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From the day after the first storm in 2004, the American Dental Association and its Foundation were there, partnering with the Florida Dental Association and the Florida Dental Health Foundation to address our fellow dentists’ various needs. Especially during times of crisis, the state/national association partnership takes on a special mantle.
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WEATHER FACTS

- According to a February 2005 report prepared by the Florida Office of Insurance Regulation, claims for damages caused by hurricanes Charley, Frances, Ivan and Jeanne during 2004 exceeded $22 billion.

- In 1998, seven tornados struck Central Florida, killing 42 people.

- The Florida Division of Emergency Management warns that 10 percent of the state’s thunderstorms produce dangerous hail and/or high winds that can cause significant property damage and bodily harm.

- Inland, freshwater flooding can produce conditions that are every bit as deadly and damaging as “named” storm systems. In 1998, 20 inches of rain fell over West-Central Florida – drowning four people. Florida is third in the nation in flood damage claims processed through the National Flood Insurance Program.

INTRODUCTION

Florida is known for its abundant sunshine, mild temperatures and magnificent beaches. Our proximity to water also makes us vulnerable to dangerous weather patterns. Floridians experience more tropical storm systems than any other state in the union. Thirty-six percent of all U.S. hurricanes hit Florida. More than half of those have been classified as "major" by weather experts. Thunderstorms and tornadoes strike us when the jet stream swings south during the late winter and early spring. Florida also claims the title of America’s lightning capital.

It’s human nature to think bad things happen to other people – not us. But thinking ahead to the possible is an important part of managing a crisis if – and when – it does occur. Until we learn how to stop these destructive forces of nature, the best we can do is plan ahead to minimize their impact.

Studies indicate that almost half of the businesses that are forced to close because of a catastrophe never open again. Most of them did not have a disaster plan in place, or failed to implement it when danger threatened. Proactive planning can mitigate loss, save lives and assure your practice continues to function when it may be needed most. The time to plan for a crisis is now – you won’t have the luxury of turning back the clock after damage has occurred.

Dozens of publications have been produced to help Floridians prepare for weather-related situations. Most of them focus on preparing the home and gathering supplies needed for personal and family survival. This guide is specifically designed to address the unique needs and concerns of today’s dental professionals. Our focus is on nature’s wrath, but many of the same principles apply to any crisis management.

Creating a plan customized for your practice is simple. It will require time and thoughtful attention, but the results could pay off in real dollars saved. The following pages will take you step-by-step through the disaster planning process. You’ll learn the five major steps to business survival and recovery.
STEP ONE: EVALUATE

The first step in any planning process is to evaluate your current situation. Time is on your side now, but it won’t be when the hurricane season begins or when a disaster is looming on the horizon.

Begin by gathering important documents and papers. Be sure to include:

- Insurance policies
- Building leases or mortgage documents
- Equipment leases and/or proof of purchase documentation

REVIEW YOUR INSURANCE COVERAGE

While proactive planning is your first line of defense in disaster protection, your insurance coverage may be your strongest armor. Florida law prohibits consumers from purchasing, or altering, coverage when a known event is already on the way. Evaluate your current coverage and make needed changes as soon as possible.

Review your policy until you understand what you already have. Jot down questions as they occur to you. If you occupy a leased facility, does the agreement specify who will make the determination regarding possible closure for repairs? If you own your building, would you receive insurance claim disbursements, or would they be processed through a mortgage company? Check all lease and purchase agreements for provisions that relate to disaster situations.

Does your policy provide sufficient coverage for today’s replacement costs for lost contents, or will depreciation formulas leave you short? Does it include supplies, equipment and furnishings? Are some items subject to standard maximums, or do you need special coverage for computers, related software and other items you may own? Is leased equipment covered, or will you find yourself making periodic payments on equipment you no longer have?

Don’t assume your fire and extended damage policy will protect you from all perils. Whether you own your own building, or lease your facility, you need to know what physical damage coverage is provided. Some policies do not cover wind, hurricane or flood damage.

Could you afford to do without income for an extended period of time? How long could your business survive if you could not operate from your current location? Could you continue your practice if you had a catastrophic loss of computer records, files, X-ray images or client files?

Business interruption insurance is one type of coverage that small-business owners often overlook. Coverage offsets income lost when you are unable to operate from an insured location because of disaster-related damage. Compensation is calculated based on your financial history – so be prepared to provide documentation to back up your claim. Most policies exclude the first 48-72 hours. Insurers assume most business owners can absorb that much loss before they face serious risk.

Policies written through FDA Services generally provide 12 months business interruption protection. Business interruption insurance also may pay for expenses that continue whether or not you are open for business – such as utility or telephone service – or provide you with funds for expenses related to doing business from a temporary location. It is added to your property insurance policy or written into a package plan. A word of caution – it will only protect you for perils that are named in your primary policy.

Your policy also may exclude protection against actions taken by civil authorities. Civil action may include being forced to evacuate; the power company cutting off service to a wide area to effect repairs; or the police closing roads leading to your location.

You can request an endorsement that will meet the needs specific to your practice. If your office is located on a barrier island, you are at higher risk than if it is on a busy highway that will be among the first to be cleared of debris. Weigh your risks against the cost of additional coverage.
Remember

Business interruption compensation is based on your business’ income calculations – not on the amount you may bill out.

The Appendix includes a work sheet (see Work Sheets) to help you calculate income loss. Use it to determine the amount of business interruption coverage you should carry.

Extra Expense coverage offers another layer of protection that reimburses you for expenses that you may incur, over and above your regular operating costs, to stay in operation. If your office is intact after a disaster, but central power lines are down, this coverage might pay to bring in a generator that would allow you to continue operating. Generally, insurers will pay extra expense benefits only if those costs will be lower than paying for lost business.

Consider all options and discuss these possibilities with your insurance agent in advance.

- Is there suitable office space within your budget that you could move into temporarily?
- Have you negotiated a reciprocal agreement with another professional who might share space?
- Could you afford to move undamaged equipment or lease items temporarily? What would it cost to notify patients of a change in location?
- Would staff be able to report to the new site?

Some insurance companies will negotiate repairs directly on your behalf. Others will allow you to hire someone, but they will control disbursements. Make certain you know what your carrier’s regulations and procedures are before you incur expenses you may not be able to recoup.

Liability

Some kinds of storms are man-made, not natural. Your basic policy should provide coverage if a client trips on your front steps or is hurt on an open file cabinet. You probably carry protection for anything you, or an employee, may or may not do that puts a client at risk for bodily injury or other harm.

What if you are working under less than perfect conditions during or after a storm event?

Ask your agent if your current coverage will provide protection for contractors and employees who are performing duties outside their job descriptions.

Deductibles / Additional Expense

Floridians submitted 525,726 claims for hurricane-related damage in 2004. Policyholders received more than $22 million in covered benefits, but they also paid $54 million in deductibles.

Even if you have secured business interruption insurance to offset lost profits, remember that such coverage is subject to a delay of 48 to 72 hours or more.

In the aftermath of a disaster, you may incur incidental expenses for such things as:

- Batteries
- Ice
- Increased telephone toll
- Temporary repair supplies
- Bottled water
- Food and beverages for clean-up volunteers
- Fuel for generators

Do you have sufficient resources to cover additional costs and insurance shortfalls?
WHAT IS YOUR STORM VULNERABILITY?

Your evaluation should include an assessment of the physical vulnerability of your surroundings. The most effective way to ensure your business survives a natural disaster is to do everything possible to prevent damage to your:

- Facility
- Equipment
- Supplies and materials
- Important documents, critical records and patient information

You can perform a simple inspection of your property, or hire an expert to do it for you. This is the time to inventory and document your office contents. Take photos, create a video record and update your supply lists.

Secure one copy off site and maintain one for yourself. You may want to provide your insurer with a duplicate. Keep copies of equipment invoices that document model numbers, acquisition costs and other identifying information. Update your property records whenever you make a new purchase or eliminate stock.

The Appendix includes a sample of a basic inventory record (see Work Sheets).

FACILITY

Much of what you can do to protect your physical surroundings will depend on whether you own your building or lease it from someone else.

If you own your property:
Perform a thorough inspection of the building "envelope."

- Roof
- Walls
- Windows
- Doors

FDA Services Inc.

FDA Services Inc. is a multi-line insurance agency and wholly owned subsidiary of the FDA. FDAS offers FDA members and other association clients a variety of insurance plans and services including:

- Property Insurance
- Business Owner’s Policies, or BOPs
- Office Overhead Expense
- Professional Liability
- Workers’ Compensation
- Automobile and Personal Umbrella Coverage
- Individual and Group Health
- Disability Income
- Individual Term Life
- Long Term Care
- Annuities
- Pension Services

For more information, contact FDAS at (800) 877-7597 or insurance@floridadental.org. Visit the FDAS Web site at www.fdaservices.com
Are there items outside your office that are potential hazards? Check the things attached to, or adjacent to, your building. Do you have signs, furniture or advertising items that could become dangerous, airborne projectiles? Is that charming awning a good marketing tool, or a potential liability? Could dislodged materials become barriers to rescue personnel?

Don’t forget to look around the property for trees and other landscaping that need to be trimmed. The Red Cross recommends keeping commercial plantings to a minimum to reduce fire hazard. Trim branches before the hurricane season. Once an alert has been issued, municipalities may not be able to remove trimmings in time.

If there is a fire hydrant near your office, keep it clear of obstructions and debris.

Use a checklist as you inspect your office property. The one provided here is not intended to create a comprehensive building report. Instead, it focuses on items that are vulnerable to storm damage. In general, it should not take more than one hour to perform a “walk through” of your property. If you feel you need assistance, hire a certified inspector or other construction professional. Don’t overlook “free” help such as a county extension agent or local fire marshal.

The Appendix includes a simple inspection checklist (see Work Sheets).

**FACT**

**HOME INSPECTORS** do not need to be licensed in Florida, but the state does require **BUILDING CODE INSPECTORS** to have a valid license. Reputable inspection firms are likely to belong to one or more of the major professional associations for certified inspectors.

The Appendix includes a list of these organizations. To check a contractor’s license status, go to www.MyFloridaLicense.com, or call (850) 487-1395, 8 a.m. to 6 p.m.

**IF YOU LEASE YOUR PROPERTY:**

You still can use the provided inspection checklist, but share your observations with your landlord. Ask him or her to make needed repairs or modifications. It will protect the landlord’s investment in the long run. You might want to consider adding a clause in your lease to provide for an annual disaster preparedness inspection.

**EQUIPMENT**

Do you keep radioactive, hazardous, chemical or pharmaceutical supplies on site? If you do, you and your staff are well aware of how dangerous it would be if the equipment’s safety features were compromised through damage or loss of containment.

Be aware of your vulnerabilities.

- Install equipment in rooms that are protected as much as possible from incursions of wind, water and light.
- Be aware of EPA regulations regarding storing chemicals.
- Items such as nitrous oxide have a high street value for looters. Make certain you have a secure place to lock up pharmaceuticals if you have to evacuate your building. Keep the key with you.

Mobile homes and portable structures were the first to fall under the wrath of Hurricane Andrew in 1992. Photo courtesy of the State Archives of Florida, Florida Department of State, Photographic Collection.
SUPPLIES AND MATERIALS
Where do you store paper products that could be easily damaged by water?

Reams of paper and other administrative supplies are fairly inexpensive to replace, but supplies may be limited after a widespread storm. Consider keeping at least some of them in plastic boxes or sealable, plastic bags. Gauze, syringes, face masks, cotton products and patient bibs are just a few of the things that would be destroyed if subjected to water.

Keep a supply of record-storage boxes on hand. You can purchase and store them flat, and they'll save valuable preparation time if you need to remove files quickly.

CRITICAL RECORDS AND PATIENT INFORMATION
What kinds of records do you keep regarding patient history and care? Where do you maintain fiscal data? Do you have a system of backing up electronic files? Are they stored away from the office for safekeeping? Ideally, you will have a secure, off-site place to store duplicate records and computer backups. Loss-prevention specialists suggest you select a location at least 50 miles away. If you keep them nearby, consider purchasing fire-resistant, water-tight storage for critical files.

The average time needed to recover from a total loss of computer data varies from a matter of hours to two business weeks. This process can be delayed further if you have to find someone to do this after a widespread, catastrophic event. Data recovery is entirely dependent on how often, and how well, you performed backups. Test your backup systems! Many recovery plans have failed because operators thought they successfully copied files from one source to another, only to discover their backup disks were empty.

