



## Job Aid: Disaster Intake

**Overview:** Provides steps to complete a Disaster FNS Application and add a Disaster EBT Card to case.

**Note:** To prevent duplicates and capture client SSN in NC FAST, a thorough search must be conducted for each person prior to keying the application. Duplicates in the system can cause duplicate cases, duplicate benefits, delay in benefit processing, disruption of existing benefit coverage and the inability to complete the application.

## **Step-by-Step Instructions**

- 1. From the NC FAST page, conduct a Person Search for each client on the application using multiple criteria, for more information refer to the *Searching for Persons* procedure.
- 2. Register client(s) if not already registered in NC FAST. For more information, refer to the *Registering Persons Job Aid*.
- 3. Expand Shortcuts Panel then select the **Disaster Application** folder. Click **Start Intake**.

Shortcuts	**
Outcome Plans	
Cases	
Contacts	
Investigations	
Registration	
Searches	
Trial Budget	
Disaster Application	
Start Intake	

4. The Search Member pop-up appears. Enter and select applicable details for the Head of Household then click **Search**.

Search Member						? 🗵
						* required field
Search Criteria						•
First Name		Last Name				
Date Of Birth		Gender		<b>v</b>		
SSN						
		Search Reset	)			
Search Results						•
						•
Select Name	SSN	Date Of Birth County	Individual ID	SSI	Program Type	Status





5. The Search Results appear. Click the applicable **Select** hyperlink or click **Next** if no match found.

Select	Name	SSN	Date Of Birth	County	Individual ID	SSI	Program Type	Status
Select	Scatters Here		1/1/1965			No		
Select	174,000140.0	1000	3/4/2010			No		
Select	014,4400-450	1000	3/4/2010			No		
Select	CREW LINES	1000	3/29/1958			No		
Select	THE REPORT OF A	1000	3/4/2010			No		
Select	Via Assessments	1000	3/4/2010			No		

6. Enter Application Details pop-up appears. Enter the Application Date, select the applicable Type with the correct Disaster Date **radio button** then click **Next**.

**Note**: The application date must be in the range of the Application Start Date and Application End Date. It cannot be future dated.

	r Application De	etails				* require	
-	cation Date *			۵)			
Disas	ster Details						,
	Type /	Num	Disaster Name	Disaster Date	Application Start Date	Application End Date	
0	Hurricane	1	hurricane	9/1/2013	9/1/2013	9/30/2017	
$^{\circ}$	Flood	2	Andy	7/21/2014	7/21/2014	7/31/2014	
0	Tornado	2	Swirly	7/1/2014	7/1/2014	7/1/2015	
0	Hurricane	6	Davids DIsaster	8/15/2014	8/15/2014	8/31/2014	
0	Ice	3	Transylvania	8/15/2014	8/20/2014	9/20/2014	
0	Tornado	7	Onslow	8/26/2014	8/26/2014	9/26/2014	
0	Ice	6	Pasquotank	8/1/2014	8/1/2014	9/30/2014	
0	Earthquake	10	Shake It Up	11/1/2014	11/1/2014	12/31/2016	
						Next Cance	2

7. The Additional Rules pop-up appears. Select the applicable information then click **Next**.

Enter Additi	onal Rules			? ?
Member Dei	tails			-
Name	Hutber Str.	Date of Birth	1/1/1984	
Additional D				-
Disabled	🔘 Yes 🔍 No			
		-		
			Next	Cancel





## The Disaster Application displays. Follow the steps below to complete the application wizard.

8. The Household Member Summary page displays. If applicable, click **Add Member** to include additional clients on the application.

ousehold Member Summary				
Household Summary	2 Authorized Representative	e 3 Household Situation	Disaster Income	
Household Resources	6 Household Expenses St	tep 1: Household Summary		
Add Member				
ead of Household				
				_
	SSN	Individual ID	Date of Birth	Gender
Name	SSN	Individual ID 961026813R	<b>Date of Birth</b> 1/1/1965	Gender Male
ead of Household Name Scotland Male	SSN			
Name	SSN			
Name Scotland Male	SSN			

a. The Search Member pop-up appears. Enter and select applicable details then click Next.

	r							
								* requi
arch Criteria								
st Name				Last Name				
te Of Birth			<b>a</b>	Gender			×	
N								
			Search	Reset				
			L commune 1					
arch Results								
Select	Name	SSN	Date Of Birth	County	Individual ID	SSI	Program Type	Status

b. Click the applicable Select hyperlink.





