###### Family Assistance Center (FAC) Toolkit

*[Note: This Appendix C Table of Contents is included for illustrative purposes in this document but should be removed, leaving only the main base plan table of contents, when and if all documents are combined with the Family Assistance Base Plan to create a single document.]*

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Attachment A: Example – Local State of Emergency/Emergency Declaration

*[Note: The following is an example showing the language that should be retyped onto the jurisdiction’s official letterhead before submitting. Language should be changed to accurately describe the current incident.]*

**WHEREAS**, \_\_\_\_\_\_\_\_ County (or city/town) has suffered from a \_\_\_\_\_\_\_\_\_ (i.e., flood, earthquake, severe storm, etc.) that occurred on \_\_\_\_\_\_\_\_\_ (include date(s) and time);

**WHEREAS**, (describe impacts, such as extensive damage that was caused to public and private property, roads, bridges, homes, businesses, utilities, and other public and private facilities, or [jurisdiction] experienced an active shooter incident that resulted in mass casualties and injuries and constituted an incidence of mass violence);

**WHEREAS**, emergency response operations continue throughout the county/jurisdiction and are severely straining all responding agencies and the emergency operations plan is in effect;

**WHEREAS**, the cost and magnitude of responding to and recovering from the impact of this event is far in excess of the county’s (or city’s/town’s) available resources;

**WHEREAS**, these conditions do constitute a “State of Emergency,” (or “Emergency,”) according to local and state statutes;

**NOW THEREFORE**, the Chair of the \_\_\_\_\_\_\_\_ County Commissioners (or the Mayor of \_\_\_\_\_) has declared a State of Emergency (or Emergency) on behalf of \_\_\_\_\_\_\_\_\_ County (or city/town) and will execute for and on behalf of \_\_\_\_\_\_\_\_\_ County (or city/town) the expenditure of emergency funds from all available sources, the invoking of mutual aid agreements, and the requesting of assistance from the State.

Dated this \_\_\_\_\_\_\_\_\_ day of \_\_\_(month and year)\_\_\_\_\_\_\_\_\_

Insert jurisdiction seal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Elected Official

ATTEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment B: Site Selection and Activation Tools

B-1. FAC Facility Size Estimation Tool

*See attached Excel spreadsheet.*

B-2. FAC Site Assessment Form

The purpose of the FAC Site Assessment Form is to evaluate a facility and its location for use as a Family Assistance Center (FAC), including facility details, floor plans, photos, and locations of essential service areas. Each jurisdiction should ensure its site complies with federal and state Americans with Disabilities (ADA) regulations as required.

Insert facility photo here.

Figure 1: [Insert Facility Photograph Above and Identify in this Caption]

Facility Name:

Year Built:

Street Address (city, state, zip):

Facility Owner:

Nonprofit  Faith-based  City  County  State Federal  Private sector Other

Largest Service Area Square Footage:

Cumulative Square Footage:

Total # of Available Rooms:

Total # of People Site Can Accommodate:

Facility Contact #1 (name, phone, email):

Facility Contact #2 (name, phone, email):

Score: 1 2 3 4 5

(*Circle appropriate score above. A score of 5 indicates an ideal site. A score of 1 indicates the site should not be considered.)*

Site Selection – Team Member Assessment Verification

Date Assessed:

Team Member Name: Agency/Organization:

Email: Phone:

| **Specification** | **Y / N** | **Comments** |
| --- | --- | --- |
| Cost range (indicate cost range of available areas) |  |  |
| Approval from facility owner, jurisdiction, or relevant agency |  |  |
| Easy access via major roads, freeways, or public transit (if easy access is unavailable, consider a shuttle service) (indicate major roads/freeways and available transportation resources) |  |  |
| Proximity to sleeping locations (indicate sleeping locations/distance to FAC) |  |  |
| Location in populous and/or tourist areas |  |  |
| Disaster-prone area (indicate type(s) of hazard(s)/distance of area from known hazard(s)) |  |  |
| Controlled heat/air conditioning |  |  |
| Adequate number of parking spaces (indicate total) |  |  |
| Estimated percentage of parking spaces **not** occupied on a normal day |  |  |
| Parking lot layout allows law enforcement access restriction |  |  |
| Availability on short notice |  |  |
| Large indoor space of 5,000+ sq. feet (indicate ingress/egress points) |  |  |
| Media area (room for media vehicles, etc.) |  |  |
| Proximity to restrooms, tap water source |  |  |
| Restricted areas for security and information branches and for client notifications and interviews (indicate square footage) |  |  |
| Separate areas for staff check-in, client check-in, waiting rooms, briefing room, command meetings, workrooms, and other areas indicated on sample layout diagrams (indicate square footage of each area) |  |  |
| Communications capability, to include:   * High-speed open internet access/Wi-Fi * Usage/signal strength for handheld radio use * Mobile telephone signal strength * Landline telephones * Capability for secure telephone lines (e.g., venue staff cannot “listen in” to FAC-related phone calls)   (indicate number of computers and type of internet service) |  |  |
| Separate areas for spiritual care, mental health, public health, and social services (indicate square footage) |  |  |
| Additional rooms for supply storage (indicate square footage) |  |  |
| Appropriate space for childcare area, including:   * Enclosed space with narrow entrance * Discussion from briefing area and other areas where sensitive information is shared cannot be heard   (indicate square footage) |  |  |
| Televisions (indicate number and location of TVs and access to major and multi-lingual networks) |  |  |
| Accessible by people with disabilities and others with access and functional needs |  |  |
| Executed memorandum of understanding (MOU)  If yes, attach copy of MOU  If no, MOU expected to be signed (date): \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Identified point of distribution site |  |  |
| Identified shelter site |  |  |
| Additional security recommended |  |  |
| Total number of available restrooms |  |  |
| Facility available year-round |  |  |
| Members of the public unrelated to the incident are allowed to be present at this site |  |  |
| [Insert additional specifications in the table as necessary.] |  |  |
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**At a minimum, the facility should accommodate the following:**

* Family Reception/Check-In Area: At the FAC facility entrance, registration staff will obtain identification information from family (clients). Registration staff will also assess client needs for specific accommodations or support services, to include mental health, spiritual care, public health services, social services, childcare, and food services (if available).
* Family Badging Area: Authorized clients will receive an identification badge, FAC forms packet, and waiting area assignment. Clients will be instructed to complete the FAC forms and return the forms to registration staff. Clients will be escorted to the waiting area or support services areas (e.g., counseling area, spiritual support area, etc.), as appropriate.
* Family Briefing Area: A separate client briefing room will be established for clients to gather and hear briefings.
* Family Waiting Area: While in the waiting area, clients will be given an opportunity to review and complete their forms.

B-3. FAC Sample Layout

Small FAC Layout

Below is a sample layout for a FAC in a small facility and is intended to be used for planning purposes. Actual layout and space considerations may vary depending on the facility being used.

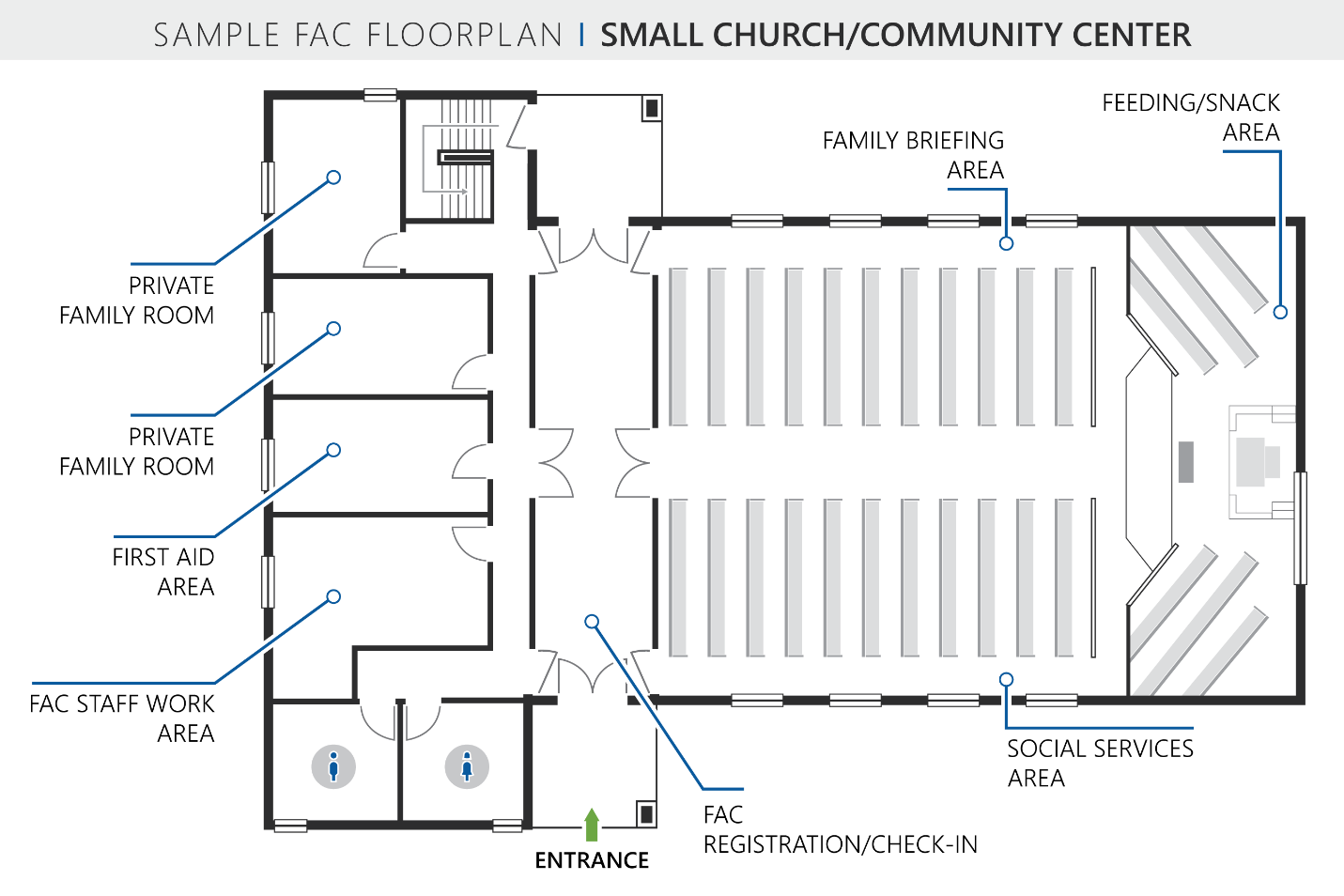


Figure 2: Small FAC Sample Layout

Expanded FAC Layout

Below is a sample layout for an ideal expanded FAC and is intended to be used for planning purposes. Actual layout and space considerations may vary depending on the facility being used.

