



Minnesota
Voluntary Organizations
Active in Disaster

COOPERATION | COMMUNICATION | COORDINATION | COLLABORATION

COMMUNITY LONG-TERM RECOVERY GUIDANCE

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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.

TABLE OF CONTENTS

INTRODUCTION.....	4
DISASTERS AND LONG TERM RECOVERY.....	5
RESPONSIBILITIES OF ESSENTIAL PARTNERS.....	6
ORGANIZING LONG TERM RECOVERY GROUPS.....	7
LONG TERM RECOVERY STRUCTUTRE.....	9
PERSONNEL.....	10
CASE MANAGEMENT PROCESS.....	11
FISCAL ADMINISTRATION.....	12
DOCUMENTS TO HELP FORMALIZE YOUR LTRC.....	13
Mission Statements.....	14
Organizational Chart.....	15
Sample of By Laws for LTRCs.....	16
JOB DESCRIPTIONS.....	25
President.....	25
Treasurer.....	25
Secretary.....	26
Case Manager.....	26
Case Manager Supervisor.....	27
Volunteer Coordinator.....	28
Construction Coordinator.....	29
Sample of Job Postings.....	30
Sample of Interview Questions.....	31
MN VOAD MEMBERSHIP AND RESOURCES.....	32
SAMPLE FORMS.....	34
Budget Form.....	34
Expense Voucher.....	36
Timesheet.....	37
Priority List.....	38
Payment Request Form.....	39
Check Request Form.....	40
Meeting Sign In Form.....	41
Confidential Information Release Form.....	42
Client Interview Checklist.....	43
Application for Assistance.....	44
Verification Letter.....	47
Case Presentation Checklist.....	48
Case Presentation for Unmet Needs.....	49
Disaster Recovery Plan.....	50
CAN Release of Information.....	51
Authorization for Release of Information.....	54
Homeowner Liability Release.....	55
Work Group Information Record.....	56
LONG TERM RECOVERY WEB RESOURCES.....	57

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.

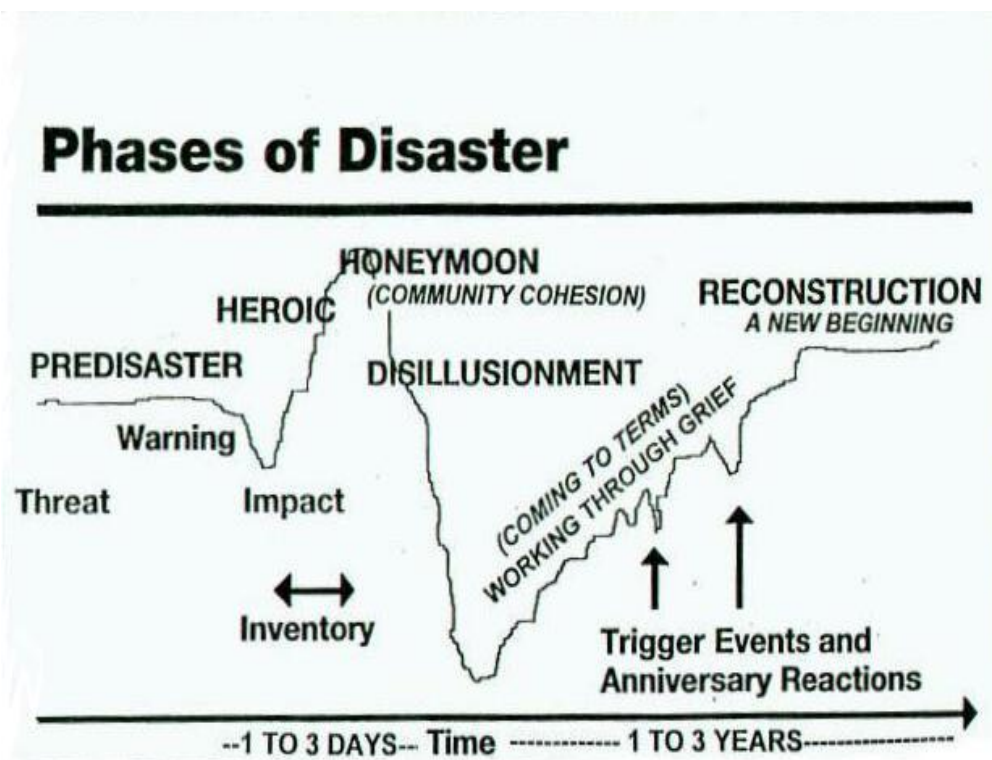
DISASTERS AND LONG-TERM RECOVERY

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 stake holders 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 stake holders 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

- 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

Community Long-Term Recovery Manual

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.