								* required
Search Criteri	ia							•
First Name	James			Last Name		Connor		
Date Of Birth			<b>I</b>	Gender		Male	-	
SSN								
			Search	Reset				
Search Result	ts							-
							_	
Select	Name	SSN	Date Of Birth	County	Individual ID	SSI	Program Type	Status
Select	Second Second		1000			No		
						NO		
Select	30403-00408	10000	0.000			No		
Select Select	Service Consols.	202004	101000					
						No		
Select	Sector content.	1000000	1/10/00			No No		
Select Select	Surrous surgests. Surrous surgests	Contraction of the Institute of the Inst	n/state			No No No		
Select Select Select	James Contractor James Contractor James Contractor		NATIONAL NATIONAL NEW YORK			No No No		
Select Select Select Select	2009/02 Distance 2009/02 Distance 2009/02 Distance 2009/02 Distance	Particular Particular	nyiniyee nyirinea nyiriyee ncaraas			No No No No		

c. The Household Member Summary displays showing the newly added member. After all household members are displayed in the summary, click **Next**.

		1: Household Summary			
	6 Household Expenses Step	D 1: Household Summary			
Add Member					
ad of Household					
Name	SSN	Individual ID	Date of Birth	Gender	
otland Male		961026813R	1/1/1965	Male	
ousehold Members					
Name	SSN	Individual ID	Date of Birth	Gender	
and a second second		100000	7/4/1946	Male	
	and the second sec	-terrarian.	12/2/1919	Female	
100 TO 100					

Next Cancel	and the second		
	Next	Cancel	





9. The Enter Authorized Representative page displays. Enter and select applicable details then click **Next.** 

Enter Authorized Representati	ive			?
Household Summary	2 Authorized Representative	Household Situation	Disaster Income	
Household Resources	Household Expenses Step 2: Au	thorized Representativ	re	
Authorized Representative De	tails			-
First Name		Last Name		
Middle Initial		Suffix		~
Reason for Authorization	· · · · · · · · · · · · · · · · · · ·			
/erification				•
Proof of Identity	~			
				- Conserved
			Next	Cancel

10. The Enter Household Situation page displays. Enter and select applicable details then click **Next**.

**Note**: Under the Current Benefits section, if *No* is selected for the question *Are you a current Food and Nutrition Services participant?*, **do not** answer any other questions listed under the Current Benefits section; continue and complete the Household Situation Details section. If other questions are answered in the Current Benefits section, the caseworker will have to complete an entirely new application.

Household Summary     Authorized Representative     Household Situation     Household Resources     Household Expenses     Step 3: Household Situation	<b>r</b>
5 Household Resources 6 Household Expenses Step 3: Household Situation	-
	-
Current Benefits	
Are you a current Food and Nutrition Services participant?	
If so StatePlease Select-  County	
If yes, was your food or your EBT card destroyed in the disaster?	
If yes, AMOUNT of food loss EBT Card Lost? Ves No	
Household Situation Details	-
Was your household living in the disaster area at the time of the disaster?	
If yes, please answer the following questions:	
County of Residence	
Did the disaster damage or destroy your home or self-employment?	
Did the disaster delay, reduce or stop your household's income?	
Does your household have any additional expenses as a result of the OYes No disaster, including food loss?	
Does your household have any cash or money in checking or savings accounts which you cannot get to because the bank is closed due to the State State State State State State State classifier	
While the effects of the disaster are being cleaned up, will your household be buying food?	
	1
Next	





- 11. The Enter Disaster Income page displays.
  - a. If applicable, enter and select applicable details. To enter disaster monthly income, click on the person's name.

Enter Disaster I	ncome							?
1 Household	l Summary	2 Auth	orized Represen	tative 3 House	hold Situation 4	Disaster Income		
Household F	Resources	6 House	hold Expenses	Step 4: Disaster In	come			
Select the memb	er name to add	anticipated n	nonthly income.					
lead of Househ	old							
icau or nouser	ioiu							
Name	IUIU		SSN		Individual ID	Date of Birth	Gender	
			SSN		Individual ID 954335624Q	Date of Birth 8/26/1970	Gender Male	
Name			SSN					
Name	lale		SSN					
Name Scotland M	lale		SSN					

b. The New Disaster Income Evidence pop-up appears. Enter the applicable information then click **Save**.

