



**CCB Form**

*(All Change Proposals received by noon each Tuesday will be reviewed by the Change Control Board (CCB) which meets each Wednesday)*

Date: 12/12/06  
Tracking No.: 30 B

**APPROVED APPROVED**

**Title of Proposed Change**

Replacing "Appraisal Value of Replacement Home" input for HO eligible for Affordable Compensation Loan with pre-storm value of storm damaged residence.

**Description:**

The calculator is currently designed to calculate the Affordable Compensation Loan for homeowners choosing the Relocate option using the "Appraisal Value of Replacement Home" as the basis for the gap calculation. Obtaining the appraisal value of the replacement home requires the program to pay for and obtain an appraisal of the property. By using the appraisal value of the replacement home instead of the estimated cost to repair/rebuild or the pre-storm value as the basis for the calculation, the program ensured that we did not provide undeserved compensation to a homeowner who chose to purchase a home that was worth less than their storm damaged residence.

The State recently decided to cap the Affordable Compensation Loan at \$50,000 for all low-income homeowners. Because the Affordable Compensation Loan is now being capped at \$50,000, and calculated at the replacement cost of \$130.00 per square foot, there is no need to appraise the new replacement home.

**Reason(s) for Change Proposal:**

Because the Affordable Compensation Loan is now capped at \$50,000, it is unnecessary to obtain the appraisal value of the replacement home.

**CCB Decision:** Date: NOT SENT TO CCB     Approve     Reject     Put on Hold     Elevate to Client

**Implementation:** *(All teams identified below to review and take appropriate actions. Any problems should be brought back to CCB for discussion and further guidance.)*

Impacted Team(s)	Action(s)	Due Date
<input type="checkbox"/> Administration		
<input type="checkbox"/> Call Center		
<input type="checkbox"/> Center Managers / Team Leads		
<input type="checkbox"/> Communications		
<input type="checkbox"/> Community Outreach	Probably nothing since the need for appraisal has not been raised to public's attention.	
<input type="checkbox"/> Compliance		
<input type="checkbox"/> Fraud Prevention		
<input type="checkbox"/> Hazard Mitigation		
<input type="checkbox"/> Homeowner Assistance		
<input type="checkbox"/> Home Evaluation / Inspection		
<input type="checkbox"/> Logistics / Facility / Security		
<input checked="" type="checkbox"/> MIS / Technical		



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<input type="checkbox"/> Policy & Planning		
<input type="checkbox"/> PMO		
<input type="checkbox"/> Public Information Office		
<input type="checkbox"/> QA / QC		
<input type="checkbox"/> Small Rental		
<input type="checkbox"/> Special Needs		
X Training		
<input type="checkbox"/> Other (please specify lead responsibility)		

Client review/approval required? If yes, see next box.    x Yes <input type="checkbox"/> No	Date Submitted to Client: Oct. 23, 2006      Submitted to: Spletto and Knapp for signature by Elkins and Kopplin
Decision Date: 12/12/06	Client Decision: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Put on Hold Client Signature: <i>Susan Elkins 12/13/06</i> Client 1: _____ Client 2: <i>AKS for Andy Kopplin</i>

**Specific, Additional Direction Provided by Client:**

1. This doesn't appear clearly thought out yet, but the concern is something that may be able to be worked through through communicators. However this issue hasn't come up before to Andy in calculator discussions as a policy. It sounds problematic.

2. The strategy for communicating this in the final yellow letter needs to be shown to the LEA/Andy to ensure it doesn't come across as a negative incentive to move low mod people out, or to confuse them about a 'rebuild' estimate in one scenario being offered when only a 'repair' estimate is used on the other scenario.



Please submit all completed forms to Pam Dorland (pdorland@icfi.com)

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Date: 2/13/07	Initiator: Anita for Adam Knapp	Team/Dept: Policy
Tracking No.: 31-B	Mail: _____	Phone: _____

**Title of Proposed Change:** Alternative Buyout Option - Retain Land

**Description:**

**Buyout, Applicant Keeps Productive Land - Reconsideration v10**

Some homeowners have expressed a desire to move out of harm's way, but to keep their land. This issue has most frequently been raised in Southwest Louisiana, particularly Vermillion and Cameron Parishes, where there are homeowners whose property is agricultural in nature or otherwise used for purposes related to its natural resources.

