



SEQUENCE OF DELIVERY OF ASSISTANCE

Many organizations and programs provide assistance to individuals. This is dependent upon a sequential order of accessing these programs, commonly called Sequence of Delivery.

Adherence to the Sequence of Delivery enables governmental and voluntary agencies to work together and help avoid duplication of benefits. This is important because it maximizes limited resources and gives guidance for meeting disaster-related long-term recovery needs, and also because the duplication may be illegal and lead to legal action against the client.

ASSISTANCE TO INDIVIDUALS IN FEDERALLY DECLARED DISASTERS

- 1. Local government and voluntary agencies' emergency assistance** to provide shelter, food, clothing and replacement of medical supplies (dentures, prescriptions, eyeglasses, etc.).
- 2. Personal Insurance:** Home owners, Renters and/or National Flood Insurance - Insurance coverage must be settled on before a survivor is determined eligible for Federal programs.
- 3. Housing Assistance** (FEMA) offers Temporary Housing (a place to live for a limited period of time); Money to rent a different place to live, or a government provided housing unit if rental properties are not available. FEMA can assist with Repairs to your home and/or replacement of damaged items, limited to making your home safe and sanitary so you can live there. FEMA will not pay to return your home to its condition before the disaster. FEMA can also help with a limited amount of money to replace a disaster-damaged home.
- 4. SBA disaster loans** (There is mandatory submission of this form before #'s 5 & 6 are possible; this is for renters, homeowners, and businesses.)
- 5. Other Needs Assistance** (ONA) FEMA/State - If the SBA Loan is denied, there may be money for necessary expenses and serious needs caused by the disaster. These needs include medical, dental, funeral, personal property, transportation, moving and storage, and other expenses that are authorized by law.
- 6. Long-Term Recovery Groups** (Offered by various agencies): Needs Assessment; Community Organizing; Spiritual/Emotional/Mental Health Care; Rebuilding/Rehabilitation; Material and Financial Support. (Note: JSU assistance for contents replacement fits within this category of help and cannot precede steps 1-5.)

MISSION STATEMENT:

Jersey Shore United's mission is to help restore, strengthen and rebuild families and communities of New Jersey and elsewhere that are impacted from Natural and Personal Disasters. JSU returns families back into their homes with restored "Hope", strength in mind, spirit and faith by showing the love of Christ. JSU offers physical, emotional and spiritual support to hurting families. This is in the form of content replacement, small construction project assistant, volunteer labor, prayer and neighborhood collaboration.

VISION:

Jersey Shore United holds to a vision that reflects the love of Christ in service to the people of New Jersey and beyond impacted by a disaster. Jersey Shore United seeks to demonstrate God's love by providing the needs families and communities are unable to receive through other avenues. By working directly with families on specific projects or situations within the faith-based community we give them back some type of control that is lost. Our prayer is to give them "Hope" for a better future.

FOR MORE INFORMATION PLEASE CALL JSU AT: 732-914-8885 Extension 3



JERSEY SHORE UNITED PASTORAL REQUEST FOR INDIVIDUAL ASSISTANCE

EOH _____ Date _____

NAME _____ # of people living in household _____

Please list Names and Ages of all Occupants _____

Address of damaged home _____

Address where you are living now _____

Phone #s 1. _____ 2. _____

E-mail _____

Alternate Contact _____

Employment (self) Retired___ Employed___ Unemployed___ US VETERAN: YES___ NO___
(spouse) Retired___ Employed___ Unemployed___ YES___ NO___

Primary Resident Yes ___ No___ Square Footage of Home _____ How many Stories _____ Renter _____

DIRECT DAMAGE TO FIRST FLOOR OF RESIDENCE BY SANDY: ___ Inches of water: Basement ___ 1st floor _____

RESOURCES: CASE WORKER and Organization _____ Phone _____

What type of insurances did you have on the damaged home?

Flood _____ Monetary Amount Given _____

Homeowner's _____ Monetary Amount Given _____

Contents _____ Monetary Amount Given _____

Renter's _____ Monetary Amount Given _____

Did you contact FEMA? Yes___ No___ FEMA case # _____

What Dollar Amount has FEMA awarded? _____

Did you submit your SBA disaster loan application? Yes___ No___

Was your application denied? Yes___ No___

(If no) What monetary amount were you approved for? _____

Have you sought other needs assistant organizations? Yes ___ No ___

List organizations contacted and assistance given if applicable _____

REMAINING NEEDS:

Rebuilding/Rehabilitation of home? Yes ___ No ___ Elevation? Yes ___ No ___ Uncertain ___

Estimation of percentage complete _____% Construction Assistance needed? Yes ___ No ___

Content losses remaining that have not been replaced:

Jersey Shore United is a Faith based organization. Would you please share your Church affiliation:

Name of Church _____

Minister/Pastor/Priest _____ No Affiliation (Check Here) _____

HOME VISIT: Completed _____ Date of visit _____

RELEASE OF INFORMATION:

I authorize Jersey Shore United to share with other agencies any information I have disclosed pertaining to my case.

DISCLAIMER:

I understand by completing this survey, it does not guarantee that all desired needs will be provided. Jersey Shore United will determine in what manner it will respond. I hereby certify that the information provided by me is true to the best of my knowledge. I am aware that any statements that are willfully false or misleading will result in disqualification.

PLEASE SEND OR ATTACH A COPY OF THE FAMILIES MOST RECENT FORM 1040 INCOME TAX REPORT AND FAMILIES MOST RECENT CHECKING AND SAVINGS MONTHLY STATEMENT

SIGNATURE _____ DATE ____/____/____

Completed Applications can be sent to “Jersey Shore United” at the following:

Email: info@jerseyshoreunited.org

Office: 732-914-8885 Ext. 3

Fax: 1-732-240-7057 Attention “JSU” Case Manager

Snail Mail: Jersey Shore United: Case Manager

C/O Redeemer Fellowship

1644 N. Bay, Toms River, NJ 08753

Interviewed by _____