New Disaster Income	Evidence	<b>?</b> ×
		* required field
Received Date *	10/20/2016	
Disaster Income Det	ails	
Household Member *	dahari halan (m) 🕑	
Income Type *	~	
Employer		
Anticipated Monthly Amount *		
Comments		
	Save	Save & New Cancel



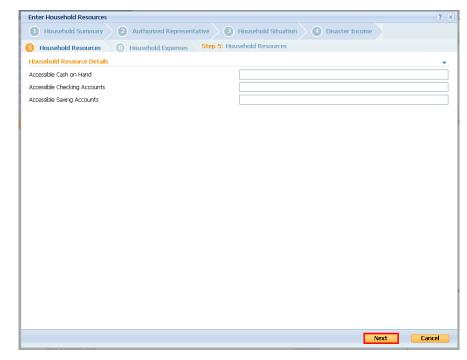


c. If income is not applicable, click Next.

Ente	er Disaster Income				?
1	Household Summary	2 Authorized Representative 3	Household Situation 🦳 🕘 🕻	Disaster Income	
6	Household Resources	6 Household Expenses Step 4: Dis	aster Income		
Sele	ct the member name to add	anticipated monthly income.			
Hea	d of Household				•
	Name	SSN	Individual ID	Date of Birth	Gender
•	Scotland Male		954335624Q	8/26/1970	Male
Ноц	sehold Members				•
_					
	Name	SSN	Individual ID	Date of Birth	Gender
				Next	Cancel

12. The Enter Household Resources page displays. Enter the accessible cash resources as whole numbers then click **Next**.

Example: Eighty dollars would be entered as 80.





NC FAST North Carolina Families Accessing Services through Technology

- 13. The Enter Household Expenses page displays. Complete fields by entering a whole number.
  - **Note:** If a number is entered in the Other disaster-related expenses field enter the item in the Description field.
  - a. Click **Finish** to submit application.

Note: Applications filed in error should be withdrawn.

Enter Household Expenses	? ×
Household Summary 2 Authorized Representative 3	Household Situation O Disaster Income
5 Household Resources 6 Household Expenses Step 6: Hou	sehold Expenses
Household Expense Details	•
Cost to protect property during disaster	
Cost to repair or replace items for home or self-employment property	
Dependent care due to disaster	
Food destroyed in disaster	
Funeral/medical expenses due to disaster	
Moving and storage due to disaster	
Other disaster-related expenses	
Temporary shelter expenses	Description
	Finish Cancel

14. The Disaster FNS Application page displays. Under the Disaster Home tab click the **Print Preview** hyperlink.

Disaster FNS Application	a fada j		ACTIONS,
Prefer Interp Progr.	ation Date 10/13/2016 red Contact Not Requested reter Language Not Requested ams Requested ter FNS.	111141662	Submitted Items to Verify (0) Issues (0)
Primary 46 years			La NCFAST USER09048
Disaster Home Clients	Programs Evidence Related Cases Eligibility Checks Contact Admi	nistration	
Summary		1	Print Preview 😰 昌 🔋
Head of Household			- ^
Namo	I arry Lowe		

15. The Application Summary page displays. Click the printer **icon** to print the application for the applicant's signature.

**Note**: Click **Cancel** on the first print menu pop-up to get to the second pop-up for the application.





Disaster Home Clients Programs Evidence	ce Related Cases Eligibility Checks Contact	Administration			
Summary				🛃 Back	2 🕹 ?
Head of Household					- /
Name	Landana -				
Date of Birth	1/1/1970	Gender	Male		
SSN		Language Preference	English		
Ethnicity	Not Hispanic or Latino	Race	Black / African American		
Authorized Representative					-
Name	Barbara Knowles				
Reason for Authorization	Applying For	Proof of ID	Driving License		
Addresses and Telephone Numbers					<b>•</b>

16. Click the **Eligibility Checks** tab.

NC	FAST Eligibility Worker	Welcome I
_	Me     Clients and Outcomes     Inbox     Calendar     Reports       Case Search X     Lala Dada X     Disaster FNS Application (111137040) X	
>>	Case Search X Lala Dada X Disaster FNS Application (111137040) X Disaster FNS Application (111137040)	
Shortcuts	Application Date 10/5/2016 Preferred Contact Interpreter Language Not Requested Interpreter FNS. Primary 36 years	
	Disaster Home Clients Programs Evidence Related Cases Eligibility Checks Contact Administration	
	Notes	

