

STATE EMERGENCY RESPONSE TEAM
ESF 6 AND SERT PARTNERS
2026 UNIFIED SHELTER PLAN





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I. INTRODUCTION

This Shelter Plan updates and modernizes Florida's statewide sheltering framework based on current operational realities, lessons learned, and system enhancements implemented since the plan was last formally published in 2019. While informed by prior shelter plans, this document reflects the continued evolution of sheltering operations, state support capabilities, partner coordination, and survivor support models across Florida.

This plan is maintained by Emergency Support Function 6 (ESF 6) Mass Care, led by the Florida Department of Children and Families, which coordinates general population sheltering, response phase non-congregate sheltering, feeding, emergency assistance, and related human services at the state level when activated for an emergency. However, sheltering in Florida is not carried out by one agency alone. It is a coordinated state, local, nonprofit, and private sector effort that depends on many agencies and partners coming together to support Florida's residents and visitors during emergencies. At the state level, this plan reflects the important role of the FDEM Human Services Branch, which provides coordination and support to ESF 6 and to the broader Human Services Branch system of care. The Human Services Branch helps align sheltering, mass care, volunteers and donations, animal and agricultural issues, recovery coordination, and other survivor support functions so that sheltering needs are understood within the larger response and recovery operation.

This plan also recognizes the essential role of partner ESFs and state agencies. Specifically:

- Emergency Support Function 8 (ESF 8) Public Health and Medical Services, led by the Florida Department of Health, in Special Needs Shelter coordination, health related shelter support, and medical considerations that intersect with general population sheltering.
- Emergency Support Function 15 (ESF 15) Volunteers and Donations, led by Volunteer Florida, supports volunteer coordination, donated goods management, VOAD coordination, and connection to nonprofit partners that assist survivors during extended shelter operations and transition periods.
- Emergency Support Function 17 (ESF 17) Animal and Agricultural Issues, led by the Florida Department of Agriculture and Consumer Services, supports pet friendly sheltering, animal response resources, and service animal considerations.
- The Agency for Persons with Disabilities, operating under ESF 6, for its role in supporting access and functional needs integration and promoting use of the CMIST framework across shelter operations.

The sheltering system also relies on major operational support from partners that may not be featured in every section of this plan but are critical to successful shelter operations. This includes FDEM Logistics and other SERT support elements that help move resources, equipment, commodities, generators, trailers, fuel, and other assets needed to establish and sustain shelters. It also includes ESF 6 and ESF 15 nonprofit partners, feeding partners, community organizations, and private sector partners that provide staffing, supplies, feeding, casework, crisis counseling and behavioral health services, medical, and other services to shelter residents.

Finally, this plan reflects coordination with FDEM Recovery and the Individual Assistance program, which supports shelter resident transition, Transitional Sheltering Assistance, recovery focused non-congregate sheltering, and longer-term housing as sheltering operations move from response into recovery. Together, these agencies and partners form the statewide sheltering system described in this plan.

This plan is meant to be a living document which is responsive to changes in emergency management and the system of care at large. However, the intent is to provide a clear framework for coordination, role clarity, state support, and continuous improvement so Florida can better support people from initial evacuation through shelter transition and recovery.



II. FLORIDA SHELTERING SYSTEM OVERVIEW

A. Purpose and Scope of the Sheltering System

The purpose of Florida's sheltering system is to provide coordinated, timely, and effective sheltering support to individuals and families displaced or affected by disasters, while protecting people and their pets. The sheltering system is designed to support the full life cycle of sheltering operations, from evacuation and immediate life safety sheltering, through sustained shelter operations, and into transition and recovery focused housing solutions. Florida's sheltering system relies on the integration of local, state, non-governmental, and private sector capabilities into a unified framework that supports effective shelter operations and facilitates timely transition to recovery.

Consistent with the emergency management principle that disaster response is locally executed, state managed, and federally supported, public sheltering in Florida is generally initiated and coordinated at the county level under Chapter 252, Florida Statutes, applicable executive orders, and state and local comprehensive emergency management plans. Special needs sheltering is additionally governed by section 381.0303, Florida Statutes. Counties coordinate the identification and use of local shelter facilities, determine when county-coordinated shelters open and close, and work with local partners to meet community needs. The State supports county and partner shelter operations when requested and may coordinate state-supported operations or establish state-managed shelters when local capabilities or shelter capacity are insufficient, regional or recovery sheltering is needed, or incident conditions require centralized state management. Although Florida's large-scale sheltering operations have historically been driven primarily by hurricanes, the sheltering system is designed to scale across a broad range of incidents and operational contexts. It may support notice and no-notice events, localized incidents, and large-scale or catastrophic disasters affecting one or more jurisdictions. Depending on the incident, sheltering operations may include general population, special needs, and non-congregate sheltering; pet-friendly shelter arrangements; and supporting functions such as feeding, transportation, access and functional needs support, shelter transition, and demobilization.

Florida's sheltering system relies on coordination among local, state, non-governmental, and private sector capabilities. These capabilities may be activated independently or in combination depending on the incident, available resources, shelter demand, survivor needs, and operational conditions. The sheltering system must remain flexible because shelter populations, facility availability, staffing levels, transportation needs, and resource requirements may change quickly during an incident.

A guiding operational philosophy of Florida's sheltering system is that shelter operations should support people in communication, maintaining health, independence, safety, and access to needed transportation services while they are sheltering during an incident. To support this approach, shelter planning and operations use the CMIST framework, which stands for Communication, Maintaining Health, Independence, Support and Safety, and Transportation. CMIST helps shelter operators and support partners consider functional needs related to accessible communication, medication and health maintenance, durable medical equipment, caregiver or personal assistance needs, transportation, supervision, and other supports that may be needed for individuals to safely use and remain in a shelter setting. CMIST applies across the sheltering system, including general population shelters, special needs shelters, non-congregate sheltering, transportation support, shelter transition, and demobilization planning. The framework is not limited to any shelter type or team. It serves as a common planning tool to help ensure shelter operations are accessible, responsive, and coordinated.

Planning for sheltering operations is based on several key operational assumptions. Individuals may arrive at shelters without essential supplies, medications, medical equipment, documentation, or other items needed to maintain health, safety, and independence. Survivors may evacuate with household pets or service animals, requiring appropriate sheltering arrangements and coordination. Infrastructure damage, transportation disruptions, debris, staffing shortages, and supply chain constraints may delay or complicate shelter activation and sustainment. The sheltering system further assumes that larger or catastrophic incidents may exceed the capacity of any single agency or organization, requiring coordinated support and prioritization of limited resources. Shelter demand may change



rapidly as conditions evolve, and state resources may require time to mobilize and become fully operational. Staffing availability may also be affected by the disaster itself, particularly when the incident affects a broad geographic area.

B. Sheltering System Components

This section defines Florida's sheltering programs, facility types, facility modifiers, management models, teams, and support operations.

Shelter Programs

Sheltering programs describe the type of sheltering support provided to individuals and families, based on their needs and the operational context.

General Population Sheltering: General Population Sheltering describes congregate shelters intended to support the broader public, providing sheltering for individuals and families who are unable to remain in their homes or relocate to alternate accommodation before, during, or after an incident. General population shelters do not replace Special Needs Shelters, hospitals, skilled nursing facilities, or long-term care facilities, but may include limited health and medical support, access and functional needs support, and shelter transition services depending on the shelter model and resident needs.

Special Needs Sheltering: Special Needs Sheltering provides sheltering support for individuals who have physical, medical, mental, cognitive, sensory, or functional needs that cannot be safely supported in a general population shelter. This program is intended for individuals who require a higher level of support to maintain health, safety, independence, or basic medical stability during an incident, including individuals who rely on power, medical equipment, require basic health monitoring, need assistance with activities of daily living, or require additional supervision or support. Special Needs Sheltering is coordinated through state ESF 8, local health departments, local emergency management, and appropriate medical and support partners.

Non-Congregate Sheltering: Non-Congregate Sheltering provides sheltering in settings that offer increased privacy and reduced congregate conditions when congregate sheltering is unavailable, insufficient, or inappropriate. Non-congregate sheltering may be used during response to address immediate sheltering needs or during transition phases to reduce reliance on congregate shelters and support movement toward longer-term housing solutions.

Shelter Facility Types

Shelter facility types describe how shelters are positioned and used within the lifecycle of an incident.

Evacuation/Risk Shelters: General Population Shelters opened prior to or immediately following an incident focusing on life safety and short-term sheltering needs.

Host Shelter: General Population Shelters opened in jurisdictions outside of the impacted area to receive evacuees from affected counties or regions. Host shelters support population movement away from high-risk or damaged areas.

Regional Shelters: General Population Shelters that are pre-identified or established to serve evacuees from multiple counties, jurisdictions, or regions. Regional shelters are typically located in facilities with sufficient capacity, resiliency, and supporting infrastructure to receive larger populations during major evacuation or displacement events. These shelters may support evacuees from surrounding or sending jurisdictions and are intended to reduce pressure on local sheltering systems when shelter demand exceeds the capacity or availability of county-level shelters.

Recovery Shelters: General Population Shelters opened to support the transition to recovery. Recovery shelters include longer-duration sheltering operations and serve populations that cannot immediately return home or relocate to alternate housing.



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Special Needs Shelters: Special Needs Sheltering facilities opened to support individuals with medical or functional needs requiring enhanced care or supervision.

Non-Congregate Shelter: Non-Congregate Shelters are facilities or accommodations that do not involve large congregate living environments. Non-congregate sheltering may include the use of hotels, homes, mobile homes, or other facilities that provide increased privacy and reduced density. These shelters may be utilized when congregate sheltering is insufficient, impractical, or inappropriate due to population needs or operational considerations.

Shelter Facility Modifiers

Shelter facility modifiers describe additional features or operational characteristics that may apply to a shelter facility type.

Pet-Friendly Shelters: Pet-Friendly Shelters accommodate households evacuating with household pets and include coordination for appropriate animal sheltering, supplies, and care. Service animals should remain with their handlers in accordance with applicable law and shelter accessibility requirements.

Co-Located Shelters: State-managed shelter operations that combine general population sheltering with enhanced health, functional, or supervision support within the same facility or campus. These shelters may support individuals transitioning out of Special Needs Shelters who no longer require a county Special Needs Shelter setting but still need additional support to safely remain in a congregate shelter environment.

Shelter Management Models

Shelter management and support models describe who is responsible for day-to-day shelter management and which agencies or partners provide support. The model may change over the course of an incident as shelter operations expand, consolidate, transition, or demobilize. State support may be provided to shelter operators regardless of management model based on operational needs, resource availability, and survivor needs.

Note: These models apply primarily to general population shelters; Special Needs Shelters are generally managed locally through county health departments and local emergency management, with coordination and support from ESF 8 and state health and medical partners.

County Managed Shelter: A County Managed Shelter is operated under the direction of the county or local jurisdiction. The county is responsible for shelter opening decisions, facility coordination, local staffing, resident support, local security coordination, shelter reporting, and operational decision making.

American Red Cross Managed, County Supported Shelter: An American Red Cross Managed, County Supported Shelter is operated by the American Red Cross in coordination with the county. In this model, the American Red Cross provides day to day shelter management and shelter staffing based on its operating procedures and available capabilities. The county supports the operation through facility coordination, local emergency management coordination, local security coordination, public information, transportation support, resource requests, and other local assistance as needed.

American Red Cross Managed, State Supported Shelter: An American Red Cross Managed, State Supported Shelter is operated by the American Red Cross, with additional support provided or coordinated by the State. The American Red Cross maintains day-to-day shelter management and shelter staffing based on its operating procedures and available capabilities, while ESF 6 coordinates state support to help sustain or expand the operation based on operational needs, resource availability, survivor needs, incident complexity, and requested assistance.

County Managed, State Supported Shelter: A County Managed, State Supported Shelter is operated by the county, with additional support provided or coordinated by the State. The county remains responsible for day-to-day shelter management, while ESF 6 and partner agencies coordinate state support based on operational needs, resource availability, survivor needs, incident complexity, and requested assistance.



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State Managed Shelter: A State Managed Shelter is a shelter operation where the State assumes primary responsibility for coordinating day-to-day shelter operations. State managed shelters may be used when local capacity is exceeded, when a regional or recovery shelter is needed, when a co-located shelter model is established, or when operational conditions require a centralized state managed sheltering model. In this model, ESF 6 coordinates with the Human Services Branch, FDEM, the host county, facility owner, partner ESFs, vendors, the American Red Cross when applicable, and other support entities to provide staffing, feeding, supplies, transportation, health and medical support, safety, information management, and shelter transition activities. State managed shelters may be staffed and operated directly through state coordinated resources, a contracted staff augmentation vendor, the American Red Cross, or a combination of these resources, while remaining under state management.

Sheltering System Teams

Sheltering system teams are specialized teams or groups that may be activated to support shelter operations, address specific survivor needs, and assist counties or shelter operators with technical, operational, or transition-related support.