Dental film is particularly vulnerable to damage from light and water. The film is plastic, but it is treated with a gelatin-like substance to capture an image. It is vulnerable to improper and excessive handling, abrasions and folding. High humidity or moisture can cause mold and leave artifacts embedded in the emulsion the film was treated with. These artifacts cannot be removed. Even worse, full submersion can cause the film’s coating to disband from the plastic – making all restoration efforts impossible. Consider producing duplicates that can be stored off site. There are a number of vendors who supply equipment to make this task easy and affordable.

See the Vendor Resource Guide in the Appendix for contact information.

POWER FAILURES
Most of us think of electrical outages as an inconvenience, but how much revenue would you lose if your power systems were down for an extended period? Does your insurance policy cover this peril? Electrical components will have to be replaced if they are subjected to water. Temperature extremes will damage some types of electronic equipment, files and other materials. What would you lose if you lost your air conditioning?

You should give serious consideration to the benefits of a backup power system.

Generators are available in a wide variety of styles and price ranges. Your building’s size and contents, and the power needs of your equipment, will determine the appropriate unit for you. Since this varies from office to office, you should consult an electrical specialist. Your local power company may offer this service at no charge, so check with them first.

There are two basic types of generators – standby and portable. Both will run as long as they have fuel.

Standby generators are permanently installed and integrated into the building’s electrical system. They are equipped with an automatic transfer switch that will activate auxiliary power when needed and shut it off when it isn’t. This switch will prevent the unit from feeding power back into the utility lines and protect the generator when power is restored. Standby generators have fuel-driven engines that can be connected to a natural gas line, or run off the gasoline or diesel you supply. They must be installed by a licensed electrician, who will secure the necessary permits and notify the power company that the system is in place.
Step One – Evaluate

- **Portable generators** usually are smaller and generally used to provide only most vital services. Their capacity is measured in wattage. They have small fuel tanks that need to be re-filled periodically – usually every few hours. Smaller units have pull-cord starters, much like a lawnmower. Some larger ones feature on/off switches that are easy to use.

**The larger the generator, the more it will cost.**

- **Small (4,000-5,000 watts)**
  $300-$1,300
  This size should power basic survival items, such as a refrigerator, sump pump, furnace fan, computer or small appliances.

- **Medium (6,000-9,000 watts)**
  $2,000-$3,800
  A medium-sized generator should supply most small office lighting, typewriters, computers, copiers, etc.

- **Large (10,000+ watts)**
  $8,000-more than $10,000
  Consult with your electrical specialist to determine what equipment you would be able to power.

Remember – all generators operate with gasoline or propane. These resources may be in short supply after a major storm. If you keep a supply on hand, make certain you can store it safely and in accordance with applicable regulations. Large, permanently installed units sometimes are connected to gas lines that may be shut down during a major disaster.

---

**HELPFUL HINTS**

- You can get a rough idea of how much back-up power you will need by checking your utility bill. One kilowatt equals 1,000 watts. Divide your average monthly power usage by the number of days per month your office is open. This will give you an idea of how much power you use on an average day, but it will not indicate peak usage.

- Every electrical appliance carries a label (usually on the cord) that will indicate the maximum wattage needed to operate it.

- For specialized equipment, such as an X-ray machine, check your owner’s manual or consult with the vendor from whom you purchased it.

- Some electrical appliances and motors can be damaged if they are not pulling recommended minimums of power. It is important that the generator you select is of sufficient size to provide minimum current.

- **CAUTION:** Never plug an emergency generator into outlets or circuits that are connected to normal electrical systems. They could feed power back into delivery lines, putting emergency workers at risk.

- **CAUTION:** Gasoline-powered generators never should be used indoors because of the risk of carbon monoxide poisoning. They should be used outside only.

---

A work sheet to help you **calculate the value of purchasing a back-up generator** is included in the Appendix (see Work Sheets).
COMMUNICATION DEVICES AND NETWORKS

Cell-phone towers, computer networks and land-based phone systems might be down in the aftermath of an extreme weather event. How would you communicate with your employees in such an emergency? Will you be able to contact officials and those who can assist you? If the phones are working, will you spend most of your time making calls?

Establish a central communications point from which information can be gathered and disseminated. It could be a central location or a telephone number outside your exchange area. Make sure employees have the number and understand how and when to use it. Set up a relay system so each person called can notify another. If local systems are down, make contact with the Red Cross or one of the other rescue agencies. They usually supply a community with portable communications equipment as soon as possible.

The Amateur Radio Relay League also can help. Their volunteer ham radio operators work through defined networks to transmit vital information. Get to know a volunteer in your area who can provide you with information now and vital assistance later.

The National Oceanic and Atmospheric Administration (NOAA) has established a nationwide network of radio stations that broadcast continuous weather information, as well as security alerts as they are issued by other government agencies. It is critical that your office be equipped with a NOAA radio that will automatically alert you to hazards. Make sure the model you purchase has a battery backup in case you lose power.

In 1947, teletypes provided the fastest way of transmitting weather observations. Photo courtesy of the National Oceanic and Atmospheric Administration/Department of Commerce, NOAA Photo Library, Historic NWS Collection of Communications.

Today, we can collect weather data and broadcast it quickly over NOAA radio networks and the Internet. In spite of our advanced efforts, we still are subjected to unpredictable weather conditions. Photo courtesy of the National Oceanic and Atmospheric Administration/Department of Commerce, NOAA Photo Library, Historic NWS Collection of Weather Wonders.
A WORD ABOUT CHEMICAL, BIOLOGICAL AND RADILOGICAL (CBR) THREATS

There is nothing natural about a terrorist attack or a devastating industrial accident – but in today’s world, we must acknowledge the fact that we face potential hazards from chemical, biological and radiological (CBR) substances.

There are steps we can take to lessen the possibility that they will occur, and things we can do to reduce their impact if they do. Many of the safety principles that apply to natural weather phenomena also apply to human-caused disasters. Keep this in mind as you perform your building inspection and prepare your disaster manual.

The National Institute for Occupational Safety and Health (NIOSH), under the auspices of the Centers for Disease Control (CDC), has published a document that offers tips for taking a proactive role in protecting yourself, and others, from CBR exposure. Entitled, Guidance for Protecting Building Environments from Airborne Chemical, Biological, or Radiological Attacks, the handbook was created especially for building owners and managers, but the information is useful to all of us. It is available online at http://www.cdc.gov/niosh/docs/2002-139/html, or you may order it from the CDC. Ask for DHHS (NIOSH) Pub No. 2002-139.

Here is a brief overview of some of the “dos and don’ts” the CBR guide contains:

DO

- Know your building
- Prevent access to outdoor air intakes
- Prevent access to mechanical areas
- Implement security measures, such as guards, alarms and cameras, to protect vulnerable areas
- Isolate lobbies, mail rooms, loading docks and storage areas
- Secure return air grilles
- Restrict access to building operation systems
- Restrict access to building information
- Upgrade general, physical safety features
- Have an emergency plan in place

DO NOT

- Permanently seal outdoor air intakes
- Modify the HVAC system without first understanding the effects on the building systems or the occupants
- Interfere with fire protection and life safety systems

Additional information sources are located in the Appendix under the Public Agencies/Organizations and Publications headings.
STEP TWO: PLAN

CREATE A WRITTEN PLAN

You have reviewed your insurance coverage, completed your vulnerability assessment, and thought about how you will deal with power outages and communication challenges. You understand your assets and have a clear idea of your existing support systems.

Now, you can formulate a disaster response strategy and put it in tangible form.

It is essential to have a written plan. It should be:

■ Dynamic ■ Flexible ■ Current

Use a notebook that’s suitable for storing written instructions and copies of necessary documents. Organize information by using tabbed sheet dividers to separate topics. It will save time when you need it later. Purchase a few inserts that have pockets so you can tuck loose papers and receipts inside them.

Create one section each for:

■ Valuable Documents Information: You need to know where copies of your important papers are, but don’t file confidential data where someone else could access it. This section should, however, include the names and contact numbers of landlords or lien holders. Be sure to note policy numbers and contact information in case you have to file a claim. Know where equipment manuals and warranties are stored.

■ Building Inspection Records: File a copy of the inspection you performed and update it as necessary.

■ Inventory Records: File the inventory you prepared and keep it up to date. Include photos and/or manufacturers’ information.

■ Communications Plan: Be specific about how you will notify employees and patients if your office must close. Write down how you will communicate with them before – and after – a disaster. Decide on a backup plan if central communication lines are disabled. Identify your off-site, central communication point. Use this section for your Telephone Contact List.

■ Transportation Strategy: Keep a local map for quick reference. Create a plan for evacuating patients – especially those who may need physical assistance. Know where your employees live and all the variations of travel paths to and from those locations and your office. If you have a designated, alternative location from which to work if your building is destroyed, include those travel routes.

■ Response Checklists: Use the suggested action plan included in Step 4 of this guide and customize it for your specific situation. Make extra copies so you can distribute them to employees if you have to prepare for a storm.

■ Receipt Folder: During a disaster situation, you may incur numerous out-of-the-ordinary expenses and financial obligations. Make certain you have a temporary place for saving invoices, receipts, copies of orders, etc.

■ Publications: Include a copy of this guide and other valuable reference materials you gather.

■ Recovery Plan: Develop a recovery strategy that contains these elements:

■ A designated person who knows your business and will take command if necessary

■ Well-trained employees who know their roles in the plan, and who will effectively support the designated team leader

■ Short-term and long-term objectives

■ Adequate financial and personnel resources

■ Effective damage assessment

Your plan should become part of your everyday operation. It must be flexible enough to reflect the constantly changing environment in your office and in its surroundings. Modify it whenever you add or delete inventory, change equipment or procedures, or reassign staff responsibilities. Keep valuable contact and recovery information up to date. At the very least, analyze your overall plan once each year. If you need to, schedule your review to coincide with a recurring event, such as your annual insurance renewal date.

Take it with you when you secure your office for an impending storm. Its contents will be critical to maintaining control during a crisis.

A Preparation Checklist and a Telephone Contact List are located in the Appendix (see Work Sheets).
Dr. Eric Lowenhaupt lost his Jupiter, Fla. orthodontic practice in Hurricane Jeanne in 2004. His story of recovery is both sobering and uplifting. For more than 20 years, he operated out of a leased space, east of I-95, but more than four miles from the ocean. Still, Jeanne’s Category 3 winds tore most of the roof away from the building, allowing heavy rains to soak the interior. Dr. Lowenhaupt described it as, “someone turning fire hoses on all the contents of your building.”

He reacted quickly – first crawling through the ceiling of his third floor office onto what remained of the roof, in order to fasten a large, blue tarp over the gaping rafters. Then he scrambled around to find boxes to remove critical patient files. His next target was the computer, which held valuable records.

In retrospect, he says he should not have placed himself in such physical jeopardy, but he was “overcome by this run-in-the-burning-building response” when he saw the absolute devastation the storm caused. Having no better option, he stored the files and computer in his garage and “hoped it didn’t all turn to mulch” before he could get it back into a sound building.

He was forced to evacuate the property for almost four months while contractors replaced drywall, wallpaper, cabinetry, flooring and electrical wiring. There are some positive sides to his experience. He is making public presentations about the importance of being prepared for disaster, taking along a Power Point presentation he designed to illustrate his message.

What would he most like to share with FDA members who fall victim to a major disaster? He admits having a written plan, being better prepared and knowing how to recover would have helped.

It looks as if Dr. Lowenhaupt has given his community much more than 20 years of beautiful smiles.

**BUILD SUPPORT SYSTEMS**

The FDA could be one of your best friends after a catastrophe. When disaster strikes, it is not the time to discover your dues are delinquent or that you have never met key people in the organization. Make yourself known. Partner with other members who may share the same vulnerabilities, or those in other cities who will provide temporary storage and other assistance in the event of an impending storm. Reach out, when you can, to help others. They will be there for you if you need assistance and support.

If you had to call on the local Red Cross, the Salvation Army or other volunteer group for help, would they know who you are? What do you know about them? Check the directory in the Appendix for the contact information for your county. Give them a call and take time to get acquainted.

Meet with local police and fire officials to discuss available services. It will be helpful if they are familiar with your building location. Make certain your address is easy to see. The numbers on your building may be damaged or blown away in a storm. If they are not painted on nearby curbing, ask if you can do it yourself.

Understand that your life will be altered. You are not going to have a nice day for a long time. Your old routine – your old life – is gone. You have to cope with the personal, psychological effects. You feel overwhelmed and have a sense of not being sure what to do next. This is normal and you will move on.