17. The Eligibility Checks page displays. Click the **Check Eligibility** hyperlink.

NC	FAST Eligibility Worker	Welcome NCFAST USER09048	Preferences	Log out	FAST Help
Но	me Clients and Outco		0 ×	Enter Reference	Number (
-	Case Search X La	la Dada X Disaster FNS Application (111137040) X			
	Disaster FNS Applicati	ion (111137040)			ACTIONS ,
s	Lala 🔳 Dada	Application Date 10/5/2016	111137040	Submitted	
ortcut		Preferred Contact Not Requested Interpreter Language Not Requested		🚺 Items to	
Sho		Programs Requested Disaster FNS.		🥘 Issues (	(0)
	Primary			NCFAST	USER09048
	36 years				
	Disaster Home Clie	ents Programs Evidence Related Cases Eligibility Checks Contact Administration			
	Eligibility Checks			Check Eligibility.	2 🕹 ?





18. The Check Eligibility pop-up appears. Select the Disaster FNS **check box** then click **Yes**.

			* requir
se activ	e evidence only		
	Program	Eligibility Date	Requested
	Cash Assistance	10/5/2016	No
	Cash Forced Eligibility	10/5/2016	No
	Disaster FNS	10/5/2016	Yes
	Emergency Assistance	10/5/2016	No
	Food and Nutrition Services	10/5/2016	No
	Medical Assistance	10/1/2016	No
	Medical Forced Eligibility	10/5/2016	No
	Medical Transportation	10/5/2016	No
	Presumptive Medical	10/5/2016	No
	Refugee Cash Assistance	10/5/2016	No
	Retroactive Medical Assistance	7/1/2016	No
	Simplified Nutritional Assistance Program (SNAP)	10/5/2016	No
	Special Assistance	10/5/2016	No
	Work First Services	10/5/2016	No

19. If the eligibility check displays the correct result, click the **Tab Actions Menu** then select **Ready for Determination**. Otherwise, edit the evidence as necessary, apply changes then check eligibility again.

NC	FAST Eligibility Worker			Welcome NCFAST USER09048	Preferences	Log out	FAST Help	
Но	me Clients and Outco	mes Inbox Calendar Reports			@ ~	Enter Referend	e Number	
-	Case Search X La	a Dada X Disaster FNS Application (111137040) X						
	Disaster FNS Applicati	on (111137040)					🔒 AC	TIONS
Shortcuts	Lala Dada Primary 36 years	Application Date 10/5/2016 Preferred Contact Not Requested Interpreter Language Not Requested Programs Requested Disaster FNS.		1	111137040	Review Ready F Add Clie Add Pro	ligibility Eligibility Resu For Determinat ent	ion
	Disaster Home Clie	nts Programs Evidence Related Cases Eligibility Checks Contact	Administration					
	Eligibility Checks				×	Check Eligibilit	y 🙋 🗃	?
	Ongoing Retroact	Checked By	Programs Checked	p=primary client, hoh		hold, m=man	latory, o=optic	onal
	10/5/2016 11:27	NCFAST USER09048	Disaster FNS	Disaster	FNS			
								_

20. The Ready for Determination pop-up appears. Click **Yes**.

Ready For Determination	? ×
Are you sure you want to set the application status to ready for determinat	ion?
Yes	No





21. Click the Tab Actions Menu then select Review Eligibility Results.

ome Clients and Outo	omes Inbox Calendar Reports	© ~ Ente	er Reference Number
Case Search X L	ala Dada X Disaster FNS Application (111137040) X		
Disaster FNS Applica	tion (111137040)		ACTIONS
Lala Dada Primary 36 years	Application Date 10/5/2016 Preferred Contact Not Requested Interpreter Language Not Requested Programs Requested Disaster FNS.	111137040	Edit Details Check Eligibility Reaview Eligibility Result Ready For Determination Add Client Add Program New Interview Change Owner To Me

22. The Review Eligibility Results pop-up appears. Click the List Actions Menu then select Authorize or Deny.

**Note**: Prior to authorizing the application, make sure verification of identity has been received.

10/12/2016 to 10/31/2016 \$0.0	Action Pending		
	Action Pending	10/12/2016	Pending 🔍
	Authorize		Deny
	Decline View Status Details		View Status Details