Multi-Agency Shelter Transition Teams (MASTT): Multi-Agency Shelter Transition Teams support the transition of individuals and families out of congregate sheltering and into appropriate post-shelter arrangements. MASTT may assist with survivor interviews, identification of barriers to shelter exit, connection to available benefits and services, coordination with housing and human services partners, transportation planning, reunification, and referrals to recovery resources.

Access and Functional Needs / ADA Compliance Teams: Access and Functional Needs and ADA Compliance Teams support shelter operators in identifying and addressing barriers that may affect individuals with disabilities and others with access or functional needs. These teams may also be referred to as Functional Assessment Service Teams, or FAST teams. Their work may include reviewing shelter accessibility, supporting CMIST-based assessments, identifying needs for durable medical equipment or functional support services, assisting with effective communication access, and recommending reasonable modifications to shelter operations.

Human Services Support Teams (HSST): Although not only meant to operate in shelters, Human Services Support Teams may be deployed to support counties and shelter operators with early identification of survivor needs, connection to human services resources, and coordination of state and partner assistance. HSSTs may assist with shelter assessments, unmet needs identification, and coordination with local emergency management. As shelter operations move from immediate response into transition and demobilization, HSSTs may support or transition into Multi-Agency Shelter Transition Team operations when appropriate.

Crisis Counseling and Community Stabilization Teams: Crisis Counseling and Community Stabilization Teams may be deployed to support shelter residents, evacuees, responders, and shelter staff experiencing emotional distress related to an incident. These teams may provide crisis counseling, emotional support, and behavioral health support. Teams may support shelters, reception centers, Lily Pads, MARCs, DRCs, or other survivor support sites as appropriate. These teams do not replace emergency medical care or clinical behavioral health treatment, but provide early support, stabilization, and referral for individuals who may need additional assistance.

State Agricultural Response Team (SART): The Florida State Agricultural Response Team supports pet-friendly shelters and may provide supplies, guidance, training or technical information, and partner coordination related to pet-friendly sheltering and animal care needs. SART includes 25 agencies and partner organizations that support animal and agricultural disaster response coordination through ESF 17. Please see <https://flsart.org/> for more information.

Comprehensive Assessment and Review for Long-Term Care Services (CARES) Teams: CARES Teams consist of Department of Elder Affairs personnel, including registered nurses and assessors, who perform long-term-care assessments and medical level-of-care determinations through the CARES Program. CARES Teams work primarily with ESF 8 to support discharge planning and transitions out of special needs shelters. When deployed to these



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shelters, CARES Teams may identify residents with potential long-term-care needs, provide information on available care options, and assist with patient discharge and transition to appropriate care settings.

Department of Elder Affairs Disaster Response Teams (DRTs): Department of Elder Affairs Disaster Response Teams are composed of designated Department personnel who may be deployed to shelters and other survivor-support locations to assist older adults and other individuals served through Florida's aging network. In shelters, DRTs may identify unmet needs, provide information and resource navigation, connect residents with Department programs, Area Agencies on Aging, Aging and Disability Resource Centers, and local service providers, and support MASTT transition activities for older adults

Shelter and Survivor Support Operations

Shelter and survivor support operations enable shelters to function safely and effectively and are integrated across all sheltering programs, shelter facility types, and shelter modifiers.

Transportation Support: Transportation support deployed by ESF 6 enables access to sheltering and related services before, during, and after an incident. This may include transportation to shelters during evacuation operations, movement between shelter locations, transportation from shelters to Multi-Agency Resource Centers, Disaster Recovery Centers, medical appointments, or other recovery-related services, and transportation assistance needed to support shelter transition activities.

Health and Medical Support: Health and medical support for general population and co-located shelters includes basic medical presence, health monitoring, first aid coordination, medication related support, and escalation to higher levels of care when needed. For state supported or state managed general population shelters, when able the State will coordinate medical staffing support as part of the shelter support model. This has included contracted nurses and may also include support from the Florida Association of Community Health Centers and other community medical partners. These resources are intended to help address routine health needs in general population and co-located shelters, support early identification of medical concerns, reduce unnecessary reliance on EMS resources, and coordinate appropriate referral or transfer when a resident requires care beyond what can be provided in a general population shelter. Health and medical support in general population shelters does not replace Special Needs Shelter operations, hospital care, or long-term care services.

Logistics and Shelter Supply Support: Logistics and shelter supply support includes the coordination, movement, and delivery of resources needed to establish, operate, and sustain shelter operations. This may include resources available through the FDEM Resource Catalog, such as restroom trailers, shower trailers, laundry trailers, generators, fuel, cots, blankets, and other shelter support equipment. It may also include state sheltering and mass care supplies held through the ESF 6 food bank network, including water, shelf-stable meals, food boxes, hygiene supplies, baby supplies, senior supplies, cleanup supplies, and other commodities needed to support shelter residents and shelter operations.

Feeding Operations: Feeding operations provide meals, water, and essential commodities to shelter residents and, when required, affected populations outside of shelter settings. Feeding support may include shelf-stable meals, hot meals, packaged meals, water, snacks, and other food resources coordinated to meet the needs of the shelter population.

Lily Pad Support: Lily Pad support includes coordination with the SERT Air Operations Branch and other response partners to support temporary survivor collection or transfer points established during rescue, evacuation, or post-impact movement operations. Lily Pads are not intended to function as shelters, but may serve as short-term safe locations where individuals are moved out of harm's way before being transported to a reception center, general population shelter, special needs shelter, non-congregate sheltering option, or other appropriate destination. ESF 6 may support Lily Pad operations by coordinating food, water, basic mass care supplies, transportation connections, shelter placement information, access and functional needs considerations, pet-related coordination with ESF 17, and referral to health, medical, or behavioral health support when needed.



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Special Needs Registry: The Special Needs Registry is a planning and coordination tool used to identify individuals who may need assistance with evacuation, transportation, or sheltering during an emergency. Registry information supports local planning for Special Needs Shelters, transportation resources, wellness checks, and coordination with ESF 8, local health departments, and other support partners. Registration does not guarantee transportation, shelter placement, or specific services, but helps counties and response partners better understand potential needs and plan appropriate support before and during an incident.

Pet Shelter Support: Pet Shelter Support includes coordination of resources, supplies, technical assistance, and animal response support for pet-friendly shelter operations. ESF 17 coordinates state support for animal and agricultural issues, including coordination with the Florida State Agricultural Response Team (SART) when requested and available. When needs exceed local capability, counties may request applicable animal and agricultural resources through State ESF 17/FDACS. Additional information on sheltering support, equipment, and request procedures is available through Florida SART's [Pet Sheltering](#) Resources and [Equipment Request](#) pages, as well as the FDEM Requestable Resource Catalog.

Shelter Safety Support: Shelter safety support includes coordination needed to maintain a safe and orderly shelter environment. In county-operated shelters, security remains the responsibility of the county or local jurisdiction. When requested and when resources are available, the State may provide supplemental support, including private security, to assist with shelter operations or protect state-deployed resources, FDEM-deployed equipment, commodities, trailers, generators, or other assets. For state-supported or state managed shelters, security needs will be assessed as part of shelter planning and may include private security, law enforcement coordination, access control, and other measures necessary to protect shelter residents, staff, volunteers, animals, property, and deployed resources.

Shelter Information Management: Shelter information management includes the collection, verification, reporting, and sharing of shelter information to support situational awareness and public messaging. The WebEOC Shelter Board serves as the primary statewide tool for tracking shelter status, location, census, capacity, accessibility information, and operational needs. Counties remain responsible for maintaining accurate shelter information for their jurisdictions, with state and partner support provided when appropriate to improve accuracy and timeliness. During larger or more complex events, shelter information may also be shared with the public through coordinated announcements, public websites, and map-based tools to help residents identify available sheltering options.

Shelter Demobilization and Facility Recovery: Shelter demobilization includes the orderly closure, consolidation, and transition of shelter operations. This includes ensuring remaining shelter residents have a transition plan, coordinating the return or removal of shelter equipment and supplies, completing facility walk-throughs, identifying damage, arranging repairs when needed, and ensuring shelter facilities are cleaned, sanitized, and returned to the appropriate owner or operator in acceptable condition.

C. Roles and Responsibilities

Effective sheltering operations require clearly defined roles across local, state, non-governmental, and private sector partners. These responsibilities may vary based on the type, size, location, and duration of the incident, but the general roles below provide the foundation for coordinated sheltering operations in Florida.

County Governments and Local Emergency Management: County governments have primary responsibility for public sheltering within their jurisdictions. This includes identifying shelter facilities, coordinating shelter operations, staffing shelters, coordinating local security, supporting transportation needs, maintaining shelter information, and determining when shelters should open, consolidate, or close. Counties coordinate with community partners, local health departments, school districts, facility owners, non-governmental organizations, and the State when additional support is needed.

Emergency Support Function 6, Mass Care: The State Mass Care Coordinator leads sheltering coordination for the State of Florida. ESF 6 provides leadership, coordination, augmentation, and resource support for general population sheltering, response phase non-congregate sheltering, feeding, emergency supplies, emergency assistance, access



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and functional needs integration, and shelter transition support. ESF 6 supports county requested shelter operations and may coordinate or support state supported, or state managed shelter operations when needed.

FDEM Human Services Branch Team: The FDEM Human Services Branch Team provides coordination and support to ESF 6 and the other Human Services Branch ESFs during sheltering operations. The Branch supports alignment across mass care, volunteers and donations, animal and agricultural issues, recovery partners, and other SERT functions as needed. The Human Services Branch Team helps elevate operational issues, support information sharing, coordinate branch level priorities, and ensure sheltering needs are integrated into broader SERT response and recovery operations.

Emergency Support Function 8, Health and Medical: ESF 8 provides leadership, coordination, augmentation, and resource support for Special Needs Shelter operations. ESF 8 coordinates with local health departments, medical partners, and shelter operators on medical oversight, health related shelter considerations, public health guidance, and transitions between special needs and general population sheltering when appropriate.

Emergency Support Function 15, Volunteers and Donations: ESF 15 supports sheltering operations through volunteer coordination, donated goods coordination, VOAD engagement, and connection with nonprofit, faith based, and community partners. ESF 15 support is especially important during extended shelter operations, shelter transition, and demobilization when survivors may need assistance connecting to community-based resources and recovery support.

Emergency Support Function 17, Animal and Agricultural Issues: ESF 17 supports pet-friendly sheltering operations by coordinating animal sheltering resources, supplies, technical assistance, and related support, including coordination through the Florida State Agricultural Response Team (SART). ESF 17 may assist with pet sheltering equipment, animal care supplies, coordination with animal response partners, and guidance related to pet shelter setup, animal intake, sanitation, animal care considerations, and service animal issues. This support helps reduce barriers that may prevent households with pets from evacuating or remaining in shelter.

Agency for Persons with Disabilities and Access and Functional Needs Partners: APD, under ESF 6, supports access and functional needs coordination and promotes use of the CMIST framework in shelter planning and operations. APD and other access and functional needs partners may assist with identifying functional support needs, coordinating resources, supporting accessibility considerations, and helping shelter operators address barriers affecting individuals with disabilities and others with access or functional needs.

FDEM Recovery and Individual Assistance: The FDEM Individual Assistance unit within FDEM's Recovery Bureau supports shelter transition and recovery focused non-congregate sheltering operations. Specifically, FDEM Recovery and Individual Assistance team members may assist survivor transition from congregate shelters to recovery non-congregate shelter options such as Non-Congregate Sheltering program or Transitional Sheltering Assistance operations, and in general support the movement of survivors from congregate sheltering to housing solutions and longer-term recovery.

American Red Cross: The American Red Cross and/or other non-governmental partners may operate, support, or augment shelters in coordination with counties and the State. These partners may provide shelter staffing, feeding, client casework, reunification support, health and mental health support, emergency supplies, and other mass care services based on capability, agreements, and incident needs.

Private Vendors and Contractors: Private vendors and contractors may support shelter operations through staff augmentation, feeding, transportation, logistics, sanitation, laundry, shower and restroom trailers, security, equipment, supplies, and other operational services. When vendors provide shelter staffing or operational support, they operate under the direction of the entity managing the shelter.



Shelter Facility Owners: Facility owners coordinate with shelter operators and emergency management on facility access, use agreements, facility conditions, damage identification, cleaning, repairs, and return of the facility after shelter operations conclude.

III. SHELTERING OPERATIONS BY PHASE

Sheltering operations are organized by phase to support a common understanding of how sheltering activities evolve before, during, and after an incident. These phases are intended to guide planning, coordination, resource support, and decision making across county, state, non-governmental, and private sector partners. The phases may overlap depending on the type, scale, and speed of the incident, and not every incident will require every sheltering activity described in this plan.

