

Functional Needs Focused Care and Shelter Checklist

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Introduction

Layout / Set Up

- Bathrooms
- Signs
- Power
- Access (drop off areas, parking, bathroom, routes)
- Sleeping Areas
- Privacy Areas

Registration / Assessment

- Line Management
- Priority Access
- Initial Intake Assessment Tool

Independence and Health Issues

- Medications
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- Multiple Methods
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 - Phones
 - Readers
 - Captions
 - Interpreters

Introduction

This checklist is for individuals (including city employees, Disaster Service Workers and other shelter workers) who have responsibility for providing care and shelter during an incident.

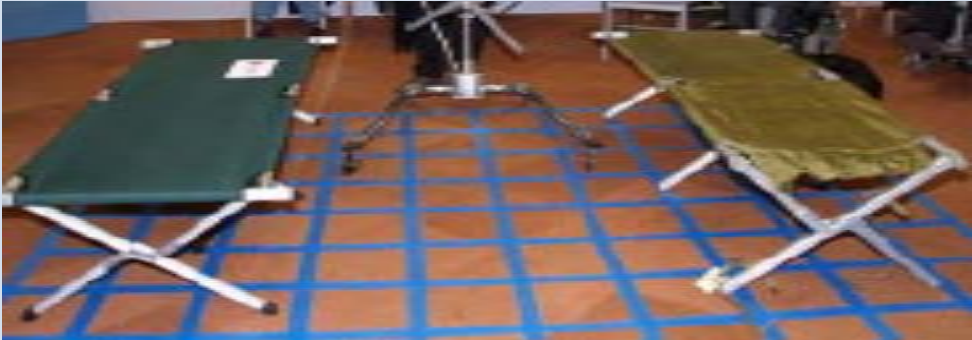
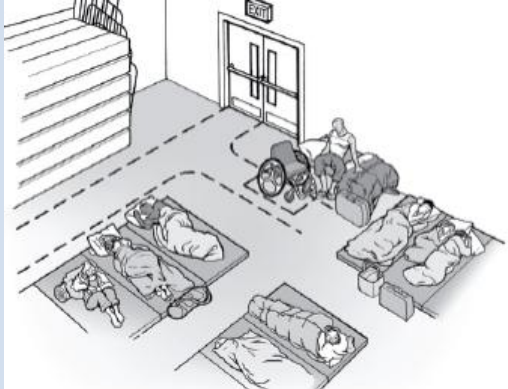
*For guidance regarding the specific dimensions of accessible routes, passenger loading zones, parking, entrances, restrooms, bathing areas, etc. (See ADA Best Practices Tool Kit for State and Local Governments, in the reference section of this document) for example:

- Each accessible sleeping area needs to be on an accessible route connecting it to other activity areas in the shelter, including toilet rooms and bathing areas. An accessible route with adequate circulation and maneuvering space provides access to each cot in the sleeping areas for people who use crutches, scooters, walkers and wheelchairs.
- Accessible portable toilets should have similar features to a standard accessible toilet stall including an accessible door, side and rear grab bar, clear space next to the toilet, and maneuvering space.
- An accessible route is at least 36 inches wide and may narrow briefly to 32 inches wide where the route passes through doors or next to furniture and building elements. High thresholds, abrupt level changes, steps, or steep running or cross slopes cannot be part of an accessible route. Ramps, when used, cannot be steeper than 1:12. Ramps with a vertical rise of more than 6 inches must have handrails on both sides. Ramps must also have edge protection to stop wheelchairs from falling off the sides, and level landings at the top and bottom of each segment and where a ramp changes direction.