– Dr. Eric Lowenhaupt
Many local power and communications companies maintain a list of "critical service" locations. Check with your providers to see if you qualify.

One long-term element of crisis management includes **after-event public relations**. You may have to reach out to your client base, offering services that are not in the forefront of their personal recovery efforts. **Get to know at least one local reporter** you can call on to write an article that will cast a favorable light on your practice.

The Appendix includes a directory of Agencies and Organizations.

**PURCHASE EMERGENCY RESPONSE ITEMS**

Identify, and purchase in advance, items you’ll need if you have to operate under altered conditions.

In the aftermath of a community-wide disaster, you would likely treat only the most serious emergencies. At the very least you should have **clean water**, something to numb a patient, equipment to extract a tooth, access to a pharmacy and minimal first aid supplies. Store supplies in a watertight and secure place. Make certain key staff members know their availability and storage location. Designate who will and will not have access to them.

**OTHER ITEMS TO KEEP ON HAND**

- Your Disaster Manual
- A supply of heavy-duty boxes to transport files and/or supplies
- Several heavy-duty tarps
- Commercial-weight sheet plastic
- Sealable, plastic bags of varying sizes
- A good supply of duct tape or other waterproof tape
- Plastic or vinyl rope or clothesline
- Flashlights and a supply of fresh batteries
- A cell phone or alternate source of communication, such as a CB or ham radio
- Several disposable cameras, secured in a sealable plastic bag
- A basic tool kit containing a hammer, vise-grips, screwdrivers, nails, screws, work gloves, box cutter and scissors
- Bottled water

**FOLLOW-UP**

You have created a comprehensive strategy to deal with potential disasters. Now is the time to review disaster response information with staff. **Everyone who works in the office, including temporary employees, should know where your disaster manual is kept and be familiar with its contents**.

Don’t forget to cover the material with new staff members. Conduct drills and practice sessions if necessary until everyone is comfortable with their role in implementing the plan.

It’s easy to get revved up about a plan when you first develop it – and even easier to shove it in a drawer and forget about it later. Discuss it with members of your community and professional support network. Let local officials know you’ve developed a course of action to deal with emergencies. Make them aware that you take such things seriously.

Remember – your **plan should always be current** and you should modify it as you gain new insights or gather new information. If you have to use it, take the time afterward to evaluate what worked and what didn’t. Alter the procedures, if necessary, and you will be even better prepared in the future.
STEP THREE: PREPARE

Natural disasters can come without notice, but with today’s high-tech communication devices and improvements in predicting weather, we often receive warning. When you learn bad weather is on its way, there are immediate steps you should take.

Of course, you will react differently if floodwaters are rising than if a major heat wave is moving in. You will have more time to prepare for a hurricane than a sudden tornado. In every case, your first priority is always the health, safety and well-being of your staff and patients – and yourself. Weigh your efforts to preserve your property and its contents against the risks of physical harm. If you are ordered to evacuate, don’t hesitate!

Use your Disaster Response Manual and take it with you when you lock up your office. Everyone on your staff should know their assignments. Don’t worry about overreacting. It is better to take unnecessary precautions than to wish you had prepared. This simple checklist will help you prioritize your activity. It’s easy to customize your plan for the type of weather expected and the time you have to get ready.

PRESERVE HISTORY

- Perform a last-minute backup of computer data. If you have been performing periodic backups and have stored copies of them along with the disks necessary to rebuild your system, you will only need to copy those files with recent activity.
- Try to take your terminal with you. If you can’t, unplug it, wrap it securely in heavy duty plastic and store it in an elevated place, such as on a desk. If your computer sits on the floor, do not leave it there, in case your office floods.
- Secure your appointment book and take it with you.
- Cover all filing cabinets and file shelving with plastic tarps and secure with duct tape as best you can. Remember, a disaster does not necessarily release you from Health Insurance Portability and Accountability Act (HIPAA) Regulations. Do everything possible to preserve the confidentiality of patient records. You are required by law to save medical records to whatever extent possible.
- Protect X-rays, photos and dental models as much as possible. Pay particular attention to items that are susceptible to water, sunlight and temperature extremes.
- Remove irreplaceable items, such as certificates and licenses.

PROTECT EQUIPMENT

- Lock up and secure any industrial or medical device that contains radioactive material.
- Unplug all electrical equipment.
- Wrap examination chairs with heavy plastic. If you are in a flood-prone area, elevate furniture or, if possible, move it to a higher floor.
- Instruments and many stainless steel items can be sterilized and are not likely to be damaged. Bundle them in paper, secure them with tape and place them in drawers or storage cabinets.

SECURE THE LANDSCAPE

- Remove portable signs and landscape ornaments from the yard and parking areas.
- Roll up canvas awnings and secure them with vinyl rope or clothesline.
- De-activate automatic sprinkler systems.

SECURE THE STRUCTURE

- Deploy hurricane shutters or board up your windows. Remember, taping windows only helps to keep glass from flying about – it won’t prevent it from breaking, or help keep water out. The boards you install are only as good as the fasteners that secure them. A loosely nailed board is just one more projectile in high wind. Use screws or specially designed hurricane fasteners.
- If possible, shut off valves that control water supplies. Hopefully, you already have consulted your local natural gas supplier and know what to do with applicable control devices.
- Lock interior doors.
- Post contact information on exterior doors. If you do not have a waterproof sign, wrap it in plastic and tape or nail it in an easy-to-see location. In a hurricane, you can always use indelible marker on a board.
STEP FOUR: RESPOND

Don’t forget your commitment to safety in the aftermath of a disaster.

It is human nature to want to survey damage as soon as possible, but avoid the urge to rush in to salvage building contents, or to take risks to further protect your property.

- Do not ignore civil authorities’ warnings to stay out of restricted areas.
- Pay attention to announcements by local and governmental officials.
- Obey boil-water orders.

Even if you sustain very little damage, getting to your location may be dangerous. When you receive permission to enter a disaster area, wear hard-soled shoes and watch where you step. Storms dislodge nails, pieces of metal and other construction materials. Roof members, flooring, decking, steps and walls may look intact when they are structurally unsound. There may be hidden electrical hazards.

Communicate your situation as soon as possible. Your staff needs to know what is expected of them and you need to know what their personal situation is. Advise necessary officials of the status of your situation, even if you have escaped harm. Refer to the Telephone Contact List in your Disaster Manual.

DANGER

- Do not use matches, lighters or other sources of flame after a storm.
- Damaged gas lines, leaking fuel containers and tanks may explode or ignite.
- Assume all wires on the ground – including cable TV feeds – are electrically charged.
- Debris can mask danger. Storm trash can ignite if electrical lines are severed underneath.
- Standing water and some appliances can be electrically charged after severe storms.

Visually survey the area first. Make certain there are no electrical, chemical or other hazards on site. Report any downed power lines or gas leaks to local authorities as soon as possible. Watch out for flammable liquids that may have spilled.

Place barriers around unsafe areas.

Make temporary repairs. Fasten a tarp over holes in the roof and secure open window areas.

Assess the damage to the building’s interior. Refer to your original inspections for before-and-after comparisons.

Examine X-ray equipment and other mechanical and electrical equipment. Do not operate anything until qualified service personnel have inspected it. Professionals should make certain all radiological shielding is still in place, but if you discover, or even suspect, an emergency, immediately contact the Florida Department of Health’s 24-hour radiological emergency hotline at (407) 297-2095.

If dental records, computers and/or X-ray machines in your office have been damaged, contact the Florida Department of Health at www.doh.state.fl.us/mqa/faq-hurricane.html.
**Remove Critical Items.** Secure assistance in removing or mitigating immediate hazards. If there are critical items or records that would be at risk of further damage if they remain in place, move them to a designated, safe place. Take steps to protect what is left as soon as possible.

**Make an inventory** of lost items and prepare a description for your insurance carrier. Take photos and prepare descriptive lists. You cannot provide too much detail. Looking at something and calling it a “total loss” is not very effective when negotiating with insurance adjusters and contractors. In the aftermath of a disaster, it is difficult to recall what you had. Use your original checklists and inventories for reference. Most importantly – you have to prove your losses. Note which items you think can be restored, what needs to be replaced and what will have to be discarded.

Contact your agent as soon as practicable. Have your policy number readily available. Make a reasonable guess about how long you will be unable to practice at your current location. If you will be temporarily working from another site, they will require that information. Provide the agent with any changes that might be applicable. Determine what assistance you can expect from your carrier, and when. It is not unreasonable to ask for specific dates, but you will be waiting in line with others. It may take weeks before an adjuster can be on site.

**Contact your District Dental Association representative.** You should be able to find this number where you entered it in your Disaster Preparedness Plan. If not, contact numbers are listed in the Appendix and in Today’s FDA Sourcebook.

**Work with your insurer to make repairs.** If you own your building and damage is substantial, have it inspected by a certified contractor or structural engineer. If you lease your facility, work with your landlord to determine the safety of your location. Remember, you are still responsible for the safety of those who enter your premises. If you are in a position to hire a contractor, verify that his/her license is current and valid. A contractor must be able to provide you with written proof that he/she has workers’ compensation and liability insurance. Secure a copy of all insurance certificates and retain them for your records.

Make certain all applicable building permits are applied for and approved. If you occupied an older building, don’t be surprised if you have to meet new building code requirements.

**Make Staff Adjustments.** You may be operating on a reduced schedule and may not need to maintain a full staff. Employees may be unavailable because of personal hardship. Evaluate how much and what kind of assistance you will need, and adjust accordingly.

You may need substitute personnel until things return to normal. It’s a good idea to know where you can find a reliable agency that will provide people with the skill levels you require. If your building is not habitable, implement your plan to practice from a designated alternative location, and keep your staff informed.

**WARNING**

- The U.S. Consumer Product Safety Commission warns hurricane victims that all gas control valves, electric circuit breakers, fuses, and electrical outlets – including ground fault circuit interrupters (GFIs) – **MUST be replaced** if they have been under water.
- Gas control valves on furnaces, water heaters and other gas-fueled appliances **MUST be replaced**.
- A qualified technician should inspect appliances, such as fans, motors, microwaves and venting systems.
Begin clean-up operations. If you and/or your staff are going to participate in clean-up efforts, exercise caution by wearing heavy-duty gloves, eye protection, hard hats and lightweight masks. Unless you are certain to the contrary, assume floodwaters contain sewage waste. Disinfect your clothing when you return home. Be careful not to expose anyone to physical risk when working around mold or other environmental conditions. Mold and mildew can release spores into the air, causing allergic reactions. Watch for symptoms such as:

- Watery eyes
- Runny nose
- Sneezing
- Congestion
- Fatigue

Hire a professional firm to assist you if you can, but in a widespread disaster, it may be difficult to get someone promptly. There are some things you can do.

- Practice basic hygiene. Wash your hands with disinfectant soap after touching debris or anything that may have come in contact with contaminated materials. If there is no running water, fill a beverage cooler (or similar container that has a spout) with clean water and transport it to the site. If you have running water, but its purity is suspect, add a tablespoon of bleach to each gallon and use it only for washing.
- If moisture is present, open windows and doors and use the outside air to help dry your office. Use exhaust fans and dehumidifiers if you have them. Open drawers and cabinets. Unwrap anything you covered with plastic.
- If water has penetrated walls, floors or ceilings, they should be opened up, cleaned, decontaminated and totally dried. It is likely they will have to be replaced, but releasing trapped water and allowing areas to dry out will reduce mold production.
- Check with local authorities about removing wet insulation or other building materials. Discard all non-essential paper files and paper products.
- Remove waterlogged carpet as soon as possible to avoid causing more damage to the floor. You may be able to save expensive carpet if it can be cleaned and dried quickly, but carpet padding must be discarded.
- Scrub floors and woodwork within 48 hours using firm brushes and disinfectant. Wipe them down and allow them to dry thoroughly.
- Discard upholstered furniture if it has been exposed to water or contaminated materials. Wood furniture may be salvageable if you can clean and disinfect it promptly. Allow it to dry slowly. Metal surfaces must be disinfected.
- It is important to try to prevent mold and mildew growth. Common bleach can be effective in killing mold spores on non-porous surfaces, such as stainless steel. Wipe the item down thoroughly and dry it well. Bleach does not work as well on porous surfaces, such as wood flooring.