The sheltering phases are:

- Readiness and Pre-Incident Coordination
- Initial Shelter Activation
- Sustained Shelter Operations and Consolidation
- Shelter Survivor Transition
- Shelter Demobilization and Facility Return
- Long-Term Non-Congregate and Housing Support

A. Readiness and Pre-Incident Coordination

Readiness and pre-incident coordination includes the planning, coordination, training, resource identification, and capability building that occur before sheltering operations are activated. The purpose of this phase is to ensure that county, state, non-governmental, and private sector partners have a common understanding of sheltering capabilities, anticipated gaps, available resources, and coordination before an incident occurs. County governments maintain primary responsibility for public sheltering within their jurisdictions. This includes identifying shelter facilities, coordinating with facility owners, developing local staffing and security plans, coordinating with local health departments and school districts, and establishing procedures for opening, operating, and closing shelters. Counties are encouraged to work with local emergency management partners, community organizations, animal services, access and functional needs partners, and non-governmental organizations before an incident to identify likely sheltering needs and areas where state support may be required. Additionally, counties that maintain designated shelters should plan for sheltering persons with household pets consistent with section 252.3568, Florida Statutes. This includes identifying pet friendly shelter options and coordinating with local animal services, facility owners, and shelter partners before an incident. ESF 17 supports this capability through coordination of resources, supplies, technical assistance, and animal support partners when requested and available.

At the state level, ESF 6 works with the Human Services Branch, FDEM, partner ESFs, counties, non-governmental organizations, and private sector partners to maintain general readiness for general population shelter support and response phase non-congregate sheltering. This includes ensuring that the State can support county shelter operations when requested and can activate state supported or state managed shelter operations when needed. Readiness is not limited to maintaining existing capability. During non-activation periods, ESF 6, the Human Services Branch, and its partners work to improve the sheltering system based on lessons learned, operational gaps, and needs identified in prior responses. This includes building stronger partnerships, onboarding new partners, improving staff augmentation models, strengthening feeding and commodity pipelines, expanding transportation options, improving access to health and medical support in general population shelters, refining shelter information management, and improving the ability to transition survivors out of shelter as quickly and safely as conditions allow.

Pre-incident readiness also includes coordination with partner ESFs based on their sheltering roles. ESF 8 coordination supports special needs shelter planning, medical support considerations, and transitions between shelter types when



appropriate. ESF 17 coordination supports pet friendly sheltering resources, supplies, and animal support planning. ESF 15 coordination supports volunteer engagement, donated goods planning, VOAD coordination, and community-based survivor support. Coordination with FDEM Recovery and Individual Assistance supports planning for shelter transition, non-congregate sheltering pathways, and survivor movement toward recovery resources.

A key focus of state readiness is strengthening shelter infrastructure and identifying potential facilities before they are needed. ESF 6 works with the Human Services Branch, the Infrastructure Branch, counties, and other partners to identify facilities that may be suitable for state-supported, state managed, host, regional, or recovery shelter operations. This includes development of a regional shelter planning model that identifies potential recovery shelter options in each region of the state, so that sheltering operations can transition more quickly when survivors cannot immediately return home and local shelter options are limited.

State readiness also includes understanding and improving available support resources. This may include resources available through the FDEM Resource Catalog, state supplies staged through the ESF 6 food bank network, feeding contracts and partners, transportation resources, shelter staffing options, medical staffing partners, shelter safety support, and deployable teams such as HSSTs, MASTT, FAST or ADA support teams, and crisis counseling and community stabilization teams. The goal is to reduce the amount of problem solving that must occur during an incident by building relationships, processes, and operational options in advance.

B. Initial Shelter Activation

Initial shelter activation includes the opening, reporting, staffing, and early support of shelters needed to protect individuals and families before, during, or immediately after an incident. This phase is focused on life safety, timely access to sheltering, movement of survivors out of hazardous areas when needed, and establishment of the initial sheltering operations.

County governments determine the need to open public shelters within their jurisdictions based on local conditions, evacuation decisions, facility availability, anticipated shelter demand, and immediate community needs. Initial activation may include evacuation or risk shelters, host shelters, regional shelters, special needs shelters, pet friendly shelters, or other sheltering options appropriate to the incident. For no-notice events, shelters may be opened rapidly based on displacement, facility damage, hazardous conditions, rescue operations, or other urgent circumstances. During activation, counties coordinate with local partners, facility owners, local health departments, school districts, law enforcement, animal services, transportation providers, and sheltering partners to open and support shelters. Counties remain responsible for local shelter operations unless a different management model is established. As shelters open, the county, ESF 6, the American Red Cross, and other relevant partners should identify the applicable shelter management model, such as county managed, county managed and state supported, American Red Cross managed and county supported, American Red Cross managed and state supported, or state managed, as defined in Section II.B.

When requested, ESF 6 may support county general population shelter operations through coordination of staff augmentation, feeding, water, shelter supplies, transportation support, health and medical support for general population shelters, access and functional needs support, shelter information management, shelter safety support, and other available resources. State support may be provided to county managed or American Red Cross managed shelters based on need, resource availability, and the operational complexity of the shelter. For state managed shelters, ESF 6 coordinates with the Human Services Branch, FDEM, counties, facility owners, partner ESFs, vendors, the American Red Cross when applicable, and other support entities to establish the shelter operation. Initial activation of state managed shelters may include use of contracted staff augmentation vendors, the American Red Cross, state coordinated resources, or a combination of these resources. State managed shelters may be used when local capacity is exceeded, when a regional or recovery shelter is needed, or when operational conditions require centralized state management.



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ESF 8 coordinates special needs shelter activation and support in coordination with county health departments, local emergency management, and medical partners. Special needs shelters are intended to support individuals who require a higher level of medical or functional support during the immediate emergency period. As life safety conditions stabilize, power is restored, and special needs shelters begin to demobilize, ESF 6, ESF 8, the FDEM Human Services Branch, and health partners should coordinate as needed to support appropriate transitions to co-located sheltering, non-congregate sheltering, return home, or other appropriate arrangements.

ESF 17 supports pet friendly shelter activation by coordinating pet sheltering resources, supplies, technical assistance, and animal support partners when requested and available. Pet sheltering considerations should be addressed as early as possible in an activation to reduce barriers to evacuation and ensure appropriate arrangements for household pets. Service animals remain with their handlers and are not treated as household pets.

Initial shelter activation may also require coordination with Lily Pad operations. Lily Pads are temporary survivor collection or transfer points used during rescue, evacuation, or post impact movement operations. They are not shelters and are not intended for sustained sheltering, but may serve as short-term safe locations where individuals are moved out of harm's way before being transported to a reception center, general population shelter, special needs shelter, response non-congregate sheltering options, or other appropriate destination. The SERT Air Operations Branch coordinates state Lily Pad operations, with ESF 6 supporting mass care needs when requested. ESF 6 support to Lily Pad operations may include coordination of food, water, basic mass care supplies, transportation connections, shelter placement information, access and functional needs considerations, pet related coordination, and referral to health, medical, or behavioral health support when needed. Lily Pad coordination should be connected to shelter activation planning so survivors can be moved quickly from temporary transfer points to appropriate sheltering or service locations.

Transportation support during initial activation may include movement of residents to shelters from their homes if they are not able to transport themselves, movement from Lily Pads or reception points to shelters, support for individuals with access and functional needs, movement between shelter locations, or transportation to host or regional shelters when local sheltering capacity is limited. Transportation planning should account for general population needs, special needs sheltering, accessibility, household pets when applicable, and post impact movement needs.

Shelter information management begins as soon as shelters are put on stand-by for activation. Counties should enter and update shelter information in the WebEOC Shelter Board as shelter status, location, capacity, census, accessibility information, pet status, and operational needs change. ESF 6 may support shelter information collection and verification using the WebEOC Shelter Board, county announcements, county websites, partner updates, and other available sources. During larger or more complex events, shelter information may also be shared with the public through coordinated announcements, public websites, and map-based tools when appropriate through the activation of the Shelter Information Management Team within ESF 6. The team focuses on collecting and disseminating accurate shelter information – county cooperation to ensure correct information is made available for residents is key.

Initial shelter activation should also account for the likely movement from short-term life safety sheltering into sustained operations. As conditions stabilize, ESF 6, counties, the American Red Cross, ESF 8, FDEM Human Services Branch, and other partners should begin identifying which shelters may close quickly, which shelters may require additional support, and which shelters may need to transition into shelter transition operations, recovery shelter operations, or other sheltering options. Generally, risk/evacuation shelters in K-12 schools should be closed and returned to their pre-emergency use as soon as possible to support community recovery efforts.



C. Sustained Shelter Operations and Consolidation

Sustained shelter operations begin as the incident moves beyond immediate evacuation and life safety sheltering. During this phase, the sheltering system shifts from short term evacuation or risk shelters toward a smaller number of more stable recovery shelter operations that can support residents for longer than a few days. The focus is on consolidating shelter populations, stabilizing services, supporting the closure of temporary shelter sites, assisting with Special Needs Shelter demobilization when appropriate, and positioning residents for shelter transition and facility return. This phase serves as the bridge between initial shelter activation and the more focused transition, demobilization, and longer-term shelter support activities that may follow.

A major function of this phase is shelter consolidation. Consolidation may involve moving residents from evacuation, host, or temporary sites into fewer recovery shelters that are better suited for sustained operations. Recovery shelters should be selected based on facility suitability, accessibility, available infrastructure, transportation access, ability to support feeding and commodities, proximity to impacted communities when practical, and the anticipated needs of the remaining shelter population. The intent is to move from short term emergency sheltering into a more consolidated operating environment that can better support survivors who cannot immediately return home. For state supported or state managed recovery shelter operations, ESF 6 may coordinate staffing, feeding, health and medical support, logistics, safety, transportation, information management, and other state resources as needed. Sustained shelter operations require ongoing assessment of resident needs and shelter conditions. Shelter operators and support partners should monitor shelter population, capacity, staffing levels, feeding status, health and medical concerns, access and functional needs, pet sheltering needs, sanitation, safety issues, supply levels, transportation needs, and barriers preventing residents from leaving shelter. This information should guide decisions about resource support, consolidation, transition planning, and whether a shelter should remain open.

Sustained operations also include coordination with ESF 8 as Special Needs Shelters begin to demobilize. Special Needs Shelters are generally intended to support individuals who require a higher level of medical or functional support during the immediate impact period. As power is restored and immediate safety conditions improve, these shelters generally begin closing. ESF 8, ESF 6, the FDEM Human Services Branch, county health departments, local emergency management, and medical partners should coordinate to help identify appropriate next steps for individuals who cannot immediately return home. Department of Elder Affairs CARES Teams may be requested through ESF 8 to support assessment and discharge planning for residents with potential long-term-care needs. State-managed co-located shelters may be used during this phase for individuals transitioning out of Special Needs Shelters who no longer require that level of support but still need enhanced health, functional, or supervision support to remain safely in a shelter environment. ESF 6 manages the overall co-located shelter operation, including the health and medical support model, staffing, feeding, supplies, transportation, access and functional needs support, shelter safety, information management, and transition activities. ESF 6 may coordinate with ESF 8, local health departments, EMS, or other health and medical partners when technical assistance, transfer support, clinical coordination, or additional consultation is needed.

Access and functional needs considerations should remain integrated throughout this phase. The CMIST framework should continue to guide planning for communication, maintaining health, independence, support and safety, and transportation needs. APD and other access and functional needs partners may assist with shelter assessments, functional support needs, durable medical equipment, consumable medical supplies, accessibility barriers, and reasonable modifications to shelter operations.

Shelter information management remains active during sustained operations. Counties should continue updating the WebEOC Shelter Board as shelters close, consolidate, change capacity, change pet status, or identify additional operational needs. ESF 6 may verify and compile shelter information from WebEOC, county announcements, county websites, partner updates, and other available sources to support situational awareness for emergency managers and



SERT leadership. When appropriate, ESF 6 may also support public-facing shelter information through coordinated announcements, public websites, and map-based tools.

D. Shelter Survivor Transition

Shelter transition may begin while shelter consolidation is still underway, but the primary focus of this phase is resolving individual and household barriers to shelter exit. Shelter transition begins as shelter populations in recovery shelters begin to decrease and the needs of remaining survivors become clearer. This phase focuses on helping individuals and families move from congregate sheltering to a safe and appropriate next step, including return home, reunification with family or friends, relocation to another sheltering option, non-congregate sheltering, or connection to recovery resources. Shelter transition should begin before shelters are ready to close and should be integrated into sustained shelter operations as early as practical. Individuals remaining in shelter may have damaged or inaccessible homes, limited transportation, health or functional support needs, lack of documentation, limited income, household pets, caregiver needs, or other barriers that prevent them from leaving shelter without additional support.

ESF 6, counties, the American Red Cross, ESF 15, FDEM Recovery and Individual Assistance, ESF 8, ESF 17, APD, local human services partners, and non-governmental organizations may all play a role in shelter transition. The specific partners involved should be based on the needs of the shelter population and the barriers identified at each location. Transition efforts should be coordinated with the shelter operator and county emergency management to ensure that resident needs, shelter closure timelines, transportation requirements, and available resources are understood by all partners.

