PEMA RESOURCE REQUEST ADDENDUM
COMMONWEALTH MANAGED SHELTERING & SHELTERING SUPPORT
GUIDANCE – AUGUST 2022

Purpose: This form is intended to assist the Pennsylvania Emergency Management Agency (PEMA), the Pennsylvania Department of Human Services (PADHS), and its supporting agencies with information needed to resource, establish, and maintain Commonwealth Managed Sheltering operations or commonwealth support to locally managed sheltering operations. This form may be completed during a operational synchronization call.

Activation: All Mass Care Operations, including Commonwealth 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 commonwealth 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. **Type of Mass Care Capability – formal resource request must be submitted to PEMA:**
   a. **Commonwealth Managed 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 initial response, this type of shelter may evolve into other types of sheltering.
   b. **Commonwealth Shelter Support Team** - Staffing assistance to support locally managed sheltering operations under the direction of the authority having jurisdiction.
   c. **Commonwealth Technical Assistance** - Guidance to support locally managed sheltering operations under the direction of the authority having jurisdiction. May include activation of the Sheltering Task Force.

3. **Type of Sheltering Operation:**
   a. **Overnight Shelter** - Temporary, congregate sheltering managed by a non-government organization. Can evolve from or into a warming/cooling center or a Commonwealth Managed Shelter depending on the incident.
      Note: Overnight Shelters need *40 sq. ft. per person minimum*, Individuals with access and functional needs may need 60 sq. ft. per person. Social distancing may require 110 sq. ft. per person.
   b. **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.
   c. **Warming/Cooling Center** - 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.
   d. **Reception Center** - Include Evacuation/Embarkation Sites, Reception Processing Sites, and Respite Centers.
   e. **Medical Shelter** - Shelter that supports individuals who have medical issues requiring care beyond the capability of an Overnight or Evacuation Shelter.
   f. **Animal/Pet Shelter** - Shelter that provides care for household pets. Service animals are permitted to accompany their handlers in other types of shelters.

4. **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.

5. **Demographic Information:**
   a. Approximate estimate of population needing sheltering.
   b. For planning purposes, please list languages other than English 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.
      Reference: OnTheMap for Emergency Management (Census data)

6. **Resources Assigned:**
   a. List all *VOAD (Voluntary Organizations Active in Disaster) or NGO (Non-Governmental Organizations') 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 5.

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

8. **PADHS Mass Care Staff and Assets:**
   PADHS maintains a cache of mass care equipment, commodities, as well as trained staff available for deployment.

   a. **Commodities and Equipment include:**
      - Standard cots
      - Bariatric cots
      - Accessible/medical cots
      - Blankets
      - Comfort kits
      - Towels
      - Meals Ready to Eat (MREs)
      - Bottled water
      - Multipurpose response trailers
      - Light tower generators
      - Wheelchairs
      - Durable Medical Equipment (limited)

   b. **Disaster Human Services staff with training in:**
      - Shelter Fundamentals/Incident Command System
      - Emergency Behavioral Health
      - Functional Assessment Service Team (FAST)

c. **Support for individuals with disabilities and others with access and functional needs:**
- Functional Assessment Service Team (FAST) – staff who assess and support disaster survivors with disabilities or access and functional needs
- Disaster Accessibility Kits (variety of communication devices and other assistive technology to assist disaster survivors with disabilities or access and functional needs)

Note on Timeframes for Assistance:

- PADHS's core capability for commonwealth managed sheltering is to open a shelter for 1,000 disaster survivors within 6 hours
- A short team of key staff or more limited assets can often deploy in less time, 2-6 hours
- Deployment time is highly dependent on weather, location, or other factors impacting travel within the commonwealth

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

RA-PWDISASTERHS@pa.gov

PEMA Resource Request Addendum
Commonwealth Managed Sheltering & Sheltering Support
See page 1-3 for additional guidance

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? (If **YES**, email to dpw_eplo@pa.gov)	**YES**	**NO**
2.		**Mass Care Capability Needed**	**Formal Resource Request must be submitted to PEMA. Check all that apply and provide a brief explanation for the need.**	
	a.	Commonwealth Managed Shelter		
	b.	Commonwealth Shelter Support Team		
	c.	Commonwealth Technical Assistance		
3.		**Type of Sheltering Operation**	**Check all that apply and provide a brief explanation for the need.**	
	a.	Overnight Shelter		
	b.	Evacuation Shelter		
	c	Warming/Cooling Center		
	d.	Reception Center		
	e.	Medical Needs Shelter		
	f.	Animal/Pet Shelter		
4.		**Duration of Sheltering Activities**		
	a.	Is this need:	**IMMEDIATE**	**ANTICIPATED**
	i.	Anticipated Start day/time		
	ii.	Anticipated End day/time		
5.		**Demographic Information**		
	a.	What is the estimated population of the community seeking shelter?		
	b.	What languages, other than English, 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		
6.		**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:		
	c.	What sheltering operations are taking place in the affected community or nearby communities?			
				Shelter 1	Shelter 2
		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		
7.	**Feeding Operations** (feeding will be provided automatically at each commonwealth 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	

8.	**PADHS Mass Care Staff and Assets**		**Check all that apply and provide a brief explanation and/or quantity needed.**
	a.	**Commodities and Equipment**	
		Standard cots	
		Bariatric cots	
		Accessible/medical cots	
		Blankets	
		Comfort kits	
		Towels	
		Meals Ready to Eat (MREs)	
		Bottled water	
		Multipurpose response trailers	
		Light tower generators	
		Wheelchairs	
		Durable Medical Equipment	
	b.	**Disaster Human Services staff with training in:**	
		Shelter Fundamentals/Incident Command System	
		Emergency Behavioral Health	
		Functional Assessment Service Team (FAST)	
	c.	**Support for individuals with disabilities and others with access and functional needs:**	
		Functional Assessment Service Team (FAST)	
		Disaster Accessibility Kits	