There are some EPA-registered products that are considered effective in killing mold and fungus on all types of solid surfaces. Check with your local cleaning products vendor or look for them at local building-supply stores.
Hurricane Disaster Funds For Dentists

The Florida Dental Health Foundation (FDHF) and the American Dental Association Foundation (ADAF) offer assistance to dentists whose offices have been affected or destroyed by natural disasters, including hurricanes.

Through the FDHF’s Disaster Fund, the FDA stands ready to assist dentists whose offices are affected or destroyed by disasters. You do not need to be a member of organized dentistry to be considered for a Disaster Fund grant or loan.

FDHF Disaster Fund

The FDHF’s Disaster Fund provides financial assistance to needy, eligible beneficiaries who are victims of a declared disaster. This assistance is provided in order to maintain or restore the availability of dental care in affected areas. A disaster is defined as a “sudden occurrence which inflicts widespread catastrophic damage to a large geographic area and/or which generally affects a large number of individuals.” Examples include, but are not limited to: tornadoes, earthquakes, floods, tidal waves, forest fires, hurricanes, civil unrest, public disturbance, acts of war and terrorism.

Any licensed, private-practicing dentist who is a full-time resident of Florida, or any Florida-registered dental laboratory, may apply for financial assistance. Requests are evaluated by a Disaster Fund Committee and are decided on a case-by-case basis.

Assistance provided through the FDHF’s Disaster Fund includes short-term loans and emergency grants. Loans are provided to supplement insurance coverage to assist in the restoration, repair or reconstruction of an existing practice facility or dental laboratory damaged by a disaster. Emergency grants also are available to provide funds to establish a temporary facility to provide dental care or dental-laboratory services while repairs are completed on the applicant’s primary practice location or dental laboratory.

If you have questions, or would like to speak with an FDHF staff member about your FDHF or ADAF Disaster Fund Application, contact Cheri Sutherland, FDHF executive assistant, at (800) 877-9922, Ext.119, or csutherland@floridadental.org.

Other Sources of Disaster Recovery Funds

Federal and state agencies respond in numerous ways to natural disasters. Assistance programs vary by location and event. The availability of public and private funds will be announced on television, radio and in the print media.

The Small Business Administration (SBA) offers low-interest Business Physical Disaster Loans to repair or replace real estate, machinery, equipment, inventory and supplies. Loans are secured and the applicant must demonstrate the ability to repay. You also must prove you cannot access the same loan terms anywhere else. There are statutory limits on the amount of the loan, but interest rates vary. Loan agreements include a requirement to maintain full hazard insurance for the life of the loan and borrowers may be obligated to purchase flood insurance. Applications for assistance usually are processed through the Federal Emergency Management Agency (FEMA).

In a declared disaster, businesses that have suffered major losses also may qualify for SBA Economic Injury Disaster Loans. Amounts are limited to actual economic losses that personal resources cannot offset, or that insurance will not reimburse. Economic Injury Disaster Loans also may be available through the Florida Department of Health.

Hint

Generally, you can save paper records and files by separating them and laying them out on a flat, dry surface. If you are unable to do this within 24 hours, place them in a freezer. Cold temperatures keep mold from forming. Museums have preserved books in this manner for up to 10 years before starting the reclamation process.

Caution

Disasters can bring out the best in people – and the worst. Make sure you know with whom you are dealing. FEMA inspectors and contractors wear distinctive photo identification cards. Do not assume that someone wearing a FEMA shirt is authorized to do so. SBA employees also carry photo identification. Bona fide personnel will never ask for money or seek personal financial information, Social Security numbers or Federal Identification numbers on site.
STEP FIVE: AFTERMATH – RECOVERY & VOLUNTEERING

RECOVERY PROCESS CAN BE LONG TERM

Recovering from any type of disaster includes making long-term adjustments and taking time to recuperate from the emotional and physical effects associated with traumatic events. All of us deal with stress on various levels each and every day, but major storm episodes compound these challenges with new demands on our time, our patience and our health. Disaster victims sometimes perform well during the initial shock phases, but lose their energy levels after prolonged stress.

According to the Centers for Disease Control, traumatic events are “marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death.” These symptoms usually go away after a month or so, but if they last beyond three months, you should seek assistance.

Remember that those around you are suffering, too. Your family and employees are dealing with their own issues. They may be looking to you, as a caregiver, to provide assurance that the situation is under control, and that things eventually will return to some level of normalcy. Be honest about what has happened and what can be expected during the recovery process. Depend on each other for support.

Substance abuse rises after a major incident. The use of over-the-counter stimulants to offset fatigue is common. Survivors also are tempted to turn to tranquilizers or alcohol as a source of artificial comfort. During difficult times, medical professionals often are asked to provide the prescriptions necessary to secure these items. You can deny these requests firmly, but understand that person’s underlying needs. Take time to offer comfort and withhold judgment.

Take care of your own physical well-being.

- Try to limit your intake of caffeine.
- Make sure you get enough rest.
- Control your diet and nutritional intake.

Disaster victims go through all of the six stages of grief – shock or denial, depression, anger, acceptance, emotional release and hope for a better future. Take time to nurture yourself and others. Don’t hesitate to ask for or accept help.
VOLUNTEERING

The Florida Department of Health provided this information on volunteering and deployment.

It is important for volunteers to understand how private sector volunteers function during a disaster.

A disaster is a local event. Local volunteer networks are used before calling on volunteers outside of local networks. Private-sector volunteers are more likely to participate in a response if they are registered with a local organization or association. Dentists registered with the Florida Emergency Health Volunteer Registry (FEHVR) will be called on when local and regional resources are exhausted.

GET INVOLVED:

1. Contact and join your area’s Medical Reserve Corps; information can be found on its Web site: www.medicalreservecorps.gov
2. Contact and join your area’s American Red Cross; information can be found at its Web site: http://www.redcross.org.
3. Register at the Florida Department of Health’s Florida Emergency Health Volunteer Registry at: www.disasterhelp.net/medical.
   ***If you have previously registered at www.disasterhelp.net/medical, please update your information.
4. Contact your county health department and ask how you may assist if an event were to occur; you may find the CHD closest to you by going to this Web site: www.doh.state.fl.us/chdsitelist.htm
5. Go to this Web site and take the online course, National Incident Management System, Incident Command Structure 100. This course will familiarize you with the command structure implemented during a disaster. For course information, scroll to the bottom of the page: http://training.fema.gov/EMIWeb/IS/is100.asp.
6. Find out about other volunteer opportunities in your local area and get involved before a local disaster strikes.
VOLUNTEERING:
PRE-DEPLOYMENT CONSIDERATIONS

If you participate in a volunteer organization, you may be asked to volunteer for on-site disaster relief duties. Although everyone wants to do their part to assist, you must evaluate your situation and determine where you can be the most useful in the relief process.

Deploying to an area following a disaster, with limited resources and certain physical hardships, may not be appropriate for everyone. Consider the following before agreeing to an assignment. If your position requires mandatory emergency duty, but you are faced with any of these issues and are unable to resolve them, discuss the issues with your supervisor before making the decision to leave.

- Can you make safe, dependable, temporary arrangements for your children or adult dependents?
- Will these arrangements be easily extended if you are unable to return when expected?
- Have you made arrangements for your pets’ care?
- Do you have a chronic medical condition that would prohibit your participation (i.e. significant mobility concerns or heart condition)?
- Do you have a medical condition that may exacerbate and make the anticipated conditions harmful for you (i.e. asthma, diabetes)?
- Do you have a psychological condition that may prohibit your participation (i.e. anxiety disorder)?
- Have you had a recent emotional or psychological event that would make you unable to participate effectively in disaster efforts at this time?
- Do you have any other concerns that would make you unable to participate effectively in disaster efforts at this time?
- Do you have any other concerns about taking an assignment?

Remember, if you are unable to assist at the site, you still can assist with relief efforts in many ways. You can participate with organizational activities locally or assure your department continues to function while others are reassigned. You can be most helpful by assessing your strengths and limitations, and working up to your capacity.
FREQUENTLY ASKED QUESTIONS: 
VOLUNTEERING FOR THE FLORIDA 
EMERGENCY HEALTH VOLUNTEER REGISTRY

Q: I have registered. When can I anticipate being called to assist?
A: Florida Emergency Health Volunteer Registry volunteers are called when local and regional resources are exhausted. A disaster is a local event and local volunteer networks are used first – before calling volunteers outside of those networks.

Q: How long is the usual deployment?
A: Historically, deployments last from seven to 10 days, including travel to and from the affected area.

Q: What are likely conditions in the deployment area?
A: Conditions in an affected area are usually very primitive. Typically, there is no electricity, telephone service or running water. The climate is usually hot and humid. You should expect to be working in an area of severely limited resources, and no creature comforts.

Q: What should I bring with me?
A: Please see Personal Deployment-Equipment List on this page.

Q: Who will cover my tort liability and workers’ compensation?
A: As a member of a state-deployed team, your tort liability and workers’ compensation insurance are covered.

Q: What about my personal safety?
A: Anytime you enter an area that has seen intense devastation, you should pay particular attention to your personal safety. While conditions continue to improve as resources enter the area, there are pockets that still may be considered unstable. Living conditions are basic and some resources are scarce. If you are not prepared for these conditions, please do not accept deployment.

Volunteers can help by following these safety steps:
• Do not bring valuables. You will not be able to secure personal items in base camp.
• Always work and travel in teams.
• Be aware of your surroundings
• Maintain a heightened level of caution for yourself and your team members.

PERSONAL DEPLOYMENT-EQUIPMENT LIST

Disaster areas have very limited resources and no creature comforts. This list is a guide. Add those items that you will need to keep healthy and fully functioning.

Sufficient cash for travel to and from the deployment area.
Drinking water for 48 hours (1 gallon)
Cell phone or other communication items
Five changes of personal clothing for hot, humid weather
Two pairs of boots, and consider additional socks
Jacket/wet-weather gear
Work gloves and hat
Personal hygiene/toiletry items
Toilet Paper
Sunscreen
Shampoo
Shaving Kit
Deodorant
Toothbrush/toothpaste, floss
Foot powder
Kleenex
Lip balm
Wipes or hand gel (alcohol-based)
Towel and washcloth

Extra glasses and medications (for no less than 10 days in original bottle)
Sunglasses
Sleeping bag, pillow, air mattress
Copy of professional license and drivers license
Insect repellent (with DEET)
Mess kit with utensils
Personal size cooler
Fanny pack, no purses
Watch
First aid kit
Personal flashlight/headlamp (optimal), and extra batteries
Two large trash bags for dirty clothes, and sleeping bag
Stethoscope, if available
Drug book, if available
Bandage scissors, if available
Clipboards, pads, pencils
Book/magazine
Resealable plastic storage bag
Duffel bag/soft carry-on bag, waterproofed
DO NOT BRING OR WEAR VALUABLES
SUMMARY

This guide was prepared to help you design a customized Disaster Preparedness and Recovery Plan that – hopefully – you will never need.

If you are forced to operate under crisis conditions, we hope this publication will help ensure your business is among those that survive Florida’s storm events. We encourage you to take action now to protect yourself, your family, your employees and your critically needed dental practice. Take the time to design the strategies that will be required if ever you are faced with catastrophe.

Please take a leadership role in your community and encourage others to do the same.

We all love living and working in our beautiful Sunshine State and we can learn to safely ride out the occasional weather challenges.

Photo courtesy of the National Oceanic and Atmospheric Administration/Department of Commerce, NOAA Photo Library, Historic NWS Collection of Weather Wonders.
Appendix

Note: Resource information is published for the convenience of the FDA membership. Inclusion on this list does not imply endorsement of any offered or advertised service or product. All PDF forms are downloadable and may be freely copied for your use.

**DISASTER RELIEF DONATIONS**

Donate to the FDHF Disaster Fund
See Appendix – Work Sheets for a donor form.
800-877-9922, Ext. 119

Volunteer Florida Foundation
Donations payable to Florida Hurricane Relief Fund
401 S. Monroe St., Tallahassee, FL 32301
800-825-3786
www.volunteerfloridafoundation.org

**HURRICANE SAFETY PRODUCTS**

Omark Safety Products
First aid supplies
515-278-5422
www.omarksafety.com/

Saratoga Trading Company
Suppliers of survival products, including radios, flashlights & purified water
Saratoga Springs, UT
800-773-5331
www.saratogatradingcompany.com

Savannah Sales
Architectural specialty items to withstand hurricane forces; skylights, screens, doors, plywood clips, flood barriers and other related products
Toll free: 888-640-0850
www.hurricaneproducts.com

SecurityWorld.com
Makers of the Hurricane Wedge – a device to secure wood panels on windows
800-669-7328
www.securityworld.com/home.html

Storm Guard Window
Film products
Toll free: 888-306-7998
www.stormgard.com

Storm Shield Hurricane Products
Supplies specialty screens that you can see through, but will still protect windows
Palm City, FL
Toll free: 888-393-8373
www.stormshield.net

Therma-Tru Doors
Carries Florida Building Code approved products
800-843-7628
www.thematriu.com

**INSPECTION SERVICES**

Suggestions: ask a local realtor for recommendations. Be sure the inspector has Error and Omission (E & O) insurance. Check how long the company has been in business. Florida does not license home inspectors or require certification. New legislation will require licensure in 2010. These Web sites list their members.