The proposal to provide compensation for homes but not land was previously considered. The LRA has asked that the policy be reconsidered in light of these cases where large properties with multiple purposes (homeownership, farming, etc) exist. This Change Proposal provides an alternate method for providing compensation limited to certain homes and homeowners.

All option would impose restrictions on future development of the land to preclude development for permanent residential uses.

**Compensation based on Value of Home Structure Alone**

Eligible HO's: Owner occupants of homes that are otherwise eligible for the program but also meet these criteria:

- Suffered greater than 51% damage by the storms
- Where the eligible property or family owned property is at least 5 or more contiguous acres or 20 or more non-contiguous acres, and is documented by homeowner to be agricultural or other unimproved land. Properties that are 20 or more non-contiguous acres must be documented by the homeowner through title search, to be shown to be part of applicants family owned property.
- 

**Eligible Road Home Benefits:**

- The Road Home Program will request an Appraiser complete a pre-storm value for the property only (land must not be included)
- Road Home uses standard procedures to establish compensation for Option 2 or Option 3.
- Road Home will place a covenant/lease with the homeowner's property that any future use of the property must follow the latest available flood elevation guidance and statewide building code.
- The owner of the property signs an agreement that allows access to the RH for demolition of the structure, or provides evidence that the structure has been demolished (USACE, parish demolition, etc.)
- The RH program completes the ER while in the Corporation holding.
- The RH program contracts with a demolition crew to clear the site
- The land owner retains all land

**Legal**

Will require a document to be created to attach with the property not being acquired.

**Reason(s) for Change Proposal:** Rural homeowners with larger tracks of land want to move out of harm's way but keep their some or all of their land.

**Comments:**

CCB Decision: Date: 2.13.2007  Approve  Reject  Put on Hold  Elevate to Client

**Implementation:** *(All teams identified below to review and take appropriate actions. Any problems should be brought back to CCB for discussion and further guidance.)*



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Impacted Team(s)	Action(s)	Due Date
<input type="checkbox"/> Administration		
<input type="checkbox"/> Call Center		
<input checked="" type="checkbox"/> Center Managers / Team Leads		
X Communications		
X Community Outreach		
<input type="checkbox"/> Compliance		
<input type="checkbox"/> Fraud Prevention		
<input type="checkbox"/> Hazard Mitigation		
<input checked="" type="checkbox"/> Homeowner Assistance		
<input checked="" type="checkbox"/> Home Evaluation / Inspection		
<input type="checkbox"/> Logistics / Facility / Security		
<input checked="" type="checkbox"/> MIS / Technical		
<input checked="" type="checkbox"/> Policy & Planning		
<input type="checkbox"/> PMO		
<input type="checkbox"/> Public Information Office		
<input type="checkbox"/> QA / QC		
<input type="checkbox"/> Small Rental		
<input type="checkbox"/> Special Needs		
<input checked="" type="checkbox"/> Training		
<input type="checkbox"/> Other (please specify lead responsibility)		

CCB Decision: Date: \_\_\_\_\_  Approve  Reject  Put on Hold  Elevate to Client

Client	Signature	Date
Suzie Elkins, OCD		2-14-07
Andy Kopplin, LRA		2-13-07

*This is a compromise. OCD does not feel that there should be non-contiguous property.*



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Date: 10.26.06 Initiator: Anita Rechler \_\_\_\_\_; Team/Dept: Policy \_\_\_\_\_  
 Tracking No.: CP-32 Mail: \_\_\_\_\_; Phone: \_\_\_\_\_

**Title of Proposed Change:**  
 Prioritization for Ordering Home Evaluations

**Description:** *(Give a high level summary)*  
 Focus on applications with higher probability of reach award calculation (e.g., have insurance from one of big five companies):

- Dispatch home evaluators to these homes as a priority
- Set these homes as priority for pre-storm value and title

