



## Disaster Assistance Request Form

This application is for the Disaster Case Advocacy Program (DCA) and the Iowa Individual Assistance Grant Program (IIAGP). These programs become available after the Governor issues a disaster proclamation that activates the programs.

**Disaster Case Advocacy** is a supportive program involving a partnership between a disaster-impacted household and a disaster case advocate. Disaster case advocates walk beside households through the disaster recovery process. They serve as a primary point of contact assisting households in coordinating necessary services and resources to address the household's complex disaster recovery needs. In this partnership, advocates and households assess the family's disaster-related unmet needs, build a recovery plan, and access available resources. There are no income restrictions for DCA. **All applicants will receive a consultation with a disaster case advocate.**

The **Iowa Individual Assistance Grant Program** offers grants to households whose annual income is at 200% or less of the federal poverty level. Each qualifying household may receive up to \$7,000 for items that qualify under one of the four categories: temporary housing, food assistance, personal property, and home repair. Supporting documentation is required.

For eligibility requirements for each program, visit: [homelandsecurity.iowa.gov/assistance](http://homelandsecurity.iowa.gov/assistance)

### Individual/Household Information

1. First and Last Name \_\_\_\_\_
2. Phone Number \_\_\_\_\_
3. Mobile Number \_\_\_\_\_
4. Email Address \_\_\_\_\_
5. Preferred Method for Contact, Select One.  Phone  Email  Text
6. Address Affected by Disaster \_\_\_\_\_  
Please include house number and street name.



7. City \_\_\_\_\_

8. Zip Code \_\_\_\_\_

9. County \_\_\_\_\_

The programs accept applications when the Governor activates the programs in a disaster proclamation. At that time, the application will become available for impacted residents residing in the counties listed in the Governor's proclamation.

Applications for the Iowa Individual Assistance Program are accepted for 45 days from the date of the signed disaster proclamation. Disaster Case Advocacy is available for 180 days from the date of the disaster proclamation.

10. Current Address (if different from the affected address above). Please include city, state, zip code, and county. (Example: 123 Main St. Des Moines, IA 50312, Polk County)

\_\_\_\_\_

11. Total Number of Adults in Household \_\_\_\_\_

12. Total Number of Children in Household \_\_\_\_\_

13. Do you own or rent your home? Select One.

Homeowner  Renter

14. Date of Disaster (Example: January 7, 2025) \_\_\_\_\_

15. Disaster Type, Select One.

Severe Weather (Example: tornado, wind storm, hail)

Flood

Other



16. Do you have disaster-related unmet needs in the following areas? Select all that apply.

- Housing (displaced, repair, eviction, etc.)
- Clothing, basic items, furniture, appliances, other personal property
- Food assistance and/or replacement
- Child/Youth/Older Adult/Family Needs (example: childcare)
- Employment
- Medical health care, medication
- Transportation
- Financial assistance
- Mental health care
- Legal assistance
- Assistance applying for other benefits
- None of the above
- Other

17. Please briefly describe your current situation and disaster-related unmet needs you listed in the previous question.

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18. The Iowa Individual Assistance Grant Program (IIAGP) offers grants to families whose household's annual income is at 200% or less of the federal poverty level.

**NOTE: Household annual income must be 200% or less of the federal poverty level for a household of that size.**

**2026 National Poverty Guidelines**

Family Size	1	2	3	4	5	6	7	8
<b>200% of Federal Poverty Level (annual income)</b>	\$31,920	\$43,280	\$54,640	\$66,000	\$77,360	\$88,720	\$100,080	\$111,440

Are you interested in the IIAGP? Each qualifying household may receive up to \$7,000. Select one.

- Yes    No    Maybe



19. What is your household's total annual income? \_\_\_\_\_

20. Do you have homeowner's or renter's insurance? Select One.

Yes  No

21. Have you filed a claim for your damages? Select One.

Yes  No

### **Attestations, Reconsiderations, and Discrimination Statements**

Attestations – Check all that apply.

I attest the persons receiving assistance in the household are U.S. citizens or legally residing in the United States.

I attest that the information provided on this form is true and accurate.

I am providing this information to the Iowa Department of Homeland Security and Emergency Management (“Department”) for expenses under the Iowa Individual Assistance Disaster Grant Program (“Program”). I understand that if I am not eligible for the benefits under the Program, if I have insurance that covers losses claimed, or if I have received assistance from other programs for the same claimed items, I hereby agree to repay to the Department any funds acquired through the Program within 60 days.

I authorize the Department to release this information to other aid organizations and persons for purposes of administering the Programs.

### **Reconsiderations**

You, or the person helping you, may request reconsideration if you do not agree with any action taken on your application.

Your request for reconsideration must be completed within 30 days from the date on the denial letter.



You may submit your written request for reconsideration by submitting a detailed request to:

Iowa Homeland Security and Emergency Management  
7900 Hickman Road Suite 500  
Windsor Heights, IA 50324

Or via email to [IndividualDisasterAssistance@iowa.gov](mailto:IndividualDisasterAssistance@iowa.gov)

If you need assistance filing a request for reconsideration, ask your disaster case advocate.

22. Signature \_\_\_\_\_

23. Did another person assist you with this application or complete it on your behalf?  
Select one.

Yes  No

24. If you answered "yes" to the previous question, please provide the name of the person who assisted you.

\_\_\_\_\_

25. Date signed (Example: January 7, 2025) \_\_\_\_\_