Human Services Support Teams may support early transition work by identifying survivor needs, connecting residents to available services, and assisting counties or shelter operators with unmet needs identification. As shelter operations move further into transition, Multi Agency Shelter Transition Teams may be activated to provide more focused support. MASTT operations may include resident interviews, identification of barriers to shelter exit, connection to benefits and services, coordination with housing and human services partners, transportation planning, reunification support, and referrals to recovery resources. FDEM Recovery and Individual Assistance coordination is especially important when shelter residents may be eligible for assistance that supports movement out of congregate sheltering. This may include support with registration, habitability related coordination, Transitional Sheltering Assistance, or other recovery non-congregate sheltering options.

Shelter transition should also account for access and functional needs, health needs, behavioral health needs, and pet related barriers. APD and other access and functional needs partners may assist with CMIST related needs, durable medical equipment, communication access, personal assistance needs, and transportation considerations. ESF 8, local health departments, medical partners, and ESF 6 coordinated health resources may assist when residents need medical consultation, referral, or support moving from a Special Needs Shelter or co-located shelter into another appropriate setting. ESF 17 may assist when household pets create barriers to shelter exit or placement.

Transportation support is often necessary during shelter transition. Residents may need transportation to return home, inspect damage, meet with assistance providers, attend medical appointments, travel to a MARC or DRC, relocate to non-congregate sheltering/TSA, or move to another shelter or housing option. Transportation planning should begin early, particularly for residents with access and functional needs, medical equipment, household pets, or limited personal transportation.

Shelter transition is not the same as shelter demobilization, although the two are closely connected. Transition focuses on resolving the needs of residents and identifying safe next steps. Demobilization focuses on closing the shelter operation and returning the facility to the owner or normal use. A shelter should not move toward final closure



until remaining residents have been assessed, transition options have been identified, and transportation or support needs have been coordinated to the extent possible.

E. Shelter Demobilization and Facility Return

Shelter demobilization and facility return begins when shelter populations decline, resident transition options have been identified, and the shelter is no longer needed for life safety or sustained shelter operations. This phase focuses on closing shelters in an orderly manner, ensuring any remaining residents have a safe next step, accounting for shelter resources, documenting facility conditions, and returning the facility to the owner or normal use. Demobilization should be planned before final closure. Counties, ESF 6, the American Red Cross, facility owners, and supporting partners should coordinate closure timelines, remaining resident needs, transportation requirements, equipment removal, cleaning, damage identification, and facility return. Shelter closure should not occur until remaining residents have been assessed and transition options have been coordinated to the extent possible, including return home, reunification, movement to another shelter, non-congregate sheltering, recovery shelter operations, or connection to other appropriate services.

Residents should receive clear and accessible notice of shelter closure or consolidation with as much lead time as practical. Closure information should account for language access, disability access, and communication needs and should include the expected timeline, available transition options, transportation arrangements when applicable, and points of contact for residents needing additional assistance. As shelters close, shelter operators and supporting partners should account for equipment, supplies, and commodities, including state or FDEM deployed resources, trailers, generators, cots, blankets, feeding supplies, medical support equipment, pet sheltering equipment, rented equipment, donated goods, and remaining commodities. Resources should be returned, reassigned, disposed of, or transferred according to applicable procedures and operational need. Security support may continue as needed until deployed assets are removed or transferred.

The entity managing the shelter is responsible for coordinating the closure process. For county managed shelters, the county remains responsible for closure decisions, resident notification, facility coordination, local security, and return of the facility. For American Red Cross managed shelters, the American Red Cross generally coordinates closure with the county and any state support partners. For state managed shelters, ESF 6 coordinates closure with the Human Services Branch, FDEM Logistics, the host county, facility owner, vendors, the American Red Cross when applicable, partner ESFs, and other support entities. Great importance should be placed on returning the facility to the facility owner in similar or better condition as when the facility was provided to the shelter operator; this fosters willingness and trust in facility owners to allow the facility to be a shelter site in the future. For state shelter operations, ESF 6 coordinates with and relies on FDEM Logistics to ensure facility cleanup and any repairs occur.

F. Long-Term Non-Congregate and Temporary Housing Support

Long-Term Non-Congregate and Housing Support begins when survivors' sheltering needs extend beyond congregate shelter operations and survivors require a more stable short-term or longer-term sheltering pathway. This phase may overlap with shelter transition and demobilization, but the focus shifts from operating congregate shelters to supporting movement into non-congregate sheltering, temporary lodging, reunification, return home, or other housing related solutions. This phase represents the transition from response sheltering into recovery focused sheltering and housing support. As this transition occurs, the FDEM Recovery Team assumes the lead coordinating role for longer-term sheltering and housing pathways. The FDEM Individual Assistance Team, as a component of FDEM Recovery, supports survivor registration, habitability related coordination, Transitional Sheltering Assistance, and other assistance pathways that may help survivors move out of congregate sheltering.



ESF 6 remains engaged in a supporting role to help maintain continuity between shelter operations and recovery support. This may include sharing shelter population information, identifying remaining barriers to shelter exit, supporting transition planning, coordinating limited mass care resources when appropriate, and helping ensure survivors are not disconnected during the handoff from response to recovery.

Survivors moving into non-congregate or housing related support may continue to have unmet needs, including transportation barriers, access and functional needs, medical or behavioral health needs, household pets, limited income, lack of documentation, communication needs, or difficulty accessing available programs. Information gathered through shelter transition operations should be shared with appropriate recovery partners when allowed and operationally necessary.

Long-Term Non-Congregate and Housing Support does not replace permanent housing recovery, disaster case management, or long-term community recovery efforts. Instead, it serves as the bridge between the end of congregate sheltering and the point at which survivors are connected to the housing, human services, and recovery resources needed for a more durable solution.

IV. SHELTER OPERATIONAL AND STRATEGIC COORDINATION

Sheltering operations require coordination across county emergency management, ESF 6, the Human Services Branch, partner ESFs, the American Red Cross, FDEM Recovery, shelter operators, facility owners, and other support partners. The coordination structure used during an incident may vary based on the size, speed, complexity, and duration of sheltering operations. The intent of this section is to describe how sheltering issues are coordinated during activation, rather than to create a separate standing organization.

A. Shelter Coordination and Planning Support

During larger or more complex sheltering operations, ESF 6 may participate in or convene ad hoc shelter coordination and planning efforts to support operational decision making, resource prioritization, future planning, and partner alignment. These efforts may occur through direct coordination with the FDEM Human Services Branch, county emergency management, shelter operators, the American Red Cross, ESF 8, ESF 15, ESF 17, APD, FDEM Recovery and Individual Assistance, Logistics, Air Operations, or other partners as needed. This coordination may be used when shelter demand exceeds local capability, multiple shelters require state support, state managed sheltering is being considered, recovery shelters are being established, Lily Pad operations require shelter placement support, Special Needs Shelters are demobilizing, shelter populations require more intensive transition planning, etc.

Shelter coordination and planning support may include identifying current and projected shelter needs, comparing shelter demand against available capacity, identifying resource gaps, recommending shelter consolidation options, supporting decisions on state supported or state managed shelters, and helping coordinate the movement of residents from evacuation shelters into recovery shelters, non-congregate sheltering, return home, or other appropriate arrangements.

During larger events, ESF 6 and ESF 15 may also conduct a joint county coordination call with county mass care, human services, emergency management, and partner representatives. Shelter issues may be raised on this call as needed, including shelter status, resource gaps, transition barriers, nonprofit support, volunteer needs, and coordination concerns. This call supports communication and problem solving but does not replace WebEOC, mission tasking, county decision making, or direct coordination with the appropriate ESF or branch. ESF 6 also maintains a county mass care coordinator contact list to support routine communication with county mass care and human services counterparts before and during activations.



B. Mission Tasking and Resource Requests

County requests for sheltering support should move through the established SERT mission tasking or resource request process. Requests may include staff augmentation, feeding support, water, commodities, transportation, health and medical support for general population shelters, access and functional needs support, pet sheltering support, shelter safety support, restroom or shower trailers, laundry trailers, generators, fuel, shelter supplies, or other resources needed to establish, sustain, consolidate, or close shelters. ESF 6 coordinates shelter-related requests within its scope and works with the Human Services Branch, FDEM, Logistics, partner ESFs, vendors, and support organizations to determine the most appropriate way to meet the need. Some requests may be filled directly through ESF 6 partners or vendors, while others may require coordination with FDEM Logistics, ESF 8, ESF 15, ESF 17, Air Operations, Recovery, or other SERT components.

Requests should include enough detail to support timely action, including the shelter location, managing entity, current census, projected duration, specific resource need, urgency, point of contact, delivery instructions, accessibility or functional support considerations, pet sheltering considerations, and any known safety or facility constraints. When resource needs change, the requesting jurisdiction or shelter operator should provide updated information so missions can be adjusted, extended, closed, or reassigned as needed.

C. Field Coordination with Deployed Teams

Field coordination is necessary when state, partner, or contracted resources are deployed to shelters, reception centers, Lily Pads, MARCs, DRCs, or other survivor support locations. Deployed resources may include Human Services Support Teams, Multi-Agency Shelter Transition Teams, access and functional needs or ADA compliance teams, crisis counseling and community stabilization teams, shelter staff augmentation, medical support staff, transportation resources, shelter safety support, or other mission specific resources.

Deployed teams, when directed, should coordinate with the county, the shelter operator, ESF 6, and any relevant partner ESFs to ensure their activities are aligned with local operations. In county managed shelters, deployed teams support the county and do not replace county management responsibility. In American Red Cross managed shelters, deployed teams coordinate with the American Red Cross and the county. In state managed shelters, deployed teams operate within the state managed shelter structure established by ESF 6.

Field coordination should focus on clear communication, role clarity, and practical problem solving. Teams should understand who is managing the site, what mission they are assigned to support, how information should be reported, how urgent issues should be elevated, and how their work connects to shelter transition, demobilization, or longer-term support. When multiple teams are operating in the same shelter, ESF 6 and the shelter operator should work together to reduce duplication and ensure residents receive coordinated support.

D. Coordination with Individual Assistance

Coordination with FDEM Recovery and Individual Assistance becomes increasingly important as shelter operations move from immediate life safety sheltering into transition, demobilization, and long term non-congregate or housing support. During the response phase, ESF 6 remains responsible for shelter coordination within its scope, while FDEM Recovery and Individual Assistance provide critical support for survivor registration for Individual Assistance, Transitional Sheltering Assistance, and other pathways that may help survivors move out of congregate sheltering.

As the incident transitions toward recovery, FDEM Recovery assumes the lead coordinating role for longer-term sheltering and housing pathways, with Individual Assistance serving as a key component of that structure. ESF 6 shifts into a supporting role to help maintain continuity from shelter operations into recovery support. This may include sharing shelter population information, supporting MASTT coordination, identifying remaining barriers to shelter exit, coordinating limited mass care resources when appropriate, and helping ensure that survivors are not disconnected during the transition from response to recovery. This coordination should begin before congregate shelters are ready to close. Early engagement between ESF 6, FDEM Individual Assistance, counties, shelter operators, and transition



teams helps identify which residents may be eligible for non-congregate sheltering, Transitional Sheltering Assistance, reunification, return home, or other housing related support. The goal is to reduce reliance on congregate sheltering while maintaining a clear handoff between response shelter operations and recovery focused support.

V. SHELTER OPERATING MODEL AND RECOMMENDED PRACTICES

A. Purpose of the Operating Model

The purpose of the state shelter operating model is to provide a consistent framework for organizing staffing, services, resources, reporting, safety, and transition support during state managed or substantially state supported shelter operations. This model is intended to help the State establish organized shelter environments that provide more than a safe building, including access to food and water, health and medical support, access and functional needs support, transportation, pet related coordination, behavioral health support, shelter information, and transition planning. The model is scalable based on the shelter population, expected duration, facility conditions, available local and partner resources, and the needs of residents, and may be used as a recommended practice for counties and shelter partners where appropriate.

B. Model State Managed Shelter

A model state-managed shelter is a shelter operation where the State assumes primary responsibility for coordinating day-to-day shelter operations. State managed shelters may be staffed through state coordinated resources, contracted staff augmentation vendors, the American Red Cross when applicable, or a combination of these resources. ESF 6 coordinates the overall shelter operation with the Human Services Branch, FDEM, the host county, facility owner, partner ESFs, vendors, and support partners. A state managed shelter should have a clear management structure, including an identified shelter manager or management team responsible for daily operations, staff coordination, resident support, resource needs, issue escalation, reporting, and coordination with ESF 6 and the host county. Staffing levels should be sufficient to support operations across multiple operational periods and should be scaled to the shelter population, facility conditions, and expected duration of operations.

State-managed shelters should, whenever possible, provide core support functions needed to maintain a safe and stable shelter environment. These may include feeding, water, commodities, health and medical support, access and functional needs support, transportation, pet related coordination, shelter safety, sanitation, shelter information management, and transition planning. These functions do not need to look identical in every shelter, but they should be considered early and adjusted as survivors' needs change.