Community Long-Term Recovery Manual

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.

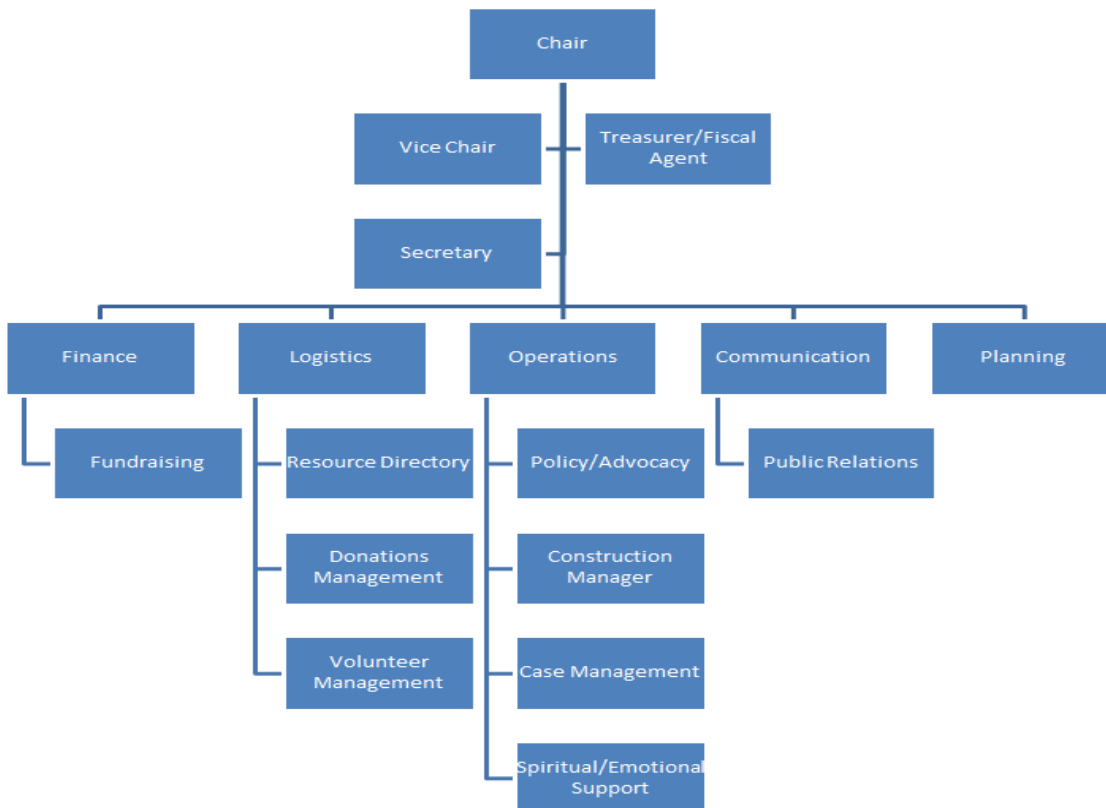
The team will assure the availability of support training for clergy and community leaders who have had limited or no direct interaction with disaster recovery or recent prior disaster preparedness training.

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.

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?

Community Long-Term Recovery Manual

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

Organization	Advocacy	Bulk Distribution	Case Management	Child Care	Clean-Up/Rebuilding	Community Outreach	CAN Partner	Communications	Counseling	Damage Assessment	Debris Removal	Disaster Education	Disaster Planning	Donations Management	Emergency Assistance	Emergency Repairs	Financial Assistance	Financial Planning	Health Care	Housing Assistance
Adventist Disaster Response		x											x	x						
All Hands Volunteers					x					x	x									
American Radios Relay League								x												
American Red Cross		x	x				x		x	x		x	x				x		x	
Christian Reformed World Relief - Disaster Response Services					x					x	x				x	x				
Church of Jesus Christ of Latter-day Saints		x			x				x		x									
Church of the Brethren - Disaster Ministries				x	x															
Church World Service									x											
Civil Air Patrol Minnesota Wing										x										
Disaster Response Service, Rapid Response Team					x						x					x				
ECHO						x						x	x							
Emergency Animal Rescue Service																				
Emergency Response Massage																				
FEMA Region V												x					x			x
Freeborn County Crisis Response Team	x								x			x								
Green Cross, Inc			x			x			x										x	
Headwaters Relief Organization																				
International Orthodox Christian Charities						x			x				x							
Lutheran Disaster Response	x		x		x	x			x									x		
Minnesota Animal Disaster Coalition												x	x		x					
Minnesota Department of Health																			x	
Minnesota Disaster Relief					x					x	x									
Minnesota Homeland Security & Emergency Management												x	x	x						
Minnesota Horse Council																				
Minnesota - Wisconsin Baptist Convention				x	x					x	x									
Mission to North America					x	x				x	x									
NECHAMA					x					x	x									
North American Center for Emergency Communications								x												
North Star Therapy Animals																				
Operation Blessing International		x			x					x	x									
Paws for Learning, Inc.																				
Salvation Army			x		x									x			x			
Second Harvest Food Bank		x		x		x														
United Church of Christ, MN Conference																				
United Methodist Church on Relief (UMCOR)											x						x			
United Way - 211																	x			
Washington County Emergency Management												x							x	

