

<b>Shelter Form</b>		Veoci: 20250721 PDF: 20250812
Radio Operator Only:	Origin Msg #:	Destination. Msg #:

**This Section to be Completed by Jurisdiction Personnel:** (Underlined=Required)

<b>Date:</b>	<b>Time:</b> (24hr):	<b>Handling:</b> <input type="radio"/> Immediate (ASAP) <input type="radio"/> Priority (<1 hr) <input type="radio"/> Routine (<2 hr)
<b>T O</b>	<b>ICS Position:</b>	<b>F</b>
	<b>Location:</b>	<b>R</b>
	<b>Name:</b>	<b>O</b>
	<b>Contact Info:</b>	<b>M</b>

**General Site Information**

<b>Jurisdiction:</b>	
<b>Shelter Name:</b>	
<b>Location:</b>	
<b>Type:</b> (multi-select)	<input type="checkbox"/> Congregate <input type="checkbox"/> Temporary Evacuation Point <input type="checkbox"/> Large Animals <input type="checkbox"/> Non-Congregate <input type="checkbox"/> Pets Accepted
<b>Shelter Status:</b> <input type="radio"/> Setup in progress, not accepting guests <input type="radio"/> Full, not accepting guests <input type="radio"/> Open, accepting guests <input type="radio"/> Closed	
<b>Resources:</b> (multi-select)	<input type="checkbox"/> Warming Center <input type="checkbox"/> Food & Drink <input type="checkbox"/> Cooling Center <input type="checkbox"/> Charging Stations
<b>Notes:</b>	
<b>ADA Compliant:</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Pets Allowed:</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Maximum Capacity:</b>	<b>Total Registered:</b> <b>Cot Numbers:</b>

<b>AFN Considerations:</b>
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**Contact Information**

<b>Managed By:</b>	<input type="radio"/> American Red Cross <input type="radio"/> Government <input type="radio"/> Community <input type="radio"/> Private <input type="radio"/> Other
<b>Primary Contact Name:</b>	<b>Primary Contact Phone Number:</b>
<b>Primary Contact Email:</b>	

<b>Radio Operator Only:</b>			
<b>Relay:</b>	<b>Rcvd:</b>	<b>Sent:</b>	
<b>Name:</b>	<b>Call Sign:</b>	<b>Date:</b>	<b>Time (24hr):</b>

Shelter Form

## Instructions: Shelter

**Purpose:** This Shelter form is used to both describe a shelter and also share the capacity and current utilization.

**Instructions for Jurisdictions** (only some fields documented here):

Field	Instructions
<b>Date</b>	<u>Required.</u> Enter the date created.
<b>Time</b>	<u>Required.</u> Enter the time created. Use 24-hour time.
<b>Handling</b>	<u>Required.</u> Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
<b>TO / FROM</b>	If needed, radio operator can suggest most appropriate TO position and location.
<b>ICS Position</b>	<u>Required.</u> Enter the ICS position name.
<b>Location</b>	<u>Required.</u> Enter the location.
<b>Name</b>	Optional. Enter only if the message is to a specific individual.
<b>Contact Info</b>	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
<b>Jurisdiction</b>	<u>Required.</u> Enter the name of the municipality/jurisdiction.
<b>Shelter Name</b>	<u>Required.</u> Enter a descriptive name for this shelter.
<b>Location</b>	<u>Required.</u> Enter a address for this shelter. If address is not known, a descriptive description of the location is sufficient.
<b>Type</b>	<u>Required.</u> Check all the attributes of this shelter.
<b>Shelter Status</b>	<u>Required.</u> Select the current status of this shelter.
<b>Resources</b>	Check all resources provided by this shelter.
<b>Notes</b>	Please describe any special conditions or other details not specified in the above fields.
<b>ADA Compliant</b>	Check whether this site has been evaluated and is confirmed as ADA compliant.
<b>Pets Allowed</b>	Check if pets are allowed at this shelter
<b>Maximum Capacity</b>	<u>Required.</u> Indicate the total capacity of this shelter site.
<b>Total Registered</b>	<u>Required.</u> Indicate the total number of guests currently registered.
<b>Cot Numbers</b>	<u>Required.</u> Indicate the total number of cots if this shelter is used for overnight accommodations.
<b>AFN Considerations</b>	Describe any information relating to AFN accessibility (entrances, signage, languages supported, ASL available, etc.)
<b>Contact Information</b>	<u>Required.</u> Please check the correct management of this shelter as well as the primary contact with phone number (and email if available).

## Instructions for Radio Operators:

Field	Instructions
<b>Origin Msg #</b>	<u>Required.</u> Enter the message number of the original sending station.
<b>Destination Msg #</b>	<u>Required.</u> Enter the message number of the ultimate destination station.
<b>Relay</b>	When relaying: Enter a call sign and/or time, or other useful mark or info, to indicate status.
<b>Name</b>	<u>Required.</u> Enter the first initial and last name of the radio operator that handled the message.
<b>Call Sign</b>	<u>Required.</u> Enter the call sign of the radio operator that handled the message.
<b>Date</b>	<u>Required.</u> Enter the date the message was sent/received.
<b>Time</b>	<u>Required.</u> Enter the time the message was sent/received. Use 24-hour time.

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