Shelter List Created for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enter your municipality)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Shelter** | **Address** | **Maximum Occupancy**  **(temporary/overnight)** | **Amenities Provided** | | | | | | | **Contact Person** | **Number** |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |
|  |  | / | W | C | E | R | F | S | O |  |  |

**Amenities Provided Legend: (Highlight/mark all that apply)**

**W:** warming (station) **C:** cooling (station) **E:** charging (station) **R:** refreshments (water/coffee/fluids)

**F:** food (snacks) **S:** shower facilities available **O:** overnight stays available

**INSTRUCTIONS TO UTILIZE WHEN FILLING OUT THE FORM**

1. Top of Page – Please fill in name of your municipality.

2. Fill in the boxes with as much information as you can obtain.

1. NAME OF SHELTER – Name of facility (municipal building, church, school, etc.)
2. ADDRESS – Address of the shelter location
3. MAXIMUM OCCUPANCY – If possible provide maximum occupancy allowed for temporary sheltering (warming, cooling or charging station) and maximum occupancy for short term or long term overnight sheltering if applicable
4. AMENITIES PROVIDED – please highlight, check off or pencil in each amenity that is available to each site listed (see below the spreadsheet for Legend)
5. CONTACT PERSON – Contact Person for the shelter location
6. NUMBER – Phone number to the shelter or its designated contact person

SHELTER SITES CAN AND SHOULD INCLUDE CHURCHES, MUNICIPAL BUILDINGS, SCHOOL BUILDINGS, ETC.

FILL OUT AS MUCH INFORMATION AS POSSIBLE. WE MAY FOLLOW UP WITH EACH SHELTERING LOCATION TO OBTAIN ADDITIONAL INFORMATION AT ANOTHER TIME.