

## Shelter Dormitory Registration Form Instructions

Use the *Shelter Dormitory Registration Form* to collect information about clients who are staying in the shelter dormitory. Complete the *Shelter Dormitory Registration Form* as completely as possible during initial registration. Registration forms are stored securely in the registration area during a shelter operation. Information from this form is not released to anyone but the client without the client's permission, except under exceptional circumstances. When the shelter is closing, give all copies of the *Shelter Dormitory Registration Form* to the shelter manager for proper disposition according to current record retention policies.

This job tool should be used in conjunction with the following doctrine:

- Sheltering Standards and Procedures
- Job Tool: Operating a Shelter

### Complete this form following the steps below:

1. Enter the first date the form was used.
2. Consult with the shelter manager to identify the "DR Number" and the "Shelter Name/Location."
3. **Make the following OBSERVATIONS:**
  - a. Does the client or a family member appear to be in need of immediate medical attention, too overwhelmed or agitated to complete registration, or a threat to themselves or others?
    - If YES, STOP the registration process and do one of the following:
      - If situation is critical, call 9-1-1, and notify health services and the shelter manager.
      - Contact health services and/or mental health worker on site.
      - If no health or mental health resource on site, direct concern to shelter manager.
    - If NO, continue the registration process.
  - b. Does the client have a service animal, use a wheelchair/walker, or demonstrate any other circumstance where it appears they may need help in the shelter?
    - If YES, acknowledge their need and offer assistance. This may include contacting a health services worker. Contact shelter manager for additional support, when needed.
4. **Ask the following QUESTIONS:**
  - a. Is there anything you or a member of your family needs right now to stay healthy while in the shelter? If not, is there anything you know you will need in the next 6-8 hours?
  - b. Do you/family member have a health, mental health, disability, or other condition about which you are concerned?
    - If YES to either question, continue registration process, and do the following:
      - Identify what assistance the client needs. Acknowledge their need, and offer assistance.
      - If their need is medical or mental health, or you need help providing assistance to the client:
        - Contact health or mental health services worker on site;
        - If no health or mental health workers on site, contact shelter manager for follow-up;
        - If the shelter manager is not available, or if the shelter manager instructs you to, list clients who have a "yes" response on the [Shelter Referral Log](#);
        - Give the [Shelter Referral Log](#) to workers from Disaster Health Services, Disaster Mental Health, or Disaster Spiritual Care or to the shelter manager when they arrive.

5. Complete the *Household Information* section:
  - a. List the last name of the family's head of household or the last name provided by the head of household that will be used to identify the family.
  - b. Enter the number of individuals in each age group being registered as part of this family. If additional family members arrive later, add them to the same registration form.
  - c. Enter the family's pre-disaster address.
  - d. If the family is moving to a different city after the disaster, list post-disaster address (if known).
  - e. Enter the primary contact phone number for the family.
  - f. Enter an alternate contact phone number for the family.
  - g. Enter the primary email address to contact the family.
  - h. List the primary language spoken by the family.
    - If the primary language spoken by the family is not English, list any family members registered in the shelter who do speak English. Family members who speak English may be able to translate for non-English speaking family members.
  - i. Enter the method of transportation used to get to the shelter. Examples: public transportation, private vehicle, walked, dropped off. This information is useful in planning if clients will need transportation to appointments, planning for transportation when the shelter shuts down, and security patrols in the parking lot.
    - If the client is parking a personal vehicle in the shelter parking lot, enter the license plate number and state. This is helpful when security is patrolling the lot for safety.
6. Complete the *Individual Family Members* section:
  - a. If there are more than 6 family members, list additional family members on the back of the registration form or on an additional sheet of paper attached to this form.
  - b. Enter the family member's name.
  - c. Enter the family member's age.
    - This is helpful for demographic reporting and for planning age-appropriate services and activities within the shelter.
  - d. Enter the family member's gender: "M" for male or "F" for female.
    - This is helpful when demographic reporting is required and for planning gender-appropriate services and activities within the shelter.
  - e. Enter the date that the family member arrived at the shelter for the first time.
  - f. If the shelter is using cot numbers, enter the cot assigned to the member once assignments are made.
    - This is often done after initial registration. If cot numbers are not assigned, this field is left blank.
  - g. Enter whether or not the family member wants to help in the shelter: "Y" for yes or "N" for no.
    - Assure clients that volunteering to work in the shelter is not a requirement. If they do want to volunteer, connect them with the shelter manager, staff services, or the person assigned to event-based volunteers within the shelter.
  - h. Enter the date that the family member leaves the shelter for the last time.
    - If this client is leaving temporarily, use a temporary marking system to indicate that they are not at the shelter.
  - i. Enter any notes requested by the operation regarding client departure. This often includes the address where the client is going to be staying and/or other post-disaster contact information.
7. Have the client initial yes or no to each statement:
  - Someone in the household is required by law to register with a state or local government agency.
    - Clients may ask what this question means. If they do not know what it means, it is likely that they do not have to register.
    - If they answer "yes," discreetly contact the shelter manager. The shelter manager talks to the client privately to understand the nature of the registration requirement and follows steps outlined in the [Job Tool: Operating a Shelter](#) to ensure safe and equitable shelter services for all Red Cross clients.