American Society of Home Inspectors
800-743-2744
www.ashi.org

Florida Association of Building Inspectors
800-544-3224
www.fabi.org

Housing Inspection Foundation
320-763-6350
www.iami.org/hif.cfm

National Association of Certified Home Inspectors
(Prefer no phone calls)
www.nachi.org

National Association of Home Inspectors
www.nahi.org

**PROFESSIONAL ASSOCIATIONS**

American Shutter Systems Association Inc.
West Palm Beach, FL
800-432-2204
www.amshutter.org
PROFESSIONAL ASSOCIATIONS (CONT.)

American Society of Home Inspectors
800-743-2744
www.ashi.org/

Florida Association of the American Institute of Architects (AIA Florida)
850-222-7590
www.aiava.org/

Florida Association of Building Inspectors
800-544-3224
www.fabлож.org/

FLORIDA DENTAL ASSOCIATION
Florida State Headquarters, Tallahassee
800-877-9922
E-mail: fda@floridadental.org

FLORIDA DENTAL ASSOCIATION
DISTRICT CONTACTS

Atlantic Coast District, Lake Worth
Michael Dvorak, Executive Director
800-329-4834
E-mail: acdda@aol.com

Central Florida District, Orlando
Linda Lowell, Executive Director
800-449-3481
E-mail: lbcdad@aol.com

Northeast District, Jacksonville
Sally Ott, Executive Director
904-355-4232
E-mail: norda15@bellsouth.net

Northwest District, Tallahassee
Frances Harless, Executive Director
850-270-1670
E-mail: northwestdda@comcast.net

South Florida District, Coral Gables
Yolanda Marrero, Executive Director
800-344-5860/305-667-3647
ymarrero@sfdonald.org

West Coast District, Tampa
Lissette M. Lemes, Executive Director
800-260-5277/813-931-3018
lissette@wcdonald.org

National Association of Certified Home Inspectors
(Prefer no phone calls)
www.nachi.org/

Environmental Education Foundation
800-805-4266
www.enviro-ed.org/

Housing Inspection Foundation
320-763-6350
www.iami.org/hif.cfm

PUBLIC AGENCIES/ORGANIZATIONS

American Radio Relay League Inc (ARRL)
Associated with the National Association of Amateur Radio Operators
Based in Newington, VT
860-594-0200
www.arrl.org/FandES/field/pubservice.html

American Red Cross
www.americanredcross.org

To find a local chapter, type in your zip code near the top of the home page.

The Red Cross focuses on meeting immediate emergency disaster-caused needs. When a disaster threatens or strikes, they provide shelter, food, and health and mental health services to address basic human needs. They also feed emergency workers, handle inquiries from concerned family members outside the disaster area, provide blood and blood products to disaster victims, and help those affected by disaster to access other available resources.

Centers for Disease Control and Prevention (CDC)
Specific health information and guidance regarding Chemical Biological Radiological (CBR) agents
800-311-3435
www.cdc.gov

Federal Emergency Management Agency (FEMA)
Helpline: 800-525-0321
www.fema.gov

Florida Department of Health
www.doh.state.fl.us//mqa/faq-hurricane.html

Florida Department of Health – County Health Departments
www.doh.state.fl.us
Florida Department of Insurance
Consumer Helpline: 800-342-2762

Florida Division of Emergency Management
www.floridadisaster.org

National Institute for Occupational Safety and Health (NIOSH)
Health and safety guidance, publications and training information
www.cdc.gov/NIOSH

National Flood Insurance Program
800-427-4661
www.fema.gov/business/nfip

Salvation Army (Southern Division)
404-728-1300
www.uss.salvationarmy.org

PUBLICATIONS

After The Flood – Safety Tips for Business Owners
Published by The Hartford Loss Control Department, TIPS Series S 970.026, 1999
Available online (Emergency Planning menu) at http://lb.thehartford.com/review_capabilities/library.asp

American Red Cross
Provides community disaster education materials; produced to help people prepare for, respond to and cope with emergencies. (See Public Agencies and Organizations for local contact information.)

Building Air Quality: A Guide for Building Owners and Facility Managers
Published by the U.S. Environmental Protection Agency (EPA). Provides procedures and checklists for developing a building profile and performing preventive maintenance in commercial buildings
www.epa.gov/iaq/largebldgs

Chemical, Biological, Radiological Incident Handbook
Unclassified document, published by the Central Intelligence Agency (CIA), describing potential CBR events, recognizing potential CBR events, differences between agents, common symptoms and information for making preliminary assessments when a CBR release is suspected.
www.cia.gov/library/reports/general-reports-1/cbr_handbook/cbrbook.htm

Family Preparedness Guide
(State of Florida) Available online in PDF format at:
www.floridadisaster.org/family

Federal Emergency Management Agency
Special Library
Variety of publications
www.fema.gov/library/index.jsp

Institute for Business and Home Safety
Offers numerous downloadable and hard-copy publications with helpful information about storm-resistant construction.
Tampa, FL 813-286-3400
www.ibhs.org/publications

One-Stop Hurricane Resource Guide (Third edition)
Available from The Federal Alliance for Safe Homes – FLASH Inc.
Toll free: 877-221-7233

Open For Business – Disaster Recovery Folder
Published by the Institute for Business and Home Safety. Contains planning advice and holds important papers.
For a free, single copy, contact IBHS at 866-657-4247 or e-mail info@ibhs.org

What Should You Do If A Hurricane Threatens Your Community?
A simple brochure/guide to help you make the decision whether to ride out a storm, or evacuate – along with important tips about what to do in either case. Available from the Florida Division of Emergency Management.
Toll free: 877-352-3222

RECOVERY AND MENTAL HEALTH ASSISTANCE

American Psychiatric Association
Offers information of public interest and a directory of service providers.
703-907-7300
www.healthyminds.org/

American Psychological Association
Comprehensive resources on coping with trauma.
800-374-2721
www.apahelpcenter.org
National Center for Post-traumatic Stress Disorder (PTSD)
Offers services that help children deal with disaster; specializes in services for military veterans.
802-296-6300
www.ncptsd.org

National Institutes of Mental Health.
Offers information on post-traumatic stress and anxiety disorders.
866-615-6464
www.nimh.nih.gov/

Project COPE
Clearinghouse for resources needed after a major disaster sponsored by the Westchester Institute for Human Development of the Westchester Medical Center in Valhalla, N.Y. Special emphasis on special-needs populations (children and people with disabilities), but also offers coping guides for parents, educators and mental health professionals.
914-493-5202
www.nymc.edu/wihd/projectcope/pc/

RESTORATION SERVICES

AdvantaClean
Mold remediation & restoration
Orlando, FL
407-839-0088/877-800-2382
www.advantaclear.com

Atlantic Environmental
Mold remediation, restoration services & environmental remediation
Jacksonville, FL
904-645-5288
www.atlantic-environmental.com

Disaster Services Inc. (DSI)
Specializing in document reclamation & other commercial recovery efforts; serves a wide area of the state with mobile equipment.
Orlando, FL
800-669-1411
www.disasterservices.com/documentrestoration.htm

Disaster Restoration Services
Mold remediation
Weston, FL
954-384-7227
www.gotmold.com

Service Magic Home Improvement
A national clearing house registry of service providers, including disaster recovery.
www.servicemagic.com/

Super Restoration
Water restoration & mold mitigation
Miami, FL
Toll free: 866-437-4228
www.superrestoration.com/

Wall To Wall Services
Tampa, FL
813-935-7743

WEATHER INFORMATION – ONLINE

Accu Weather

Intellicast.com
Weather for active lives
www.intellicast.com/

National Oceanic and Atmospheric Administration – National Weather Service (NOAA)
www.noaa.gov/

The Weather Channel
www.weather.com

Weather Underground
www.wunderground.com/

Yahoo Weather
www.weather.yahoo.com/

WEATHER RADIOS

WeatherRadios.com
Online source of weather radios – multiple manufacturers
www.weatherradios.com/store.htm

Midland, K.C., MO
Online source for Midland, NOAA weather radios
816-241-8500
www.midlandradio.com
EARNINGS LOSS WORK SHEET
Should I purchase Business Interruption Insurance?

This simple worksheet will help you determine how many days you could afford to be shut down in the event of a disaster. It is provided for your personal use and will not satisfy the documentation requirements of your insurance carrier.

**STEP 1 – EXPENSES (A)**
Enter your average monthly "space" expenses
- Building or space rental, or mortgage
- Utilities
  - Power
  - Water
  - Sewer and waste collection
  - Telephone and Internet costs
- Building maintenance and/or cleaning services
- Property Insurance

Enter your average monthly in-house operating expenses
- Staff payroll (include benefit load & taxes)
- Owner’s salary or draw
- Other insurance (workers’ comp., liability, etc.)
- Outside services (C.P.A., legal & collection exp., etc.)
- Equipment rental
- Debt service (equipment payments, vehicles, etc.)
- Materials and supplies (office & medical)

TOTAL (A) =
This should reflect your average monthly operating cost

**STEP 2 – INCOME (B)**
Enter average monthly billing
Subtract average, monthly collection loss
Add other, average monthly income

TOTAL (B) =
This should reflect your average monthly revenue

**STEP 3 – ASSESSMENT**
Enter average monthly income (B)
Subtract average monthly expenses (A)
NET (B – A) =

Divide by 30 to determine AVERAGE =
This should reflect the average, daily earnings of your practice
GENERATOR COST WORKSHEET
Should I purchase a backup generator?

Use this simple worksheet to determine how many days you could afford to be without power in the event of a disaster.

**STEP 1 – EARNINGS LOSS**

Enter your average, daily earnings from the calculation worksheet you used to determine if you should purchase Business Interruption Insurance.


**STEP 2 – ACQUISITION COST**

Enter the estimated cost of a backup generator sufficient to meet your needs.


**STEP 3 – SAVINGS**

Divide the generator acquisition cost in Step 2 by the average, daily earnings loss in Step 1 and enter the results here.


**STEP 4 – RESULTS**

How many days can you go without power before the generator pays for itself?


**REMEMBER**

Even if you have Business Interruption Insurance, all policies exclude the first three to five business days before lost income is calculated.
INSPECTION GUIDE

Use this simple guide to conduct a physical inspection of your property. Add other observations you consider important. Note any deficiencies that may require correction. Discuss these items with your contractor or leaseholder and take appropriate action. Items relating to precautions you might take against chemical, biological and radiological events are not necessarily included on this form. Sources to obtain information about CBRs are located in the Appendix.

If possible, create a video or photographic record of the inspection. Date the form and retain one copy at the office and another off site.

EXTerior

Roof

Are shingles, roof tiles or other coverings securely fastened?

☐ Yes
☐ No
Action required ____________________________

Is there evidence of sagging or a misshapen roofline?

☐ Yes
☐ No
Action required ____________________________

Is there evidence of water "ponding" anywhere on the roof surface?

☐ Yes
☐ No
Action required ____________________________

Are outdoor air intakes and all vents free from blockage? (leaves, pine needles, nests, vegetation)

☐ Yes
☐ No
Action required ____________________________

Are the undersides, support framing and soffits in good repair?

☐ Yes
☐ No
Action required ____________________________

Do roof downspouts and/or scuppers drain water away from the building’s foundation?

☐ Yes
☐ No
Action required ____________________________

Walls

Is all siding material secure and in good condition?

☐ Yes
☐ No
Action required ____________________________

Is there evidence of cracking or structural instability on walls or around the foundation?

☐ Yes
☐ No
Action required ____________________________
Is the paint cracked or peeling?

☐ Yes
☐ No

Action required

Windows and Doors
Do all windows and doors lock securely?

☐ Yes
☐ No

Action required

Is the caulking around windows in good condition?