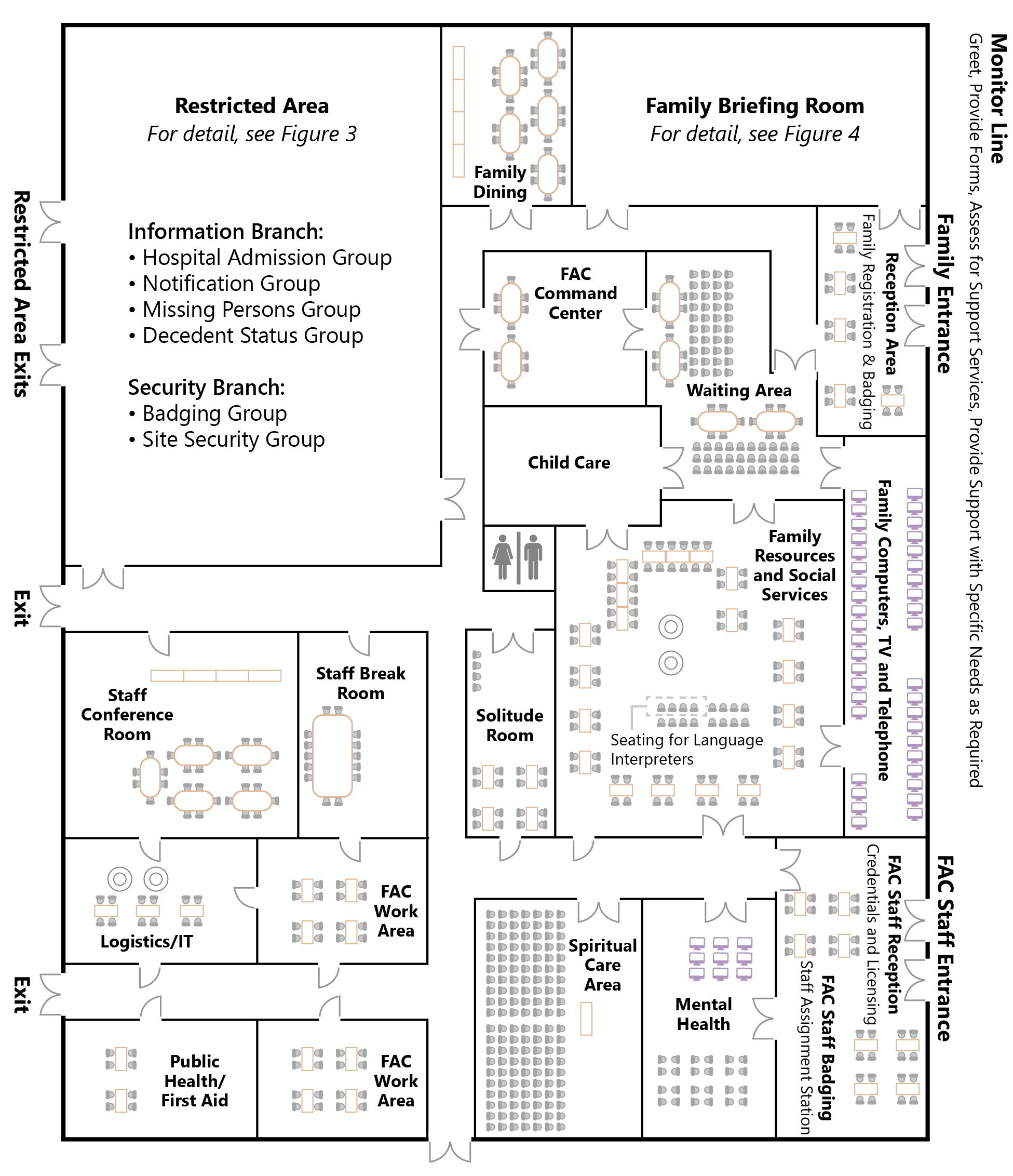


Figure 3: Expanded FAC Sample Layout

FAC Site Plan (including parking lots and media area)

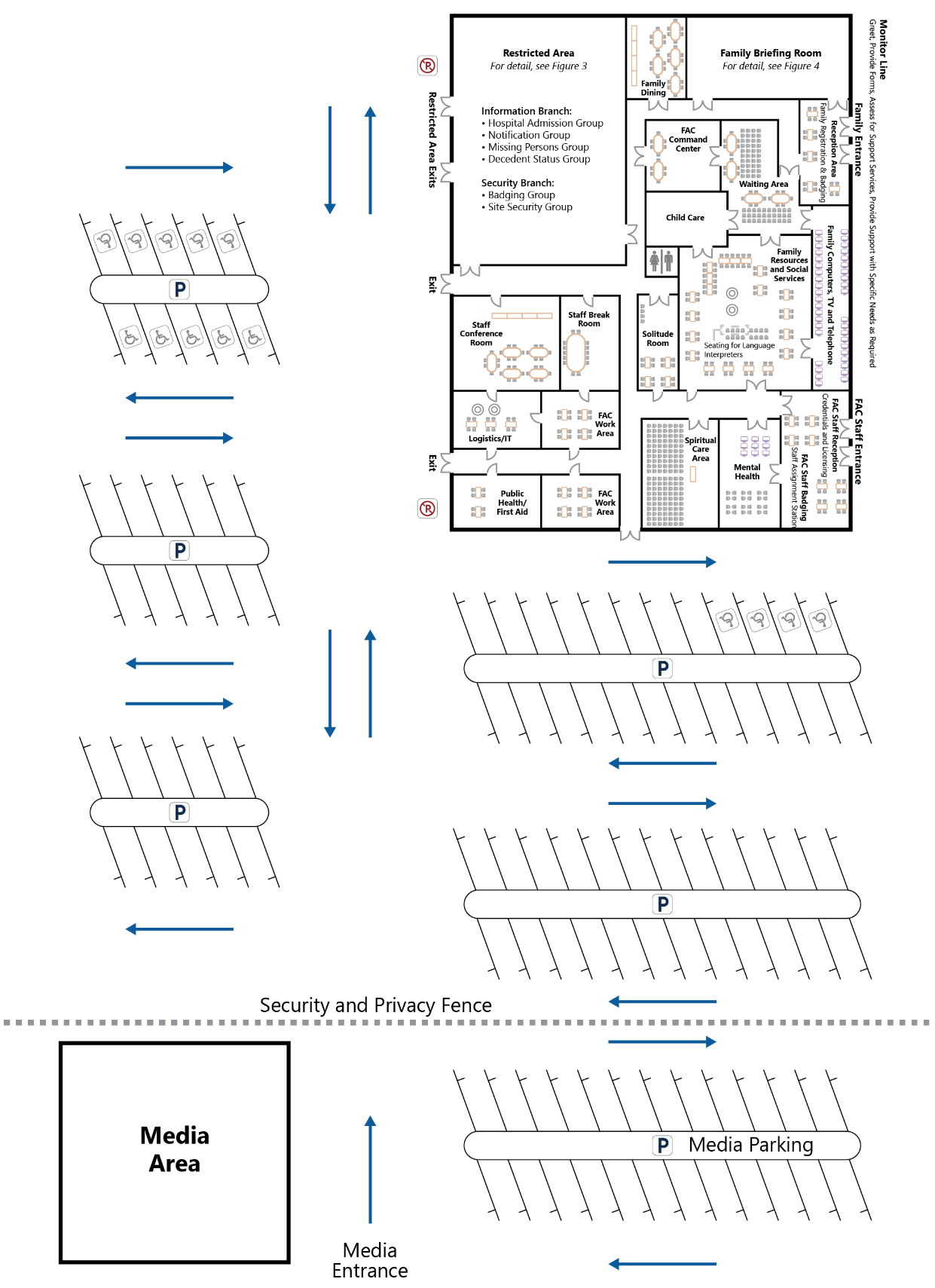


Figure 4: FAC Site Plan (including parking lots and media area)

