# PEMA RESOURCE REQUEST ADDENDUM -STATE MANAGED SHELTERING
## GUIDANCE

**Purpose:** This form is intended to assist the Pennsylvania Emergency Management Agency (PEMA), the Pennsylvania Department of Human Services (PADHS), and it's supporting agencies with information needed to resource, establish, and maintain State Managed Sheltering operations.

**Activation:** All Mass Care Operations, including State Managed Shelter Operations will be established under the following conditions: 1.) Governor of Pennsylvania's direct order; 2.) All Local Resources, including those of local Voluntary Agencies Active in Disaster (VOAD) have been depleted **and** a formal request for assistance has been made to PEMA.

1. **Requesting Agency:**
   a. Task Assignment Number -Provided by PEMA Logistics for tracking request.
   b. Jurisdiction -the county or state agency making the request for sheltering activities.
   c. Mass Care Lead -Needed for planning and coordination.
   d. ESF# 6 Plan/Sheltering Plan -Needed for planning and coordination.

2. **Types of Sheltering Activities -Specific to Pennsylvania**
   a. **State Managed Shelter (Mega Shelter)** -Emergency congregate shelter, managed by PADHS, generally necessary when the number of people requiring shelter support is beyond local capabilities. There is extensive damage to structures and the community infrastructure has limited sheltering options. Serves the *whole community* including children, adults, individuals with access or functional needs who with services and support can maintain their independence, and household pets. After the incident, this type of shelter may evolve into other types of sheltering. **A formal request to PEMA is required for a State Managed Shelter**.
   b. Overnight Shelter -Temporary, congregate sheltering managed by a non-government organization. Can evolve from or into a warming/cooling center or a State Managed Shelter depending on the incident.
   **Note:** Overnight Shelters need *40 sq. ft. per person minimum*, Individuals with AFN may need 60 sq. ft. per person.
   c. Evacuation Shelter -Emergency congregate shelter, providing initial and immediate safety and refuge from or during a threated or actual incident. Primary function of those shelters is to keep people from harm's way. After the incident, this type of shelter may evolve into other types of sheltering.
   **Note**: Evacuation Shelter need 20 sq. ft. per person minimum.
   d. Warming/Cooling Centers - Facility that provides support and services to people needing temporary relief from extreme heat or cold. After the incident, this type of shelter may evolve into other types of sheltering.
   e. Reception Centers -Include Evacuation/Embarkation Sites, Reception Processing Sites, and Respite Centers.
   f. Medical Shelter -Shelter that support individuals who have medical issues requiring care beyond the capability of an Overnight or Evacuation Shelter. *Please briefly explain why a shelter type is needed.*

3. **Duration of Sheltering Activities**
   a. Estimated START time of sheltering operations, 6 hr. minimum needed to begin operations.
   b. Estimated END time of sheltering operations, if known.

4. **Demographic Information**
   a. Approximate estimate of population needing sheltering.
   b. For planning purposes, please list languages other than English and Spanish that are unique to the affected community.
   c. For planning purposes, please list other cultural considerations are unique to the affected community. Ex. Muslim populations that may need separate male and female dormitories.

**Note:** For planning purposes, PADHS estimates a standard 20% of the population will require additional services and support to maintain independence and a standard 55% of households will own 1 or more pets.

5. **Resources Assigned (This section is for coordination and planning):**
   a. List all *VOAD (Voluntary Organizations Active In Disaster) or NGO (Non-Governmental Organization's) resources for sheltering* that have been requested or deployed, points of contact, and estimated arrival day/time.
   b. List all *local or resources for sheltering* that have been requested or deployed, contact information, and estimated arrival day/time.
   c. List all sheltering operations that are taking place in response to disasters.  Please specify if the shelter is Red Cross Managed, Red Cross Supported or Independently Managed, and if there are any unmet needs.
   d. List any pre-identified shelter locations that could also accommodate the pop. identified in Section 4.

