



Personal Care Site Requirements

	Identification		Type	Service
Triggering Factors	ARC	Yes <input type="checkbox"/> No <input type="checkbox"/>	Heat	cooling
	Public Officials	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cold	warming
	Weather Service warning	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tornado or severe	refuge
	Incident protocol trigger reached (eg temp over 100, less than 20)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas or smoke	refuge
Site characteristics	normally staffed during proposed hours of operation	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	central to each town	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	parking	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	public transit	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	capacity matches expected need.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Functions or services	non-dormitory	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Warming	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Cooling	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Food and water	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Functional needs support	Yes <input type="checkbox"/> No <input type="checkbox"/>	ADA, FNSS	
	Electricity & charging	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Pet support	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	transportation	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	communication	Yes <input type="checkbox"/> No <input type="checkbox"/>		
reunification	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Resources required	volunteers	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	generator	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	HVAC	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	parking	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Plugging strips	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Public water supply	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	snack food, coffee/tea	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	wifi/phone	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	counseling	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Forms and Record-Keeping	Visitor sign-in	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Survey (may be integral with log)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Intake/exit form	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Volunteer application, release, list	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Volunteer sign in	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Volunteer release	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Volunteer list	Yes <input type="checkbox"/> No <input type="checkbox"/>		

intake info	Time in:	Intake by:
	Time out:	

VISITOR informatio	First Name		Last Name
	Male <input type="checkbox"/> Female <input type="checkbox"/>	Phone	

Are you sick with a fever or cough? Yes No

Are you a veteran? Yes No

Do you have a home or a sheltered place to stay when you leave here? Yes No

Where did you sleep last night?

Was that place warm/cool enough? Yes No

Do you have a vehicle with you tonight? Yes No

Do you have a history of mental illness? Yes No

Do you have any other medical problems? Yes No

Do you have any functional needs we can help you with? Yes <input type="checkbox"/> No <input type="checkbox"/>
What are they?

Do you have an emergency contact? Yes No

If so, please list their contact information	Name
	Phone
	Location
	Relationship

