

Shelter Form		Veoci: 20250523 PDF: 20250730
Radio Operator Only:	Origin Msg #:	Destination. Msg #:

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

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

General Site Information

Jurisdiction:	
Shelter Name:	
Location:	
Type: (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
Shelter Status: <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	
Resources: (multi-select)	<input type="checkbox"/> Warming Center <input type="checkbox"/> Food & Drink <input type="checkbox"/> Cooling Center <input type="checkbox"/> Charging Stations
Notes:	

ADA Compliant: <input type="radio"/> Yes <input type="radio"/> No	Pets Allowed: <input type="radio"/> Yes <input type="radio"/> No
Maximum Capacity:	Total Registered:
Cot Numbers:	

AFN Considerations:

Contact Information

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

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

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
Date	<u>Required.</u> Enter the date created.
Time	<u>Required.</u> Enter the time created. Use 24-hour time.
Handling	<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.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	<u>Required.</u> Enter the ICS position name.
Location	<u>Required.</u> Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	<u>Required.</u> Enter the name of the municipality/jurisdiction.
Shelter Name	<u>Required.</u> Enter a descriptive name for this shelter.
Location	<u>Required.</u> Enter a address for this shelter. If address is not known, a descriptive description of the location is sufficient.
Type	<u>Required.</u> Check all the attributes of this shelter.
Shelter Status	<u>Required.</u> Select the current status of this shelter.
Resources	Check all resources provided by this shelter.
Notes	Please describe any special conditions or other details not specified in the above fields.
ADA Compliant	Check whether this site has been evaluated and is confirmed as ADA compliant.
Pets Allowed	Check if pets are allowed at this shelter
Maximum Capacity	<u>Required.</u> Indicate the total capacity of this shelter site.
Total Registered	<u>Required.</u> Indicate the total number of guests currently registered.
Cot Numbers	<u>Required.</u> Indicate the total number of cots if this shelter is used for overnight accommodations.
AFN Considerations	Describe any information relating to AFN accessibility (entrances, signage, languages supported, ASL available, etc.)
Contact Information	<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
Origin Msg #	<u>Required.</u> Enter the message number of the original sending station.
Destination Msg #	<u>Required.</u> Enter the message number of the ultimate destination station.
Relay	When relaying: Enter a call sign and/or time, or other useful mark or info, to indicate status.
Name	<u>Required.</u> Enter the first initial and last name of the radio operator that handled the message.
Call Sign	<u>Required.</u> Enter the call sign of the radio operator that handled the message.
Date	<u>Required.</u> Enter the date the message was sent/received.
Time	<u>Required.</u> Enter the time the message was sent/received. Use 24-hour time.

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