23. The Authorize or Deny pop-up appears. Click Yes.

Authorize	? ×
Are you sure you want to authorize this assistance unit?	
	Yes No

## 24. Click Close.

**Note**: For a denied application, this is the last step.

Coverage Type	Assistance Unit	Eligibility Period	Cumulative	Status	
Disaster FNS	Lala Dada (hoh)(m)	10/5/2016 to 11/4/2016	\$0.00	Authorized	<b>Q</b> ,





25. Click the **Evidence** tab to display the Evidence Dashboard.

NC	FAST Eligibility Worker	Welcome NCFAST USE
Ho	me Clients and Outcomes Inbox Calendar Reports Case Search X Person Search X JAMES H SMITH X Disaster FNS Application (111136788) X Disaster FNS Application (111136788)	
Shortcuts	Application Date Preferred Contact Interpreter Language Programs Requested Disaster FNS.	
	Disaster Home Clients Programs Evidence Related Cases Eligibility Checks Contact Administration	

26. The Dashboard displays. Click **Head of Household** hyperlink.

	Dashboard				<b>R</b> (	
Dashboard			💿 Issue 🔥	Items to Verify	Evidence I	n Edit
EvidenceFlow						
Active	Household			All	Recorded	
n Edit	Disaster Additional Rule	Disaster Household Situation	Head of Household	4		
/erifications	Disaster Household Question	Disaster Member	Disaster Authorized Rep	presentative		
ssues						
ncoming Evidence	Income			All	Recorded	V
	Disaster Income					
	Expense		-	All	Recorded	

27. The Head of Household Evidence page displays. Click the **Verifications** folder and add the required verification.

Head of Household - Income Support - Disaste						
Evidence Issues	Verifications					
Evidence						

28. The Verifications page displays. Click the List Actions Menu then select Add Proof.

ead of Household - Income Support - Disa	te			G AC
vidence Issues Verifications				
rifications				2 🗸 1
Item for Verification	Participant	Due Date	Status	
Head of Household (Identity)	Lala Dada		Not Verified	(a,
				Add Proof View Evidence





29. The Add Proof pop-up appears. Enter and select the applicable information then click **Save**.

Add Proof		?
		* required f
Item *	Conversion	
Date Received	10/5/2016 🧠	
Provided By		
If the provider of	the item is a case participant, please select from below.	
Case Participant		
If the provider of	the item is registered on the system, please select from below.	
Participant	Education Institute 💌	Q. 🖪
If the provider of	the item is not registered on the system please enter their name in the	e field below.
Name		
Attachment		
	ile to attach or enter a file location and/or reference.	
File	Browse	
File Location	File Reference	
Description	Document Type Letter	*
		,
Comments		
Comments		
Comments		1

30. Click the **Disaster FNS Application** tab.

NC	FAST Eligibility Worker			Welcome NCFAST USER09048	Preferences	Log out	FAST Help	1
Но	me Clients and Outcomes Inbox Calendar	Reports		1	° ~	Enter Reference	Number	
⊳	Person Search × Lala Dada × Disaster FNS Applica	ation (111137040) X Head of	of Household - Income Support - Disaster X					
	Head of Household - Income Support - Disaste						Q AC	TIONS
	Evidence Issues Verifications							
touts	Verifications						2 🔒 ?	
Shor	Item for Verification	Participant	Due Date	Status				
	<ul> <li>Head of Household (Identity)</li> </ul>	Lala Dada		Verified			<b>B</b> ,	

31. Click Head of Household's name **hyperlink** in the context panel to navigate to the Person page.







32. Click the Care and Protection tab.

NC	C FAST Eligibility Worker	Welcome NCFAST USER09048 Pre
в	Home Clients and Outcomes Inbox Calendar Reports	0
**	Person Search X Lala Dada X Disaster FNS Application (111137040) X Head of Household - Income Support - Disaster X	
Shortcuts	Latenciada     Latenciada     Latenciada     Latenciada     Latenciada     Latenciada     Latenciada     Latenciada     Latenciada     Latenciada	
	Home Evidence Care and Protection Issues and Proceedings Financial Transactions Referrals Client Contact Adminis     Home	stration Applications Compliance Tir

33. The Cases page displays. Select the Disaster FNS PDC reference number **hyperlink**.

Home Evidence	Care and Protection Issues and Proce	edings Financial Transactions Re	ferrals Client Contact Administration	Applications Compliance Time	Limits Employm	ent Disabili 💿
	Cases					ه 😒
Cases	Reference	Name	Role	Owner	Start Date	Status
Screenings	351166503	Income Support - Disaster FNS	Primary Client	NCEAST USER09048	10/3/2016	Open
Assessments	351166507	Disaster FNS	Thinks y choice	NCFAST USER09048	10/3/2016	Approved
Service Plans	351112242	Income Support	Primary Client	NCFAST USER08098	7/26/2016	Open
Wait Lists	351112280	Medical Assistance		NCFAST USER08098	7/1/2016	Active