FAC Restricted Area (for staff use) Sample Layout

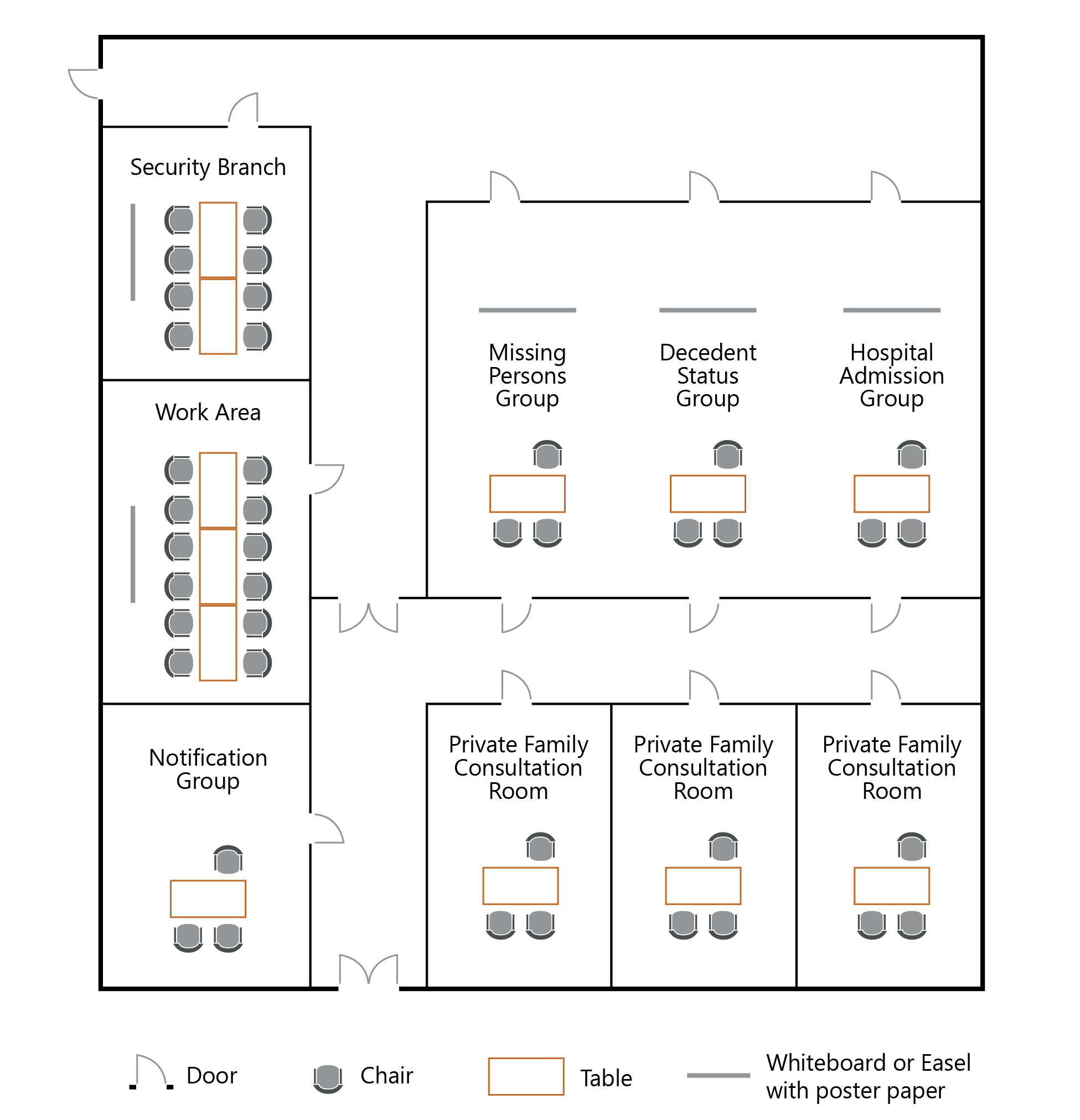


Figure 5: FAC Restricted Area Sample Layout

FAC Family Briefing Area Sample Layout

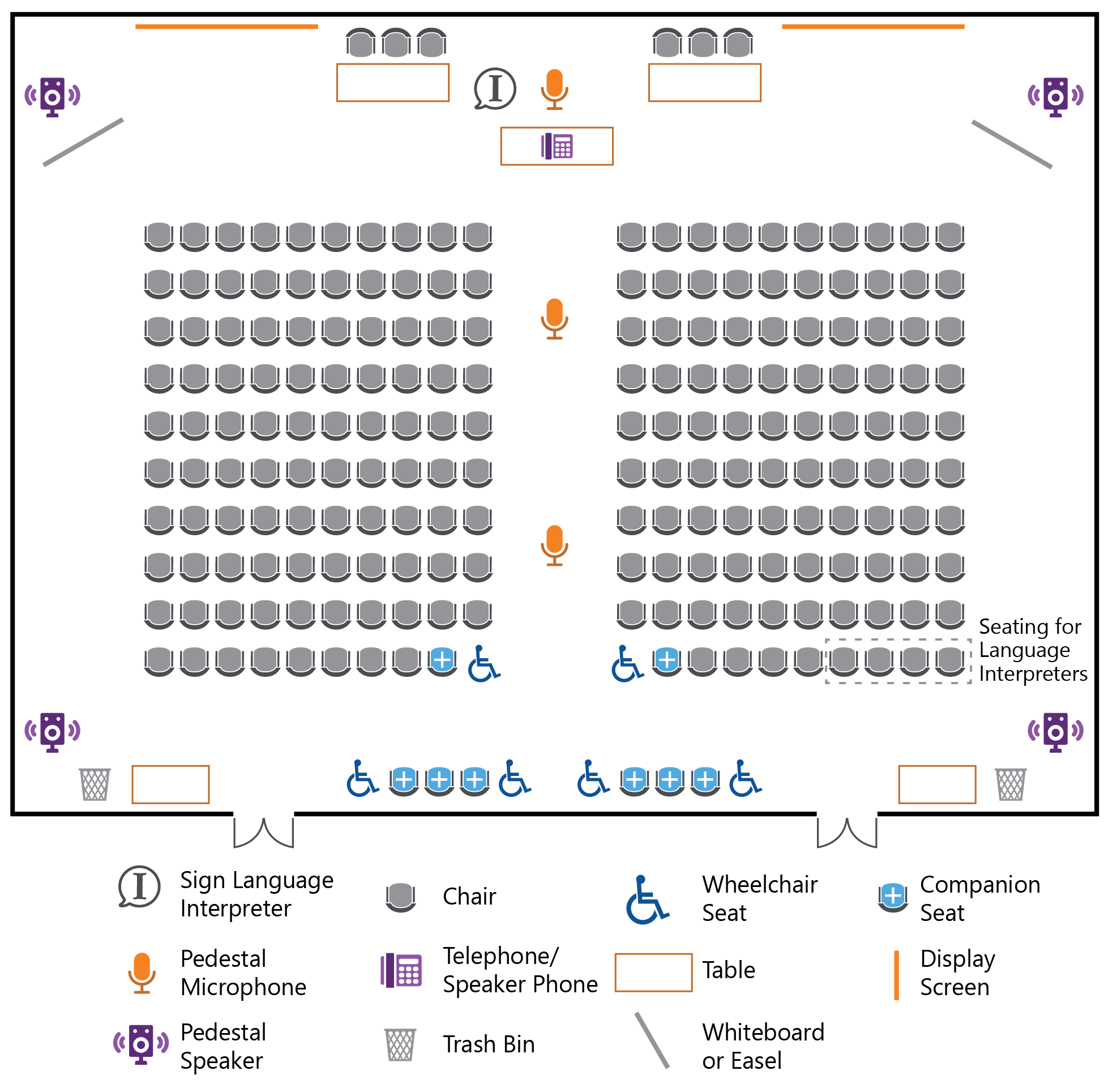


Figure 6: FAC Family Briefing Area Sample Layout

B-4. FAC Facility Use Agreement Template

Memorandum of Understanding for Facility Use Between [Jurisdiction] and [Facility Owner]

Confidential – Not for Public Disclosure

Parties and Purpose

This memorandum of understanding (MOU) is separate from and not connected in any way to existing or future agreements regarding facilities owned by other organizations. This document sets out the basis in which [Jurisdiction] will operate a [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)] in support of emergency operations at the facility maintained by [Facility Owner] (hereafter known as the “Facility”). This agreement is hereby entered into by [Facility Owner] and [Jurisdiction] (hereafter known as “Party” or “Parties”). Its purpose is to describe the relationship between the Parties and provide a broad framework for cooperation between the Parties regarding:

* Facility use during an emergency as [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)];
* Activation procedures and cooperative actions or individual responsibilities of each Party;
* Liabilities of each Party regarding use of the Facility; and
* Management of the financial impacts to the Facility while used in support of emergency operations.

Term and Termination

This MOU is effective as of [date]. It expires on [date] unless terminated sooner. [# months] months prior to expiration, the Parties will meet to review the progress and success of the cooperative effort. In connection with such review, the Parties may decide to extend this MOU for an additional period not exceeding [# years] years, and, if so, shall confirm this in signed written form. This MOU may be terminated by written notification from either Party to the other at any time and for any or no reason. To terminate the MOU, the terminating Party will provide notice of its intent to terminate to the other Party.

If this MOU terminates, [Jurisdiction] will promptly remove any equipment or other supplies from storage areas or areas of the Facility where supplies are housed.

[Jurisdiction] and [Facility Owner] both agree that this agreement may be void if the Facility is unable to provide the necessary space and services to [Jurisdiction] in the event of an emergency.

Facility Information

Contact information for the Parties is provided in Annex A of this MOU. All facilities covered by this agreement are listed in Annex B of this MOU.

Facility Use

Upon request and if feasible, [Facility Owner] authorizes [Jurisdiction] to use the agreed-upon areas identified in Annex B of this MOU for use as a [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)] on a temporary basis.

[Jurisdiction]’s right to occupy and use the Facility is considered a license only and does not constitute a grant of any ownership, leasehold, easement, or other property interest or estate in any [Facility Owner] property.

This MOU [does/does not] include the use of Facility equipment, such as communications equipment, computers, internet services, cooking/food preparation areas and equipment, copying equipment, [add additional items], etc.

Facility Assessment

[Jurisdiction] and [Facility Owner] agree to survey the Facility before its use to ensure access to utilities and the Facility’s capability for providing mass care services, including feeding, sheltering, and basic first aid, and to record any pre-existing damage or conditions. This survey will be in accordance with the Americans with Disabilities Act. [Jurisdiction] and [Facility Owner] will ensure that each area designated for use in [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)] provides equal access to people with disabilities and others with access and functional needs or can be readily amended to provide full access.

In the event of an incident potentially resulting in damage to the Facility, [Jurisdiction] and/or [Facility Owner] agree to inspect the Facility or have the Facility inspected by [Agency].

[Facility Owner] [will/will not] provide environmental health and safety inspection(s) prior to the Facility’s use for emergency operations support.

Storage

[Jurisdiction] may store equipment and other supplies in the areas designated as storage areas in the Facility, as approved by [Facility Owner]. [Facility Owner] and [Jurisdiction] will ensure that storage areas are adequately secured. [Facility Owner] will provide keys and access to the storage areas to the [Jurisdiction] representatives identified in Annex A of this MOU. These individuals may access the storage areas to check the condition of or replace equipment and other supplies with prior notice to [Facility Owner].

Facility Maintenance

[Facility Owner] has and will maintain responsibility for repair and maintenance of the Facility. [Facility Owner] will ensure that designated areas are maintained and available for use during an emergency.

Activation

Facility Activation

Use of the Facility for a [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)] will be activated upon a request to activate the Facility made by [Jurisdiction] or by representatives in the [Jurisdiction] Emergency Operations Center (EOC).

Primary Responsibility

[Jurisdiction] will designate a Facility Manager or a designated point of contact who will be primarily responsible for operation of the [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)] and managing activities at the Facility. [Facility Owner] will designate a Facility Coordinator to coordinate with [Jurisdiction] Facility Manager or designated point of contact.

Access and Use During Activation

Upon activation, [Facility Owner] will provide [Jurisdiction] with continuous and unimpeded access to agreed-upon areas, including restrooms, for 24 hours a day, 7 days a week. [Facility Owner] understands that other users of the Facility may need to suspend their regular use of the Facility. If any of the agreed-upon areas are unavailable due to construction or similar activities, [Facility Owner] will attempt to provide alternate space, such as meetings rooms, classrooms, or other available congregate space, to [Jurisdiction].

Care in Using Facility

[Jurisdiction] will exercise reasonable care when using the Facility, maintain a clean and orderly work environment, and will not make modifications to any area without the express approval of [Facility Owner]. Upon the termination of its use as a [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)], [Jurisdiction] agrees, to the extent possible, to leave the Facility in its original condition.

Signage and Publicity

[Jurisdiction] will coordinate with [Facility Owner] on use of signage at the Facility, including identifying appropriate locations at the entrance to help community members, volunteers, and staff find the locations of services.

[Jurisdiction] and [Facility Owner] may use the other’s name and logos for the purpose of promoting the [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)]. [Facility Owner] will not issue press releases or other publicity concerning the [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)] without the express written consent of [Jurisdiction]. [Facility Owner] will refer all media questions about the [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)] to [Jurisdiction] or the [Jurisdiction] EOC.

