

INSTRUCTIONS FOR REQUESTING SPACE IN STATE EVACUATION SHELTERS (SESs)

Due to the current situation of COVID in New Jersey, shelter space is extremely limited and will need to be more controlled and managed than in previous events. This will help to ensure that displaced persons are appropriately sheltered and cared for while maintaining physical distancing considerations and protecting emergency responders and shelter teams.

In the event that an incident or disaster rises to the level that **Phase 3- State Evacuation Shelters (SES)** are opened, strict adherence to the following process will be required to place displaced members of our communities from Local and County jurisdictions that are overwhelmed with evacuees.

This process relies on the assumption that Counties: 1) are encouraging evacuees to find their own "Place to Go;" and 2) will support municipalities, exhausting all options, to open and fill both congregate and non-congregate shelters to support their residents (this would be Phase 1 and 2 of the State Shelter Strategy) prior to requesting space at an SES.

Additionally, NJESF 6 will be utilizing a "virtual" Reception Center to minimize the transportation needs of the evacuees, minimize the unnecessary contact between evacuees with other groups and more efficiently place evacuees at the numerous sheltering options that will be employed.

Process for requesting space at an SES:

1. **Request for space in an SES by a municipality or county can ONLY be processed and submitted by a County Office of Emergency Management.** County OEMs, working with their municipalities, will develop shelter placement requests for individuals, families or groups requesting to shelter together. Information should include:
 - a. Sending County
 - b. "Head of Household (HOH)" representing group
 - c. Total number in group needing shelter
 - d. HOH cell phone number
 - e. Pre-disaster address, City, State
 - f. Special accommodations needed (number of individuals and type)
 - g. Pets (number and type)
2. Two forms have been developed to streamline these requests and ensure the information needed by NJESF 6 is provided (attached and under separate cover).
 - a. Request for Shelter- Family: this is an editable PDF to be used for individual groups or families, generally traveling with their own transportation. Once the form is completed hit the "Submit" button at the top and it will be automatically emailed the NJESF 6 desk at the State Emergency Operations Center (SEOC)
 - b. Request for Shelter- Bus: This form can be utilized when employing some level of mass transit to evacuate persons out of an impacted area. It is an Excel spreadsheet that can be completed and transmitted by email to the NJESF 6 desk at the SEOC.
eocesf6@njsp.org
3. County OEMs will make an ETeam entry indicating SES space was requested for "XX" amount of people from the respective county.
4. NJESF6 Lead will assign placement of evacuees, in either congregate or non-congregate shelter, and will relay the assignment information back to the County OEM.

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5. **County OEMs will NOT dispatch evacuees to a shelter location until the assignment has been confirmed by NJESF 6.** Evacuees arriving at a shelter, or perceived shelter, who have not been assigned to that site will be turned back until they have been assigned space. Shelter space will be limited and COVID shelter capacities are approximately 20% of non-COVID capacities. NJESF 6 will be assigning shelter locations based on the availability of space and the appropriate resources at the site.
6. County OEMs will arrange transportation and physical placement of evacuees. Note: This may occur with support of NJESF6 and NJESF1.

Any questions or concerns should be directed to the NJESF 6 desk at the SEOC.

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Request for Shelter- Family (Available as an editable PDF)

ESF6 Desk: (609) 963-7785

Email: EOCESF6@njsp.org

Submit

Request for SES Shelter Space

Requesting County:

Request Date: Request Time:

Head of Household (HOH)/Group Leader: Total # in Party:

HOH/Lead Cell Phone:

Pre-Disaster Address: City:

in Party Requesting Special Need:

Special Need Type (ex:
ADA Room):

Pets #: Dogs Large: Medium: Small: Cats: Other:

If other, please describe:

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ESF 6 Use Only:

Received: Completed: Initials:
(Date/Time) (Date/Time)

Placement Location:
(Facility/City)

Arrival Date/Time: Departure Date/Time:

Total Nights:

Request for Shelter- Bus (Available as an Excel Spreadsheet)

August 10, 2020