Health and medical support should be incorporated into state managed general population and co-located shelter operations when needed. This may include contracted nurses, medical staff coordinated through ESF 6 partners, the Florida Association of Community Health Centers, or other state coordinated health resources. These supports are intended to address routine health needs, identify emerging medical concerns, reduce unnecessary reliance on EMS, and coordinate referral or transfer when a resident requires care beyond what can be provided in the shelter.

Access and functional needs support should be integrated throughout the operation using the CMIST framework. Shelter operations should account for communication needs, health maintenance, durable medical equipment, mobility needs, caregiver or personal assistance needs, service animals, accessible transportation, and reasonable modifications necessary to support residents safely in the shelter environment.

Transition planning should begin early. Residents remaining after the immediate life safety phase may have damaged homes, transportation barriers, medical or functional support needs, household pets, lack of documentation, limited income, or other barriers to shelter exit. HSSTs, MASTT, FDEM Recovery and Individual Assistance, ESF 15, APD, ESF 8, ESF 17, the American Red Cross, and local partners may be incorporated as needed to support movement out of shelter.



C. Recommended Practices for State Supported and County Shelters

County managed shelters remain under county control unless a different management model is established. When the State provides substantial support to a county managed shelter, the State and county should coordinate to apply elements of the state shelter operating model where practical. This may include regular shelter reporting, clear points of contact, coordinated resource requests, feeding and supply support, access and functional needs support, health and medical coordination, pet related planning, safety support, and early transition planning. Counties are encouraged to identify early when a shelter may require support beyond local capability. Indicators may include high census, extended duration, limited staffing, significant health or functional support needs, lack of feeding capability, transportation barriers, facility limitations, safety concerns, pet sheltering needs, or a population that is unlikely to return home quickly. Early identification allows ESF 6 and partner agencies to coordinate support before conditions become urgent. For American Red Cross managed shelters, state support should be coordinated in a way that respects the American Red Cross role as the shelter manager while ensuring state resources are integrated effectively. If a shelter should change a management model, that transition should be coordinated among the American Red Cross, the county, ESF 6, the facility owner, and relevant support partners.

D. Recovery Shelter Operating Considerations

Recovery shelters are congregate shelter operations used during the response phase when individuals and families need continued sheltering after the immediate hazard has passed. They are intended for residents who cannot immediately return home or relocate to another appropriate arrangement and are generally expected to operate longer than evacuation or risk shelters. Recovery shelters should be more stable and service oriented than short term evacuation shelters. They should be selected and supported with attention to accessibility, utilities, restroom and shower access, feeding capability, transportation access, space for services, ability to support shelter transition activities, and the anticipated needs of the remaining shelter population. When possible, recovery shelters should reduce reliance on schools or other facilities that need to return quickly to normal operations. Additionally, recovery shelters should include stronger integration of human services and transition support. Survivors remaining in recovery shelters often have more complex barriers to exit, including damaged housing, limited transportation, financial barriers, medical or functional support needs, lack of documentation, household pets, or difficulty accessing assistance. Recovery shelter operations should be managed with the expectation that resident needs will evolve and that transition planning is a core function of the shelter.

E. No-Notice Shelters

No-notice events may require shelters to open rapidly before the full operating model can be established. In these situations, the immediate priority is to move people out of harm's way and provide basic life safety sheltering. Initial conditions may be limited, and shelter support may need to scale over several operational periods as staffing, supplies, transportation, feeding, health support, information reporting, and transition resources become available. As soon as practical, no-notice shelters should be brought into a more organized operating structure. This includes identifying the shelter management model, confirming facility conditions, establishing staffing, coordinating feeding and water, addressing access and functional needs, identifying health and medical concerns, coordinating pet sheltering needs, entering shelter information into the WebEOC Shelter Board, and identifying resource gaps.

The goal in a no-notice event is to build from immediate life safety sheltering toward a stable shelter operation as quickly as conditions allow. The State may support this process through staff augmentation, commodities, feeding, transportation, health and medical support, access and functional needs support, shelter safety support, shelter information management, and transition planning when requested and available.

VI. INFORMATION COLLECTION, ANALYSIS, AND DISSEMINATION

Accurate shelter information is necessary to support operational decisions, resource coordination, public messaging, and leadership awareness during sheltering operations. Shelter information should be collected and updated



throughout the life cycle of an incident, beginning when shelters are being considered for activation and continuing through consolidation, transition, demobilization, and closure.

A. Information Management

The WebEOC Shelter Board serves as the primary statewide tool for tracking shelter information during activations. Counties remain responsible for entering and maintaining accurate shelter information for shelters within their jurisdictions, including shelter status, location, capacity, census, accessibility information, pet status, and operational needs. ESF 6 may support shelter information management by monitoring the WebEOC Shelter Board, reviewing county announcements, checking county websites, coordinating with the American Red Cross, and collecting updates from other available sources. Shelter information should be updated as conditions change, including shelter openings and closures, census, capacity, staffing needs, feeding needs, health and medical support needs, access and functional needs considerations, pet sheltering capability, transportation needs, safety concerns, and planned consolidation or closure timelines.

During larger or more complex events, ESF 6 may expand shelter information support through a dedicated Shelter Information Management Team. This team focuses on collecting, verifying, and reconciling shelter information to improve statewide visibility, identify inconsistencies, and support timely reporting. Verified shelter information may be used to support ESF 6 situation reports, leadership updates, dashboards, operational summaries, and public-facing shelter maps or websites when applicable. Accurate shelter information supports situational awareness for counties, ESF 6, the FDEM Human Services Branch, SERT leadership, partner ESFs, shelter operators, and other response partners. It allows the State to understand shelter demand, identify gaps, prioritize resources, and plan for consolidation, transition, demobilization, or longer-term shelter support. When appropriate, verified shelter information also provides the foundation for public-facing shelter messaging.

B. Public Messaging

Public-facing shelter information should be timely, accurate, and coordinated with the appropriate public information channels. Counties are generally the primary source for public information regarding shelters in their jurisdictions. During larger or more complex events, the State may also support public-facing shelter information through coordinated announcements, public websites, map-based tools, or other public information resources when appropriate. Public-facing shelter information may include shelter locations, opening status, general population shelter availability, special needs shelter information, pet friendly shelter availability, accessibility considerations, transportation information, and shelter closure or consolidation notices. Information should be provided in a manner that supports the whole community, including individuals with disabilities, individuals with limited English proficiency, older adults, families with children, and individuals with access or functional needs. As shelter information can change quickly, public messaging should be based on verified information whenever possible.

VII. PLAN DEVELOPMENT, MAINTENANCE, TRAINING, AND EXERCISE

This Shelter Plan is intended to remain current as Florida's sheltering system continues to evolve. ESF 6 is responsible for coordinating the development and maintenance of this plan in collaboration with the Human Services Branch, partner ESFs, counties, the American Red Cross, non-governmental partners, and other sheltering support partners as appropriate.

A. Plan Development and Maintenance

ESF 6 will review and update this plan periodically to reflect changes in sheltering operations, partner capabilities, state support models, shelter management practices, lessons learned, and operational priorities. Updates may be informed by actual incidents, exercises, after action reports, changes in state procedures, new or revised agreements, changes in available resources, or improvements identified by counties and partner agencies. Plan maintenance should focus on ensuring the document remains useful to emergency managers and sheltering partners. Agencies



and organizations with roles in this plan are responsible for keeping ESF 6 informed of major changes to their capabilities, points of contact, procedures, or available resources that may affect sheltering operations.

B. Training and Exercise

Training and exercises are used to ensure sheltering partners understand the plan and can apply it during real incidents. ESF 6, in coordination with the Human Services Branch and partner agencies, may support training, workshops, tabletop exercises, and operational discussions focused on shelter activation, state supported shelter operations, state managed shelters, recovery shelters, shelter transition, MASTT operations, access and functional needs support, shelter information management, and coordination with partner ESFs. Lessons learned from exercises and real-world activations should be incorporated into future updates so the plan continues to reflect practical experience and Florida's evolving sheltering system.

VIII. AUTHORITIES AND REFERENCES

A. Authorities

- Chapter 252, Florida Statutes, Emergency Management
- Section 252.35, Florida Statutes, Emergency management powers and responsibilities of the Division
- Section 252.36, Florida Statutes, Emergency management powers of the Governor
- Section 252.38, Florida Statutes, Emergency management powers of political subdivisions
- Section 252.385, Florida Statutes, Public shelter space and statewide shelter planning
- Section 252.355, Florida Statutes, Registry of persons with special needs
- Section 252.356, Florida Statutes, Emergency and disaster planning provisions to assist persons with disabilities or limitations
- Section 252.3568, Florida Statutes, Emergency sheltering of persons with pets
- Section 252.3569, Florida Statutes, Florida State Agricultural Response Team and emergency response to animal, agricultural, and vector issues
- Section 381.0303, Florida Statutes, Special Needs Shelters
- Rule 64-3, Florida Administrative Code, Special Needs Shelter guidance
- Section 413.08, Florida Statutes, Rights and responsibilities of an individual with a disability and service animals
- Section 1013.372, Florida Statutes, Education facilities as emergency shelters
- Americans with Disabilities Act of 1990, Title II, 42 U.S.C. §§ 12131–12165; 28 C.F.R. Part 35.
- Pets Evacuation and Transportation Standards Act of 2006, Pub. L. 109-308; 42 U.S.C. §§ 5196(e)(4), 5196(j)(2), 5196b(g), and 5170b(a)(3)(J).

B. References

- State of Florida Comprehensive Emergency Management Plan.
- State of Florida Statewide Emergency Shelter Plan.
- State of Florida CEMP, ESF 6 Annex, Mass Care.
- State of Florida CEMP, ESF 8 Annex, Public Health and Medical Services.
- State of Florida CEMP, ESF 15 Annex, Volunteers and Donations.
- State of Florida CEMP, ESF 17 Annex, Animal and Agricultural Issues.
- State of Florida Multi-Agency Shelter Transition Team guidance or Standard Operating Procedure.
- American Red Cross Standards for Hurricane Shelter Selection.
- FEMA Public Assistance Program and Policy Guide



2026 FLORIDA SHELTER PLAN

SHELTER PLAN | LAST UPDATED: OCTOBER 1, 2026



- FEMA Individual Assistance Program and Policy Guide
- National Mass Care Strategy, Multi-Agency Sheltering/Sheltering Support Plan Template
- FEMA and American Red Cross Shelter Field Guide
- National Mass Care Strategy, Transition to Alternate Sheltering and Housing Solutions Considerations

APPENDIX A: ACCESSIBILITY REQUIREMENTS FOR SHELTERING

Under the Americans with Disabilities Act (ADA), people with disabilities should receive services, including emergency services, in the most integrated setting(s). The “most integrated setting” is defined as “a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible.” Integrated settings are those that provide individuals with disabilities opportunities to live, work, and receive services in the greater community, like individuals without disabilities.

Successful shelter planning must address the needs of individuals with disabilities to include those with access and functional needs. All shelter residents must have equal access to the programs, services, and activities provided by the shelter. Sheltering embraces the CMIST Framework to include effective Communication, Maintaining Health with access to basic health care services, a focus on Independence and dignity even during displacement, Support and Safety for those most vulnerable, and Transportation resources to include equitable evacuation to shelters and recovery services. Individuals dependent on specialized medical equipment or personal care assistance should bring them with them to a shelter and should be part of their personal disaster planning.

Integrated Physical Accessibility Layout Considerations	
- Entrances - Permanent or Temporary Ramps - Bathing Facilities (Showers) - Toilets - Hygiene Stations - Drinking Fountains - Backup Power Supply - Appropriate Electrical Outlets	- Sleeping space not segregated or strategically placed - Dining Area - Designated area for religious worship - Health Care Area - Recreation Area - Service Animal relief and exercise area - Household pet exercise area (optional) - Privacy Screens - CMIST Accessibility Surveys
Accessibility Considerations	
- Childcare - Personal Assistance Services and Caregivers - Interpreters - Transportation - First Aid - Household Pets / Service Animals	- Computer capability - Wi-Fi - TTY telephone capability - Video Relay Interpreting - Large Print Boards / Picture Boards - Print and video information in alternate formats
Logistical Supplies	
- Medications - Catheters - Wound Dressing Supplies - Oxygen - Feeding Tube Supplies	<i>Durable Medical Equipment (DME)</i> - Portable ramp - Shower chair - Raised toilet seats - Crutches / Walkers - Folding white canes - Regular and quad canes - Oxygen tanks - Power wheelchairs/assistive device
Feeding	
- Hydration (water, milk, coffee, etc) - Snacks - Hot Meals - Reduced sodium low-fat, sugar, dairy, gluten free meals	- Special dietary requests including culturally sensitive meals (diabetic, reduced sodium) - Household pet and service animal food - Health Department certified kitchens - Flexibly scheduled to accommodate dietary needs
Accessible Transportation	
- Paratransit buses - Paratransit Vans	- Vehicles that are lift-equipped and/or ramped with wheelchair tie-downs - Vehicles with brackets to secure oxygen cylinders

APPENDIX B: LILY PADS

I. Purpose and Scope

A Lily Pad is a temporary collection and transfer point where survivors may be received after rescue or evacuation, provided immediate support, and moved to a confirmed shelter or other safe destination. It is intended for short-duration use and is not a shelter, medical facility, or long-term human services site. Survivors may be moved directly from the Lily Pad to a confirmed destination. When direct placement is not immediately practical—such as when receiving shelters have not opened, available destinations must be matched to survivor needs, or arrival volume exceeds the Lily Pad's transfer capability—incident command may establish or designate a reception center. Under the reception center model, survivors receive a more organized interim process for accountability, rapid needs identification, short-term mass care, shelter or destination assignment, and coordinated onward transportation. A reception center may be co-located with the Lily Pad or established at another location. It may provide limited temporary holding or sleeping space but is not intended for sustained sheltering.