☐ Yes
☐ No

Action required

Have doors and windows been weather-stripped to prevent excessive air flow?

☐ Yes
☐ No

Action required

If windows open, do they function smoothly?

☐ Yes
☐ No

Action required

Signs and Parking Areas
Is your street address clearly marked in at least two places? Are numbers securely fastened?

☐ Yes
☐ No

Action required

Are you using signs that could be easily torn away if winds exceed 40 mph?

☐ Yes
☐ No

Action required

Grounds / Parking Areas
Have all dead branches and overhanging limbs been trimmed from trees and bushes?

☐ Yes
☐ No

Action required

Are parking surfaces in good condition – without potholes or areas that would hold standing water?

☐ Yes
☐ No

Action required

Do you have outside furniture or yard ornaments that would have to be removed in the event of an impending storm? Do you know where you will store them?

☐ Yes
☐ No

Action required
Appendix – Work Sheets

Are fences in good repair and firmly affixed to the ground?
- Yes
- No
Action required

Are porches and decks in good repair, with all features firmly attached?
- Yes
- No
Action required

INTERIOR

Is there any evidence of water leaks on ceiling areas, or around doors or windows?
- Yes
- No
Action required

Are interior door locks in working condition? Do you have keys for all of them that are kept in a secure location?
- Yes
- No
Action required

Are all switches and electrical outlets working and secure?
- Yes
- No
Action required

Have you installed a backup generator and have you stored enough fuel to operate it for at least three days?
- Yes
- No
Action required

CONTENTS

Have you developed a building evacuation route plan? Is it clearly posted? Are all employees familiar with it?
- Yes
- No
Action required

Are all pharmaceutical products, oxygen and nitrous oxide tanks stored and secured properly?
- Yes
- No
Action required

Are other, potentially hazardous products (cleaning fluids, X-ray chemicals, etc.) securely stored?
- Yes
- No
Action required

Have you installed surge protectors and/or backup power to computers and essential equipment?
- Yes
- No
Action required

Date Inspection Conducted ________________________________
By ____________________________________________________
## INVENTORY RECORD

This is just one example of a work sheet you can use to record inventory. There are many others that will suffice, but – at the very least – be certain to record the information indicated here. If possible, create a video or photo library to further document the contents of your office. Update this list at least annually – as well as each time you add or delete major items. Keep one copy at the office and another off-site.

<table>
<thead>
<tr>
<th>Date Purchased</th>
<th>Check or P.O. # From</th>
<th>Purchased</th>
<th>Description</th>
<th>Serial Number</th>
<th>Warranty</th>
<th>Value</th>
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</table>
PREPARATION CHECKLIST

■ Preserve History
   ___ Perform a last-minute backup of computer data.
   ___ If you cannot remove your computer, unplug it, wrap it securely in heavy duty plastic and elevate it.
   ___ Secure your appointment book and take it with you.
   ___ Cover all filing cabinets and file shelving with plastic tarps and secure with duct tape as best you can.
   ___ Protect X-rays, photos and dental molds as much as possible. Pay particular attention to those items that are susceptible to water, sunlight and temperature extremes.
   ___ Remove irreplaceable mementos such as certificates and licenses.

■ Protect Equipment
   ___ Lock up and secure any industrial or medical device that contains radioactive material.
   ___ Disconnect all electrical equipment – including medical equipment, appliances, lamps and office machines. Secure them in plastic as best you can.
   ___ Wrap examination chairs with heavy plastic. If you are in a flood-prone area, elevate furniture or – if possible – move pieces to a higher floor.
   ___ Bundle instruments in paper, secure them with tape and place them in drawers or storage cabinets.

■ Secure the Landscape
   ___ Remove portable signs and landscape ornaments from the yard and parking areas.
   ___ Roll up canvas awnings and secure them with vinyl rope or clothesline.
   ___ Deactivate automatic sprinkler systems.

■ Secure Structure
   ___ Deploy hurricane shutters or board up your windows.
   ___ If possible, cut off valves that control water supplies. Consult your local natural gas supplier for directions on what to do with applicable control devices.
   ___ Lock interior doors.
   ___ Post contact information on exterior doors. If you do not have a waterproof sign, wrap it in plastic and tape or nail it in an easy-to-see location.

DON’T FORGET

TAKE YOUR DISASTER PREPAREDNESS GUIDE AND APPOINTMENT BOOK WITH YOU.
# TELEPHONE CONTACT LIST

<table>
<thead>
<tr>
<th>Emergency Services</th>
<th>Electrician</th>
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<tbody>
<tr>
<td>Fire Department (non-emergency)</td>
<td>Company ________________________________</td>
</tr>
<tr>
<td>Contact Person ____________________________</td>
<td>Name ________________________________</td>
</tr>
<tr>
<td>Number _________________________________</td>
<td>Number _________________________________</td>
</tr>
<tr>
<td>Ambulance _______________________________</td>
<td>Florida Dental Association District Representative</td>
</tr>
<tr>
<td>Police (non-emergency)</td>
<td>Name ________________________________</td>
</tr>
<tr>
<td>Contact Person ____________________________</td>
<td>Number _________________________________</td>
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<tr>
<td>Number _________________________________</td>
<td>Number _________________________________</td>
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<tr>
<td>Animal Control ___________________________</td>
<td>Freezer Rental</td>
</tr>
<tr>
<td>County Health Department</td>
<td>Name ________________________________</td>
</tr>
<tr>
<td>Contact Person ____________________________</td>
<td>Company ________________________________</td>
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<tr>
<td>Number _________________________________</td>
<td>Number _________________________________</td>
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<tr>
<td>State Health Department</td>
<td>Gas Company</td>
</tr>
<tr>
<td>Contact Person ____________________________</td>
<td>Provider ________________________________</td>
</tr>
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<td>Number _________________________________</td>
<td>Number _________________________________</td>
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<tr>
<td>Emergency Management Center (County)</td>
<td>Generator Rental</td>
</tr>
<tr>
<td>Contact Person ____________________________</td>
<td>Company ________________________________</td>
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<tr>
<td>Number _________________________________</td>
<td>Number _________________________________</td>
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<tr>
<td>Emergency Management (State of Florida)</td>
<td>Insurance Agent (Fire and Hazard)</td>
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<tr>
<td>Contact Person ____________________________</td>
<td>Name ________________________________</td>
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<td>Number _________________________________</td>
<td>Office Number ________________________________</td>
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<td>Hospital</td>
<td>Claims Office _____________________________</td>
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<tr>
<td>Name ________________________________</td>
<td>Policy # ________________________________</td>
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<td>Number _________________________________</td>
<td>Insurance Agent (Business Interruption)</td>
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<tr>
<td>Walk-in Clinic</td>
<td>Name ________________________________</td>
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<td>Name ________________________________</td>
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<tr>
<td>Number _________________________________</td>
<td>Policy # ________________________________</td>
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<tr>
<td>Attorney or Legal Advisor</td>
<td>Insurance Agent (Workers' Compensation)</td>
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<td>Name ________________________________</td>
<td>Name ________________________________</td>
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<td>Number _________________________________</td>
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<td>Policy # ________________________________</td>
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<tr>
<td>Bank</td>
<td>Insurance Agent (Other)</td>
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<td>Contact Name ________________________________</td>
<td>Name ________________________________</td>
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<td>Number _________________________________</td>
<td>Number _________________________________</td>
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<tr>
<td>Location of nearest ATM ________________________</td>
<td>Policy # ________________________________</td>
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<tr>
<td>Building Contractor</td>
<td>Internet Provider</td>
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<td>Name ________________________________</td>
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<td>Carpenter</td>
<td>Janitorial Service</td>
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<td>Company ________________________________</td>
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<tr>
<td>Locksmith</td>
<td>Medical Equipment</td>
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<tr>
<td>Name ________________________________</td>
<td>Company ________________________________</td>
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<td>Number _________________________________</td>
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<td>Medical Supplies</td>
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<td>Source ________________________________</td>
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<tr>
<td>Office Supplies</td>
<td>Generator Rental</td>
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<td>Number _________________________________</td>
<td>Company ________________________________</td>
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# TELEPHONE CONTACT LIST

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<th>Photo Processor</th>
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<tr>
<td>Plumber</td>
<td>Name</td>
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<td>Location</td>
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<tr>
<td>Portable Toilets</td>
<td>Company</td>
<td>Number</td>
<td>Location</td>
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<tr>
<td>Power Company</td>
<td>Service Provider</td>
<td>Number</td>
<td>Number (General)</td>
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<tr>
<td>Telephone Service Provider (Local Service)</td>
<td>Company</td>
<td>Number</td>
<td>Location</td>
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<tr>
<td>Truck Rental Company</td>
<td>Company</td>
<td>Number</td>
<td>Location</td>
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<th>Location</th>
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<tr>
<th>OTHER CONTACTS – SUPPLIERS – ACCOUNT NUMBERS</th>
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FDHF Disaster Fund Donor Form

Yes, I would like to support the Florida Dental Health Foundation’s Disaster Fund through a tax-deductible contribution:

- $50
- $100
- $_________ (other)

Name __________________________
Address __________________________
City ___________________ State _______ ZIP Code _______

Please return this form with your contribution to: FDHF Disaster Fund
1111 E. Tennessee St.
Tallahassee, FL 32308

Method of payment:
- Enclosed is my check. Please make check payable to Florida Dental Health Foundation.
- Please charge the above amount to my credit card. Credit-card payments may be faxed
  - MasterCard  □ Visa  □ American Express

Credit-card number: ____________________________
Expiration date: ____________________________
Signature: ____________________________

The Florida Dental Health Foundation is a non-profit, charitable organization approved by the Internal Revenue Service as a 501(c)(3) tax-exempt corporation.

The FDHF is registered with the Florida Department of Agriculture and Consumer Affairs(#SC-02435). The FDHF receives 100 percent of charitable contributions. No portion of contributions are retained by a professional solicitor.

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, (800) 435-7352, WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.
FDHF Disaster Fund Guidelines

PURPOSE

The purpose of the Florida Dental Health Foundation’s Disaster Fund is to provide financial assistance to needy eligible beneficiaries, as defined in these guidelines, who are victims of a natural or man-made disaster. This assistance is provided to the eligible applicant to maintain or restore the availability of dental care in affected areas. A natural or man-made disaster is defined as a “sudden occurrence which inflicts widespread catastrophic damage to a large geographic area and/or which generally affects a large number of individuals.” Examples include, but are not limited to: tornadoes, earthquakes, floods, tidal waves, forest fires and hurricanes.

ELIGIBLE BENEFICIARIES

Any licensed private practicing dentist who is a full-time resident of the state of Florida or any Florida registered dental laboratory may apply to the Florida Dental Health Foundation for financial assistance.

TYPES OF ASSISTANCE

Assistance provided through the Florida Dental Health Foundation’s Disaster Fund includes short-term loans and emergency grants.

Loans are provided to supplement insurance coverages to assist in the restoration, repair or reconstruction of an existing practice facility or dental laboratory damaged by a natural disaster, as defined in “Purposes” in these guidelines. Emergency grants also are available to provide funds to establish a temporary facility to provide dental care or dental laboratory services during the time that repairs are being completed on the applicant’s primary practice location or dental laboratory.

CIRCUMSTANCES DETERMINING ELIGIBILITY

Criteria for determining eligibility of disaster loans and grants are listed below. Any application for a disaster loan or emergency grant that does not meet ALL of these criteria will be denied.

a. As a result of the natural or man-made disaster, the applicant must show that he or she suffered property damages to the dental practice facility or registered dental laboratory owned by the applicant, or the dental equipment and supplies therein. Replacement of lost income from practice interruption is not an eligible reason for assistance.

b. A “natural or man-made disaster,” as defined in “Purposes” in these guidelines, must be declared by a governmental agency, or be determined by the Florida Dental Health Foundation’s Disaster Fund Committee to have occurred in the area of the state of Florida in which the applicant seeking assistance operates his or her dental facility or dental laboratory.

c. The applicant must show his or her property damages have caused a serious financial hardship and other sources of adequate funding are not available. Eligibility is determined on a case-by-case basis after evaluating the application form.

d. The request for a loan or grant must be submitted within 12 months of the time of the disaster.

EVALUATION OF APPLICATION AND PROCESSING PROCEDURES

a. Application forms must be completed in entirety, signed and dated by applicant requesting assistance. The applicant may obtain an application form online, in the FDA Sourcebook, or from the FDHF office.

b. An application for assistance from the Florida Dental Health Foundation’s disaster fund will be reviewed by the Disaster Fund Committee. The applicant requesting assistance will be notified of the decision of the committee as to the approval or denial of the request within 14 days.

