



# Disaster Relief Application

Deadline: April 9, 2021

## Overview & General Instructions

The Texas Dental Association (TDA) may provide funds to respond to Texas dentists who reside in a presidentially or gubernatorially declared disaster area and who have financial needs for basic living necessities as a result of the natural disaster. The TDA Board of Directors (Board) through its Relief Committee administers disaster relief funds in response to such requests.

A dentist is defined as any individual currently residing in the United States or its territories and meets one or more of the following requirements:

- Is a graduate of a pre-doctoral dental degree program accredited by the Commission on Dental Accreditation;
- Currently holds or formerly held a valid dental license in any U.S. state or territory;
- Is employed by or serving on active duty in one of the U.S. Federal Dental Services; or
- Is working as a dental school faculty member, dental administrator or consultant at a dental school accredited by the Commission on Dental Accreditation.

### Application

Funding is determined based on completion of an application, statement of financial need, and available funds. The TDA Relief Committee has authorized the use of the attached application for disaster relief funds in response to declared disasters, including the winter storm which began on February 11, 2021. All applicant information will be kept confidential and names of recipients will not be published or made available in public documents. TDA has the right to deny any application based on applicant's qualifications or failure to provide sufficient information. Applications must be postmarked, faxed, or emailed no later than Friday, April 9, 2021.

### Funding Amounts & Rules

1. Determination of Grant Amount. The committee may award grants with the individual amount dependent upon the number of applicants and the amount of funds available at any given time. The final decision regarding the grants is solely within the purview of the committee.
2. Limits. The granted funds may not exceed \$1,500 from the TDA Relief Fund per single disaster in a 12-month period, per dental professional applicant, including any available balance of direct donor contributions received by TDA for disaster relief.
3. Eligibility. In keeping with the TDA Relief Fund status as a tax-exempt 501(c)(3), dentist applicants are not required to be members of the TDA or its component societies. ***To be eligible, the dentist applicant should submit a copy of their completed application exhibiting financial need for reasonable and necessary personal basic living expenses incurred as a result of a qualified disaster. Grants cannot be made on the basis of lost income.***
4. Application of Rules. TDA's decision about how its funds will be distributed must be based on an objective evaluation of the victims' needs at the time the grant is made; therefore, the scope of the assessment required to support the need for assistance may vary depending upon the circumstances (Ref. IRS Publication 3833). The TDA may have follow up questions or requests for information upon receipt of the completed application. Every effort will be made to limit the requests to essential and necessary information.

### Questions or Assistance

If you or a fellow dentist has suffered following a qualified disaster, we hope you will consider applying for assistance. Any questions may be forwarded by email to Ms. Linda G. Brady, TDA Executive Director ([lbrady@tda.org](mailto:lbrady@tda.org)), or Mr. Terry Cornwell, TDA Governance Manager ([tcornwell@tda.org](mailto:tcornwell@tda.org)). You may also call the TDA Central Office at 512-443-3675, Extension 146.

# TDA Disaster Relief Application

**Deadline: April 9, 2021**

## 1. APPLICANT INFORMATION

**Applicant Name:** \_\_\_\_\_

**ADA or License Number:** \_\_\_\_\_  
(for verification purposes only)

**Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Mobile Telephone:** \_\_\_\_\_

**Email Address(es):** \_\_\_\_\_

**Practice Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Practice Telephone:** \_\_\_\_\_

## 2. DISASTER DESCRIPTION

Describe the disaster, how it has deprived you of short-term access to basic personal necessities, what your immediate personal needs are, and how you plan to use the grant funds. **Please note that this grant is limited to support only urgent emergency personal basic needs such as temporary lodging, food, water, clothing – please indicate all that apply to your immediate needs.**

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### 3. OTHER ASSISTANCE

Indicate below if you have applied for and/or have been granted other assistance.

	REQUESTED		IF YES, STATUS OF REQUEST			
	YES	NO	GRANTED	DENIED	PENDING	N/A
<b>FEMA</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Assistance</b> (i.e., local city or state assistance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on status of pending applications:

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### 4. FINANCIAL NEED QUESTIONNAIRE

Check all that apply	Yes	No	N/A	Comments
1 Was your home damaged by the disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
2 Was your office damaged by the disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
3 Do you have current or outstanding expenses for alternative living arrangements due to the disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
4 Do you currently have other personal living expenses as a direct result of the disaster? (i.e., food, bottled water, clothing, medicine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
5 Are you currently working and earning an income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
6 Is your dental practice or employer office(s) currently open and operating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
7 Is your current income insufficient to cover normal expenses and additional expenses from the disaster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>
8 Do you attest to currently having a financial need for disaster relief funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<hr/>

### Photos

Upload (attach) up to five photos of the damage caused by the disaster. **If the nature of the disaster makes it difficult or impossible to send photos, please do not endanger yourself or others in order to acquire the photos.**

## 5. CERTIFICATION BY APPLICANT AND SIGNATURE

I verify that the above information is true and complete and that I have a valid need for funds. I understand that a fraudulent representation or omission of any information requested is grounds for immediate refusal of grant assistance. I understand that the granted assistance is neither a right nor entitlement and that the Relief Committee of the Texas Dental Association Board of Directors shall have sole discretion in determining whether I qualify for assistance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\* SEND TO TDA, 1946 SOUTH IH-35 STE 400, AUSTIN TX 78704 (FAX TO 512-443-3031 or EMAIL TO [tcornwell@tda.org](mailto:tcornwell@tda.org)) \***