



Iowa Department of Health and Human Services  
**Iowa Individual Disaster Assistance  
 Grant Program (IIAGP) Application**

<b>I. Applicant Information (personal information)</b>		
a. First and Last Name		
b. Social Security Number	c. Phone Number	Cell Number
d. Email Address		
e. Address Affected by Disaster		
f. County	g. City, State, Zip Code	
h. <i>Current Address if Different from Above</i>		
i. County	j. City, State, Zip Code	
k. Insurance Company Name		Insurance Company Phone Number
l. Alternate Contact Information (name and phone number)		
m. Total Number of Adults in Household	Total Number of Children in Household	
n. Total Annual Household Income \$	Note: Household annual income must be 200 percent or less of the federal poverty level for a household of that size. Refer to the chart on page 3 that will help you determine if you qualify	
For questions call <b>1-877-347-5678</b>		

<b>2. Loss Information</b>		
<b>Include receipts for replaced items. If no receipts, request voucher program.</b>		
Date of Disaster	Disaster type: <input type="checkbox"/> Tornado <input type="checkbox"/> Flood <input type="checkbox"/> Other:	
Temporary housing: \$	Food Assistance: \$	Receipts provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal property: \$	Home repair: \$	Request voucher program? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total requested: \$0</b>	<b>The title of the property must be in the name of the applicant.</b>	

### 3. Brief Description of Damage Caused by the Disaster and List Damaged Items

--

### 4. Attestation

I attest that the information provided on this form is true and accurate. I am providing this information to the Iowa Department Health and Human Services (“Department”) for expenses under the Iowa Individual Assistance Disaster Grant Program (“Program”). I authorize the Department to release this information to other aid organizations and persons for purposes of administering the Program. I attest that persons receiving assistance in the household are legal residents of the United States. I understand that If I am not eligible for 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.

### 5. 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 Department Health and Human Services  
Attn: Division of Community Access – Emergency Assistance  
5th Floor, 1305 E Walnut Street  
Des Moines, IA 50319-0114

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

### 6. Discrimination

It is the policy of the Iowa Department of Health and Human Services (HHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, religion, age, disability or veteran status; hereafter referred to as protected category.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Health and Human Services  
Attn: Hoover Building, 5th Floor – Bureau of Policy Coordination  
1305 E Walnut Street  
Des Moines, IA 50319-0114

or via email [contactdhs@dhs.state.ia.us](mailto:contactdhs@dhs.state.ia.us)

The Iowa Department of Health and Human Services is an equal opportunity provider.

Applicant Signature	Date
---------------------	------

**Please submit all application materials to your local Community Action Agency.**  
[www.iowacommunityaction.org](http://www.iowacommunityaction.org)

# Instructions for Completion of the IIAGP Application

## **Section 1. Applicant information.**

- a. Your first and last name
- b. Your Social Security number
- c. Your main phone number and cellphone number
- d. Your email address
- e. The address that was affected by the disaster
- f. County of the address that was affected by the disaster
- g. City, state, and zip code of the address that was affected by the disaster
- h. If you are residing at a different address than the one listed above
- i. County
- j. City, state, and zip code
- k. Your insurance company name and phone number
- l. Alternate contact Information – name and phone number
- m. Total number of adults in the household and total number of children in the household
- n. The total annual income for all household members

**Please be prepared to supply the following documentation when requested:**

- Photo ID
- Proof of residence
- Proof of income (pay stubs, W-2, tax return, public benefit letter of decision, social security letter, etc.)
- Insurance coverage and filings (if applicable)
- Receipts (if requesting reimbursement for a disaster-related expense)
- Photos of damage (if applicable)

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

**2023 National Poverty Guidelines**

Family Size	1	2	3	4	5	6	7	8
200% of Federal Poverty Level (annual income)	\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120

## **Section 2. Loss information.**

Each household **may** receive up to \$5,000 for a qualifying household and items that qualify under one of the four categories listed below. Please check with your local Community Action Agency ([www.iowacommunityaction.org](http://www.iowacommunityaction.org)). Receipts **MUST** be in applicant’s name.

Temporary Housing – Receipts **MUST** be in applicant’s name. IIAGP will cover up to \$65 per day for 30 days of lodging at a licensed establishment such as a hotel or motel, if the household’s home is destroyed, uninhabitable, inaccessible, or unavailable to the household.

Food Assistance – Replacement of spoiled or destroyed food, up to a maximum of \$50 for one person; \$25 for each additional person in the household. Fast food receipts will not be accepted.

Personal Property – Some examples are: Kitchen items, personal hygiene, clothing, bedroom furnishings, etc. Please check with your local Community Action Agency ([www.iowacommunityaction.org](http://www.iowacommunityaction.org)).

Home Repair – Some examples are: Repair of structural components, repair of floors, wall, ceilings, doors, windows, and carpeting. Please check with your local Community Action Agency ([www.iowacommunityaction.org](http://www.iowacommunityaction.org)).

Assistance will be denied for the following: Preexisting conditions are the cause of the damage; landlord owned property; and if the title of the property is not in the applicant's name.

**Section 3. Brief description of the damage caused by the disaster.**

**Section 4. – Section 6. Read these sections carefully.**

Your original signature is required on the application, along with the date the application was signed.