34. The Disaster Food and Nutrition Services page displays. Click the **Tab Actions Menu** then select **Activate Online.** 

Iom	e Clients and Out	toomes Inbox Calendar Reports	Enter Reference Number
	Person Search X	Lala Dada X Disaster FNS Application (111137040) X Head of Household - Income Support - Disaster X Disaster FNS - 351166507 X	
	Disaster Food and N	Autrition Services - 351166	
	12 ×	Income Support 351166503	Add Disaster EBT Card Add as Item of Interest.
	T and a	Disaster Type Hurricane Disaster Number 14	Reassess
		Disaster Name Wake County Disaster Date 10/3/2016	Edit
			New Note
		Start Date 10/4/2016 End Date 11/4/2016	Submit For Approval
	Primary		Approve
	and the second se		Reject Case Approval
E			Suspend
	Home Determina	ations Certifications Groups Financials Appeals Case Details Administration	Close Case
	Home		Activate Online

35. The Activate Case pop-up appears. Click Yes.

Activate Case			? ×
Are you sure you want to activate this case?			
		Yes	No





36. Click the Tab Actions Menu then select Add Disaster EBT Card.

NC	FAST Eligibility Worker					Welcome NCFAST USER09048	Preferences	Log ou	t FAST Help	-
Ho	me Clients and Outo	omes Inbox	Calendar	Reports		1	@ ~	Enter Refe	rence Number	
≫	Person Search X			ation (111137040) ×	Head of Household - Income Support - Disaster X Disa	ster FNS - 351166507 ×		_		_
	Disaster Food and Nu	trition Services -	351166						ACTI	
	100	Income Support 35	1166503						d Disaster EBT Card	
50	12 M								d as Item of Interes	t 🗅 🔿
l st		Disaster Type	Hurricane	Disaster Number	14			Ed	it	
hort		Disaster Name	Wake County	Disaster Date	10/3/2016			Ne	w Note	
60		Start Date	10/4/2016	End Date	11/4/2016					
	Primary									
										Ť

37. The Add Disaster EBT Card pop-up appears. Enter PAN and SUI numbers and verify that numbers are associated with correct case and client. Re-verify PAN and SUI numbers then click **Save**.

**Note**: PAN and SUI numbers cannot be edited once saved and benefits will not be issued to the client if incorrect numbers are entered. If the SUI/PAN numbers are entered incorrectly, it is the county's responsibility to facilitate a fix.

Note: A designated Authorized Representative for a case will not receive a separate EBT Card.

Add Disaster EBT Card				? ×
				* required field
Case Details				•
Case Reference Client Name	351166507	Disaster Type Disaster Number	Hurricane 14	
Disaster EBT Details				-
Last 4 digits of PAN	0	Last 7 digits of SUI	0	
Save	ncel			

38. The Disaster Food and Nutrition Services home page displays showing the EBT Card Issued under Recent Changes.

Hon Hom		Groups   Financials   Appeals   Case Details   Administration			2 🗟 ?
					,
Rece	ent Changes				
	Event Type	Description	Date Time	Created By	
¥.	EBT Card Issued	EBT card assigned for SUI - 8000367744, PAN - 5081610069090345.	10/20/2016 14:40	NCFAST USER09048	
×	Product Delivery Activated	Disaster FNS - 351182928 case for Zoe Rich activated	10/20/2016 14:34	NCFAST USER09048	
۲	Product Delivery Approved	Disaster FNS - 351182928 case approved for Zoe Rich	10/20/2016 14:34	SYSTEM	
×	User Role Added	NCFAST USER09048 added as a Case Reviewer to Disaster FNS - 351182928	10/20/2016 14:34	SYSTEM	
×	Product Delivery Submitted	Disaster FNS - 351182928 case submitted for approval for Zoe Rich	10/20/2016 14:33	NCFAST USER09048	
¥.	Certification Added	Certification added from 10/8/2016 to 11/30/2016	10/20/2016 14:33	NCFAST USER09048	
•	Case Created	Disaster FNS - 351182928 created for Zoe Rich	10/20/2016 14:33	NCFAST USER09048	