**Reason(s) for Change Proposal:**  
 To forestall possible delays for up to 40% of homeowners.

**CCB Decision:** Date: 11.01.06  Approve  Reject  Put on Hold  Approved by Client 10.26.06

**Implementation:** *(All teams identified below to review and take appropriate actions. Any problems should be brought back to CCB for discussion and further guidance.)*

Impacted Team(s)	Action(s)	Due Date
<input type="checkbox"/> Administration		
<input type="checkbox"/> Call Center		
<input type="checkbox"/> Center Managers / Team Leads		
<input type="checkbox"/> Communications		
<input type="checkbox"/> Community Outreach		
<input type="checkbox"/> Compliance		
<input type="checkbox"/> Fraud Prevention		
<input type="checkbox"/> Hazard Mitigation		
<input checked="" type="checkbox"/> Homeowner Assistance	Set prioritization scheme with input from MIS	11.07.06
<input checked="" type="checkbox"/> Home Evaluation / Inspection	Follow-through on scheme	
<input type="checkbox"/> Logistics / Facility / Security		
<input checked="" type="checkbox"/> MIS / Technical	Set and execute associated algorithms	11.22.06
<input type="checkbox"/> Policy & Planning		
<input type="checkbox"/> PMO		
<input type="checkbox"/> Public Information Office		
<input type="checkbox"/> QA / QC		
<input type="checkbox"/> Small Rental		
<input type="checkbox"/> Special Needs		
<input type="checkbox"/> Training		
<input checked="" type="checkbox"/> Other <i>(please specify lead responsibility) Title</i>	Follow-through on scheme	



Please submit all completed forms to Bettsie Norton (bnorton@icfi.com)

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Date: 3.7.07 Initiator: Bettsie Norton; Team/Dept: PMO  
 Tracking No.: 33 A Mail: bnorton@icfi.com; Phone: 225.242.1058

**Title of Proposed Change:**

Signed Statements for Verification

**Description:** *(Give a high level summary)*

Accept signed statements from homeowners for calculation and verification of insurance payment and FEMA payment. The Road Home program will attempt to verify insurance and FEMA data through 3<sup>rd</sup> party databases. If, however, applicant information cannot be verified through a 3<sup>rd</sup> party source, we will accept the applicants self-certification of those amounts.

**Reason(s) for Change Proposal:**

To document change in policy and procedure.

**CCB Decision:** Date: 3.7.07  Approve  Reject  Put on Hold  Elevate to Client

**Implementation:** *(All teams identified below to review and take appropriate actions. Any problems should be brought back to CCB for discussion and further guidance.)*

Impacted Team(s)	Action(s)	Due Date
<input type="checkbox"/> Administration		
<input type="checkbox"/> Call Center		
<input checked="" type="checkbox"/> Closing Team / First American		
<input type="checkbox"/> Communications		
<input type="checkbox"/> Community Outreach		
<input checked="" type="checkbox"/> Compliance		
<input checked="" type="checkbox"/> Fraud Prevention		
<input type="checkbox"/> Hazard Mitigation		
<input checked="" type="checkbox"/> Homeowner Assistance		
<input type="checkbox"/> Home Evaluation / Inspection		
<input type="checkbox"/> Logistics / Facility / Security		
<input type="checkbox"/> MIS / Technical		
<input checked="" type="checkbox"/> Policy & Planning		
<input type="checkbox"/> PMO		
<input type="checkbox"/> Production		
<input type="checkbox"/> Public Information Office		
<input type="checkbox"/> QA / QC		
<input type="checkbox"/> Small Rental		



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<input type="checkbox"/> Special Needs		
<input type="checkbox"/> Training		
<input type="checkbox"/> Other (Specify lead responsibility)		

Client	Signature	Date
Suzie Elkins, OCD	<i>Suzie Elkins</i>	3-16-07
Andy Kopplin, LRA	<i>for Kopplin for Andy Kopplin</i>	3-26-07



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Date: 10.26.06 Initiator: Anita Rechler \_\_\_\_\_; Team/Dept: Policy \_\_\_\_\_  
 Tracking No.: CP-33 Mail: \_\_\_\_\_; Phone: \_\_\_\_\_

**Title of Proposed Change:**  
 Signed Statements for Verification

**Description:** *(Give a high level summary)*  
 Accept signed statements from homeowners for calculation and verification of insurance payment and FEMA payment. Verification to be performed before closing.