6. **Feeding Operations:**
   a.  In addition to sheltering operations, are separate feeding operations required?  Feeding operations for state managed shelter clients will be provided with request for a State Managed Shelter.
   b. For planning purposes, please provide names and contact information for all agencies, organizations, or private parties proving feeding operations.

**For additional information, contact the PADHS Agency Rep or
the State Mass Care Coordinator**

| 1. | **Requesting Agency Information** | | | |
|---|---|---|---|---|
| | a. | Task Assignment Number: | | |
| | b. | Jurisdiction: | | |
| | c. | Mass Care/ESF #6 Lead Contact Information | | |
| | d. | Does the jurisdiction have a Mass Care/Sheltering plan? | **YES,** email to dpw_eplo@pa.gov | **NO** |
| 2. | **Type of Facility Needed** | | **Check all that apply and provide a brief explanation for the need.** | |
| | a. | **State Managed Shelter** | | |
| | b. | Overnight Shelter | | |
| | c. | Evacuation Shelter | | |
| | d. | Warming/Cooling Center | | |
| | e. | Reception Center | | |
| | f. | Medical Needs Shelter | | |
| | g. | Animal/Pet Shelter | | |
| 3. | **Duration of Sheltering Activities** | | | |
| | a. | Is this an Immediate Need | **YES** | **NO** |
| | i. | Anticipated Start day/time | | |
| | ii. | Anticipated End day/time | | |
| 4. | **Demographic Information** | | | |
| | a. | What is the estimated population of the community seeking shelter? | | |
| | b. | What languages, other than English and Spanish, are spoken in the affected community? | | |
| | c. | What unique cultural considerations must be considered when planning for sheltering in this community? | | |
| **Note:** | PADHS will estimate 20% of the population will have an access or functional need (AFN). PADHS will estimate 55% of the households will own 1 or more pets | | | |
| 5. | **Resources Assigned** -Use additional pages if necessary | | | |
| | a. | What *VOAD or NGO* resources have been requested/deployed to support sheltering operations? | | |
| | i. | When are these resources expected to arrive? | | |
| | ii. | Contact Information: | | |
| | b. | What *local or regional* resources have been requested/deployed to support shelter operations? | | |
| | i. | When are these resources expected to arrive? | | |
| | ii. | Contact Information: | | |

| | | | | Shelter 1 | Shelter 2 |
|---|---|---|---|---|---|
| | c. | What sheltering operations are taking place in the affected community? | | | |
| | | i. | Shelter Name | | |
| | | ii. | Location/Address | | |
| | | iii. | Managed by | | |
| | | iv. | Contact Person | | |
| | | | Phone/Email | | |
| | | v. | How long has the shelter been operational? | | |
| | | vi. | Current Census? Day | | |
| | | | Night | | |
| | | vii. | Please describe any unmet needs. | | |
| | | viii. | Has this location been surveyed by the Red Cross for Sheltering? | **YES**    **NO** | **YES**    **NO** |
| | | ix. | If No, is there a memorandum of understanding (MOU) already in place with the facility? | **YES**    **NO** | **YES**    **NO** |
| | d. | Are there other Pre-Determined Shelter Locations? | | Location 1 | Location 2 |
| | | i. | Name of facility | | |
| | | ii. | Address | | |
| | | iii. | Contact Person | | |
| | | | Phone/Email | | |
| **6.** | **Feeding Operations** (feeding will be provided automatically at each state managed shelter) | | | | |
| | a. | Are additional feeding operations needed? | | **YES** | **NO** |
| | | i. | Anticipated Start day/time | | |
| | | ii. | Anticipated End day/time | | |
| | b. | Who is currently providing feeding? | | | |
| | | i. | Location/Address: | | |
| | | ii. | Contact Person | | |
| | | | Phone/Email | | |
| | | iii. | How long has feeding been operational? | | |
| | | iv. | What is the meal count for the last operation period? | | |
| | | v. | Are there any unmet needs? If YES, explain | | |