* This list is not all inclusive of resource organizations involved with MNVOAD.

SAMPLE OF BUDGET FORM

Expense Items	Factor	Rate	Cost	Total
	# of times			
Office Space Rental				
Warehouse Rental & related expenses				
Equipment rental/purchase				
Office Supplies				
Telephones				
Postage				
Newsletter/publicity				
TOTAL				
Staffing Expenses				
Director				
Administrative Assistant				
Supervisor/Case Managers				
Case Managers				
Volunteer Coordinator				
Construction Coordinator				
Warehouse Manager				
Donations Manager				
FICA				
Staff development - training				
Mileage				
TOTAL				
Miscellaneous Expenses				

Community Long-Term Recovery Manual

Audit				
Accounting Fiscal Unit				
	Factor	Rate	Cost	Total
Insurance - liability				
Direct Assistance to families				
Rebuilding Materials Purchase				
Other cash grants to survivors				
TOTAL				
TOTAL OF ALL EXPENSES				
<i>Income</i>				
Wisc. United Methodist UMCOR				
Presbyterian Disaster Response				
United Church of Christ				
Lutheran Disaster Response				
Catholic Charities				
Church World Service				
United Way				
Other grants:				
TOTAL INCOME				

Timesheet

Employee Name _____

Pay Period Starts _____

Pay Period Ends _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DATE:							
HOURS: IN:							
Lunch Out:							
Lunch In:							
OUT:							
HOURS WKD:							
Other Hrs							

Total # of Hours Week 1: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
DATE:							
HOURS: IN:							
Lunch Out:							
Lunch In:							
OUT:							
HOURS WKD:							
Other Hrs							

Total # of Hours Week 2: _____

Total # Hours Both Weeks _____

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:

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

ORGANIZATION	ADDRESS	PHONE	E-MAIL

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

Were necessary releases of confidential information signed?	Yes	No
Was all necessary information shared?	Yes	No
Were objectives of the interview realized?	Yes	No
Were points that client should remember summarized?	Yes	No
Did the interview seem to meet the client's needs?	Yes	No
Are any questions unanswered?	Yes	No
Does the client understand the actions required?	Yes	No
Was another meeting date set, if required?	Yes	No
Does the client have a written copy of any referrals made?	Yes	No

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 _____

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

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

- Furniture
- Medication
- Health needs
- Temporary housing
- Permanent housing

- Resource information
- Help with forms
- Someone to talk to
- Visit from pastor
- 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 _____

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	Source _____
_____ 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.

Community Long-Term Recovery Manual

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

Date

Signature

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: _____

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:

LONG TERM RECOVERY RESOURCES

- American Red Cross
 - <http://www.redcross.org/mn/minneapolis>
- FEMA
 - <http://www.fema.gov/>
- Headwaters
 - <http://www.headwatersrelief.org/>
- Lutheran Social Services of Minnesota
 - <http://www.lssmn.org/disaster/>
- Minnesota Department of Health
 - <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>
- Minnesota VOAD
 - <http://www.mnvoad.org/>
- National VOAD
 - <http://www.nvoad.org/>
- The Salvation Army Disaster Services
 - <http://salvationarmynorth.org/programs-that-help/disaster-relief/>
- Southern Baptists Disaster Relief
 - <http://www.baptistrelief.org/>
- United Methodist Committee on Relief (UMCOR)
 - <http://www.umcor.org/>
- University of Minnesota Extension Services Disaster Recovery
 - <http://www.extension.umn.edu/family/tough-times/disaster-recovery/>
- United Way 211
 - <http://www.unitedway.org/our-work/2-1-1/>

Community Long-Term Recovery Manual