Functional Needs Focused Care and Shelter Checklist

Yes	No	In Process & Comments	Item
			Shelter manager designates a Functional Needs Coordinator to help oversee the items detailed on this checklist.
Layout/Set Up			
			Obtain accessible portable bathrooms , hand-washing and showers, when needed, to add to what is available to provide access when none or there are not enough.
			<input type="checkbox"/> When portable toilets and showers are provided, at least one unit must have accessible features located on an accessible route connecting it with the shelter.
			<input type="checkbox"/> Entrance to an accessible portable toilet must have either no step, or a ramp installed that extends from the hinge side of the door to at least 18 inches beyond the latch side of the door.*
			<input type="checkbox"/> Accessible portable toilets should have similar features to a standard accessible toilet stall including an accessible door, side and rear grab bar, clear space next to the toilet, and maneuvering space.*
			When portable toilets and showers are provided, at least one unit must have accessible features located on an accessible route connecting it with the shelter.
			Where multiple single user portable toilet or bathing units are clustered at a single location, at least 5 percent of the toilet units and bathing units at each cluster should be accessible.
			Post signs to indicate the location of accessible rest rooms and telephones.
			Post signs where an accessible route is different from the route used by most evacuees, signs will be needed at key decision points to direct individuals with disabilities to the various activity areas.
			Post signs indication the locations of outside smoking areas. Make sure these locations are a significant distance from any shelter entrance, exits, windows, telephones, bathrooms or air intake vents.


Yes	No	In Process & Comments	Item
			Provide back-up power supply when the electrical service is interrupted.
			Separate sleeping areas for families with children and the elderly and other unique situations.
			Offer to locate residents with mobility limitations (along with their friends, family units and personal assistants) near unobstructed areas and accessible routes where they can easily get to bathrooms, dining areas and exits.
			Place accessible cots in several sections of the sleeping area so that individuals who need them such as use a wheelchair, scooter, or other mobility aid user will be able to sleep near their family or other companions. See Note 4

Yes	No	In Process & Comments	Item
			<p data-bbox="739 342 2003 521">An accessible route is needed to provide access to each accessible cot and a clear space of at least 36 inches wide is needed along the side of the cot to make it possible to transfer between the mobility device and the cot. A preferred location for accessible cots is to have one side against a wall. This helps to stabilize the cot and the wall can act as a backrest when the person sits up on the cot.* See Note 4</p>  

Yes	No	In Process & Comments	Item
			Set up private areas, when possible, for:
			<input type="checkbox"/> Personal hygiene needs like
			<input type="checkbox"/> Catheter care
			<input type="checkbox"/> Hygiene, bowel or bladder care
			<input type="checkbox"/> People with asthma, chemical sensitivities or allergies, weakened immune systems (for example, people with AIDS, diabetes or those undergoing chemotherapy, etc.
			<input type="checkbox"/> Intake, disaster assistance and social services counseling
			<input type="checkbox"/> Child care: space for children to play away from other residents or while residents work with recovery assistance programs
			<input type="checkbox"/> Residents who for safety or health reason cannot be near service animals
			<input type="checkbox"/> Residents needing close supervision or monitoring by a family member or attendant, this includes people with significant mental limitations, autism, confusion, and Alzheimer's.
			If private rooms are not available use tenting, fabric, plastic sheets, etc.
			Arrange space so that people can move freely within the building.
			Ensure that the canteen and feeding area are accessible.
			Place a table with paper cups adjacent to any inaccessible water fountains.
Registration / Assessment			
			Use line management to help residents unable to stand in long lines. Create a shorter line or allow these people the opportunity to go first.

Yes	No	In Process & Comments	Item
			Give priority access to shelters with electricity to individuals who require power to maintain or operate life-sustaining medical devices, motorized wheelchairs, and for preservation of certain medications, such as insulin requiring refrigeration.
			Set up the registration area to include a private area, when possible, and use as needed.
			Use “ Initial Intake Assessment Tool (IIAT) ” to identify essential unmet functional needs. This includes a series of questions to ask incoming evacuees that helps to determine if there are any unmet essential functional needs that need attention to help people maintain their health, safety, emotional stability mobility and successfully manage in mass shelters and other temporary housing options. (See Appendix A).
Independence and Health Issues			
			Track and address feeding, essential medications, DME, CMS , and personal assistant needs of people with disabilities who, due to the need for increased accessibility, are sheltered in hotels.
			Permit entrance and exit 24 hours a day by personal attendants even if they are not registered residents at the shelter.
			Check all public areas at least three times per day to insure walkways and other features are clear of barriers and obstacles (cords, boxes, trash, etc.)
			<input type="checkbox"/> Tape all extension cords and cables down to avoid tripping hazards.
			Put a process in place to meet requests for essential medications, durable medical equipment (DME) and consumable medical supplies (CMS) .
			Permit entrance and exit, 24 hours per day, by personal care attendants even if they are not registered residents at the shelter.