Public Safety

In coordination with the Facility Coordinator, [Jurisdiction] Facility Manager or their designated point of contact will coordinate with law enforcement regarding any public safety issues at the Facility while it is activated as a [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)].

Deactivation

Closing the [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)]

[ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)] operations will be deactivated upon announcement by [Jurisdiction] that the emergency has ended or that the operations at the Facility are no longer necessary. [Jurisdiction] will notify [Facility Owner] of the closing date for [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)] operations. Upon deactivation, [Jurisdiction] and [Facility Owner] will jointly conduct a post-occupancy survey and record any damage to the Facility through writing, photographs, and videos. [Facility Owner] will cooperate with [Jurisdiction] on transition activities and provide [Jurisdiction] with access to the Facility for a reasonable amount of time following deactivation.

Liability

The Texas Disaster Act of 1975, Texas Code Chapter 418, Emergency Management, addresses the authorities and responsibilities of state and local jurisdictions in implementing necessary activities to manage emergencies.

Additionally, the 2005 Texas Civil Practice and Remedies Code, Chapter 84, provides protections and liability for persons serving charitable organizations or public entities while acting in good faith provides protection for services rendered in good faith during an emergency.

[Add any relevant local ordinances or statues pertaining to liability here.]

42 U.S. Code § 14501-05, Federal Volunteer Protection Act, 1997 (Public Law 105-19), provides protection to volunteers from nonprofit organizations and governmental entities for harm caused by their acts or omissions on behalf of the organization or entity. The act does not require that an emergency declaration be in place for its protections to apply.

[Facility Owner] and [Jurisdiction] agree to ensure that the Facility is maintained in accordance with proper health, environmental, and safety standards during the Facility’s use for emergency purposes.

Insurance

[Jurisdiction] and [Facility Owner] are each responsible for their own insurance and will maintain appropriate coverage for their respective activities under this MOU.

[Jurisdiction] and [Facility Owner] maintain during the full term of this MOU the following insurance amounts and coverage:

[Add policies and amounts required by Jurisdiction.]

Should any required insurance lapse during the term of this MOU, if the insurance is not promptly reinstated, [Jurisdiction] or [Facility Owner] may, at their sole option, terminate this MOU effective on the date of such lapse of insurance. Insurance shall not relieve or decrease the liability of [Facility Owner] hereunder.

Reimbursement

Damage

[Jurisdiction] will reimburse [Facility Owner] for any damage to the Facility or other property resulting from [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)] operations. [Facility Owner] will not be reimbursed for any damage caused by disasters or out-of-pocket operational costs, including equipment, waste disposal, and utilities, specific to operations outside the use of the Facility or infrastructure by [Jurisdiction] for [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)].

Damage or loss to the Facility and equipment shall be presumed to have occurred during its use as a [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)] if the documentation, photographs, and/or videos depicting the condition prior to use for emergency purposes do not describe or include evidence of damage that exists at the conclusion of the use of said Facility for emergency purposes.

[Jurisdiction] will reimburse [Facility Owner] for the following:

1. Damage to a Facility or other property of [Facility Owner] resulting from the operations of [Jurisdiction], reasonable wear and tear excepted. Reimbursement for Facility damage will be based on replacement at actual cash value. As needed, [Jurisdiction] will select from among bids from at least three reputable contractors. [Jurisdiction] is not responsible for damage caused by the disaster or emergency.
2. Reasonable costs associated with custodial and food service personnel that would not have been incurred but for [Jurisdiction]’s use of the Facility for [ENTER DESIRED FACILITY TYPE HERE, (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)]. [Jurisdiction] will reimburse at per hour, straight-time rate for wages actually incurred but will not reimburse for overtime or costs of salaried staff.
   1. Reasonable, actual, out-of-pocket operational costs, including the costs of the utilities indicated below, to the extent that such costs would not have been incurred but for [Jurisdiction]’s use of the Facility. Before execution of this MOU, both Parties must initial all utilities to be reimbursed by [Jurisdiction] below.

**[Jurisdiction]** **[Facility Owner]**

Water: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Gas: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Electricity: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Waste/Disposal: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Financial Impact

[Facility Owner] will not charge [Jurisdiction] for use of the Facility. The Parties understand and agree that a source of funding has not been identified to cover the cost of any improvements or modifications to the Facility. If costs and expenses are required for compliance with this MOU, the Parties understand and agree that [Facility Owner] will not be considered to be in default of its obligations under this MOU for failure to make improvements or modifications to the Facility for use in emergency operations due to a lack of available funding that may legally be used to pay for such repairs or improvements.

All requests for reimbursement must be submitted within [# days] days after the [ENTER DESIRED FACILITY TYPE HERE, (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)] closes.

Periodic Review

This MOU can be modified or revoked within [# days] days’ notice by either Party. The Parties will, on an annual basis, on or around the anniversary date of this MOU, jointly evaluate their progress in implementing this MOU and revise and develop new plans, attachments, or goals, as appropriate. Both Parties should notify the other within [#days] days if primary points of contact change (see Annex A of this MOU).

Miscellaneous

Final, Complete, and Exclusive Agreement

This MOU expresses the final, complete, and exclusive agreement between [Jurisdiction] and [Facility Owner] and supersedes all prior or contemporaneous written or oral communications between [Jurisdiction] and [Facility Owner]. This MOU may be amended as agreed upon, in writing, including by email, by [Jurisdiction] and [Facility Owner].

1. Any waiver of the provisions of this MOU must be in writing and signed by the Party granting the waiver. Waiver of any breach or provision of this MOU will not be considered a waiver of any later breach or of the right to enforce any provision of this MOU.
2. This MOU is for the exclusive benefit of [Jurisdiction] and [Facility Owner] and not for the benefit of any third party, including, without limitation, volunteer organizations.
3. [Facility Owner] [will/will not] provide staff and/or volunteers as needed to support Facility use for emergency operations.

Capacity to Enter Agreement

The persons executing this MOU on behalf of their respective entities hereby represent and warrant that they have the right, power, legal capacity, and appropriate authority to enter into this MOU on behalf of the entity for which they sign.

Signatures and Contact Information

In witness whereof, [Jurisdiction] and [Facility Owner] have executed this MOU, effective as of the dates set forth above. The term of this MOU begins on the date of the last signature below and ends [# days] days after written notice by either Party.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **[Jurisdiction]** | |  | **[Facility Owner]** | |
|  | |  |  | |
| By: |  |  | By: |  |
| (Signature) | |  | (Signature) | |
| Name: |  |  | Name: |  |
| Title: |  |  | Title: |  |
| Date: |  |  | Date: |  |
|  |  |  |  |  |
| Phone: |  |  | Phone: |  |
|  |  |  |  |  |
| Email: |  |  | Email: |  |

B-4-1. Facility Use Agreement Annex A: Organizational Contact Information

*[Note: When Annex A is updated, the revised attachment is inserted into the Facility Use Agreement MOU. The MOU does not need to be signed again.]*

| [Jurisdiction] | | [Facility Name] | |
| --- | --- | --- | --- |
| **Primary** | | **Primary** | |
| Contact Name |  | Contact Name |  |
| Title |  | Title |  |
| Office Phone |  | Office Phone |  |
| Mobile Phone |  | Mobile Phone |  |
| Emergency Phone |  | Emergency Phone |  |
| Email |  | Email |  |
| **Secondary** | | **Secondary** | |
| Contact Name |  | Contact Name |  |
| Title |  | Title |  |
| Office Phone |  | Office Phone |  |
| Mobile Phone |  | Mobile Phone |  |
| Emergency Phone |  | Emergency Phone |  |
| Email |  | Email |  |

B-4-2. Facility Use Agreement Annex B: Facilities Covered by This Agreement

*[Copy this table as many times as needed and modify as necessary.]*

|  |  |
| --- | --- |
| **Facility Name** |  |
| **Facility Owner/Operator** |  |
| **Facility Address** |  |
| **Facility Area(s)** | [PORTION(S) OF THE FACILITY THAT CAN BE OCCUPIED BY JURISDICTION ACTIVITIES (e.g., indoor areas, outdoor areas, parking lots, etc.)] |
| **Access to Facility Area(s) Points of Contact** | [PRIMARY PERSON TO CONTACT FOR ACCESS TO FACILITY AREA(S)]  [SECONDARY PERSON TO CONTACT FOR ACCESS TO FACILITY AREA(S)] |
| **Storage Area(s)** | [PORTION(S) OF THE FACILITY OR PROPERTY AVAILABLE FOR STORAGE] |
| **Access to Storage Area(s) Points of Contact** | [PRIMARY PERSON TO CONTACT FOR ACCESS TO STORAGE AREA(S)]  [SECONDARY PERSON TO CONTACT FOR ACCESS TO STORAGE AREA(S)] |
| **Term of Agreement Dates** | [DATES EFFECTIVE AND EXPIRED] |

B-5. Just-in-Time Facility Use Agreement Template

Just-in-Time Facility Use Agreement

This agreement is intended to provide initial agreement parameters between [Jurisdiction] and [Facility Owner], in the event of emergency requiring the use of a facility for [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)] (hereafter known as the “Facility”) where no previous memorandum of understanding (MOU) exists. By signing this agreement, [Jurisdiction] is requesting use of [Facility] to provide services during a disaster. This agreement only applies when [Jurisdiction] requests use of the Facility and is managing activities at the Facility.

Parties and Facility

Parties

[Facility Owner]

|  |  |
| --- | --- |
| **Facility Name** |  |
| **Facility Address** |  |
| **Facility 24-Hour Point of Contact**   * Name and Title * Work Phone * Cell Phone |  |
| **Facility Address for Official Notices (only if different from above address)** |  |

[Jurisdiction]

|  |  |
| --- | --- |
| **Jurisdiction Address** |  |
| **Jurisdiction 24-Hour Point of Contact**   * Name and Title * Work Phone * Cell Phone |  |
| **Jurisdiction Address for Official Notices (only if different from above address)** |  |

Facility

[Insert name and complete street address of building, or, if multiple buildings, write “See attached facility list” and attach Facility list, including complete street address of each building that is part of this agreement. If [Jurisdiction] will use only a portion of a building, then describe the portion of the building that [Jurisdiction] will use.]