Lily Pad and reception center operations remain under the applicable incident command structure, including Emergency Services, Air Operations, or another designated operational element. ESF 6 and Human Services support may be scaled and modified based on survivor volume, expected holding time, transportation availability, receiving-site capacity, and conditions on the ground. This appendix addresses only the mass care and human services functions SERT may support at a Lily Pad or associated reception center.

II. ESF 6 Mass Care Role

ESF 6 support should be scaled to the number of survivors, expected arrival rate, planned holding time, weather, and available local and partner resources. The core mass care functions are:

- **Immediate relief supplies and services** - As available, provide water, snacks or meals as appropriate, blankets, hygiene items, seating, weather protection, accessible sanitation, and clear survivor information while onward movement is arranged.
- **Rapid mass care needs identification** - Identify communication, maintaining health, independence, support and safety, and transportation (CMIST) needs. Refer emergency or clinical concerns immediately to EMS or ESF 8; mass care staff do not perform clinical screening.
- **Household unity and accountability** - Keep household members, caregivers, mobility devices, medications, durable medical equipment, and service animals together whenever safe, and collect only the information needed to support movement and handoff.
- **Shelter and placement coordination** - Confirm that a receiving shelter or other destination is open, appropriate, accessible, and able to receive the survivor before movement begins.
- **Transportation coordination** - Work with county emergency management, vendor/partner transportation providers, and receiving locations to arrange and track general and accessible transportation.
- **Human services** - Provide brief information, emotional support, and referral to available human services or recovery resources without delaying safe movement for a full intake or case-management assessment.

III. Mass Care Survivor Flow

The following flow describes ESF 6's role after the survivor is handed off to the Lily Pad. Incident command may adjust the sequence based on immediate life-safety conditions.

1. **Assess arrivals** - Obtain the arrival count, household groupings, pickup area when available, and any immediate concerns identified by the delivering rescue or evacuation resource.
2. **Identify urgent needs** - EMS/ESF 8 addresses medical needs. Mass care staff identify immediate supplies, access and functional needs, language or communication needs, family-separation concerns, behavioral health support, animal needs, and transportation requirements.



3. **Provide short-term mass care support** - Move survivors to a safe, accessible waiting area and provide water, food, basic relief items, weather protection, sanitation access, charging, and understandable information as needed.
4. **Determine the movement path and confirm the receiving location** - Move survivors directly to an appropriate confirmed reception center, shelter, or other safe destination when practical.
5. **Arrange onward movement** - Match survivors with appropriate transportation, including accessible or medical transportation when required. Notify the destination of the estimated arrival, household size, and support needs necessary for a safe handoff.

IV. Screening Boundaries

Lily Pad screening is rapid and functional. It is not a clinical assessment, full shelter registration, eligibility determination, or disaster case-management intake. If survivors cannot be moved before the site exceeds its safe support capability, or if overnight care is anticipated, ESF 6/Human Services should immediately elevate the need for additional transportation, a reception capability, or an activated shelter operation.

V. Destinations and Longer-Term Connections

Depending on incident conditions and individual needs, onward movement may be to a general population shelter; a Special Needs Shelter coordinated with ESF 8; an EMS-directed medical destination; a reunification or safe return location; an activated non-congregate sheltering or temporary lodging resource; or another confirmed safe placement.

- **Preserve essential supports during movement.** Transportation planning should account for household unity, caregivers, mobility devices, medications, durable medical equipment, service animals, household pets, and reasonable personal belongings.
- **Support the survivor until movement occurs.** When transportation is delayed, continue short-term mass care within the site's safe capability and elevate the transportation backlog and resource needs through the incident structure.
- **Connect longer-term needs through the appropriate setting.** Housing, homelessness, benefits, crisis counseling, disaster recovery, and ongoing case-management needs should generally be referred for follow-up at the receiving shelter or through established local, state, nonprofit, or federal recovery channels.

VI. Household Pets and Service Animals

Service animals remain with their handlers. For household pets, ESF 6 coordinates with local animal services and ESF 17 for temporary water, basic supplies, safe containment when required, identification, and transportation. Survivors should not be separated from their animals solely because transportation or receiving-site arrangements were not coordinated in advance.

VII. Resources, Requests, and Reporting

Typical resources include water and food; blankets and hygiene supplies; accessible seating and weather protection; sanitation; charging and communication aids; signs and translated information; pet supplies; and staff or partner support for mass care, accessibility, behavioral health, accountability, and shelter placement.

Resource requests should identify the site and contact, current and projected survivor count, expected holding and operating time, quantity and delivery time, delivery restrictions, transportation backlog, accessibility and animal needs, receiving shelter status, and resources already committed.

At the incident-established reporting rhythm, report aggregate arrivals and departures, survivors awaiting movement, destinations, placement or transportation issues, access and functional needs, animal needs, supply status, and unmet requirements. Protect individual information. ESF 6 support concludes after survivors move, resources are accounted for or transferred, and unresolved needs are handed off.

APPENDIX C: FLORIDA MULTI-AGENCY SHELTER TRANSITION TEAM (MASTT) OPERATIONAL GUIDE

I. Purpose and Scope

A Multi-Agency Shelter Transition Team (MASTT) is an incident-specific, scalable team that helps individuals and households move from congregate sheltering to a safe and appropriate post-shelter arrangement. MASTT supports counties and shelter operators by engaging residents, identifying barriers to shelter exit, developing transition actions, coordinating available services and transportation, confirming destinations, and tracking outcomes.

This guide applies to MASTT members, ESF 6 personnel, Human Services Support Teams (HSSTs), staff-augmentation personnel, shelter operators, counties, and participating partners. It supplements the incident action plan, county shelter plans, site procedures, and program-specific guidance.

II. Activation and Coordination

ESF 6 may activate or assign a MASTT in coordination with the affected county and shelter operator when residents have persistent barriers to exit, a recovery shelter population is not declining as expected, consolidation or closure requires structured resident support. Planning should begin early enough to address barriers before closure. At activation, ESF 6 confirms the county and shelter, objectives and priority population, operational period, MASTT Lead, contacts, staffing and partner needs, reporting requirements, approved forms and systems, and deployment support.

ESF 6 provides state-level direction and designate the MASTT Lead. The county point of contact identifies local priorities and validates county needs, while the shelter operator controls on-site access and operations. The MASTT Lead assigns work, maintains accountability, coordinates partners, reviews reporting, and elevates unresolved issues through ESF 6 and the appropriate incident structure.

HSST Coordination and Handoff Note: HSSTs do not automatically become MASTTs or assume MASTT missions. Any HSST-to-MASTT handoff or retasking occurs only when directed by ESF 6.

III. Operating Principles

MASTT activities should be guided by the following principles:

- **Coordinate:** coordinate with the shelter operator and county. MASTT supports shelter transition activities and works within the established shelter coordination structure; it does not replace the entity responsible for managing the shelter.
- **Start early:** Transition planning should begin as soon as longer-term shelter needs are identified and before an anticipated closure date drives decision-making.
- **Center the resident:** Transition planning should reflect each household's needs, informed choices, eligibility, safety, and available options.
- **Use one coordinated process:** Core partners should coordinate intake, assessment, documentation, and case discussions so residents do not have to provide the same information repeatedly.
- **Keep core partners engaged:** Relevant local, state, nonprofit, federal, and private-sector partners should participate throughout the transition process, with clear responsibility assigned for actions and follow-up.
- **Plan for the whole household:** Consider access and functional needs, medical and behavioral health needs, transportation, pets and service animals, family reunification, safety and protection concerns, employment, school, and other factors affecting a successful transition.
- **Use appropriate available resources:** Connect residents with local, state, nonprofit, federal, and private-sector resources based on eligibility, availability, and incident needs. Do not represent assistance or placement as confirmed until it has been verified by the responsible provider.
- **Use warm handoffs and close the loop:** Referrals should identify the receiving provider and the partner responsible for follow-up. MASTT should confirm and document the outcome whenever possible.



- **Document decisions and escalate barriers early:** Record transition plans, resident consent, referrals, responsible partners, decisions, and unresolved barriers. Elevate barriers promptly when they cannot be resolved at the team level.
- **Protect information:** Intake records, releases of information, and case notes must be managed in accordance with privacy requirements and incident data procedures. Information should be shared only with authorized partners and only to the extent necessary to coordinate services.

IV. Team Structure and Responsibilities

An effective MASTT should include the roles below to address diverse survivor needs. ESF 6 may adjust staffing, allow qualified personnel to fill multiple roles, or add specialists based on shelter census, resident needs, incident complexity, and partner availability, but each core function should be assigned.

- **MASTT Lead:** Directs team activity; coordinates with ESF 6, county human services, and shelter management; sets priorities and assignments; maintains accountability; reviews transition status, documentation, and reporting; and elevates unresolved barriers, safety issues, and decisions through the incident structure.
- **SERT ESF 6/15 Representative (if not the MASTT Lead):** Provides state-level human services coordination and working knowledge of ESF 6 and ESF 15 capabilities and partners. Connects the team with the SERT Human Services Branch, resolves cross-agency issues, and routes needs, requests, and decisions through established channels.
- **Local County Human Services Representative:** Leads local shelter-transition initiatives and connects MASTT with county programs, providers, and community resources. Identifies priorities, validates local needs, supports referrals and follow-up, and maintains county ownership of transition decisions.
- **NGO Representative:** Brings nongovernmental resources, volunteer capacity, and community relationships. Coordinates assistance within organizational authority, identifies gaps, supports warm handoffs, and helps prevent duplication among partners.
- **Hope Navigator:** Works directly with survivors to identify goals and barriers, develop next steps, and connect households with Hope Florida and other recovery services. Follows referrals, supports warm handoffs, and documents progress.
- **Federal Representative:** Facilitates access to FEMA and other federal assistance, provides authoritative program information, coordinates referrals or on-site support, helps resolve federal-process barriers, and clarifies status without guaranteeing assistance.
- **Shelter Management Representative:** Represents the shelter operator and coordinates operational aspects of consolidation and closure. Provides current census and operating information, manages site access and resident communication, aligns transition work with shelter procedures, and validates departures while retaining shelter authority.
- **Behavioral Health/Crisis Management Representative:** Supports survivor and team stability through trauma-informed engagement, crisis support, de-escalation, and behavioral health referral. Identifies concerns requiring clinical, protective-services, or emergency referral and supports safe transition planning within assigned scope.

V. Standard Resident Transition Workflow

Use one coordinated process so residents do not have to repeat the same information to multiple organizations. Adjust assignments to the shelter's size and operating model, but retain the following sequence.

1. **Check in and establish the operation.** Confirm the mission, MASTT Lead, county and shelter contacts, workspace, staffing, safety procedures, daily schedule, reporting deadlines, approved forms and systems, and escalation path.



2. Confirm the roster and priorities. Reconcile the current roster with the shelter operator; identify households, household members, pets and service animals, known CMIST considerations, residents already preparing to leave, and residents needing immediate transition support.

3. Explain the process and obtain consent. Tell the resident what information will be collected, why it is needed, which organizations may receive it, and that participation and consent may be limited or declined. Use the consent or Release of Information approved for the managing entity, the information involved, and the receiving partner. A FEMA release is used for FEMA-related information when applicable; it is not blanket authorization for all partner disclosures.

4. Assess barriers and immediate needs. Document the pre-disaster living situation, home habitability, preferred destination, transportation, identification and benefits issues, income or housing barriers, medical or behavioral health concerns, communication and language needs, durable medical equipment or caregiver needs, and pet-related needs. Escalate urgent conditions immediately.

5. Develop and assign the transition plan. Match the resident to available options based on safety, eligibility, availability, and informed choice. Record the selected pathway, responsible person or partner, next action, required documents or supplies, target date, and contingency if the preferred option is unavailable.

6. Verify the destination and movement. Before dispatch, confirm destination acceptance and availability; pickup and receiving contacts; accessible and pet-capable transportation when needed; household unity; medications, equipment, and essential supplies; and the resident's understanding of the destination and next steps.

