

EVACUATION MANAGEMENT GUIDE

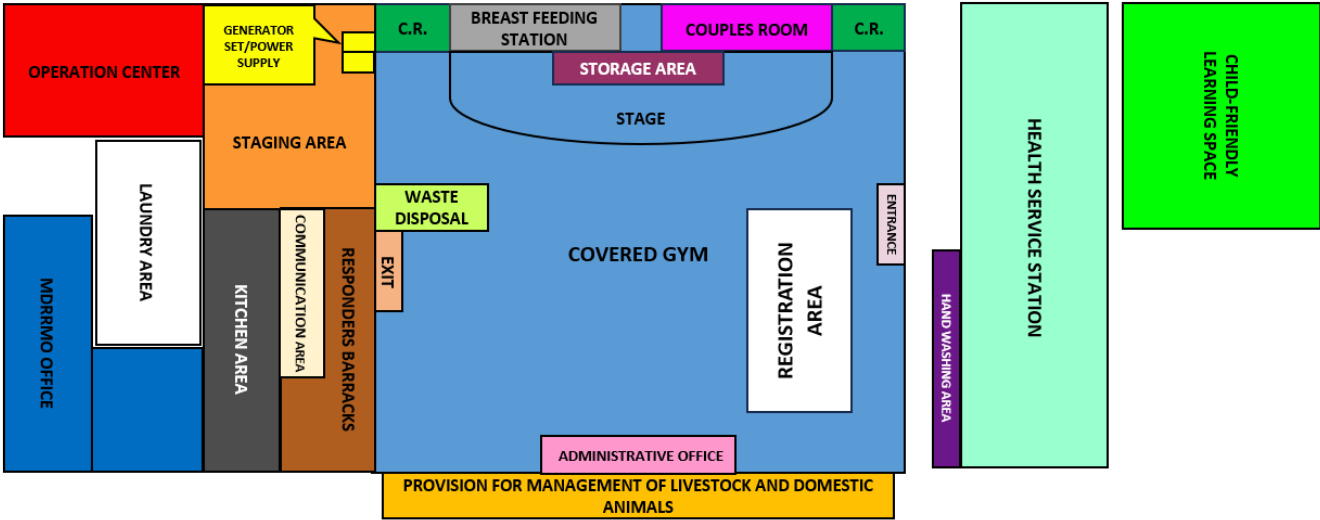
UNA NGA HIMUON – MAGPAREHISTRO SA REGISTRATION AREA



MUNICIPALITY OF SANTA BARBARA
MUNICIPAL DISASTER RISK REDUCTION AND MANAGEMENT OFFICE
General Martin Teofilo B. Delgado St., Poblacion, Santa Barbara, Iloilo, tel. no. 523-7074



EVACUATION CENTER



LEGEND:

OPERATION CENTER	STAGING AREA	GENERATOR SET/POWER SUPPLY	COMFORTING ROOM	STORAGE AREA	ENTRANCE
MDRMO OFFICE	HAND WASHING AREA	HEALTH SERVICE STATION	CHILD-FRIENDLY LEARNING SPACE	COUPLES ROOM	
BREAST FEEDING STATION	EXIT	PROVISION FOR MANAGEMENT OF LIVESTOCK AND DOMESTIC ANIMALS	LAUNDRY AREA		
KITCHEN AREA	ADMINISTRATIVE OFFICE	COMMUNICATION AREA	WASTE DISPOSAL SYSTEM	RESPONDERS BARRACKS	

IKA DUWA NGA HIMUON – MAG FILL-UP SANG Disaster Assistance Family Access Card (D.A.F.A.C)

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
DISASTER ASSISTANCE FAMILY ACCESS CARD (DAFAC)

Region: _____ Serial No: _____

Province/District: _____

City/Municipality: _____

Barangay/Evacuation Center/Site: _____

BENEFICIARY'S COPY

HEAD OF THE FAMILY

SURNAME FIRST NAME MIDDLE NAME ☐ M ☐ F ☐ AGE

Date of Birth: _____ Occupation: _____ Monthly Net Income: _____

☐ AFPs Beneficiary ☐ IP - Type of Ethnicity: _____

Family Members	Relation to Family Head	Age	Gender	Ethnic	Occupational Skills	Remarks

☐ House & lot owner
☐ Rented house & lot
☐ House owner & lot renter
☐ House owner, rent-free lot with owner's consent
☐ House owner, rent-free lot with consent of the owner
☐ Rent-free house & lot with owner's consent
☐ Rent-free house & lot with owner's consent

Code: ☐ Older Person ☐ Lactating Mother ☐ PWD
Housing Condition: ☐ Partially Damaged ☐ Totally Damaged
Health Condition: ☐ 01 - Dead ☐ 02 - Missing ☐ 03 - Injured ☐ 04 - With illness

Signature/Thumbprint of Family Head _____
Date Registered: _____

Name/Signature of BRGZ Captain _____
Name/Signature of LSWDO _____

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DISASTER ASSISTANCE FAMILY ACCESS CARD (DAFAC)

Region: _____ Serial No: _____

Province/District: _____

City/Municipality: _____

Barangay/Evacuation Center/Site: _____

SOCIAL WORKER'S COPY

HEAD OF THE FAMILY

SURNAME FIRST NAME MIDDLE NAME ☐ M ☐ F ☐ AGE

Date of Birth: _____ Occupation: _____ Monthly Net Income: _____

☐ AFPs Beneficiary ☐ IP - Type of Ethnicity: _____

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Name/Signature of BRGZ Captain _____
Name/Signature of LSWDO _____

IKA TATLO NGA HIMUON - MAGKADTO SA BRIEFING SECTION PARA SA IMPORMASYON TUHOY SA FACILIDAD SANG BAKWITAN

IKA APAT NGA HIMUON - MAGKADTO SA LOGISTICS SECTION PARA MAGKUHA SANG INYO FOLDING BED, ULONAN, HABOL, BANIG KAG IBAN PA....

IKA LIMA NGA HIMUON -MAGKADTO SA INYO GINHATAG NGA TEMPORARYO NGA PAGATINIRAN

IKA ANOM HIMUON - MAG OBSERBA SANG MGA HOUSE RULES/PAGSULONDAN SA SULOD BAKWITAN

Evacuation Center Management Team

Coordinators:

Mr. Rhayan Francis S. Suplido, LDRRMO III

Ms. Lany Somcio, MSWDO

Camp Chief Members

Principal or School Head Concerned

**Mr. Jose Rolando Rafael C. Cabanig, Ph.D., DepEd Principal IV
– SBNCHS**

Mary Grace V. Cinco, OIC-Principal – SBCES

All MSWDO Staff

ALERTO – MDRRMO SB