



**Disaster Case Management**  
**DR # \_\_\_\_\_ – Iowa \_\_\_\_\_**

**FEMA Written Consent Authorization Form**

**Name of LTRC** \_\_\_\_\_  
**CAP Agency** \_\_\_\_\_

I, \_\_\_\_\_, born on \_\_\_\_\_  
 now residing at \_\_\_\_\_ and with damaged  
 dwelling located at \_\_\_\_\_,

hereby consent to disclosure of the entire case file information collected by the following organizations – local Long Term Recovery Committee (LTRC), Community Action Agency, FEMA, the State of Iowa Disaster Assistance Agencies, and the local Council on Government (list names below):

under my FEMA Application # \_\_\_\_\_ or Social Security# \_\_\_\_\_  
 to the organizations and/or individuals listed below. I specifically consent to have the following information disclosed to them: All my case files required to determine if there are duplication of benefits. At the time of the disaster I was residing at: \_\_\_\_\_  
 in the city and state of \_\_\_\_\_.

I am seeking assistance for the following:

- The above information may be disclosed to the following organizations and/or individuals:
- Name of local Long Term Recovery Committee (LTRC)
  - Name of Community Action Agency
  - FEMA
  - State of Iowa – Disaster Assistance Agencies
  - Name of local Council on Government organization administering Iowans Helping Iowans Program

Additionally, I consent to disclosure of my information to any other organization that is a member in good standing of either the National Voluntary Organizations Active in Disasters (NVOAD) or that is participating in a FEMA or State recognized Long Term Recovery Committee (LTRC) for \_\_\_\_\_ County.

This consent is made pursuant to and consistent with 28 U.S.C. §1746. I declare, under penalty of perjury, that the foregoing is true and correct.

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*(Signature of Applicant Providing Consent and Date)*