monthly living expenses _______ Verified
____ SBA _______ Verified
____ Insurance Benefits _______ Verified
____ FEMA _______ Verified
____ IHP _______ Verified
____ American Red Cross _______ Verified
____ Other VOAD Agency Assistance _______ Verified
____ Estimates for repair obtained (2 required) _______ Verified

NOTE: For construction of home, include estimate formula sheet provided by the contractor.
Case Presentation for Unmet Needs

Presenting Agency: ___________________________ Date: ________________

Case Manager: ________________________________ Phone: __________________

Client’s Name: ________________________________ Phone: __________________

Pre-Disaster Address: __________________________

Current Address: ______________________________

FEMA Individual Assistance Number _______________ Only applies if there is a
Presidential Declaration

Names, relationship, and ages of family members: __________________________

___________________________________________

Name: __________________________ Sources: __________________________

Other Resources: _______________ FEMA: ______________________________

SBA: __________________________ Insurance_______________________________

Other VOAD Support: __________________________

Temporary Housing: _______________ Other: ____________________________

Current Assets: __________________________ All Information Verified: YES ____ NO _____

What information is not verified? _______________ Why? ________________

Pre-disaster home: Type_______________________ Damage:____________________

Estimates for repairs:____________________________

If home is uninhabitable, date expected to become habitable: ________________

Receipts of expenditures: _____Crisis Needs _____Clothing _____Furniture/Household
_____Rebuilding _____Other

Home Ownership Verified: ________________
Temporary Housing Verified: ________________
Disaster Recovery Plan

Date: __________

This is an agreement between ____________________________________________ (clients signature)

and ____________________________________________________________, a caseworker representing the (case manager’s signature)

_______________________________________________. This agreement is a plan for the physical (recovery organization name)

recovery of the above named client/family who was affected by _________________ (name of disaster)

on _______________. (date)

Applications that remain to be completed:

FEMA______ Insurance______ SBA_______

Other agencies providing assistance:________________________________________

Estimates to be acquired:

To repair or rebuild home______ From whom?_____________________________________

For furniture, appliances, automobiles, and other physical needs:____________________

What?_________________________________ From whom? _____________________________

For clothes_______ From whom?________________________________________

Other (list)_______________________________________________________________

From whom? ____________________________________________________________
Referral for Services

Agency Being Referred To: ________________________________________________

Agency Address: _________________________________________________________

Agency Telephone #: _____________________________________________________

Family/Individual Being Referred: _________________________________________

Address: __________________________________________

Telephone #: __________________________________________

Reason for Referral: _____________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Referred By: ____________________________________________________________

Address: _______________________________________________________________

Telephone #: ____________________________________________________________

____ Agency making this referral has attached a signed Release of Information Form.
Instructions

Signing and returning this form authorizes ______________________ (organization collecting information) to share certain personal information collected about you or your family with other disaster relief and voluntary organizations participating in the Coordinated Assistance Network. ______________________ (organization collecting information) needs to share this information in order to coordinate available disaster relief services and assistance, and to reduce the paperwork and applications necessary in order for you or your family to receive disaster relief assistance and services from multiple relief organizations. All disaster relief organizations participating in the Coordinated Assistance Network are committed to respecting your privacy and using the information solely for the purpose of coordinating and providing disaster relief assistance.

With the exception of certain limited circumstances, it is the policy of ______________________ (organization collecting information), not to release information about individual or family disaster relief assistance, or other personal information obtained through the provision of disaster relief services, without the written consent of the individual or family. Therefore, we need your written consent to share this information to assist you or your family with obtaining disaster relief services in the most expeditious and least cumbersome manner.
I, __________________________________________, hereby authorize __________________________________________ (organization collecting information) to share any of my information in its possession, including, such as but not limited to my name, address, other personal information and the type of assistance I am receiving as a result of the disaster: __________________________________________ (disaster operation name). with other disaster relief and voluntary organizations participating in the Coordinated Assistance Network in order to coordinate available disaster relief services and assistance.

If you wish to limit this release to specific information, please specify the information that may be released:

_____________________________________________________________________________________

_____________________________________________________________________________________

I understand that I may revoke this consent at any time by contacting __________________________________________ (organization contact and phone number) except when action has already been taken to obtain and/or release such information to organizations participating in the Coordinated Assistance Network.

My signature on this release indicates that I have read the above, or had it read to me, and that I understand the terms and conditions. I have also had the opportunity to ask any questions. I am also signing this release on behalf of my children that are under the age of 18.

