



INSTRUCTIONS FOR SURVEY OF RECORDS THAT WERE DESTROYED OR DAMAGED IN HURRICANE SANDY

Please complete this survey for records that were destroyed or damaged in Hurricane Sandy. Please do not use this survey to describe computer operating systems or hardware that was damaged or destroyed in the Hurricane.

- 1. Name of provider:**
- 2. Address where loss happened:** This is the location of the program where the destroyed or damaged records were kept. If the records were at the corporate headquarters or main office of your agency, fill in that address. If the records were at the program site, fill in the address of the program site. If a program was relocated, fill in the program address before the storm.
- 3. Type of program operated at this address:** IRA, Community Residence, ICF/DD, Clinic, Day Program, Supported Employment, MSC, other.
- 4. Type of records destroyed or damaged:** Be specific. Do not use general descriptions such as "clinical records" or "billing records". Use exact descriptions such as "ISPs", "medication log" or "daily activity notes".
- 5. What form were these records in:** Electronic, paper, and/or other.
- 6. Date range of records:** These are the dates covered by the records. For example: "medication logs from January 1, 2011 to October 29, 2012".
- 7. Quantity of records:** Please describe the physical size of the records (e.g., number and size of boxes or number and size of filing cabinets) and the number of individuals, staff or other person to whom the records applied (e.g., "ISPs for ten individuals living at the IRA").
- 8. Where records were stored:** Please give the location in the building where the records were kept. Please indicate the room and the floor of the building (e.g. "basement" or "first floor office").
- 9. Nature and extent of damage:** Please describe in as much detail as possible. For example, were the records swept away and are now completely gone? Are they covered in sewage?
- 10. Have you done any restoration of the records and if so, what?** Please describe whatever steps you took to save the records. For example, did you air dry them?
- 11. Have you gotten an estimate of the cost of document reprocessing or restoration and, if so, what is the name of company and amount of estimate?** OPWDD is not requiring that you get an estimate of reprocessing or restoration, but if you do have an estimate, please indicate the amount and the company.
- 12. Are these records available at any other location or in any other format?** For example, are there copies in another location, or an electronic back up?
- 13. Name, title and contact information for person completing this survey:** This should be the person OPWDD staff can contact with any follow up questions.

Please complete and return to Sandy Phillips at Sandy.Phillips@opwdd.ny.gov by December 27, 2012. If you have any questions, please call Sandy Phillips at (518) 473-6151. Thank you.