

17 Instructions for Using the Daily Shelter Report For Cost Recovery

Following a catastrophic disaster, mass or congregate sheltering beyond the capacity of the American Red Cross and other private non-profit organizations is a very real scenario. In two cases this could happen. First, if the disaster happens locally, non-profit agencies will be overwhelmed by the need for mass shelters for local residents. Second, if the catastrophic disaster happens in an adjacent metropolitan area, unaffected host jurisdictions could find themselves setting up very large scale shelters to assist the residents of affected areas, as did cities in Texas and other states following Hurricane Katrina.

In either case, cost recovery will be an important task and a significant challenge for agencies that are unprepared for the influx of survivors. This form provides a first step in capturing and organizing the important documentation required by FEMA for cost reimbursement.

This is a form that ideally should be printed on a 10 inch by 13 inch envelope so that all the accompanying receipts and other documents can be kept together until permanent files can be set up.

The form is divided into four sections. First, is the information about the disaster, the shelter, shelter management and capacity. Second, are the counts for the number of persons sheltered, the number of meals served and the volunteers involved. The third section is to identify the daily invoices that can be expected when running shelters. The fourth and last section is a summary of the counts for ancillary services that may be provided at some shelters.

This summary report is clearly not all the documentation that may be required. Census or daily attendance records for each person sheltered are required, as are sign in sheets for each and every meal served. Daily time sheets for agency paid staff and volunteers are also required to provide documentation for hours of pay to be reimbursed and to claim credit for the value of all volunteers time applied to the local cost share. Many agencies have lost money in the past for failure to provide sufficient documentation for shelter operations.

Routine Data Entry: The form can have some information pre-entered, so that each copy of the form already has the routine and consistent information entered to reduce the time to complete the form. Much of the information in Section One can be pre-entered. However this means have a pre-filled in form for each different shelter that may be open and care must be taken to open the correct form to match the specific shelter. Once the data is pre-entered, the form should be locked so that the data remains consistent for every report. Each report must be filled in with a unique name,

which should probably the the shelter location and the date.

If the shelter is run by the American Red Cross, we still want to have a daily report from City staff to document shelter operations and any expenses that the city, county, school district or other owner of the facility may incur as a result of the shelter operations. Nominally, someone will be paying for the electricity, water, sewer and heating or cooling of the shelter during its operation. These costs can be recovered if properly documented.

Section One

Disaster Name: Enter the disaster name.

Report for date of: Enter the report date.

Shelter name: Enter the shelter name if any.

Shelter address: Enter the shelter address.

Shelter phone #: Enter the land line for the shelter office, not the phone lines that the public may call.

Shelter facility owner name: Enter the name of the organization that is the legal owner or permanent tenant of the shelter facility.

Square feet: Enter the total square footage of the facility being used as a shelter.

Congregate shelter: Circle or highlight “Yes” to indicate this is a congregate, or mass shelter operation.

Pre-opening photos: On the opening day indicate if pre-opening photos were taken to document the condition of the facility before it is used as a shelter.

FEMA DR Number: Enter the FEMA DR number if it is available.

Shelter Manager Name: Enter the name of the shelter general manager for the day shift.

Manager phone #: Enter the shelter general manager’s office phone number, not the phone number for the general public, if they are different.

Manager cell #: Enter the shelter day shift manager’s cell phone number.

Manager email: Enter the shelter day shift manager's email address if they have one at the shelter or can receive email on their phone or tablet.

Shelter operator organization name: Enter the name of the organization that is operating the shelter. This may be the American Red Cross, but it could be another organization as well.

Bed capacity: Enter the total bed capacity for overnight sleeping.

Damage update photos: If the shelter facility is damaged during the 24 hour period of this report, attach photos of the damage along with a written damage report.

Section Two

Overnight census count: Enter the overnight count of persons sleeping in the shelter. This and additional information in Section Two should be available from the American Red Cross or other shelter operator, if this is a non-agency run shelter.

of meals provided: Breakfast: Enter the number of meals served. All meals need to be documented with sign-in sheets for each person fed.

of meals provided: Lunch: Enter the number of meals served. All meals need to be documented with sign-in sheets for each person fed.

of meals provided: Dinner: Enter the number of meals served. All meals need to be documented with sign-in sheets for each person fed.

Facility owner support staff: If the facility is providing support staff, enter the roster and copies of time sheets for each person working at the shelter, either full time, or part time.

Agency DSW Volunteers: If registered DSW volunteers are working at the shelter, enter the roster and copies of time sheets for each person working at the shelter, either full time, or part time.

Red Cross Report #: Enter the number of the main American Red Cross daily report so that it can be cross-referenced if necessary later on.

Agency support staff: If the local government agency has employees working at the shelter, enter the roster and copies of time sheets for each person working at the shelter, either full time, or part time.

Other volunteers: Enter the sign in sheet(s) with the names of any spontaneous volunteers that may be working at the shelter. Spontaneous volunteers should be registered as DSW volunteers as soon as possible. The sign-in sheet for spontaneous volunteers should contain their names and basic contact information, i.e., address, phone numbers and an email address.

Section Three

Utility bills (all): Enter the invoices or receipts for any goods or services received that day.

Temporary power: Enter the invoices or receipts for any goods or services received that day.

Toilets/sanitation services: Enter the invoices or receipts for any goods or services received that day.

Medical/bio waste disposal: Enter the invoices or receipts for any goods or services received that day.

Food & kitchen supplies: Enter the invoices or receipts for any goods or services received that day.

Laundry: kitchen and shelter: Enter the invoices or receipts for any goods or services received that day.

Hyper cleaning services: Enter the invoices or receipts for any goods or services received that day.

Donations of equipment: Enter the invoices or receipts for any goods or services received that day.

Security services: Enter the invoices or receipts for any goods or services received that day.

Trash hauling: Enter the invoices or receipts for any goods or services received that day.

Facility repairs: Enter the invoices or receipts for any goods or services received that day.

Janitorial services: Enter the invoices or receipts for any goods or services received that day.

Other facility services: Enter the invoices or receipts for any goods or services received that day.

Shelter supplies: Enter the invoices or receipts for any goods or services received that day.

Other ^(Specify): Enter the invoices or receipts for any goods or services received that day.

Donations of supplies: Enter copies of receipts for any donations received at the shelter that day. (Use 15 - Disaster Response and Relief Donations Form if no other form or receipt is available.)

Section Four

Services

First Aid - Medical: Enter a copy of the summary report for these services provided. Note, HIPPA rules may limit the information available

Mental Health: Enter a copy of the summary report for these services provided. Note, HIPPA rules may limit the information available

Child/Elder Care: Enter a copy of the summary report for these services provided.

Victims Assistance: Enter a copy of the summary report for these services provided.

Animal Care: Enter a copy of the summary report for these services provided.

Transportation: Enter a copy of the summary report for these services provided.

Special Services: Enter a copy of the summary report for these services provided.

Other Services: Enter a copy of the summary report for these services provided.

Notes: Enter any other important information in this space. If needed, attach additional pages and be sure that have the shelter address and date so they can be tied to this report.

Post-closing photographs: Enter a complete set of post-closing photographs to document the normal wear and tear and any damage that has occurred to the facility while used as a shelter.