BASIS FOR ASSISTANCE

The primary reason for the Foundation’s Disaster Fund is to help dentists continue to provide dental care to communities affected by natural or man-made disasters. Therefore, the applicant shall certify that he or she intends to practice in the disaster affected area for at least the original term of the loan or emergency grant. This certification is part of the application form. If an individual leaves a disaster stricken area to practice elsewhere during the original term of the loan or emergency grant, the Florida Dental Health Foundation shall have the right to immediately call the loan due and seek repayment of the emergency grant.
FLORIDA DENTAL HEALTH FOUNDATION
Disaster Fund Application

PERSONAL INFORMATION
Name of Applicant ______________________________________  E-mail ____________________________________
Address _________________________________________ City, State, ZIP ________________________________
County___________________Home Phone ( _____ )________________  Office Phone( _____ ) ___________________
FL Dental License # ________________________________ Dental Laboratory Registration # _____________________

NATURE OF DISASTER: Provide a description of the nature of the disaster. Attach supporting articles, documents, pictures, etc. Be specific as to time, day, and date in completing this section. (Continue on back of this form, if necessary).
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

AMOUNT OF DAMAGE: Structure $ ______________  Equipment $ ______________  Supplies $ ______________
Total Damage $ ______________  Insurance Coverage $ ______________  Net Loss After Insurance $ ______________

INSURANCE COMPANY INFORMATION
Name of Company ______________________________________   Phone Number  ( ______ ) ____________________
Address _________________________________________ City, State, ZIP  ___________________________________
Agent's Name  ____________________________________ Policy Number  ___________________________________
Coverage Amount  $ _______________________________ Deductible Amount  $ ______________________________

FINANCIAL INFORMATION
Name of Bank ____________________________________ Phone Number ( _____ ) ____________________________
Address _________________________________________ City, State, ZIP  ___________________________________
Checking Account # ________________________________ Savings Account  __________________________________
Money Market Account #  ___________________________ Total Assets $ ______________________________

Have you applied for a loan from a financial institution to help you in your time of emergency? ❏ Yes ❏ No
Has the loan been denied? ❏ Yes ❏ No

IDENTIFICATION OF OTHER SOURCES OF AID
Small Business Administration $ ____________________ Family and relatives $ __________________________
Other sources $_________________ Other $_________________ Other $ __________________

I hereby certify that the information contained in this document is true and complete. I hereby authorize any corporation, firm, agency or institution to furnish to the Florida Dental Health Foundation Inc. any and all information in its possession relative to my assets, deposits, dealings or business of any kind whatsoever.

SIGNATURE OF APPLICANT  DATE

RETURN APPLICATION TO: Florida Dental Health Foundation ■ Disaster Relief Assistance
1111 E. Tennessee St. ■ Tallahassee, FL 32308 ■ 800-877-9922
FDHF Disaster Fund
Certification by the Applicant

I certify I suffered a natural or man-made disaster to my dental practice/dental laboratory, equipment or supplies as detailed herein on this application.

I intend to continue to practice in this community after this disaster for the term of the disaster loan or emergency grant, if granted. If the loan or grant is granted and I stop practicing in this community, I understand that the outstanding balance of the loan will become due and immediately payable to the Florida Dental Health Foundation Inc. at the sole discretion of its Disaster Committee. If I was awarded an emergency grant and I fail to complete practice in the community where the disaster took place during the specific time of the grant period as established by myself and the FDHF’s Disaster Committee, I agree to repay the entire amount of the grant at the sole discretion of the Disaster Committee.

I certify the information contained in this application is true and complete. I understand that a fraudulent representation or omission of any information requested in this application is grounds for immediate refusal to grant any loans under this program, and is grounds for the Florida Dental Health Foundation Disaster Committee, in its sole discretion, to declare any outstanding balance due and immediately payable to the Florida Dental Health Foundation Inc.

I understand the provision of such a loan or grant is neither a right nor entitlement and that the Disaster Committee of the Florida Dental Health Foundation will have the sole discretion in determining whether I qualify for financial assistance under this fund.

I understand I am obligated to provide the Florida Dental Health Foundation Inc. within six months of the granting of a disaster loan or emergency grant, copies of receipts, invoices or bills of sale verifying the use of the loan or grant proceeds for repair or reconstruction of the practice facility/dental laboratory, or for the repair or replacement of damaged equipment or supplies.

I also understand if I am granted a disaster loan, I will repay the loan principle and a 5 percent administrative fee to the Florida Dental Health Foundation Inc., on a payment plan approved by the sole discretion of the Disaster Committee.

I hereby request consideration for a: 1) disaster assistance loan in the amount of $__________ for a term of ______________ years; 2) emergency grant in the amount of $___________. I agree to abide by the rules set forth in the Florida Dental Health Foundation Inc. Disaster Fund.

Signed_________________________________________________ Date ________________________

SIGNATURE OF APPLICANT

Witnesses to Applicant’s Natural or Man-made Disaster:

______________________________
NAME OF WITNESS

______________________________
NAME OF WITNESS

Notary Public:
A full or partial waiver is available to a member in good standing whose circumstances have resulted in a severe financial hardship, including temporary or permanent disability, catastrophe, parental leave or medical illness.

1. All applicants should complete Section 1.

2. Applicants requesting a waiver due to Financial Hardship should complete Section 2, including the request for financial information.

3. Applicants requesting a waiver because of Disability should have Section 3 completed by their physician.

4. Section 4 is to be completed by the constituent and component societies.

Please forward this completed form to your local society for their review and approval. They will send it to your state society for their review and the state society will forward it to the ADA.

SECTION 1: To Be Completed by the Member Dentist

Name ___________________________ ADA ID # ___________________________
Address __________________________ City/State/Zip ___________________________

I am requesting a waiver of dues from the American Dental Association and my constituent and component societies for the membership year.

SECTION 2: FINANCIAL HARDSHIP WAIVER (To be completed by the Member Dentist)

Please describe your financial situation and the reasons for your request for a financial dues waiver. Your local or state dental societies may request additional information in order to review your request.


Member's Signature ___________________________ Date ___________________________

SECTION 3: DISABILITY WAIVER A Medical Certificate must be submitted to the constituent and component societies and is to be completed by your physician if your request is because of total disability, which prevents you from engaging in the duties of the dental profession. Attach documentation verifying your disability, which indicates whether it is permanent or temporary.

Federal Dental Service Dentists A dentist who has been totally disabled during active military duty and who is unable to practice dentistry within the definition of the Bylaws and who was a member in good standing at the time total disability was incurred may be entitled to remission of dues upon certification by an agency of the federal government that the dentist is permanently and totally disabled in accordance with the standard schedule of rating disabilities in current use by the Department of Veterans Affairs.

Please describe the nature of disability ___________________________

Approximate date incurred ___________________________

Please check one: The disability is: □ Permanent □ Temporary or unknown

Attending Physician's Signature ___________________________

Attending Physician's Name and Address ___________________________

continued on next page
Appendix – Forms

SECTION 4: To Be Completed by the Constituent and Component Societies

Constituent Society Name

Component Society Name

Please check one: The request is due to: □ Financial Hardship □ Disability

Please check one: The waiver is granted: □ for 1 year due to financial hardship or temporary disability

□ on a permanent basis due to permanent disability

Please check one: The above member has been approved for a: □ Full Waiver (100%)

□ Partial Waiver (75%)

□ Partial Waiver (50%)

Constituent Society Executive Director

Date

Component Society Executive Director

Date

ADA Use Only

Member Year __________________________

Current Status _________________________

Approved _____________________________

Letter Sent _____________________________

Rev. 11/06
ADDENDUM TO WAIVER APPLICATION

This addendum must be completed and attached to the American Dental Association Request for Waiver of Membership Dues form when requesting a dues waiver for financial hardship. Please complete the following work sheet in full so we may expedite your request.

This application is for a one-year waiver. Dues waiver categories are granted for physical disability or financial hardship. If you have questions or desire personal contact to discuss this request in confidence, please call Joyce Brewer, FDA Membership Coordinator, at (800) 877-9922 for referral to the appropriate member of your component dental society.

Name_________________________________________ Address ____________________________________________

City______________ State_______ ZIP Code________ Phone ____________________________

I. CURRENT MEMBERSHIP STATUS

☐ Active  ☐ Active Life  ☐ Retired  ☐ Graduate Student  ☐ Other

II. YOU ARE REQUESTING A WAIVER PRIMARILY BECAUSE OF:

Disability: ☐ Temporary  ☐ Permanent

☐ Financial difficulties relating to your practice

☐ Financial difficulties related to a natural disaster or accident

☐ Financial (Personal)

DISABILITY

Are you still able to practice dentistry?  ☐ Yes  ☐ No

If unable to practice, are you able to work in another field outside dentistry?  ☐ Yes  ☐ No

If able to work in another field, are you currently planning to work in the near future?  ☐ Yes  ☐ No

Have you contacted the FDA or ADA about a Relief Fund application?  ☐ Yes  ☐ No

FINANCIAL DIFFICULTIES RELATING TO YOUR PRACTICE

Type of practice:  ☐ Solo  ☐ Partnership  ☐ Associate

Number of years in practice_____________________

Does your practice have an established patient base?  ☐ Yes  ☐ No

If this is an existing practice with a patient base, what is the primary cause for the change in financial circumstances?

☐ Local economy

☐ Changes in community/population or demographic change

☐ Personal health or inability to take care of practice

☐ Other____________________________________________________________________

FINANCIAL DIFFICULTIES RELATED TO A NATURAL DISASTER OR ACCIDENT

Does insurance cover the cost of repairing the majority of the damage?  ☐ Yes  ☐ No

Despite insurance coverage, will it take more than one month to get the practice back to full operation?  ☐ Yes  ☐ No

Anticipated start date _______________________________________________________________

FINANCIAL DIFFICULTIES RELATED TO PARENTAL LEAVE  ☐ Yes  ☐ No

Length of time away from work ______________________________________________________

Anticipated start date _______________________________________________________________
III. PERSONAL INCOME AND EXPENSE INFORMATION

**Income**
- Net income (less overhead expenses) from practice: $ __________
- Net income from other employment: $ __________
- Other Income (insurance, Social Security, etc.): $ __________

**Expenses**
- Home payments or rent: $ __________
- Educational Loans: $ __________
- Healthcare/medical Expenses: $ __________
- Other: $ __________

**Net Income (Loss)**: $ __________

Signature: ________________________________ Date: __________________________

*Please feel free to include additional information you feel pertinent to this request.*
ADA DISASTER ASSISTANCE LOAN PROGRAM DISCONTINUED

The first edition of this guide included forms for the ADA Disaster Assistance Loan Program.

The ADA Foundation’s Board recently decided to discontinue the Disaster Assistance Loan Program as of July 1, 2006. This program offered low-interest loans up to $25,000 to dentists rebuilding because of disaster damage. IRS-required program criteria stipulate that to qualify, applicants must be financially in need and must have been turned down by a bank for a loan. Among factors driving the decision: there have been no applications in four years; repayment of loans is extremely rare; and it is believed financial resources could be better used to support the ADA Disaster Assistance Grant Program. The grant program received more than 650 applications in 2005. Applications were accepted for disaster loans until July 1, 2006.
Preparing Applications for ADAF Disaster Grant

The following Rules are designed to facilitate the administration of the disaster assistance grant programs under the auspices of the ADA Foundation. These Rules shall govern all applications for, and approval of, all disaster grants arranged through the ADA Foundation. The ADA Foundation Board of Directors may amend these Rules at its sole discretion.

**General Purpose:** The purpose of disaster grants is to make emergency dental care available in areas affected by disasters and provide assistance to members of the dental profession who are victims of disasters. The ADA Foundation provides disaster grants in the following areas:

- grants to dentists who have been affected by disasters to assist with immediate needs.
- grants to organizations which can provide dental services to affected areas.

However, the ADA Foundation may conduct additional charitable programs, as appropriate, and as determined by its Board of Directors (Board) from time to time, if the Board first obtains a ruling from the Internal Revenue Service or an opinion of counsel that such programs will not jeopardize the ability of the ADA Foundation to obtain or retain a tax exemption under Section 501(c)(3) of the Internal Revenue Code.