7. Complete the movement and handoff. Record the departure time and destination category, confirm the receiving handoff when applicable, notify the shelter operator, and update transportation and placement partners. A referral, application, tentative reservation, or scheduled ride remains pending until movement or an accepted handoff occurs.

8. Close or transfer follow-up. Close the transition record when the household has physically departed for a confirmed, safe, and available destination. Transfer continuing needs to a named local, state, federal, or nonprofit owner with the resident's consent or other applicable authority, and document the next action and due date.

VI. Common Transition Barriers and Practical Actions

- **Home damage or uncertain habitability:** Coordinate with county, FEMA, FDEM Recovery/IA, inspectors, or local officials as appropriate. Help residents understand how to document damage and follow up on inspections.
- **No transportation:** Coordinate ESF 6 or local transportation support for return home, inspections, appointments, DRC/MARC access, non-congregate lodging, or movement to another shelter.
- **No identification or documents:** Connect to local government, DMV, legal aid, FEMA support, or other partners that can assist with replacement documentation or alternate verification.
- **FEMA registration or application issues:** Connect with FEMA DSA, IA support, DRC, or call center support. Track registration status when allowed and relevant.
- **Access and functional needs:** Use the CMIST framework and coordinate communication access, personal assistance, durable medical equipment and consumable medical supplies, caregiver support, accessible transportation, and reasonable modifications through APD, ESF 8, or other appropriate partners.
- **Medical or medication concerns:** Coordinate shelter medical support, ESF 8, local health department, community health centers, EMS, pharmacy options, or transfer when needs exceed shelter capability.
- **Behavioral health or crisis needs:** Coordinate crisis counseling and community stabilization support; refer to appropriate clinical or emergency care when needed.
- **Household pets:** Coordinate pet-friendly lodging or sheltering options, pet supplies, animal services, or ESF 17 support as needed.
- **Limited income or no housing option:** Coordinate local human services, CoC partners, nonprofits, faith-based partners, housing authorities, Hope Florida, disaster assistance programs, and recovery partners.
- **Pre-disaster homelessness or precarious housing:** Coordinate with CoC, local homeless services, shelter providers, outreach teams, and recovery partners. Identify realistic local pathways early.



- **Reunification:** Use approved reunification and missing-person resources to help locate and reconnect separated household or family members.
- **Safety, Protection, or Heightened-Vulnerability:** Connect survivors facing threats, abuse, exploitation, or heightened risk—including potential victims of human trafficking or domestic violence—with the appropriate victim-services provider, protective-services agency, law-enforcement resource, or shelter emergency contact.

Escalation Process

Issues that cannot be resolved at the shelter level should be elevated through the MASTT Lead to the shelter operator, county emergency management, ESF 6, ESF 15, FDEM Recovery/Individual Assistance, the Human Services Branch, or the appropriate partner ESF. Examples include lack of available lodging, recurring transportation failures, unresolved medical or AFN needs, safety concerns, inability to access FEMA or recovery programs, or a shelter closure timeline that does not align with remaining resident needs.

VII. Core Documentation

These documents may be provided prior to deployment:

- **MASTT Operational Guide:** Incident specific guide with relevant contacts and details, including the current list of county, shelter operator, ESF 6, ESF 15, FDEM Recovery/IA, APD, ESF 8, ESF 17, transportation, nonprofit, and local service contacts.
- **Template Transition Plan:** Resident-level or household-level plan that identifies the current barrier, next step, responsible partner, transportation needs, target date, and follow-up requirements.
- **Mass Care Guide or Shelter Plan Extract:** Reference for shelter management model, ESF 6 support capabilities, shelter transition expectations, and coordination with partner ESFs.
- **Combined/FEMA Release of Information (ROI) Form:** FEMA Form FF-104-FY-21-118 or other FEMA-accepted written consent tool allowing resident information to be shared with identified partners for shelter transition, benefits, housing, transportation, or recovery support. This should be completed before personally identifiable information is shared outside the managing entity or approved system.
- **MASTT Intake Form:** Standard tool to collect household composition, pre-disaster housing, current barrier, FEMA status, health or AFN needs, pet needs, documentation needs, transportation needs, and preferred transition option.
- **FEMA TSA Job Aid:** Quick reference for TSA eligibility, process, limitations, hotel search support, and coordination points when TSA is available.
- **Contact List:** Current list of county, shelter operator, ESF 6, ESF 15, FDEM Recovery/IA, APD, ESF 8, ESF 17, transportation, nonprofit, and local service contacts.

Release of Information procedure

- Explain the purpose of the ROI in plain language before collecting signatures.
- Identify which partners may receive information and the purpose of sharing.
- Do not share personally identifiable information with outside partners unless the ROI or another approved authority allows it.
- Record whether the resident signed, declined, or limited the release.
- Store signed ROIs with the intake record or approved incident data system.
- If a resident declines an ROI, continue to provide general information and assistance that does not require sharing protected information.

Data Management and Confidentiality

- Use only approved forms, trackers, and systems for resident information.
- Limit access to resident-level information to personnel with an operational need to know.
- Store paper forms securely and transfer them to the approved custodian or system as directed.



- Do not transmit personally identifiable information through unsecured channels.
- Separate general operational reporting from resident-level information whenever possible.
- Follow applicable state, federal, FEMA, county, and partner confidentiality requirements, including requirements related to personally identifiable information and health-related information.

VIII. Resources and Supplies

MASTT teams should deploy with enough equipment to operate in a shelter environment with limited workspace, limited connectivity, and high resident demand.

- Technology: Tablets or laptops, chargers, power strips, hotspot or Starlink access if needed, printer/scanner, secure work phones, and access to approved forms and trackers.
- Administrative supplies: Clipboards, pens, folders, labels, privacy screens when available, intake packets, ROI forms, resident information sheets, and signage.
- Team materials: Operational guide, contact list, shelter floor plan if available, daily huddle template, escalation pathway, and staff schedule.
- Resident support materials: Plain-language flyers on available resources, DRC/MARC information, FEMA registration information, TSA information when available, transportation instructions, and local service lists.
- Transportation support: Access to vehicles or transportation vendor support for resident movement, inspections, appointments, reunification, or lodging placement when approved.
- Privacy and safety: A private or semi-private interview area, secure document storage, and a process for escalating safety, medical, behavioral health, or protection concerns.

IX. Coordination and Battle Rhythm

MASTT should operate on a predictable schedule so partners understand priorities, unresolved barriers, and daily progress.

- Daily MASTT/HSST Field Coordination Call meetings at 5:30 PM ensure clear communication, daily planning, and addressing operational challenges.
- Partner coordination call: participate in ESF 6, ESF 15, county, or shelter transition calls when established for the incident.
- Reporting: provide concise updates through the assigned reporting channel, including census, number of households engaged, number with transition plans, number transitioned, unresolved barriers, and resource needs.

X. Demobilization and Handoff

MASTT demobilization should be coordinated with the shelter operator, county, ESF 6, and FDEM Human Services Branch when applicable.

MASTT demobilization checklist

- Confirm each remaining resident has a transition option, pending action, or documented handoff.
- Provide the shelter operator, state, and county with a summary of unresolved barriers that affect shelter closure.
- Transfer open cases to local case workers, local human services, FDEM Recovery/IA, FEMA, American Red Cross, CoC, nonprofit partners, or other appropriate resources when available and allowed.
- Close or transfer transportation, lodging, pet-related, medical, AFN, and behavioral health follow-up actions.
- Secure and transfer forms, ROIs, trackers, and notes according to data management direction.
- Conduct an after-action to capture lessons learned and recommended changes to the MASTT process.



APPENDIX D: HUMAN SERVICES SUPPORT TEAM OPERATING GUIDE

I. Purpose and Scope

A Human Services Support Team (HSST) is a small, scalable field asset that provides on-the-ground Human Services and Mass Care support to a county after an incident. HSSTs help local officials identify and prioritize immediate human-needs issues, connect county and site staff with state and nongovernmental resources, and provide verified ground-level situational awareness to the State Emergency Response Team (SERT) Human Services Branch, Emergency Support Function 6 (ESF 6), and Emergency Support Function 15 (ESF 15). Personnel may deploy as a team or as individual specialists based on the mission.

This appendix is a field operating guide for HSST members, HSST Leads, county points of contact, ESF 6 staff, and staff-augmentation personnel, supplementing the incident action plan, mission tasking, county procedures, site operating procedures, and direction from SERT leadership.

Expected products -Each deployment should produce a county-aligned work plan, concise daily field reporting, a tracked list of issues and actions, and a documented handoff or demobilization summary.

II. Mission and Operating Principles

- **County-led, state-supported** – When deployed to support locals, local officials should identify priorities and retain authority for county and site operations.
- **Communicate** – Communicate observations and issues to coordinating state or local officials, reporting to ESF 6, ESF 15, and Human Services on the daily MASTT/HSST Field Coordination Call.
- **Task before acting** - Confirm the mission, requesting official, and county or site point of contact before beginning work or changing scope.
- **Verify / ground truth** - Distinguish direct observation from reports received from others; include the source and time when conditions may change quickly.
- **Coordinate without taking over** - Facilitate introductions, referrals, and problem-solving while supporting—not replacing—the county's human services structure or the site's operator.
- **Serve the whole community** - Use the Communication, Maintaining Health, Independence, Support and Safety, and Transportation (CMIST) framework and account for language access, pets, service animals, and household unity.

III. Activation and Mission Tasking

HSSTs may be activated when a county requests additional Human Services expertise or staffing; rapid field confirmation is needed to inform ESF-level decisions; local leadership needs problem-solving support connected to state resources; or shelters and other survivor-support operations require assessment, coordination, outreach, or stabilization support. Teams may be assigned to county emergency operations centers, shelters, points of distribution (PODs), Multi-Agency Resource Centers (MARCs), Disaster Recovery Centers (DRCs), Lily Pads, Activate Hope sites, impacted neighborhoods, or other SERT-designated locations.

Mission information should include: the mission or task number; requesting county and point of contact; objectives and priority populations; locations; staffing or number of teams; start time, operational period, and expected duration; reporting channel and deadlines; and any PPE, technology, communications, language, transportation, lodging, meal, or accessibility requirements.

Operational boundary - HSST personnel do not self-deploy, independently expand the mission, obligate funds, order resources, promise services, direct site staff, conduct clinical care, or assume long-term case management unless separately authorized, qualified, and tasked.



IV. Command, Supervision, and Roles

The HSST operates within SERT direction and the county's local coordination structure. This dual relationship is resolved by keeping state supervision and reporting with the HSST Lead/State ESF 6 while using the county point of contact to set local priorities, authorize local coordination, and confirm needs.

- **HSST Lead:** Coordinates deployment tracking, team assignments, information flow, daily tasking, safety and welfare checks, the HSST synchronization meeting, and escalation to ESF 6 or the Human Services Branch.
- **Deployed Team Lead:** Serves as the on-scene supervisor when a multi-person team is deployed; checks in with the county; develops the daily work plan; assigns field activities; reviews reporting; and maintains team accountability.
- **HSST Members:** Conduct assigned assessments, outreach, coordination, and follow-up; maintain accurate notes; protect survivor information; and promptly report urgent or unresolved issues through the Team Lead.
- **County Point of Contact:** Identifies local objectives and authorized sites, integrates the team into the county battle rhythm, validates requests, facilitates access, and coordinates HSST activity with local agencies and site operators.
- **Site or Shelter Lead:** Retains authority for shelter or site operations, approves HSST access and on-site activity, verifies operational information, and receives findings affecting the site.
- **ESF 6/ESF-15/Human Services Branch:** Sets state-level objectives, coordinates cross-county or partner support, manages or routes state resource missions, incorporates HSST reporting into the common operating picture, and approves material changes in assignment. Leads MASTT/HSST Field Coordination Call.

Team composition is mission-driven. Useful capabilities may include Mass Care, Volunteers and Donations, survivor outreach, shelter operations, access and functional needs, CMIST, behavioral health resource navigation, data and reporting, and local resource coordination. Individuals may remain embedded in a county at county request only after the HSST Lead and ESF 6/Human Services confirm the continuing assignment.

V. First Operational Period

The first operational period is critical for synchronization with local needs and state processes.

1. **Check in** - Report to the county point of contact and deployed Team Lead; confirm credentials, contact methods, work location, check-in/check-out procedure, and travel or lodging arrangements.
2. **Confirm the assignment** - Review the mission objective, geographic and functional scope, priority questions, authorized sites, operational period, deliverables, and who may approve a change in tasking.
3. **Join the local rhythm** - Identify county and site briefings, partner meetings, field schedules, reporting deadlines, and the method for recording or updating WebEOC missions.
4. **Establish safety and access** - Receive the local safety briefing; confirm PPE, communications, restricted areas, field travel, buddy procedures for outreach, emergency contacts, and accessibility or language support.
5. **Build the work plan** - List priority locations and questions, assign personnel, identify expected outputs, and schedule return contact with the county and each site visited.
6. **Set escalation and reporting** - Confirm who receives urgent notifications, routine field updates, resource needs, and end-of-period reports. Test communications before leaving the coordination point.
7. **Begin with a baseline** - Record what is known, what requires verification, existing mission numbers, unresolved actions, and the time and source of each material data point.
8. **Communicate** - Communicate with county contacts per their direction, as well as the HSST lead/State ESF-6.