Signature                             Signature

____________________________________  ________________________________

Date       Date

___________      ____________
Authorization for Release of Information

Date: _______________________

Federal Emergency Management Agency

I, the undersigned, an applicant for assistance from the FEDERAL EMERGENCY MANAGEMENT AGENCY (“FEMA”) as the result of Disaster FEMA-1719- DR -MN hereby request and authorize you to release to

my authorized representative(s), any and all information, files, documents, and/or records in your possession or under your control which pertain to me or to my application for assistance for the purpose of assisting me in obtaining disaster assistance.

This authorization includes the release of all records or documents deemed confidential and extends to all documents otherwise considered confidential under any State or Federal Privacy Act.

This authorization shall include, but not to be limited to, the right to inspect, copy, or otherwise utilize said records, as may be deemed fit, and to obtain whatever clarification or opinion on said records deemed necessary.

This authorization is submitted pursuant to 28 U.S.C. §1746 under penalty of perjury.

_____________________________________
FEMA Registration No.

_____________________________________
Name (PRINTED)

_____________________________________
Signature

_____________________________________
Current Mailing Address
Homeowner Liability Release

Date: / / 
Daytime Phone: ( ) Night phone: ( )

Name
________________________________________________________________________

Address
________________________________________________________________________

City Zip
________________________________________________________________________

I, ___________________________ am the owner and occupant of the above property.

I give permission to volunteers from [name of organization] to work on my property for the purpose of repairing my home due to the recent disaster. I understand that these are volunteers, not professionals working for profit, and that no warranty is made as to the quality of work done.

In consideration of the volunteer services to be rendered to me or on my property by the volunteers, I, the undersigned, release and agree to hold harmless the volunteers, [name of organization], and any related agency, from any liability, injury, damages, loss, accident, delay or irregularity related to the aforementioned volunteer services.

This release covers all rights and causes of action of every kind, nature, and description, which the undersigned ever had, now has, or but for this release, may have. This release binds the undersigned and his heirs, representatives, and assignees.

Signature: ___________________________ Date: __________

Witness: ___________________________ Date: __________

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Community Long-Term Recovery Manual

Work Group Information Record

Date Called: _______________  Date Confirmed: _______________

Contact Person: _______________________________________________________

Telephone: (day)_______________  (night)_______________  (cell)_______________

Address: ______________________________________________________________________

E-mail Address: ________________________________________________________________

Arrival Date: _______________  Time: ________________________________

Departure Date: _______________  Time: ________________________________

Number/Age - Women: 15-19____    20-35____    36-49____    50-65____

Number/Age - Men: 15-19____    20-35____    36-49____    50-65____

Need Housing ____ Yes   ____ No           Needs Meals ____ Yes   ____ No

Summary of Construction Skills

Please indicate the group’s skill levels for the following skills by putting the appropriate number by those areas with #1 being highly skilled and can oversee, #2 being skilled, #3 being experienced, and #4 inexperienced but follows directions.

___ Carpentry               ___ Heating and Cooling
___ Cleanup (light/heavy)  ___ Mason
___ Concrete (flat work)   ___ Painter
___ Construction Supervisor ___ Plumber
___ Drywall Finisher (taper) ___ Roofer
___ Drywall Hanger         ___ Electrician
___ Floor Covering    ___ Floor Underlayment

Special skills within the group: ________________________________________________

____________________________________________________________________________

Special certifications for any of the above: _______________________________________

____________________________________________________________________________

Please return to: 1/22/14
LONG TERM RECOVERY RESOURCES

- American Red Cross
  - [http://www.redcross.org/mn/minneapolis](http://www.redcross.org/mn/minneapolis)

- FEMA

- Headwaters
  - [http://www.headwatersrelief.org/](http://www.headwatersrelief.org/)

- Lutheran Social Services of Minnesota
  - [http://www.lssmn.org/disaster/](http://www.lssmn.org/disaster/)

- Minnesota Department of Health
  - [http://www.health.state.mn.us/macros/topics/emergency.html](http://www.health.state.mn.us/macros/topics/emergency.html)

- Minnesota Homeland Security and Emergency Management
  - [https://dps.mn.gov/divisions/hsem/Pages/default.aspx](https://dps.mn.gov/divisions/hsem/Pages/default.aspx)

- Minnesota VOAD

- National VOAD
  - [http://www.nvoad.org/](http://www.nvoad.org/)

- The Salvation Army Disaster Services
  - [http://salvationarmynorth.org/programs-that-help/disaster-relief/](http://salvationarmynorth.org/programs-that-help/disaster-relief/)

- Southern Baptists Disaster Relief
  - [http://www.baptistrelief.org/](http://www.baptistrelief.org/)

- United Methodist Committee on Relief (UMCOR)

- University of Minnesota Extension Services Disaster Recovery

- United Way 211
  - [http://www.unitedway.org/our-work/2-1-1/](http://www.unitedway.org/our-work/2-1-1/)