Yes	No	In Process & Comments	Item
			Provide resources for keeping essential medications cold.
			Work as partners with community based organizations and Functional Assessment Service Teams (FAST) to identify and meet the essential needs of at-risk populations.
			Accommodate service and companion animals that accompany residents.
			<input type="checkbox"/> Ensure that people with disabilities using service animals or emotional support animals are not separated from them, even if pets are normally prohibited in shelters.
			<input type="checkbox"/> Create and offer space closer to exits for these residents so they can easily take their animals outside as needed.
			Encourage residents, when possible, to keep their valuables (such as stock certificates, money, jewelry, iPods, laptops, etc.) in a safe location outside of the shelter setting.
			<input type="checkbox"/> Remind people to avoid leaving valuable items (mobility aids, hearings aids, communication devices, etc.) unattended, as things can disappear in shelters.
Communication Access			
			Use multiple ways to communicate (verbally, in writing, signs, etc.) so that everyone can get important information such as shelter services, phone numbers, location and hours of operation of assistance centers and other resources.
			<input type="checkbox"/> Update this information throughout the day.
			Make audio announcements available visually by posting contents of announcements on an information board in specified shelter areas as well as in languages used by all residents.
			Create clearly designated areas in shelters where oral announcements are visually posted or projected.
			Announce all posted information.
			Make qualified sign language interpreters (or video remote interpreting VRI) available at designated times. See Note 5

Yes	No	In Process & Comments	Item
			<p>Remind the media to include the interpreter in the camera frame, when qualified sign language interpreters are present during press conferences. This allows TV viewers who also rely on interpreters to access the information.</p> 
			<p>Use phone-based interpreter services and Telecommunications Relay Services for those with hearing loss, speech disabilities, and for people, who do not speak English, use over the phone interpretation services when language interpreters are not available but phone service is. See Note 6</p>
			<p>Remind the suppliers, when emergency telephone trailers or communication equipment are made available, to ensure the equipment is accessible to wheelchair users, TTY users, e-mail users and people using a variety of wireless devices.</p>
			<p>Turn captions on for all televisions used by the public.</p>
			<p>Read, on request, printed information to people who cannot read.</p>

Notes:

Note 1 - Wheelchair accessible buses and vans are needed to transport people who use wheelchairs, scooters, or other mobility aids.

Note 2 - Re-stripe parking spaces using tape in order to add more accessible spaces. (If the facility does not have adequate accessible parking spaces to accommodate the number of participants expected, then spaces can be temporarily marked with tape to designate the wider parking space size and temporary signs can be posted. In addition, temporary accessible parking spaces can be designated on streets or where parallel parking exists, as long as there is a driveway or curb cut which allows a person with a disability to exit on the street side and get up the curb.)*

Note 3 - Back-up power is needed to provide refrigeration of medicines, operation of supplemental oxygen and breathing devices, and for charging the batteries of power wheelchairs and scooters. Individuals whose medications (certain types of insulin, for example) require refrigeration need to know if a shelter provides supplemental power for refrigerators or ice-packed coolers. Individuals who use support systems, such as supplemental oxygen, or who require periodic breathing treatments using powered devices rely on a stable source of electricity. These individuals must have access to electric power from a generator or other source of electricity while at a shelter.



Note 4 - Accessible cots are designed for easier transfer from a wheelchair and are generally easier to access for people with mobility limitations. These cots are typically higher, wider (approximately 32" W x 84" L x 18" H) and have a higher weight capacities (450 pounds and above) than standard cots. There are several different versions available with a variety of different features.

Note 5 - Qualified Interpreter -An individual who interprets effectively, accurately, and impartially, both receptively and expressively, between American Sign Language and spoken English. Preferably has certification from the Registry of Interpreters for the Deaf. Videophone Remote Interpreting is a system that uses a sign language interpreter at a call center to interpret between sign language users and non-sign language users through video-conferencing equipment. the hearing and deaf parties can be present in the same room.