Terms and Conditions

1. Use of Facility: Upon request and if feasible, [Facility Owner] will permit [Jurisdiction] to use and occupy the facility on a temporary basis to conduct emergency, disaster-related activities. The facility may be used for the following purposes (both parties must initial all that apply):

| Facility Purpose | [Facility Owner] Initials | [Jurisdiction] Initials |
| --- | --- | --- |
| [ENTER DESIRED FACILITY TYPE HERE (Friends and Relatives Center, Family Assistance Center, or other mass care services facility)] |  |  |
| Storage of supplies |  |  |
| Parking of vehicles |  |  |
| Other [ENTER ADDITIONAL SERVICES OR PURPOSES] |  |  |

1. Facility Management: [Jurisdiction] will designate an official to manage the activities at the facility (“[Jurisdiction] Facility Manager or Designee”). [Facility Owner] will designate a Facility Coordinator to coordinate with [Jurisdiction] Facility Manager or Designee regarding the use of the facility by [Jurisdiction].
2. Condition of Facility: The Facility Coordinator and [Jurisdiction] Facility Manager (or designee) will jointly conduct a survey of the facility before it is turned over to [Jurisdiction]. They will record any existing damage or conditions. The Facility Coordinator will identify and secure all equipment in the facility that [Jurisdiction] should not use. [Jurisdiction] will exercise reasonable care while using the facility and will not modify the facility without [Facility Owner]’s express written approval.
3. Food Services: *(This paragraph applies only when feeding will be included in operations.)* Upon request by [Jurisdiction], and if such resources are available, [Facility Owner] will make any food service resources of the facility, including food, supplies, equipment and food service workers, available to feed shelter occupants. The Facility Coordinator and [Jurisdiction] Facility Manager will jointly conduct a pre-occupancy inventory of the food and food service supplies before the facility is turned over to [Jurisdiction]. When [Jurisdiction] vacates the facility, [Jurisdiction] Facility Manager and Facility Coordinator will conduct a post-occupancy inventory.
4. Custodial Services: Upon request of [Jurisdiction], and if such resources are available, [Facility Owner] will make its custodial resources, including supplies and workers, available to provide cleaning and sanitation services at the facility. The Facility Coordinator will designate a Facility Custodian to coordinate these services at the direction of and in cooperation with [Jurisdiction].
5. Security/Safety: In coordination with the Facility Coordinator, [Jurisdiction] will coordinate with law enforcement regarding any security and safety issues at the facility.
6. Signage and Publicity: [Jurisdiction] may post signs identifying the facility as a site of [Jurisdiction] operations in locations approved by the Facility Coordinator. [Jurisdiction] will remove such signs when [Jurisdiction] concludes its activities at the facility. [Facility Owner] will not issue press releases or other publicity concerning [Jurisdiction]’s activities at the facility without the written consent of [Jurisdiction]. [Facility Owner] will refer all media questions about the operations to [Jurisdiction] or the emergency operations center.
7. Closing the Facility: [Jurisdiction] will notify [Facility Owner] of the date when [Jurisdiction] will vacate the facility. Before vacating the facility, [Jurisdiction] and the Facility Coordinator will jointly conduct a post-occupancy inspection and will record any damage or conditions.
8. Reimbursement: Subject to the conditions in paragraph 9(e) below, [Jurisdiction] will reimburse [Facility Owner] for the following:
   1. Damage to the facility or other property of [Facility Owner], reasonable wear and tear excepted, resulting from the operations of [Jurisdiction]. Reimbursement for facility damage will be based on replacement at actual cash value. [Jurisdiction], in consultation with [Facility Owner], will select from bids from at least three reputable contractors. [Jurisdiction] is not responsible for storm damage or other damage caused by the disaster.
   2. Reasonable costs associated with custodial and food service personnel and supplies which would not have been incurred but for [Jurisdiction]’s use of the facility. [Jurisdiction] will reimburse at per-hour, straight-time rate for wages actually incurred but will not reimburse for overtime or costs of salaried staff.
   3. Reasonable, actual, out-of-pocket costs for the utilities indicated below, to the extent that such costs would not have been incurred but for [Jurisdiction]’s use of the facility. (Both parties must initial all utilities that may be reimbursed by [Jurisdiction]):

|  | [Facility Owner] Initials | [Jurisdiction] Initials |
| --- | --- | --- |
| Water |  |  |
| Gas |  |  |
| Electricity |  |  |
| Waste Disposal |  |  |

* 1. [Facility Owner] will submit any request for reimbursement to [Jurisdiction] within [# days] days after the occupancy of [Jurisdiction] ends. Any request for reimbursement must be accompanied by supporting invoices. Any request for reimbursement for personnel costs must be accompanied by a list of the personnel with the dates and hours worked.
  2. If the disaster is a federally declared disaster and [Facility Owner] is a municipal or state government entity, then [Facility Owner] will work with appropriate emergency management agencies to seek cost reimbursement through the Federal Emergency Management Agency’s program for administering Public Assistance Category B under the Robert T. Stafford Act. [Jurisdiction] is not obligated to reimburse the Owner for costs covered by Public Assistance Category B.

1. Insurance: [Jurisdiction] shall carry insurance coverage in the amounts of at least [dollar amount] per occurrence for Commercial General Liability and Automobile Liability. [Jurisdiction] shall also carry Workers’ Compensation coverage with statutory limits for the jurisdiction within which the facility is located and [dollar amount] in Employers’ Liability.
2. Indemnification: [Jurisdiction] shall defend, hold harmless, and indemnify [Facility Owner] against any legal liability, including reasonable attorney fees, in respect to claims for bodily injury, death, and property damage arising from the negligence of [Jurisdiction] during the use of the facility.
3. Term: The term of this agreement begins on the date of the last signature below and ends [# days] days after written notice by either party.

| [Facility Name] | [Jurisdiction] |
| --- | --- |
| By (Signature): | By (Signature): |
| Name (Printed): | Name (Printed): |
| Title: | Title: |
| Date: | Date: |

B-6. FAC Activation Checklist

*[Note: This FAC Activation Checklist was originally created for the Dallas/Fort Worth/Arlington Complex Coordinated Terrorist Attack Regional Family Assistance Concept of Operations.]*

Based on the incident size, number of individuals requiring family assistance support, and other factors listed in the plan, determine the approximate scale of the event.

Incident Type:

Date/Time:

Approximate Number of Victims:

Estimated Number of Families/Friends of Victims to Arrive at FAC:

Estimated Geographic Size of the Incident:

Activate the Family Assistance Plan.

Initiate appropriate notifications, including both internal notifications to the jurisdiction and external notifications to appropriate regional partners.

Initiate Family Assistance Center (FAC) selection process.

Contact selected facility to confirm availability.

Conduct site assessment and complete initial site assessment form (noting any existing damage or areas of concern).

Activate and deploy necessary logistics and IT-related resources.

FAC site preparation (a worksheet to assist in identifying necessary services and staff for the FAC is included on the following page):

Provide follow-up notifications with internal and external stakeholders to provide FAC location information.

Activate and deploy appropriate FAC staff.

Determine services to be provided at the FAC and notify appropriate service providers, non-governmental organization (NGO) partners, and partner agencies to activate services.

Implement public notification procedures and coordinate public messaging with appropriate public affairs partners.

Ensure that FAC is prepared to receive family members with the current level of staff, supplies, and services in place.

B-6-1. FAC Facility Activation Worksheet

Use this worksheet to identify the specifics of the FAC to assist with the activation process. This can help ensure that activation of all the necessary services and staff in the initial operational period is completed.

Date:

Facility Name:

Facility Address (street, city, state, zip):

Facility 24/7 Contact Person (name, phone, and email):

* Identify services that will be provided at FAC (check all that apply):

Reception/registration

Family briefings

Victim information services

Health services

Missing persons services

Support services

Childcare services

Translation/interpretation services

Social services (list below)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

* Finance/Administration: Identify all staff and volunteers.
* Logistics: Identify and acquire all equipment and supplies needed for the FAC facility.
* Coordinate with partners and local agencies to fill any resource or staff needs.
* Set up FAC facility.
* Ensure Information Technology needs are met and tested (television/cable, phones, internet, cell phones, fax machines, radios).
* Law Enforcement: Establish and implement a tactical security plan for the facility.
* Ensure public messaging, including location, specific dates, and times for when the FAC will be open and available, and coordinate messaging with the Public Information Officer, to include location, hours, and services to be provided at the FAC facility.

B-6-2. Potential Social Services Provided at FAC

Below are possible social services that might be required in a Family Assistance Center (FAC), depending on the nature of the incident. This is not an exhaustive list, nor will all services listed be necessary in every FAC situation. Local jurisdictions and stakeholders are encouraged to review this list and consider any needed resources to address these social services at the local and regional levels.

* American Sign Language services
* Animal care
* Banking
* Basic medical care
* Benefits counseling/assistance
* Child/youth and family services
* Communications capabilities (phone and internet)
* Consulate/immigration services
* Crime victim’s assistance
* Educational services
* Employment services
* Feeding services
* Financial services
* Healthcare information
* Housing assistance
* Identification replacement services
* Information for people with disabilities/access and functional needs
* Insurance advocacy
* Labor/union assistance
* Laundry services
* Legal assistance
* Mail services
* Material goods/personal property replacement
* Medical/physical health services
* Medication replacement assistance
* Mental/behavioral health support
* Public benefits
* Relocation assistance
* Senior support
* Spiritual services
* Therapy dog support services
* Translation/interpretation services (both spoken and written)
* Transportation support (lodging, air, rail, ground)
* Unemployment support services
* Veteran support services
* Workers’ compensation support services

Attachment C: Staffing and Supplies

C-1. FAC Staff Checklists

*See attached Staff Checklists.*

C-2. FAC Supply Guidelines

These Family Assistance Center (FAC) Supply Guidelines provide estimated quantities of supplies a jurisdiction will want to consider having available in the event that a FAC is activated. This list is not intended to be exhaustive but provides a basic list of supplies, equipment, and materials a jurisdiction will need to effectively operate a FAC. Additional supplies such as trash bins, garbage bags, and sanitary items will also be needed. Additional quantities may be needed based on the size of the incident. Jurisdictions should review this list and customize it for their needs.

