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Massachusetts Statewide Mass Care and Shelter Coordination Plan | Local Mass Care and Shelter Toolkit

11/9/2016

Personal Care Site Requirements

Martha's Vineyard EM Group

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

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Intake Form

Personal Care Site

Intake by:

Time in:

Martha's Vineyard EM Group

O First Name Last Name O E	
O First Name Last Name O First Name Image: Constraint of the second secon	
Open Male Female Phone Image: Second	
Are you sick with a fever or cough? Ye	s 🗆 No 🗖
Are you a veteran? Ye	s 🗆 No 🗆
Do you have a home or a sheltered place to stay when you leave here? Ye	s 🗆 No 🗆
Where did you sleep last night?	
Was that place warm/cool enough? Ye	s 🗆 No 🗆
Do you have a vehicle with you tonight? Ye	s 🗆 No 🗆
Do you have a a history of mental illness? Ye	s 🗆 No 🗆
Do you have any other medical problems Ye	s 🗆 No 🗆
Do you have any functional needs we can help you with? Ye	s 🗆 No 🗆
What are they?	
Do you have an emergency contact? Ye	s 🗆 No 🗆
Name	
If so, please list their contact information Phone	an tanu dan pananan dan Kana ana mangan kananan man
Location Relationship	

TOOL F SHELTER STAFF AND VISITOR SIGN-IN FORMS

Location of Shelter:____ Date:___ Are You Emergency Contact # **Returning?** Time In **Time Out** Name Yes/No ł

Shelter Residents Sign-In/Out Form

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