Note 6 - Telecommunications Relay Services (TRS) use operators to facilitate telephone calls between people with hearing and speech disabilities and other individuals. Relay services allow individuals who use TTYs to communicate by telephone with people who use voice telephones. A third person, called a communications assistant, reads what the TTY user types to the voice telephone user and types what the voice telephone user says to the TTY user. When you call someone using TRS, use a TTY, or dial 711 on your telephone, and you will automatically be connected to a TRS operator.

Speech-to-Speech Relay Service – is a form of Relay Services that provide Communications Assistants (CAs) for people with speech disabilities, including those who use speech generating devices, who have difficulty being understood on the phone. CAs have strong language recognition skills and are trained individuals familiar with many different speech patterns. The CA makes the call and repeats the words exactly.

References

From U.S. Department of Justice, Civil Rights Division, Disability Rights Section:

[ADA Best Practices Tool Kit for State and Local Governments](#) (Chapter 7) last accessed 01/3/09, July 26, 2007, includes:

- Emergency Management under Title II of the ADA
- ADA and Emergency Shelters: Access for All in Emergencies and Disasters
- ADA Checklist for Emergency Shelters

[An ADA Guide for Local Governments - Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities](#), last accessed 01/3/09

[Comprehensive Preparedness Guide 301: Special Needs Planning](#)

Interim Emergency Management Planning Guide for Special Needs Populations

Version 1.0 (August 15, 2008), last accessed 01/6/09

([PDF](#) 302KB, [TXT](#) 170KB)

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
Date/Time: _____ Shelter Name/City/State: _____		DRO Name/#: _____	
Family Last Name: _____		Does the family need language assistance/interpreter?: _____	
Primary language spoken in home: _____		Names/ages/genders of all family members present: _____	
If alone and under 18, location of next of kin/parent/guardian: _____		If unknown, notify shelter manager & interviewer initial here: _____	
Home Address: _____			
Client Contact Number: _____		Interviewer Name (print name): _____	
INITIAL INTAKE	Circle	Actions to be taken	Include ONLY name of affected family member
1. Do you need assistance hearing me?	YES / NO	If Yes, consult with Disaster Health Services (HS).	
2. Will you need assistance with understanding or answering these questions?	YES / NO	If Yes, notify shelter manager and refer to HS.	
3. Do you have a medical or health concern or need right now?	YES / NO	If Yes, stop interview and refer to HS immediately. If life threatening, call 911.	
4. Observation for the Interviewer: Does the client appear to be overwhelmed, disoriented, agitated, or a threat to self or others?	YES/NO	If life threatening, call 911. If yes, or unsure, refer immediately to HS or Disaster Mental Health (DMH).	
5. Do you need medicine, equipment or electricity to operate medical equipment or other items for daily living?	YES / NO	If Yes, refer to HS.	
6. Do you normally need a caregiver, personal assistant, or service animal?	YES / NO	If Yes, ask next question. If No, skip next question.	
7. Is your caregiver, personal assistant, or service animal inaccessible?	YES / NO	If Yes, circle which one and refer to HS.	
8. Do you have any severe environmental, food, or medication allergies?	YES / NO	If Yes, refer to HS.	
9. Question to Interviewer: Would this person benefit from a more detailed health or mental health assessment?	YES / NO	If Yes, refer to HS or DMH.	*If client is uncertain or unsure of answer to any question, refer to HS or DMH for more in-depth evaluation.
STOP STOP		REFER to: HS Yes <input type="checkbox"/> No <input type="checkbox"/> DMH Yes <input type="checkbox"/> No <input type="checkbox"/>	Interviewer Initial _____
DISASTER HEALTH SERVICES/DISASTER MENTAL HEALTH ASSESSMENT FOLLOW-UP			
ASSISTANCE AND SUPPORT INFORMATION	Circle	Actions to be taken	Comments
Have you been hospitalized or under the care of a physician in the past month?	YES / NO	If Yes, list reason.	
Do you have a condition that requires any special medical equipment/supplies? (Epi-pen, diabetes supplies, respirator, oxygen, dialysis, ostomy supplies, etc.)	YES / NO	If Yes, list potential sources if available.	
Are you presently receiving any benefits (Medicare/Medicaid) or do you have other health insurance coverage?	YES / NO	If Yes, list type and benefit number(s) if available.	
MEDICATIONS	Circle	Actions to be taken	Comments
Do you take any medication(s) regularly?	YES / NO	If No, skip to the questions regarding hearing.	
When did you last take your medication?		Date/Time.	
When are you due for your next dose?		Date/Time.	
Do you have the medications with you?	YES / NO	If No, identify medications and process for replacement.	