**Reason(s) for Change Proposal:**  
 To reduce risk of fraud.

**CCB Decision:** Date: 11.01.06  Approve  Reject  Put on Hold  Approved by Client 10.26.06

**Implementation:** *(All teams identified below to review and take appropriate actions. Any problems should be brought back to CCB for discussion and further guidance.)*

Impacted Team(s)	Action(s)	Due Date
<input type="checkbox"/> Administration		
<input checked="" type="checkbox"/> Call Center	Adjust script accordingly	11.08.06
<input type="checkbox"/> Center Managers / Team Leads		
<input checked="" type="checkbox"/> Communications	Create wording for Options for letter to be mailed to homeowners	11.01.06
<input type="checkbox"/> Community Outreach		
<input type="checkbox"/> Compliance		
<input type="checkbox"/> Fraud Prevention		
<input type="checkbox"/> Hazard Mitigation		
<input checked="" type="checkbox"/> Homeowner Assistance	Communicate to and train staff	11.08.06
<input type="checkbox"/> Home Evaluation / Inspection		
<input type="checkbox"/> Logistics / Facility / Security		
<input checked="" type="checkbox"/> MIS / Technical	Adjust system accordingly	11.08.08
<input checked="" type="checkbox"/> Policy & Planning	Distribute email message for implementation	11.03.06
<input type="checkbox"/> PMO		
<input type="checkbox"/> Public Information Office		
<input type="checkbox"/> QA / QC		
<input type="checkbox"/> Small Rental		
<input type="checkbox"/> Special Needs		
<input type="checkbox"/> Training		
<input type="checkbox"/> Other <i>(please specify lead responsibility)</i>		



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Date: 10.26.06 Initiator: Anita Rechler \_\_\_\_\_; Team/Dept: Policy \_\_\_\_\_  
 Tracking No.: CP-34 Mail: \_\_\_\_\_; Phone: \_\_\_\_\_

**Title of Proposed Change:**  
 Approve New Evaluation Subcontractors

**Description:** (Give a high level summary)  
 Approve the use of new home evaluation subcontractors.

**Reason(s) for Change Proposal:**  
 n/a

**CCB Decision:** Date: 11.01.06  Approve  Reject  Put on Hold  Approved by Client 10.26.06

**Implementation:** (All teams identified below to review and take appropriate actions. Any problems should be brought back to CCB for discussion and further guidance.)

Impacted Team(s)	Action(s)	Due Date
<input type="checkbox"/> Administration		
<input type="checkbox"/> Call Center		
<input type="checkbox"/> Center Managers / Team Leads		
<input type="checkbox"/> Communications		
<input type="checkbox"/> Community Outreach		
<input type="checkbox"/> Compliance		
<input type="checkbox"/> Fraud Prevention		
<input type="checkbox"/> Hazard Mitigation		
<input type="checkbox"/> Homeowner Assistance		
<input checked="" type="checkbox"/> Home Evaluation / Inspection	Contract signed week of 10.30.06	11.03.06
<input type="checkbox"/> Logistics / Facility / Security		
<input type="checkbox"/> MIS / Technical		
<input type="checkbox"/> Policy & Planning		
<input type="checkbox"/> PMO		
<input type="checkbox"/> Public Information Office		
<input type="checkbox"/> QA / QC		
<input type="checkbox"/> Small Rental		
<input type="checkbox"/> Special Needs		
<input checked="" type="checkbox"/> Training	Train staff (training begins week of 11.13.06)	11.13.06
<input type="checkbox"/> Other (please specify lead responsibility)		



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Date: 10.26.06 Initiator: Anita Rechler \_\_\_\_\_; Team/Dept: Policy \_\_\_\_\_  
 Tracking No.: CP-35 Mail: \_\_\_\_\_; Phone: \_\_\_\_\_

**Title of Proposed Change:**  
 Improve Data Matching

**Description:** *(Give a high level summary)*  
 Improve data matching algorithms and hastening data collection:

- Matching 95% on RES, increased from 43%
- Apply same logic from RES to improve FEMA matching
- Ordering home evaluations PSV, and title search prior to verifying FEMA eligibility
- Deploying resolution team to solve data matching issues.