VI. Field Operations

Use a consistent cycle for each assignment: prepare with the county or site lead; observe conditions; confirm information with the responsible official; identify CMIST and Mass Care gaps; connect the appropriate local, state,



nonprofit, or private-sector partner; document the action; and follow up until it is resolved, transferred, or formally elevated. Obtain site approval before interviewing survivors or photographing operations.

- **County EOC support:** Support priority setting, consolidate human-services issues, connect local leads with ESF 6/ESF 15 and other partners, validate field reports, and maintain an action list aligned with the county's objectives.
- **Shelter or survivor-support site assessment:** Check status, census and capacity, staffing, feeding and water, emergency supplies, accessibility, communications, sanitation, transportation, medical or behavioral-health coordination, pets and service animals, safety, transition pressures, and outstanding requests. Confirm findings with the shelter operator before reporting.
- **Outreach and welfare checks:** Conduct locally directed canvassing, outreach, or welfare checks; provide approved information and resource navigation; identify urgent unmet needs; and refer concerns through the local process. Do not enter unsafe structures or present an assessment as an eligibility determination.
- **CMIST-informed support:** Identify barriers involving communication, continuity of health services, DME/CMS, personal assistance, household support, safe sheltering, and accessible transportation; coordinate with the Florida Access and Functional Needs Coordinator or appropriate ESF when directed.
- **Partner alignment:** Facilitate introductions, clarify ownership, deconflict overlapping activity, and help partners understand local priorities. HSSTs may provide light on-site coordination but do not replace incident command, shelter management, law enforcement, emergency medical services, or program administrators.
- **Field intelligence:** Report verified changes, emerging patterns, service gaps, and consequences if a need is not addressed. State what is observed, what has been confirmed, what remains uncertain, and what decision or support is requested.

Urgent conditions: Immediately notify 911 or the appropriate on-site emergency function and the county/site chain for life-safety threats, medical emergencies, threats of harm, suspected abuse or exploitation, missing persons, security incidents, or other time-critical concerns. Notify the Team Lead and HSST Lead as soon as conditions permit. HSST personnel do not investigate, diagnose, or provide clinical care unless separately credentialed and assigned.

VII. Resource Requests and Mission Documentation

Document enough to act: what is needed and why; quantity or population served; exact delivery or service location and on-site point of contact; required date/time and duration; accessibility, language, transportation, pet, safety, or access considerations; local resources attempted; and the plan to receive, store, distribute, operate, or demobilize the resource.

Routing rule: For a county need, the county submits or authorizes the WebEOC mission through the established process. An HSST may help frame, validate, or update the request and may elevate an urgent unresolved issue to the HSST Lead/ESF 6, but it does not independently order a resource or commit the state, county, partner, or vendor. Record material verbal coordination in the appropriate mission or incident record, track the mission number and status, and report the final disposition to the county and site.

VIII. Reporting and Information Management

Follow the incident battle rhythm and the deadlines established by the HSST Lead. Field updates must arrive early enough to support Mass Care coordination, the ESF 6 Situation Report, the Incident Action Plan, and Human Services Branch briefings. Participate in the daily MASTT/HSST Field Coordination Call—normally 5:30 p.m. when established—unless the incident schedule changes. Do not wait for a scheduled report to communicate a life-safety issue, a rapidly worsening condition, or a decision needed before the next reporting cycle.



Minimum daily update: operational period; team and locations; county/site contacts; work completed; verified changes; census or capacity when assigned; unmet needs by urgency; actions, owners, and status; WebEOC mission numbers; aggregate CMIST, language, transportation, pet, behavioral-health, or transition issues; next-period priorities; and team safety or logistics needs.

Reporting standard: Use concise, plain language; separate facts from estimates; identify the source and observation time; avoid duplicate or stale information; and state explicitly when no material change occurred. Report both the problem and the action needed. The Team Lead reviews the team's submission and follows up on gaps before sending it through the assigned channel.

Information protection: Collect only information needed for the assigned function. Do not place names, contact information, medical details, photographs, or other personally identifiable information in routine situation reporting. Use approved forms, systems, and secure transmission methods for resident-level information; limit access to personnel with an operational need to know; and follow applicable county, state, federal, and partner requirements.

IX. Transition to MASTT

HSST activity may reveal that a shelter population has persistent barriers to exit or that structured resident-level transition planning is needed. The Team Lead should document the trigger, consult the shelter operator and county, and recommend a Multi-Agency Shelter Transition Team (MASTT) mission to the HSST Lead/ESF 6. Transition occurs only after the assignment, leadership, staffing, reporting, forms, and information-sharing procedures are confirmed. HSST members may be retained or retasked to preserve local relationships and situational awareness. See Appendix C.

X. Demobilization and Handoff

- Provide a final county-aligned summary of locations visited, verified conditions, work completed, unresolved risks, mission numbers and status, and recommended follow-up.
- Transfer approved records and secure or dispose of working notes as directed; return equipment and credentials and complete time, travel, expense, and property documentation.
- Participate in the hotwash or after-action process and identify plan, training, staffing, reporting, technology, logistics, or coordination improvements.



APPENDIX E: REGIONAL AND HOST SHELTER PLAN

A. Purpose and Scope

This appendix describes the Florida SERT ESF 6 and Human Services Branch's long-term direction for developing a network of regional and host shelter facilities. It is an aspirational plan: it identifies the future capability SERT and its partners are working toward, not a requirement that every region already have a designated facility and not an incident operating procedure.

Florida's evacuation shelter system relies heavily on schools and other facilities intended for short-duration use. As these facilities return to normal operations, some survivors may continue to require congregate sheltering. Pre-identifying facilities capable of receiving consolidated shelter populations will provide counties and the state with more reliable options during the transition to longer-duration sheltering. Using FDEM's ten regions as the geographic framework, the long-term goal is to identify at least one viable regional host shelter option per region, followed by county-level recovery shelter options and additional regional alternatives. A purpose-built, hardened facility capable of supporting evacuation, host, and recovery shelter functions is preferred; however, the network may also include existing buildings that can be adapted and supported for shelter use. A facility may serve counties outside the region in which it is located.

Florida's experience managing major disasters over the past decade has demonstrated a recurring need for facilities that can support shelter consolidation and continued congregate sheltering after short-duration sites begin closing. As shelter populations decline, the households that remain often face more complex housing, transportation, medical, access and functional needs, or other recovery barriers that require additional time and support. At the same time, evacuation shelters—particularly schools—must return to their primary functions. Without pre-identified regional and host options, shelter consolidation can become an ad hoc process that delays facility closure and requires counties and the state to locate suitable capacity during an ongoing response. Developing the network in advance will provide greater continuity, allow resources and services to be concentrated where they are most needed, and support a more orderly transition from evacuation sheltering to recovery.

Activation, staffing, survivor movement, resource requests, and shelter operations remain governed by the main body of this Shelter Plan, the State Comprehensive Emergency Management Plan, applicable local plans and agreements, and incident-specific direction.

B. Definitions

As a note, a Regional Shelter could be many different shelter types or shelter modifiers. The following definitions are taken from Section II.B of this 2026 Shelter Plan:

Host Shelter: General Population Shelters opened in jurisdictions outside of the impacted area to receive evacuees from affected counties or regions. Host shelters support population movement away from high-risk or damaged areas.

Regional Shelters: General Population Shelters that are pre-identified or established to serve evacuees from multiple counties, jurisdictions, or regions. Regional shelters are typically located in facilities with sufficient capacity, resiliency, and supporting infrastructure to receive larger populations during major evacuation or displacement events. These shelters may support evacuees from surrounding or sending jurisdictions and are intended to reduce pressure on local sheltering systems when shelter demand exceeds the capacity or availability of county-level shelters.

Recovery Shelters: General Population Shelters opened to support the transition to recovery. Recovery shelters include longer-duration sheltering operations and serve populations that cannot immediately return home or relocate to alternate housing.



Regional describes the intended service footprint, host describes the receiving role, and recovery describes the phase and duration of sheltering. A single facility may be developed to serve more than one of these roles.

C. Strategic Direction: Building the Network

ESF 6 and SERT partners will work with counties, facility owners, and sheltering organizations to develop regional and host shelter coverage across all ten FDEM regions. Existing regional facilities and state-funded projects will form the foundation of the network. In regions without an identified facility, planning will focus on identifying candidate sites, confirming local interest, defining the intended shelter role and counties served, and determining the most practical development path through designation, agreements, adaptation, retrofit, or new construction.

The network will be developed with flexibility rather than around a single facility model. Purpose-built, hardened facilities capable of supporting multiple shelter functions are preferred, but suitable public, nonprofit, faith-based, commercial, and other buildings may also be considered. Facilities may serve counties outside the region in which they are located, and alternate or cross-regional options should be identified where feasible. The initial priority is to establish at least one viable option in each region. Longer-term efforts should expand toward additional regional alternatives and county-level recovery shelter options.

Facility planning should favor sites that:

- **Can serve as both evacuation and recovery shelters:** Preference should be given to facilities that can safely support evacuation sheltering and remain available for extended shelter operations, allowing survivors to stay at the same location as operations transition to recovery and reducing the need to relocate to another facility.
- **Are available during disaster periods:** The owner can make the building available for regional, host, or recovery sheltering after shorter-duration sites close.
- **Offer useful scale:** The site has enough usable area to support its intended sheltering role and anticipated population.
- **Are appropriately located:** The site is positioned within the region and has reasonable access to serve its intended counties.
- **Support all residents:** The facility is accessible or adaptable for people with access and functional needs, caregivers, service animals, and household pets, as applicable.
- **Have local interest:** The owner and local jurisdiction are willing to pursue designation, improvements, agreements, funding, and needed state or partner support.

These considerations guide prioritization rather than serve as pass-or-fail criteria. When a purpose-built facility is unavailable, SERT and local partners may consider other buildings that can safely house residents and be supported with temporary infrastructure and services.

D. Regional Facility Planning Matrix

The matrix below is a strategic snapshot of the current regional and host shelter network organized by FDEM region.

FDEM Region	Facility	Information
Region 1 Escambia; Santa Rosa; Okaloosa; Walton; Holmes; Washington; Bay	No facility identified	N/A



APPENDIX E: REGIONAL AND HOST SHELTER PLAN

PLAN | LAST UPDATED: OCTOBER 1, 2026



FDEM Region	Facility	Information
Region 2 Jackson; Calhoun; Gulf; Franklin; Liberty; Gadsden; Leon; Wakulla; Jefferson; Madison	Marianna Emergency Shelter–Multi-Purpose Facility (MERE) <i>Near 3625 Caverns Road, Marianna</i> Pending Construction	Purpose-built emergency shelter and double-court gym under development; approximately 26,989 gross square feet. Net usable shelter area and host capacity remain to be determined. There may need to be a location in Leon to support the eastern region.
Region 3 Hamilton; Suwannee; Columbia; Taylor; Lafayette; Dixie; Gilchrist; Levy; Alachua; Bradford; Union	Suwannee County Regional Shelter <i>Site pending, Suwannee County</i> Pending Construction	Agreement F0153 funds land acquisition, planning, and design through December 31, 2027.
Region 4 Baker; Nassau; Duval; Clay; St. Johns; Putnam; Flagler	Town of Hilliard Hurricane Shelter <i>Oxford Park Recreational Facility, Hilliard</i> Candidate	Planned 11,600-gross-square-foot hurricane shelter, gym, and community center. Project documents do not establish a regional designation.
Region 5 Marion; Sumter; Lake; Volusia; Seminole; Orange; Osceola; Brevard	No facility identified	Priority gap. Identify one or more facilities with potential to serve multiple counties.
Region 6 Citrus; Hernando; Pasco; Pinellas; Hillsborough; Manatee	Mike Fasano Regional Hurricane Shelter <i>11611 Denton Ave, Hudson, FL 34667</i>	Purpose-built regional facility used primarily for special needs sheltering, could be used to transition to general population or co-located sheltering. 19,750 square feet of suitable shelter area and 329 special needs spaces.
Region 7 Polk; Hardee; DeSoto; Highlands; Okeechobee	No facility identified	N/A
Region 8 Indian River; St. Lucie; Martin; Palm Beach	No facility identified	N/A
Region 9 Sarasota; Charlotte; Lee; Glades; Hendry; Collier	Babcock Ranch Field House / Southwest Florida Evacuation Center <i>43281 Cypress Pkwy, Punta Gorda, FL 33982</i>	Purpose-built ICC 500 emergency shelter for the surrounding area; approximately 40,600 square feet with a published emergency-shelter capacity of up to 1,343 people.
Region 10 Broward; Miami-Dade; Monroe	No facility identified	N/A