INITIAL INTAKE AND ASSESSMENT TOOL - AMERICAN RED CROSS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES			
HEARING	Circle	Actions to be taken	Comments
Do you use a hearing aid and do you have it with you?	YES / NO	If Yes to either, ask the next two questions. If No, skip next two questions.	
Is the hearing aid working?	YES / NO	If No, identify potential resources for replacement.	
Do you need a battery?	YES / NO	If Yes, identify potential resources for replacement.	
Do you need a sign language interpreter?	YES / NO	If Yes, identify potential resources in conjunction with shelter manager.	
How do you best communicate with others?		Sign language? Lip read? Use a TTY? Other (explain).	
VISION/SIGHT	Circle	Actions to be taken	Comments
Do you wear prescription glasses and do you have them with you?	YES / NO	If Yes to either, ask next question. If No, skip the next question.	
Do you have difficulty seeing, even with glasses?	YES / NO	If No, skip the remaining Vision/Sight questions and go to Activities of Daily Living section.	
Do you use a white cane?	YES / NO	If Yes, ask next question. If No, skip the next question.	
Do you have your white cane with you?	YES / NO	If No, identify potential resources for replacement.	
Do you need assistance getting around, even with your white cane?	YES / NO	If Yes, collaborate with HS and shelter manager.	
ACTIVITIES OF DAILY LIVING	Circle	Ask all questions in category.	Comments
Do you need help getting dressed, bathing, eating, toileting?	YES / NO	If Yes, specify and explain.	
Do you have a family member, friend or caregiver with you to help with these activities?	YES / NO	If No, consult shelter manager to determine if general population shelter is appropriate.	
Do you need help moving around or getting in and out of bed?	YES / NO	If Yes, explain.	
Do you rely on a mobility device such as a cane, walker, wheelchair or transfer board?	YES / NO	If No, skip the next question. If Yes, list.	
Do you have the mobility device/equipment with you?	YES / NO	If No, identify potential resources for replacement.	
NUTRITION	Circle	Actions to be taken	Comments
Do you wear dentures and do you have them with you?	YES / NO	If needed, identify potential resources for replacement.	
Are you on any special diet?	YES / NO	If Yes, list special diet and notify feeding staff.	
Do you have any allergies to food?	YES / NO	If Yes, list allergies and notify feeding staff.	
IMPORTANT! HS/DMH INTERVIEWER EVALUATION			
Question to Interviewer: Has the person been able to express his/her needs and make choices?	YES / NO	If No or uncertain, consult with HS, DMH and shelter manager.	
Question to Interviewer: Can this shelter provide the assistance and support needed?	YES / NO	If No, collaborate with HS and shelter manager on alternative sheltering options.	
NAME OF PERSON COLLECTING INFORMATION:	HS/ DMH Signature:		Date:

This following information is only relevant for interviews conducted at HHS medical facilities: Federal agencies conducting or sponsoring collections of information by use of these tools, so long as these tools are used in the provision of treatment or clinical examination, are exempt from the Paperwork Reduction Act under 5 C.F.R. 1320.3(b)(5).

The authority for collecting this information is 42 USC 3006h-11(b) (4). Your disclosure of this information is voluntary. The principal purpose of this collection is to appropriately treat, or provide assistance to, you. The primary routine uses of the information provided include disclosure to agency contractors who are performing a service related to this collection, to medical facilities, non-agency healthcare workers, and to other federal agencies to facilitate treatment and assistance, and to the Justice Department in the event of litigation. Providing the information requested will assist us in properly triaging you or providing assistance to you.