*Note: May process some applications that will ultimately be determined ineligible.*

**Reason(s) for Change Proposal:**  
 Program improvement and efficiency.

**CCB Decision:** Date: 11.01.06     Approve     Reject     Put on Hold     Elevate to Client

**Implementation:** *(All teams identified below to review and take appropriate actions. Any problems should be brought back to CCB for discussion and further guidance.)*

Impacted Team(s)	Action(s)	Due Date
<input type="checkbox"/> Administration		
<input type="checkbox"/> Call Center		
<input type="checkbox"/> Center Managers / Team Leads		
<input type="checkbox"/> Communications		
<input type="checkbox"/> Community Outreach		
<input type="checkbox"/> Compliance		
<input type="checkbox"/> Fraud Prevention		
<input type="checkbox"/> Hazard Mitigation		
<input type="checkbox"/> Homeowner Assistance		
<input type="checkbox"/> Home Evaluation / Inspection		
<input type="checkbox"/> Logistics / Facility / Security		
<input checked="" type="checkbox"/> MIS / Technical	Implement items above Share address normalization	w/o 11.01.06 11.03.06
<input checked="" type="checkbox"/> Policy & Planning	Work with HUD to ensure it understands these are program delivery costs and not administrative costs. (Marsha Tonkavich and Kelly Rice to develop language/clarification for HUD)	11.02.06
<input type="checkbox"/> PMO		
<input type="checkbox"/> Public Information Office		
<input type="checkbox"/> QA / QC		
<input type="checkbox"/> Small Rental		
<input type="checkbox"/> Special Needs		



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<input type="checkbox"/> Training		
<input checked="" type="checkbox"/> Other <i>(please specify lead responsibility)</i> Title	Share address normalization	11.03.06
<input checked="" type="checkbox"/> Other <i>(please specify lead responsibility)</i> Mike Byrne	Obtain assistance from FEAM resolution team	11.03.06



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Date: 10.26.06 Initiator: Anita Rechler \_\_\_\_\_; Team/Dept: Policy \_\_\_\_\_  
 Tracking No.: CP-36 Mail: \_\_\_\_\_; Phone: \_\_\_\_\_

**Title of Proposed Change:**  
 Use of Aerial Photography

**Description:** *(Give a high level summary)*  
 For homes damaged more than 51%, minimize need for home evaluation prior to calculation by using aerial photography to calculate square footage in order to determine the rebuild cost (cost per s.f.).

**Reason(s) for Change Proposal:**  
 Potential verification if house is completely gone, and prevents delayed mitigation measures evaluation.

**CCB Decision:**     Approve     Reject     Put on Hold (till 11.08.06)     Approved by Client 10.26.06

**Implementation:** *(All teams identified below to review and take appropriate actions. Any problems should be brought back to CCB for discussion and further guidance.)*

Impacted Team(s)	Action(s)	Due Date
<input type="checkbox"/> Administration		
<input type="checkbox"/> Call Center		
<input type="checkbox"/> Center Managers / Team Leads		
<input type="checkbox"/> Communications		
<input type="checkbox"/> Community Outreach		
<input type="checkbox"/> Compliance		
<input type="checkbox"/> Fraud Prevention		
<input type="checkbox"/> Hazard Mitigation		
<input type="checkbox"/> Homeowner Assistance		
<input type="checkbox"/> Home Evaluation / Inspection		
<input type="checkbox"/> Logistics / Facility / Security		
<input checked="" type="checkbox"/> MIS / Technical	Need proof-of concept (D Cogar, K Wright)	After 11.08.06 mtg
<input type="checkbox"/> Policy & Planning		
<input type="checkbox"/> PMO		
<input type="checkbox"/> Public Information Office		
<input type="checkbox"/> QA / QC		
<input type="checkbox"/> Small Rental		
<input type="checkbox"/> Special Needs		
<input type="checkbox"/> Training		
<input type="checkbox"/> Other <i>(please specify lead responsibility)</i>		



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Date: 10.26.06 Initiator: Anita Rechler \_\_\_\_\_; Team/Dept: Policy \_\_\_\_\_  
 Tracking No.: CP-37 Mail: \_\_\_\_\_; Phone: \_\_\_\_\_

**Title of Proposed Change:**  
 Sourcing for Square Footage

**Description:** *(Give a high level summary)*  
 In the absence of home evaluations, acquire square footage from a variety of sources including: RES, BPO's, AVMs, possibly Fannie Mae.