Table 1: Suggested FAC Supplies

| Area | Resource | Quantity |
| --- | --- | --- |
| Reception Area: Family Registration and Badging | Tables | 1 per 2 filled positions; additional as requested (e.g., extra table may be needed for staff administrative work) |
| Chairs for tables | As needed based on table size |
| Administrative supplies (pens, staplers, notepads, paper clips, markers, painters’ tape and scotch tape, newsprint, easels) | As needed |
| Badging equipment | Name tags, software (if electronic), 1 badging machine per 50 family members |
| Clipboards | 1 per family (if a line has formed) |
| Three-pronged extension cords | 1 per 2 computers |
| Surge protectors | 1 per 2 computers |
| Family Assistance Center (FAC) forms | 1 per family; forms in languages other than English as well as in Braille and large print, etc., should be provided as needed |
| First aid stations | 1 on or near reception tables |
| Hand sanitizer | 1 on each reception table |
| Paper shredders | 1 per 3 filled positions |
| Staff computers | 1 per filled position (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Communications boards and tools | For assistance with non-verbal communications |
| Signage | Directional and security signage as needed; signage should be provided for people with disabilities or access and functional needs (AFN), to include a sign that states “Assistance available upon request” |
| Telephones | 1 per 3 filled positions (staff should bring their own cellular telephones) |
| Staff contact lists (phone and email) for FAC staff and partner agencies | 1 per staff member |
| Wheelchairs | 2 manual wheelchairs minimum; additional as needed |
| Tissues | 1 box per table as well as individual packs |
| Family Waiting Area | Tables | As resources allow |
| Chairs for waiting area | As needed based on location and incident size |
| Administrative supplies (pens, staplers, notepads, paper clips, markers) | As needed |
| Microphones/speakers/speaker wire | 1 microphone, 4 speakers, speaker wire as needed |
| Signage | Directional signage as needed; signage with rolling text capability as resources allow |
| Tissues | 1 box per table as well as individual packs |
| Childcare Area | Tables | As resources allow |
| Chairs | As needed based on table size |
| Childcare-related supplies | Age-appropriate supplies (toys, puzzles, books, video games, video and audio programming), cribs, sleeping area equipment (cots, mats, mattresses), diapers, clothing, snacks, etc.; consult with social services group to determine quantities |
| Signage | Directional signage as needed |
| Family Resources and Social Services Room   * Mental health * Spiritual care * Public health * Social services * Language interpreters | Tables | 1 per 2 filled positions; additional as requested (e.g., extra table may be needed for staff administrative work) |
| Chairs for tables | As needed based on table size |
| Administrative supplies (pens, staplers, notepads, paper clips) | As needed |
| Automated external defibrillators | 1 |
| Three-pronged extension cords | 1 per 2 computers |
| Surge protectors | 1 per 2 computers |
| First aid kits | 1 or more as needed |
| Folding screens/partition walls (for privacy between tables) | As requested |
| Lockable safes | 2 or more as needed (for medications and lost and found or other valuables) |
| Refrigerators (small) | 1 or more as needed |
| Signage | 1 sign per family station; directional signage as needed |
| Staff computers | 1 per filled Team Leader or higher position; additional as requested (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Telephones (conference call capable) | 1 per filled Team Leader or higher position; additional as requested (staff should bring their own cellular telephones) |
| Contact lists (phone and email) for jurisdictional staff and partner agencies | 1 per staff member |
| Solitude Room | Tables | As resources allow |
| Chairs | As needed based on table size |
| Signage | Directional signage as needed |
| Tissues | 1 box per table as well as individual packs |
| Spiritual Care Area | Tables | 1 |
| Chairs | 6–10 chairs (more may be needed depending on number of family members) |
| Signage | Directional signage as needed |
| Tissues | 1 box per table as well as individual packs |
| Mental Health Area | Tables | 1 per 2 filled positions; additional as requested (e.g., extra table may be needed for staff administrative work) |
| Chairs for tables | As needed based on table size |
| Administrative supplies (pens, staplers, notepads, paper clips) | As needed |
| Three-pronged extension cords | 1 per 2 computers |
| Surge protectors | 1 per 2 computers |
| Signage | 1 sign per family station; directional signage as needed |
| Staff computers | 1 per filled Team Leader or higher position; additional upon request (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Telephones (conference call capable) | 1 per filled Command staff or higher position; additional as requested. (staff should bring their own cellular telephones) |
| Contact lists (phone and email) for jurisdictional staff and partner agencies | 1 per staff member |
| Religious texts of different faiths | 1-2 per identified faith within jurisdiction |
| Family Computer Bank | Tables | 1 table per 2 computers or as resources allow |
| Chairs | 1 per computer |
| Computers with internet access | 1 per 100 family members in the facility at any given time or as needed; determined at time of incident |
| Three-pronged extension cords | 1 per 2 computers |
| Surge protectors | 1 per 2 computers |
| Signage | 1 sign per family station; directional signage as needed |
| Family Telephone Bank | Tables | 1 table per 4 telephones or as resources allow |
| Chairs | 1 per telephone |
| Communications capabilities (universal cell phone charging capabilities, cell phones available for family use, assistive communication technologies) | Ample supply of Android and iPhone cell chargers available to families; consider having cell phones on hand for those without phones; be prepared to address requests for assistive communication technologies for those with visual and hearing challenges |
| Signage | 1 sign per family station |
| Telephones (including TTY/built-in adaptive software telephones for family members with disabilities or AFN) | 1 per 100 family members in the facility at any given time or as needed; determined at time of incident |
| Family Television Room | Chairs or couches | As needed for individuals who want to watch news coverage |
| Televisions | As needed for individuals who want to watch news coverage |
| Family Dining Area | Tables | 1 per 2 family members receiving a meal (for rectangular tables) or 1 per 8 family members receiving a meal (for round tables) at any given time |
| Chairs | 2 per table (for rectangular tables) or 8 per table (for round tables) |
| Hand sanitizer | 1 bottle per table |
| Janitorial supplies | Disinfecting wipes, paper towels |
| Food | 3 meals per day for duration of operation; special dietary items should be requested as needed; water, coffee, tea, and snacks should be made available |
| Signage | Directional signage as needed |
| Family Briefing Room | Chairs for family briefing area | Number based on incident and whether facility has an auditorium; stationary chairs should be placed next to designated wheelchair locations |
| Display screens (to enhance communications with family members, including those with speech challenges) | 1 or more as needed |
| Microphones/speakers/speaker wire | 2 microphones, 4 speakers, speaker wire as needed |
| Projectors/screens/remotes with supplemental batteries | 1 projector, 2 screens, 1 remote, 1 set of supplemental batteries |
| Signage | 1 sign per family station; directional signage as needed |
| Telephones | 1 telephone with speakerphone and conference call capability |
| Tissues | 1 box per table as well as individual packs |
| FAC Staff Reception Area: Credentialing and Licensing | Tables | 1 per 2 filled positions; additional as requested (e.g., extra table may be needed for staff administrative work) |
| Chairs for tables | As needed based on table size |
| Administrative supplies (pens, staplers, notepads, paper clips, markers, newsprint, easels) | As needed |
| Three-pronged extension cords | 1 per 2 computers |
| Surge protectors | 1 per 2 computers |
| Paper shredders | 1 per 3 filled positions |
| Signage | 1 sign per station; directional signage as needed |
| Staff computers | 1 per filled position (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Telephones | 1 per 3 filled positions (staff should bring their own cellular telephones) |
| Contact lists (phone and email) for jurisdictional staff and partner agencies | 1 per staff member |
| FAC Staff Badging Area: Staff Assignment Station | Tables | 1 per 2 filled positions; additional as requested (e.g., extra table may be needed for staff administrative work) |
| Chairs for tables | As needed based on table size |
| Administrative supplies (pens, staplers, notepads, paper clips) | As needed |
| Badging equipment | Name tags, software (if electronic), 1 badging machine per 50 family members/staff |
| Three-pronged extension cords | 1 per 2 computers |
| Surge protectors | 1 per 2 computers |
| Lockboxes to store FAC badges that are turned in after check-out | 1 per 50 badges |
| Signage | 1 sign per family station; directional signage as needed |
| Staff computers | 1 per filled position (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Telephones | 1 per filled position (staff should bring their own cellular telephones) |
| Contact lists (phone and email) for jurisdictional staff and partner agencies | 1 per staff member |
| Restricted: Security Branch | Tables | 1 per 4 filled positions; additional as requested (e.g., extra table may be needed for staff administrative work) |
| Chairs for tables | As needed base on table size |
| Administrative supplies (pens, staplers, notepads, paper clips) | As needed |
| Three-pronged extension cords | 1 per 2 computers |
| Surge protectors | 1 per 2 computers |
| Staff computers | 1 per filled position (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Signage | Directional signage as needed |
| Telephones | 1 per 3 filled positions (staff should bring their own cellular telephones) |
| Contact lists (phone and email) for jurisdictional staff and partner agencies | 1 per staff member |
| Restricted: Work Area | Tables | 1 per 4 filled positions; additional as requested (e.g., extra table may be needed for staff administrative work) |
| Chairs for tables | As needed based on table size |
| Administrative supplies (pens, staplers, notepads, paper clips, markers, newsprint, easels, multi-color post-it notes) | As needed |
| Three-pronged extension cords | 1 per 2 computers |
| Surge protectors | 1 per 2 computers |
| Facsimile machines | 1 |
| Paper (for printers/copiers) | 1 box for each copier and each printer per week or as needed |
| Paper shredders | 1 per 3 filled positions |
| Photocopiers and supplemental ink cartridges | 1 |
| Printers and supplemental ink cartridges | 1 |
| Staff computers | 1 per filled position (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Signage | Directional signage as needed |
| Telephones | 1 per 3 filled positions (staff should bring their own cellular telephones) |
| Contact lists (phone and email) for jurisdictional staff and partner agencies | 1 per staff member |
| Restricted: Notification Group | Tables | 1 per room |
| Chairs for tables | Up to 4 per table for FAC staff |
| Administrative supplies (pens, staplers, notepads, paper clips) | As needed |
| Three-pronged extension cords | 1 per 2 computers |
| Surge protectors | 1 per 2 computers |
| Signage | Directional signage as needed |
| Staff computers | 1 per filled position.(staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Telephones | 1 per 3 filled positions (staff should bring their own cellular telephones) |
| Contact lists (phone and email) for jurisdictional staff and partner agencies | 1 per staff member |
| Tissues | 1 box per table as well as individual packs |
| Restricted: Missing Persons Group | Tables | 1 per room |
| Chairs for tables | Up to 4 per table for FAC staff |
| Administrative supplies (pens, staplers, notepads, paper clips) | As needed |
| Three-pronged extension cords | 1 per 2 computers |
| Surge protectors | 1 per 2 computers |
| Signage | 1 sign per family station; directional signage as needed |
| Staff computers | 1 per filled position (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Telephones | 1 per 3 filled positions (staff should bring their own cellular telephones) |
| Contact lists (phone and email) for jurisdictional staff and partner agencies | 1 per staff member |
| Restricted: Decedent Status Group | Tables | 1 per room |
| Chairs for tables | Up to 4 per table for FAC staff |
| Administrative supplies (pens, staplers, notepads, paper clips) | As needed |
| Three-pronged extension cords | 1 per 2 computers |
| Surge protectors | 1 per 2 computers |
| Signage | 1 sign per family station; directional signage as needed |
| Staff computers | 1 per filled position (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Telephones | 1 per 3 filled positions (staff should bring their own cellular telephones) |
| Contact lists (phone and email) for jurisdictional staff and partner agencies | 1 per staff member |
| Restricted: Hospital Admission Group | Tables | 1 per room |
| Chairs for tables | Up to 4 per table for FAC staff |
| Administrative supplies (pens, staplers, notepads, paper clips) | As needed |
| Three-pronged extension cords | 1 per 2 computers |
| Surge protectors | 1 per 2 computers |
| Signage | Directional signage as needed |
| Staff computers | 1 per filled position (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Telephones | 1 per 3 filled positions (staff should bring their own cellular telephones) |
| Contact lists (phone and email) for jurisdictional staff and partner agencies | 1 per staff member |
| Restricted: Private Family Consultation Rooms | Tables | 1 per room |
| Chairs for tables | 1 for FAC staff member and at least 2 for family members |
| Administrative supplies (pens, staplers, notepads, paper clips) | As needed |
| Three-pronged extension cords | 1 per 2 computers |
| Surge protectors | 1 per 2 computers |
| Signage | 1 sign per family station; directional signage as needed |
| Staff computers | 1 per filled position (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Telephones | 1 per 3 filled positions (staff should bring their own cellular telephones) |
| Contact lists (phone and email) for jurisdictional staff and partner agencies | 1 per staff member |
| Tissues | 1 box per table as well as individual packs |
| FAC Command Center | Table | Long oval table (or equivalent) to seat all command staff and section chiefs |
| Chairs | 1 per each command staff member, section chief, and observer |
| Administrative supplies (pens, staplers, notepads, paper clips, markers, newsprint, easels, multi-color post-it notes) | As needed |
| Three-pronged extension cords | 3 |
| Surge protectors | 3 |
| Facsimile machines | 1 |
| ICS forms | 2 sets per operational period |
| Microphones/speakers/speaker wire | 2 microphones, 4 speakers, speaker wire as needed |
| Paper (for printers/copiers) | 1 box for each copier and each printer per week or as needed |
| Photocopiers and supplemental ink cartridges | 1 |
| Printers and supplemental ink cartridges | 1 |
| Projectors/screens/remotes with supplemental batteries | 1 projector, 1 screen, 1 remote, 1 set of supplemental batteries |
| Radios (2-way) or other backup communication systems with chargers and supplemental batteries | 1 for each member of the command staff and for each section chief, branch director, and group supervisor; additional radios for others as requested |
| Staff computers | 1 per staff member (activating entity should provide computers for command staff and chiefs to ensure compatibility) |
| Signage | 1 |
| Telephones | 2 (at least 1 must be conference call capable) |
| Contact lists (phone and email) for jurisdictional staff and partner agencies | 1 per staff member |
| FAC Work Areas | Table | Long oval table (or equivalent) |
| Chairs | 1 per staff member |
| Administrative supplies (pens, staplers, notepads, paper clips) | As needed |
| Three-pronged extension cords | 3 |
| Surge protectors | 3 |
| Facsimile machines | 1 |
| Microphones/speakers/speaker wire | 2 microphones, 4 speakers, speaker wire as needed |
| Paper (for printers/copiers) | 1 box for each copier and each printer per week or as needed |
| Paper shredders | 1 per 3 filled positions |
| Photocopiers and supplemental ink cartridges | 1 |
| Printers and supplemental ink cartridges | 1 |
| Projectors/screens/remotes with supplemental batteries | 1 projector, 1 screen, 1 remote, 1 set of supplemental batteries |
| Slot-top collection box (for paper to be shredded) | 2 or more as needed |
| Signage | 1 |
| Staff computers | 1 per filled position (staff should bring their own laptops; activating jurisdiction will provide additional computers as needed) |
| Telephones | 2 (at least 1 must be conference call capable) |
| Contact lists (phone and email) for jurisdictional staff and partner agencies | 1 per staff member |
| Staff Break Room | Tables | 1 per 4 staff receiving a meal (for rectangular tables) or 1 per 8 staff (for round tables) receiving a meal at any given time |
| Chairs | 4 per table (for rectangular tables) or 8 per table (for round tables) |
| Food | 3 meals per day for the duration of the operation |
| Signage | 1 sign per station; directional signage as needed |
| Tissues | 1 box per table as well as individual packs |
| Staff Conference Room | Tables | 1 per 6 staff |
| Chairs | 6 per table |
| Signage | Directional signage as needed |
| Telephones | 2, at least 1 must be conference call capable |
| Logistics/IT Area | Tables | 1 per 2 staff |
| Chairs | 2 per table |
| Administrative supplies (pens, staplers, notepads, paper clips) | As needed |
| Three-pronged extension cords | 3 |
| Surge protectors | 1 per 2 computers |
| Janitorial supplies | As needed |
| Staff computers | 1 per filled position (staff should bring their own laptops; activating jurisdiction should provide additional computers as needed) |
| Wireless internet service | 1 secure network for FAC staff and 1 open network for family members |
| Signage | 1 |
| Vests with the International Symbol of Accessibility on back | 1 per Disabilities and AFN staff member |
| Radios (2-way) or other backup communication systems with charger and supplemental batteries | As needed |
| Public Health/First Aid Area | Tables | As resources allow |
| Chairs | Up to 4 per table |
| Automated external defibrillators | 1 |
| First aid kits | 2 |
| Signage | Directional signage as needed |
| Media Area  (\*Note: The media area should not be in the FAC, but these supplies will aid with setup at an external facility.) | Large open area for media vans | 1 |
| Wireless internet service | As resources allow |
| Large open room for reporters to work | As resources allow |
| Tables | 1 per 2 people for reporter room, as resources allow |
| Chairs | 1 per person for reporter room, as resources allow |