American Red Cross

Disaster Services Program Guidance

Instructions for Use of the
American Red Cross–Health and Human Services
Initial Intake and Assessment Tool
June 20, 2008

Purpose

The main purpose of the *Initial Intake and Assessment Tool* is to enable Red Cross staff to decide if simple accommodations can be provided that will enable individuals to stay in general population shelters. The secondary purpose is to ensure proper and safe placement of those clients with medical or functional needs beyond the scope and expertise of care offered in Red Cross shelters. The Red Cross, and its partner, the U.S. Department of Health and Human Services (HHS), are determined to maximize the use of this tool in order to minimize stress and emphasize the safety and well-being of those we serve during times of disaster.

Top Section of the Tool

Shelter workers meet with clients and legibly record pertinent information in the top of the tool and questions 1 through 9. The remaining questions are only to be filled out by Disaster Health Services (HS) and Disaster Mental Health (DMH) workers. Only *one form* is used for *each family*[#]. Questions in the early part of the tool are designed to identify language barriers, separated families and other important information to be passed onto the shelter manager. The top section of the tool asks for basic demographic information in addition to:

- DRO stands for Disaster Relief Operation (enter name and number of DRO)
- List *all* of the names of the family members in the shelter
- The shelter worker initials that he/she has notified the shelter manager when a child under the age of 18 is unaccompanied in the shelter

Questions 1 - 9

The shelter worker asks the head of the family the first nine “yes/no” questions, except for questions 4 and 9 which are questions to the interviewer. You should not ask the client questions 4 and 9. All 9 questions pertain to all family members listed on the form. Where there is a “yes” answer, the worker notes ONLY the name of the relevant family member, discontinues the interview and refers the client to HS or DMH. **(Do not write confidential information anywhere in the first 9 questions!)** Only HS and/or DMH, *in conjunction* with the shelter manager, will make decisions regarding shelter accommodation.

If there is a need for a language interpreter or if the client needs assistance in understanding or answering the questions, end the interview and contact the shelter manager. Questions 3, 4 and 9 refer to emergency situations and/or urgent referrals to HS or DMH.

[#] Although the intake tool is designed for the entire family, there could be a need to use more than one form if the family has several individuals with different needs.

American Red Cross Instructions for Use of the ARC – HHS *Initial Intake and Assessment Tool*

Question 3: In cases of illness or emergency do not continue the interview. A call to 911 must be made in any life-threatening emergency (such as chest pain, heavy bleeding or multiple injuries. HS will take over at this point). If the client has an illness, medical condition, or if you are unsure or confused as to the client's answer to question 3, refer to HS or DMH immediately. Escort the client to HS or DMH when necessary and hand the HS/DMH worker the tool. (*Do not give the tool to the client*)

Observation 4: This is NOT a question to the client. Document your observation as the interviewer. If the client appears to be a threat to self or others, call 911. If you answer "yes" to observation 4 or are unsure, refer immediately to DMH or HS.

Question 9: This is NOT a question to the client. Refer the client to HS or DMH if you think the client would benefit from a more detailed health or mental health assessment or if the client is unsure or confused about any of his/her answers.

STOP the Interview

Place your initials on the tool and indicate whether you've referred the client to HS or DMH. Do not answer any questions beyond this point (they are for HS and DMH workers only). If you answered "no" to all questions, attach the intake tool to the shelter registration form. If you answered "yes" to any questions or were unsure, refer the client to HS or DMH.

Where to Put the Initial Intake and Assessment Tool

If you answered "no" to all of the first 9 questions and were sure the client did not need a referral to HS or DMH, then attach the tool to the shelter registration form. If you answered "yes" or were unsure as to any question and referred the client to HS or DMH, the HS or DMH worker will attach the tool to the Client Health Record (F2077). (*Do not give the tool to the client*).

FOR HS and DMH ONLY

Pre-existing conditions, both physical and psychological, are frequently exacerbated during times of extreme stress. HS and DMH workers should be aware of the potential for a client to decompensate or decline in health. Previously healthy individuals may have new medical/mental health needs due to the disaster.

- Once a client has been referred to HS/DMH, **all information is confidential** and will only be seen by licensed health care providers. Initiate a *Client Health Record (F2077)* for the client and attach the tool.
- In situations where a client has both physical and psychological concerns, he/she should be seen by both a DMH and an HS worker.

Questions?

If you have any questions or concerns about using this form contact your supervisor and/or a Disaster Health Services or Disaster Mental Health worker.

Required citation:

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