- If they answer “no,” but continue to ask about what this question means, explain briefly and without elaboration that there are a number of reasons why an individual might need to register with a government agency, and for the safety and dignity of all clients, the shelter manager handles those situations confidentially.
  - Someone in the household is a veteran or active military.
    - If they answer yes, refer them to available veteran and military resources
  - I agree to have my information shared with other agencies providing disaster relief services.
    - For example, another non-government agency may have disaster relief assistance that would benefit the client, or FEMA may be providing individual assistance in a large disaster.
8. Have the client sign to acknowledge that the family has read the [Shelter Client Welcome Handout](#) or had it read to them.
9. Print your name or sign legibly in case there is a need to follow up with any questions.

TIP: Fill out the header on a master form, then make copies for use during the same incident at the same shelter.

## Dormitory Registration

Date: \_\_\_\_\_ Incident/DR#: \_\_\_\_\_ Shelter Name/Location: \_\_\_\_\_

### Observations:

1. Does the client or a family member appear overwhelmed or agitated?
2. Does the client have a medical or mental health condition that appears they may need assistance in the shelter?

If "YES," STOP the registration process and do one of the following:

- If situation is critical, call 9-1-1, and notify health services and the shelter manager.
- Contact health services and/or mental health worker on site.
- If no health or mental health resource on site, direct concern to shelter manager.

### Questions:

1. Is there anything you or a member of your family needs right now to stay healthy while in the shelter?
2. Will you or a member of your family need assistance in the next 6-8 hours?

If "YES," acknowledge their need, and offer assistance.

If "YES" to either question, continue registration process, and do the following:

- Identify what assistance the client needs. Acknowledge their need, and offer assistance.
- If their need is medical or mental health, or you need help providing assistance to the client:
  - Contact health or mental health services worker on site;
  - If no health or mental health workers on site, contact shelter manager for follow-up;
  - If the shelter manager is not available, or if the shelter manager instructs you to, list clients who have a "yes" response on the **Shelter Referral Log**.

Tally age groups to facilitate efficient shelter population counts.

65+yrs:

Primary Language: \_\_\_\_\_

If not English, Family Member present who speaks English: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

If personal vehicle—plate #/State (for emergency purposes only): \_\_\_\_\_

It helps to know if the family needs transportation to appointments, planning transportation as shelter is closing, and identifying vehicles in the lot.

When appropriate, family members who speak English may be able to translate for the head of household.

### REGISTRATION INFORMATION

Arrival Date	Rm./Cot	Volunteer? (y/n)	Departure Date	Departure Notes:

In shelters where cot numbers are used, add cot assignment information as it becomes available.

Connect clients who wish to help in the shelter with the shelter manager or staff services.

Include post-disaster contact information if available.

Have client initial yes or no to each statement.

See Job Tool: Operating a Shelter for more information.

- Yes  No Someone in the household is required by law to register with a state or local government agency.
- Yes  No Someone in the household is a Veteran or Active Military.
- Yes  No I agree to have my information shared with other agencies providing disaster relief services.

By signing here, I acknowledge that the information on this form is accurate, I have initialed the three statements above, and I have read/been read and understand the *Shelter Client Welcome Handout*:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Shelter Worker Name/Signature: \_\_\_\_\_

Sign or print legibly.

# Shelter Dormitory Registration

Date: \_\_\_\_\_ Incident/DR#: \_\_\_\_\_ Shelter Name/Location: \_\_\_\_\_

**Observations:**

1. Does the client or a family member appear to be in need of immediate medical attention, appear too overwhelmed or agitated to complete registration, or a threat to themselves or others?
2. Does the client have a service animal, use a wheelchair/walker, or demonstrate any other circumstance where it appears they may need help in the shelter?

**Questions:**

1. Is there anything you or a member of your family needs right now to stay healthy while in the shelter? If not, is there anything you know you will need in the next 6-8 hours?
2. Do you/family member have a health, mental health, disability, or other condition about which you are concerned?

**HOUSEHOLD INFORMATION**

Family Name (Last Name):		# Family members registered:					
		0-3yrs:	3-7yrs:	8-12yrs:	13-18yrs:	19-65yrs:	65+yrs:
Pre-disaster Address:				Post-disaster Address (if different):			
Primary Phone:		Other Phone:			Email:		
Primary Language:		If Not English, Family Member Present Who Speaks English:					
Method of Transportation:		If Personal Vehicle, Lic. Plate #/State (for security purposes only):					

**INDIVIDUAL FAMILY MEMBER INFORMATION (for additional names, use back of page)**

Name (Last, First)	Age	Gender (M/F)	Arrival Date	Rm./Cot	Volunteer? (y/n)	Departure Date	Departure Notes:

- Yes  No Someone in the household is required by law to register with a state or local government agency.
- Yes  No Someone in the household is a veteran or active military.
- Yes  No I agree to have my information shared with other agencies providing disaster relief services.

By signing here, I acknowledge that the information on this form is accurate, I have initialed the three statements above, and I have read/been read and understand the *Shelter Client Welcome Handout*:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Shelter Worker Name/Signature: \_\_\_\_\_