C-3. Staff Confidentiality Agreement

*[Note: The following staff confidentiality agreement is a sample adapted from forms used by the King County, Washington, Medical Examiner’s Office. This form should be carefully reviewed and edited by each jurisdiction’s legal department.]*

As a staff member at the Family Assistance Center (FAC), I understand that I may come into possession of confidential client information, even though I may not be directly involved in providing client services. Client information may be in the form of files, paperwork, reports, records, documents, electronic data, or oral communications. Access to client information is limited to authorized persons per Public Health Department policy and state and federal law. My signature on this agreement indicates that I understand and agree to the following:

* Any information I obtain on clients at the FAC will be kept strictly confidential. This includes the knowledge of their visits to the facility and financial as well as clinical data.
* Unless directed by my supervisor, I will not disclose any client information to any person whatsoever or permit any person whatsoever to examine or make copies of any client reports or other documents prepared by me, coming into my possession, or under my control or use client information other than as necessary in the course of my business with the FAC.
* I will not remove client information or records from the FAC.
* When client information must be discussed with other healthcare practitioners in the course of my assignment, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the client’s case.
* I will use only that information which is minimally necessary to conduct my assignment.
* I will maintain and safeguard the security of all personally identifiable health information obtained at the FAC for which I am responsible.
* I understand that violation of this agreement, either intentionally or through carelessness, may result in one or more of the following:
* Discharge from the business I am conducting with the FAC, which will affect future business relationships with the Public Health Department.
* Prosecution by federal or state authorities if criminal or civil penalties are imposed as it relates to failure to comply with this agreement, including jail and fines or actual damages and attorney fees, for which I would be personally responsible.
* There may be possible additional criminal or civil sanctions taken against me for misrepresentation of facts concerning my business with the FAC.

By signing this, I acknowledge I have had the opportunity to ask questions and receive clarification on the above.

Date Signed Signature of Staff Member

(Page 1 of 2)

Printed Name of Staff Member

Date Signed Signature of Family Assistance Center Supervisor

Printed Name of Family Assistance Center Supervisor

(Page 2 of 2)

C-4. Staff Daily Sign-in Sheet

*[Note: Use this form if a digital credentialing/badging system is not available*.]

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Badge #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Date | Time of Arrival | Time of Departure | Area Assigned | Signature |
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C-5. Childcare Area Setup Guidelines

*[Note: This form is a sample. It should be reviewed and customized by the jurisdiction to ensure it captures appropriate regulations.]*

| Yes | No | Item |
| --- | --- | --- |
|  |  | Are needle boxes at least 48 inches off the floor? |
|  |  | Do the windows open? |
|  |  | Are the windows locked? |
|  |  | Are there window guards? |
|  |  | Are there plug-in covers or safety wiring for electrical outlets? |
|  |  | Are strangulation hazards removed (cords, wires, tubing, curtain/blind drawstrings)? |
|  |  | Can children be contained in this area (consider stairwells, elevators, doors)? |
|  |  | Are there activities to keep children occupied (age-appropriate videos, games, toys)? |
|  |  | Has the area been poison-proofed (e.g., cleaning supplies, Hemoccult developer, choking hazards, and cords removed or locked)? |
|  |  | Are medicine carts and supply carts locked? |
|  |  | Do separate areas need to be established for various age groups? |
|  |  | Have drills of the plans for this area been conducted with all relevant departments? |
|  |  | Is there a plan for security for the unit? |
|  |  | Is there a plan to identify children? |
|  |  | Is there a plan for assessing the mental health needs of children? |
|  |  | Are there any fans or heaters in use? Are they safe? |
|  |  | Is there onsite or nearby daycare? Can they provide support? |
|  |  | Are there enough staff to supervise the number of children (younger children will require more staff)? |
|  |  | Is there a sign-in/sign-out sheet for all children and adults who enter the area? |
|  |  | Will children need to be escorted away from the safe area to bathrooms? |
|  |  | Are age-appropriate meals and snacks available? |
|  |  | Are various-sized diapers available? |
|  |  | Does the facility have hand hygiene supplies? |
|  |  | Are there cribs, cots, or beds available for children? |
|  |  | Does the jurisdiction have a policy/protocol for handling minor illnesses in children (Tylenol dosing, administering routine meds, etc.)? |

C-6. Pediatric Safe Area Registry Sheet

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | Name of Child | Age | Arrival Time | Discharge Time | Disposition\* | Responsible Adult\*\* Name | Responsible Adult Signature | Contact Phone Number |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
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| 18 |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |

**\*Disposition**: Admit to Hospital (A), Discharged to Parent (D-P), Discharged to Relative (D-R), Discharged to Other (D-O), Social Services Placement (SS), Police (PD)

**\*\*Responsible Adult**: Adult responsible for child at time of discharge. The coordinator should determine if child can be discharged to this adult based on existing policy.