**Responsibility for Programs:** The Board shall have the responsibility for administration of all the programs designed by the ADA Foundation. The awarding of grant monies is at the sole discretion of the Board and is not a right or entitlement of the applicant. Activities are funded through charitable contributions and earnings on funds held.

**Fundraising:** The ADA Foundation may, at its discretion, conduct a campaign or other fundraising activities to solicit monies in order to allow it to conduct its charitable purposes. The ADA Foundation may at any time suspend any or all loan or grant activity when, in the opinion of the Board, there are insufficient monies available to continue specific program activity, or when in the opinion of counsel, continuation of the activity may jeopardize the ability of the ADA Foundation to obtain or retain a tax exemption under Section 501(c)(3) of the Internal Revenue Code. The ADA Foundation may, at the discretion of the Board, make charitable grants to other section 501(c)(3) dental-related organizations.

**Application:** The ADA Foundation shall design and make available application forms. In order to ensure accuracy, all application forms shall be submitted typed in English.

**General Eligibility Requirements:** Applicants to the disaster grant program of the ADA Foundation are not required to be members of the American Dental Association in order to be eligible for receipt of monies. No information shall be sought from applicants to ascertain their status as a member or non-member, and no consideration will be given to such membership status in evaluating applications.
Preparation Applications for ADAF Disaster Grant (page 2)

Current officers, directors, and employees of the ADA Foundation, and their spouses, dependent children and parents; and current officers, directors, trustees, assistant and associate executive directors, and the executive director of the American Dental Association, and their spouses, dependent children, and parents, shall not be eligible to apply for or receive any loans, grants, scholarships or other financial assistance from the ADA Foundation.

International Grants: In connection with grants to organizations to provide dental services for international activities, the Board shall at all times comply with the U.S. Treasury Department “Anti-Terrorist Financing Guidelines: Voluntary Best Practices for U.S.-based Charities,” November 2002, as amended or substituted from time to time, and any legal requirements applicable to the Foundation regarding international grant making and activities.

The following definition applies in determining eligibility:

Dentist: Any individual currently residing in the United States or its territories, who: (1) is a graduate of a pre-doctoral dental degree program accredited by the Commission on Dental Accreditation as recognized by the U.S. Department of Education and the Council on Post-secondary Education, or (2) currently holds or formerly held a valid dental license in any U.S. state or territory, or (3) is employed by the U.S. Federal Dental Services or an accredited dental school recognized by those agencies listed in (1) above.

Application Review: The Board shall be the sole authority for accepting and denying applications unless a review committee is so authorized by the Board. When an ADA constituent/component society investigation occurs, either the applicant or the society shall forward the respective application materials to the ADA Foundation office for review and final determination.

Verification of Financial Data: As one method to verify financial data, a grant or organizational applicant may be asked to submit the most recent year's federal income tax return with the application. If the applicant is married but filed a separate tax return, the returns of both the applicant and spouse may be required.

All applicants authorize the ADA Foundation to make such inquiries as may be necessary to independently verify the accuracy of any of the submitted application information, if needed.
Preparation of Applications for ADAF Disaster Grant (page 3)

Grants to Dentists Affected by Disasters

1. **Purpose:** The purpose of disaster grants is to provide a small measure of immediate financial assistance to needy eligible beneficiaries, as defined in this section, who are victims of a disaster. A disaster is defined as a “sudden occurrence which inflicts widespread catastrophic damage to a large geographic area and/or which generally affects a large number of individuals.” Disasters can be both natural and caused by human conduct. Examples include, but are not necessarily limited to: civil disorders (excluding acts of war), explosions, fires, tornadoes, earthquakes, floods, tidal waves, forest fires and hurricanes.

2. **Eligible Beneficiaries:** Any dentist who is a victim of a disaster may apply to the ADA Foundation for a grant. Since the purpose of these grants is to give a measure of immediate or proximate assistance, all requests for such grants shall be made within two months of the occurrence of the disaster. This time may be extended at the discretion of the Board.

3. **Circumstances Determining Eligibility for Grants:** Criteria for determining eligibility of disaster grants are listed below. Any application for a disaster grant that does not meet all of these criteria will be denied.
   
   a. As a result of the disaster, the applicant must show that he or she suffered property damages.
   
   b. A “disaster” must be declared by a governmental agency, or be determined by the Board in accordance with the definition provided in paragraph 1 above.

4. **Evaluation of Application and Procedures for Processing:**
   
   a. The applicant may obtain an application form either from the office of the ADA Foundation or from the ADA constituent or component dental society in the area where the applicant resides.
   
   b. Upon receiving the application from the applicant the ADA constituent/component dental society through its designated investigator shall determine and attest that (1) in its judgment, a disaster did occur under the definition provided in these Rules, (2) the disaster was declared by a governmental agency, if applicable, (3) the applicant suffered property damages, (4) the application form is signed by the applicant and (5) the damages appear to be commensurate with the requested claim. This may require, for example, a visual inspection by the investigator or a copy of an insurance claim report.
   
   c. Eligibility is determined on a case-by-case basis after evaluating the applicant's loss and his/her need.

5. **Term of Grant:** Grants for disaster assistance shall be offered only once per applicant per disaster as defined in these Rules.

6. **Amount of the Grant:** The grant amount for any disaster applicant shall be determined at the discretion of the Board based on applicant needs, but shall not exceed $2,500, depending on funds available.
Grants to Organizations to Provide Dental Care Following Disasters

1. **Purpose:** The purpose of grants to organizations is to provide needed dental care in communities affected by a disaster, as defined in these Rules.

2. **Eligible Beneficiaries:** Any dental-related organization that can provide dental services to victims of a disaster is eligible for participation in such grants. These organizations must be recognized as exempt under Section 501(c) (3) of the Internal Revenue Code and will be required to submit copies of the organization’s Bylaws, incorporating documents and its exemption recognition by the IRS.

3. **Circumstances Determining Eligibility for Grants:** Criteria for determining eligibility for organizational disaster grants are listed below. Any application for a disaster grant that does not meet all of these criteria will be denied.
   a. A “disaster” must be declared by a governmental agency, or be determined by the Board in accordance with the definition provided in paragraph 1 above.
   b. Emergency dental care is needed by victims of the disaster.

4. **Evaluation of Application and Procedures for Processing:**
   a. The applicant should supply a proposal for consideration by the Board. This may be submitted directly to the office of the ADA Foundation.
   b. Upon receiving the proposal from the organization, the ADA Foundation will contact the ADA constituent/component dental society to determine and attest that (1) in its judgment, a disaster did occur under the definition provided in these Rules and (2) the disaster was declared by a governmental agency, if applicable.

5. **Term of Grant:** Grants for disaster assistance shall be offered only once per organization per disaster.

6. **Amount of the Grant:** The grant amount for any disaster applicant shall be determined at the discretion of the Board based on applicant needs. The requested amount shall be stipulated in the proposal submitted by the organization.

*Adopted by the ADA Foundation Board – 8/8/2006*
American Dental Association Foundation

DISASTER ASSISTANCE GRANT PROGRAM
GRANT APPLICATION FOR DENTISTS AFFECTED BY DISASTER
(Please Print Clearly All Information on This Form)

Name _____________________________________________________________________________________

Office Address _______________________________   City, State, Zip ________________________________

Home Address _______________________________   City, State, Zip ________________________________

Telephone (Home) _______________  (Office) ______________________ E-Mail __________________

Please provide your temporary contact information:

Address ____________________________________  City, State, Zip ________________________________

Telephone/Cell ______________________________  E-Mail ______________________________________

Please provide where you would like your Disaster Assistance Grant check mailed (type or print clearly):

Address ____________________________________  City, State, Zip ________________________________

Briefly describe the nature and date of the disaster and provide details on the property damage sustained
(attach additional sheet if necessary).

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Do you have insurance coverage for your practice facility?   ______________

What is the net loss after insurance coverage?   $______________

Do you have insurance coverage on your home?     ______________
Application for ADAF Disaster Grant (page 2)

What is the net loss after insurance coverage? $______________

Name of Insurance Company ________________________________________________________________

Please indicate whether or not you are able to use your available resources to help with this disaster?
________________________________________________________________________________________
________________________________________________________________________________________

Certification by Applicant

I certify that I have suffered a disaster to my dental practice and/or residence as stated in this application.

I certify that the information contained in this application is true and complete. I understand that a fraudulent representation or omission of any information requested is grounds for immediate refusal to grant assistance under this program.

I understand that the granting of such assistance is neither a right nor entitlement and that the Board of Directors of the ADA Foundation shall have sole discretion in determining whether I qualify for assistance.

Signed _____________________________________  Date ________________________________________

Affirmation of Dental Society

This is to verify that the applicant named herein is a dentist and has suffered a disaster and that the information contained herein is true and complete to the best knowledge of the investigator. The investigator recommends emergency assistance for this applicant.

Signed _____________________________________  Date ________________________________________

Executive Director/Designated Officer,
Constituent/Component Dental Society

Please forward your completed and signed application to your state dental society by fax or regular mail.

ADA FOUNDATION
211 EAST CHICAGO AVENUE
CHICAGO, ILLINOIS  60611
(312) 440-2763

Rev. 5/07
Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

<table>
<thead>
<tr>
<th>Name (as shown on your income tax return)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business name, if different from above</td>
</tr>
<tr>
<td>Check appropriate box:</td>
</tr>
<tr>
<td>Address (number, street, and apt. or suite no.)</td>
</tr>
<tr>
<td>City, state, and ZIP code</td>
</tr>
<tr>
<td>List account number(s) here (optional)</td>
</tr>
</tbody>
</table>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Social security number | or | Employer identification number |

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners’ share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester’s form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners’ share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
• The U.S. grantor or other owner of a grantor trust and not the trust, and
• The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1994) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called “backup withholding.” Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:
1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9. Also see Special rules regarding partnerships on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for “Other” and enter “LLC” in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the “Exempt from backup withholding” box in the line following the business name, sign and date the form.
Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

**Exempt payees.** Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

<table>
<thead>
<tr>
<th>IF the payment is for . . .</th>
<th>THEN the payment is exempt for . . .</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend payments</td>
<td>All exempt recipients except for 9</td>
</tr>
<tr>
<td>Broker transactions</td>
<td>Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker</td>
</tr>
<tr>
<td>Barter exchange transactions and patronage dividends</td>
<td>Exempt recipients 1 through 5</td>
</tr>
<tr>
<td>Payments over $600 required to be reported and direct sales over $5,000</td>
<td>Generally, exempt recipients 1 through 7</td>
</tr>
</tbody>
</table>

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Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Writing “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A **disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.**

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1. See Form 1099-MISC, Miscellaneous Income, and its instructions.
2. However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 8045), even if the attorney is a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys’ fees; and payments for services paid by a federal executive agency.
Part II. Certification
To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see Exempt From Backup Withholding on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

<table>
<thead>
<tr>
<th>For this type of account:</th>
<th>Give name and SSN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual</td>
<td>The individual</td>
</tr>
<tr>
<td>2. Two or more individuals (joint account)</td>
<td>The actual owner of the account or, if combined funds, the first individual on the account ¹</td>
</tr>
<tr>
<td>3. Custodian account of a minor (Uniform Gift to Minors Act)</td>
<td>The minor ²</td>
</tr>
<tr>
<td>4. a. The usual revocable savings trust (grantor is also trustee)</td>
<td>The grantor-trustee ¹</td>
</tr>
<tr>
<td>b. So-called trust account that is not a legal or valid trust under state law</td>
<td>The actual owner ¹</td>
</tr>
<tr>
<td>5. Sole proprietorship or single-owner LLC</td>
<td>The owner ³</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For this type of account:</th>
<th>Give name and EIN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Sole proprietorship or single-owner LLC</td>
<td>The owner ³</td>
</tr>
<tr>
<td>7. A valid trust, estate, or pension trust</td>
<td>Legal entity ⁴</td>
</tr>
<tr>
<td>8. Corporate or LLC electing corporate status on Form 8832</td>
<td>The corporation</td>
</tr>
<tr>
<td>9. Association, club, religious, charitable, educational, or other tax-exempt organization</td>
<td>The organization</td>
</tr>
<tr>
<td>10. Partnership or multi-member LLC</td>
<td>The partnership</td>
</tr>
<tr>
<td>11. A broker or registered nominee</td>
<td>The broker or nominee</td>
</tr>
<tr>
<td>12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments</td>
<td>The public entity</td>
</tr>
</tbody>
</table>

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules regarding partnerships on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice
Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.