**Reason(s) for Change Proposal:**  
 Minimize increased number of appeals.

**CCB Decision:** Date: 11.01.06  Approve  Reject  Put on Hold  Approved by Client 10.26.06

**Implementation:** *(All teams identified below to review and take appropriate actions. Any problems should be brought back to CCB for discussion and further guidance.)*

Impacted Team(s)	Action(s)	Due Date
<input type="checkbox"/> Administration		
<input type="checkbox"/> Call Center		
<input type="checkbox"/> Center Managers / Team Leads		
<input type="checkbox"/> Communications		
<input type="checkbox"/> Community Outreach		
<input type="checkbox"/> Compliance		
<input type="checkbox"/> Fraud Prevention		
<input type="checkbox"/> Hazard Mitigation		
<input type="checkbox"/> Homeowner Assistance		
<input type="checkbox"/> Home Evaluation / Inspection		
<input type="checkbox"/> Logistics / Facility / Security		
<input type="checkbox"/> MIS / Technical		
<input type="checkbox"/> Policy & Planning		
<input type="checkbox"/> PMO		
<input type="checkbox"/> Public Information Office		
<input type="checkbox"/> QA / QC		
<input type="checkbox"/> Small Rental		
<input type="checkbox"/> Special Needs		
<input type="checkbox"/> Training		
<input checked="" type="checkbox"/> Other <i>(please specify lead responsibility)</i> Title (R Hegner)	Work with Carl to develop data source	11.02.06



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Date: 10.26.06 Initiator: Anita Rechler \_\_\_\_\_; Team/Dept: Policy \_\_\_\_\_  
 Tracking No.: CP-38 Mail: \_\_\_\_\_; Phone: \_\_\_\_\_

**Title of Proposed Change:**  
 Express Appointments

**Description:** *(Give a high level summary)*  
 Create an "express appointment" for homeowners who have all their documents and choose to bypass counseling at the intake stage:

- Get photo and thumb scan
- Confirm identification
- Sign consent
- Review application and sign
- Scan documents
- Get income form "circled"
- Distribute mitigation information

**Reason(s) for Change Proposal:**  
 Homeowners are less informed about the overall process. Homeowners may get less counseling on mitigation measures.

**CCB Decision:** Date: 11.01.06  Approve  Reject  Put on Hold  Approved by Client 10.26.06

**Implementation:** *(All teams identified below to review and take appropriate actions. Any problems should be brought back to CCB for discussion and further guidance.)*

Impacted Team(s)	Action(s)	Due Date
<input type="checkbox"/> Administration		
<input checked="" type="checkbox"/> Call Center	Begin "marketing" for this option during scheduling	11.01.06
<input type="checkbox"/> Center Managers / Team Leads		
<input checked="" type="checkbox"/> Communications	Support express packet development.	
<input type="checkbox"/> Community Outreach		
<input type="checkbox"/> Compliance		
<input type="checkbox"/> Fraud Prevention		
<input type="checkbox"/> Hazard Mitigation		
<input checked="" type="checkbox"/> Homeowner Assistance	Timeline for implementation and develop an express packet (of what is being given to homeowners) for OCD to approve	11.10.06
<input type="checkbox"/> Home Evaluation / Inspection		
<input type="checkbox"/> Logistics / Facility / Security		
<input checked="" type="checkbox"/> MIS / Technical	Support express packet development.	
<input type="checkbox"/> Policy & Planning		
<input type="checkbox"/> PMO		
<input type="checkbox"/> Public Information Office		
<input type="checkbox"/> QA / QC		
<input type="checkbox"/> Small Rental		



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<input type="checkbox"/> Special Needs		
<input type="checkbox"/> Training		
<input type="checkbox"/> Other <i>(please specify lead responsibility)</i>		