C-7. Minor Reunification Verification – Adult Form

Child’s Name: Age:

Nickname: □ Female □ Male

Medical/Health/Safety/Dietary Needs:

Current Situation:

Adult(s) That Child Lives With: □ Mother □ Father □ Foster Family □ Other:

Adult’s Name: Relationship:

Adult’s Name: Relationship:

Other:

Current Address:

Names of Siblings and/or Other Household Members:

Pets and Their Names:

Information about Adult Claiming the Child:

Name: Age:

Relationship to the Child:

Does the Claiming Adult Have Legal Custody/Guardianship?

Are There Any Legal/Custody Issues We Should Be Aware of?

Address:

History of Separation:

Date of Separation: Place of Separation:

Circumstances of Separation:

Other Notes:

C-8. Minor Reunification Verification – Child Form

Child’s Name: Age:

Nickname: □ Female □ Male

Medical/Health/Safety/Dietary Needs:

Current Situation:

Adult(s) That the Child Lives With: □ Mother □ Father □ Foster Family □ Other:

Adult’s Name: Relationship:

Adult’s Name: Relationship:

Other:

Current Address:

Names of Siblings and/or Other Household Members:

Pets and Their Names:

History of Separation:

Date of Separation: Place of Separation:

Circumstances of Separation:

Child’s Wishes:

Name of Person with Whom Child Would Like to be Reunited:

Relationship:

Alternative Person:

Relationship:

Address:

Other Notes:

Form Completed By: Date:

C-9. Reunification Completion Checklist

Ensure the Following Have Been Completed:

* Adult Verification Form completed
* Child Verification Form completed
* Information from both forms cross-referenced
* Photo(s) taken of adult and child
* Photo/copy taken of adult’s identification (e.g., driver’s license)
* Other verification/documentation, if needed:

Result:

* Child reunited with adult claiming the child
* Child has been referred to:

Process Completed By: Date:

Attachment D: FRC/FAC Call Center Tools

D-1. Call Center Intake Form

*[Note: This form can be used if a digital option is not available. This form should be customized by each jurisdiction.]*

Intake Information:

Call Taken By:

Date of Call:

Time of Call:

Reason for Call:  Report Missing Person  Report Found Person  Other

Caller Information:

Name:

Phone:

Address/City/State/Zip:

Email:

Missing Person Information:

Name of Missing Person:

Caller’s Relationship to the Missing Person:

Is the Caller the Next of Kin?

If No, Who is the Next of Kin?

Address/City/State/Zip of Missing Person:

Work Name of Missing Person:

Work Address/City/State/Zip of Missing Person:

Work Phone Number of Missing Person:

Why Does Caller Believe the Person was In/Around Incident Location?

Description of Missing Person:

Missing Person Category  Known Missing  Possible Missing  Not Known

Follow up with Caller:

Follow up Needed?  Yes  No Best Time to Reach:

FAC Staff Assigned:

D-2. Call Center/Telephone Sample Scripts

Answer calls using the information below, depending on what the call is about.

1. Start all calls with:

* [Name of incident] Call Center. This is [your name]. How may I help you?

1. **Then do the following, based on the topic of the call.**

* Missing persons
* Continue call by saying: Thank you very much for calling. May I please get some information?
* During the call: Fill out the “Call Center Intake Form” as completely as possible.
* End call by saying: I appreciate your call. You do not need to call 9-1-1. This information will be given to the group dealing with missing persons. Someone will be back in touch with you as soon as possible.
* Requesting information about a missing person
* Continue call by saying: Our call center only gathers information. Law Enforcement and Search and Rescue Teams have direct access to missing persons information and are actively using this information to locate missing persons. We appreciate your concern but cannot give out any information to anyone. Thank you very much for calling.
* A reported missing person who has been found
* Continue call by saying: Thank you very much for calling. May I please get some information?
* During the call: Fill out the “Call Center Intake Form” as completely as possible and check the “Report Found Person” box in the “Reason for the Call” section of the form.
* Immediately send this information to the FAC Reunification Leader and thank person for calling.
* Self-Safe (person reporting that they are individually okay)
* Continue call by saying: Thank you very much for calling. May I please get some information?
* During the call: Fill out the “Call Center Intake Form” as completely as possible and write “SELF-SAFE” in the OTHER category in the “Reason for the Call” section of the form.
* Immediately send this information to the FAC Reunification Leader and thank person for calling.
* Volunteering to help
* Thank the caller for their desire to help and refer the caller to the local volunteer coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (will vary by incident)
* Making a donation
* Thank the caller for their generosity and refer the caller to the local donation entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (will vary by incident)
* Other incident-related inquiries
* Thank the caller for their inquiry and refer the caller to the Emergency Operations Center.

**Remember:**

* All information is strictly confidential; you may not release any information on an individual’s status. Another entity will contact the missing person’s next of kin.
* Be patient. Some people may be very frustrated. Remember that they are concerned and are trying to find their loved ones.
* Be compassionate. When taking the information, do not give the feel of a credit card telephone application call.
* Do not make any promises or guarantees. Avoid phrases like “someone will find them” or “I’m sure everything will be OK.” Use words like “hopefully,” “possibly,” “maybe,” and “sometime soon.”
* Do not promise a time when someone will return the call.
* If caller is in extreme distress—or if they make any threats—get as much contact information as possible and immediately notify the FAC Reunification Leader.
* Take your time with the caller, but do not linger any more than necessary. Each phone line is very much needed.
* Report any problems with phone unit, phone lines, or computers to FAC Information Technology (IT) support.
* If you start to feel overwhelmed or emotional, notify your Unit Leader. Monitor you own feelings and emotions and know when you need to take a break.

Attachment E: FAC Registration Tools

E-1. Operations Overview

The Planning Section will complete the following operations overview for the Family Assistance Center (FAC) once every operational period.

FRC/FAC Call Center Update

|  |  |  |
| --- | --- | --- |
|  | Number in last operational period | Number to date |
| Number of calls made to FRC/FAC Call Center (calls broken down by type of call, including those not specifically relevant to the FAC) |  |  |
| Number of calls answered with an operator |  |  |
| Number of calls that did not reach an operator (calls where the callers either got the information they needed from the recording or hung up before reaching an operator) |  |  |
| Average length of operator-answered calls (from the time call was initiated until the time callers hung up) |  |  |

Types of calls:

Unaccounted for Persons Group Update

|  | Number in last operational period | Number to date |
| --- | --- | --- |
| Number of unaccounted for persons reports received |  |  |
| Number of positive identifications of injured or sheltered (not a tally of all affected persons in shelters and hospitals but only of those people who were being looked for by family and were located at a hospital or shelter) |  |  |
| Number of unaccounted for persons cases still open (includes people who are still missing and may be deceased but are still being looked for at hospitals and shelters) |  |  |
| Number of unaccounted for persons cases transferred to the Medical Examiner/Coroner/Justice of the Peace (reflects the number of people reported as unaccounted for and are being considered as possible decedents) |  |  |

Antemortem Data and Notification and Referral Group Updates

|  | Number in last operational period | Number to date |
| --- | --- | --- |
| Number of family interviews (should not include repeat interviews with the same family) |  |  |
| Number of families not visiting the FAC contacted (people who need to provide antemortem data but are unable to visit the FAC – only relevant if there is a physical FAC) |  |  |
| Number of dental/medical records that have been requested/received (does not refer to the number of individual records for a person but to their medical and dental records as a whole; the maximum would therefore be one dental and one medical set of records per possible decedent) |  |  |
| Number of positive identifications made by the Medical Examiner/Coroner/Justice of the Peace |  |  |
| Number of families to which remains have been released (will be lower than or the same number as the positive identification number above) |  |  |

Family Briefings

|  | Number in last operational period | Number to date |
| --- | --- | --- |
| Number of family briefings held |  |  |
| Number of people who attended the briefings (can be a rough estimate; include only family/friends of the missing, not staff) |  |  |

Social Services Update

|  | | Number in last operational period | Number to date |
| --- | --- | --- | --- |
| Number of children in childcare | |  |  |
| Number of families using childcare | |  |  |
| Number of translation/interpretation requests (should be the total number of families who have made requests, not the number of individual requests) | |  |  |
| Children in childcare | Total age range: |  |  |

Languages spoken by FAC families:

List types of referral services made in the last operational period:

Faith communities represented by FAC families:

Health Services Update

List general health service and behavioral health service activities undertaken in the last operational period:

Reception Services Update

|  |  |  |
| --- | --- | --- |
|  | Number in last operational period | Number to date |
| Number of individual family members at FAC |  |  |
| Number of families at FAC |  |  |

Logistics Update

|  |  |  |
| --- | --- | --- |
|  | Number in last operational period | Number to date |
| Number of people (staff and families) dining at the FAC |  |  |

List any logistics updates from the last operational period:

Planning Update

List any planning updates from the last operational period:

Finance/Administration Update

|  |  |  |
| --- | --- | --- |
|  | Number in last operational period | Number to date |
| Number of health (medical/mental) staff at FAC |  |  |
| Number of volunteers at FAC |  |  |
| Number of partner agency staff at FAC |  |  |
| Total number of staff at FAC |  |  |

**Questions/Comments**: Document below any representative feedback from families that illustrates the perspective of families, key concerns, etc.

E-2. Family Registration/Check-in Protocols

1. As families enter the facility, greeters should be present to direct them to the reception area.
2. Families will check in to the facility.
   1. All family members must sign in upon arrival.
   2. Family members are required to produce government-issued photo identification upon entry to ensure the identity of all visitors.
      1. In the event that a family member does not have government-issued identification (minor children, undocumented persons, identification unavailable, etc.), reception staff will ensure that all public messaging and reception messaging includes guidance saying that “to the fullest extent possible, government entities will not conduct immigration enforcement activities at registration sites for disaster-related assistance or the reunification of families and loved ones.”
   3. Law enforcement should be on hand to verify identification and issue each Family Assistance Center (FAC) visitor a badge. Badges should have a unique feature (e.g., color coding) and a photo.
3. If this is the family member’s first visit to the FAC, they must complete a Family/Friend Registration Form.
   1. If someone arrives at the FAC and is not looking for a family member, security should be notified immediately.
4. All family members should be provided with a Family Resource Packet.
5. Family Hosts should provide the family member with a brief overview of the services provided at the FAC as well as a tour of the facility (if possible) and assist them with any immediate needs.
6. Translators/interpreters should be on hand to provide assistance with the registration process, as necessary.
7. Behavioral health providers should be on hand at all times to provide assistance to families.
8. Security personnel should be available for assistance, as necessary.
9. All family members must return their badges upon leaving the FAC.

**Forms to be completed:**

1. Family/Friend Daily Sign-in Sheet
2. Family/Friend Registration Form

E-3. Family/Friend Daily Sign-in Sheet

*[Note: Use this form if a digital credentialing/badging system is not available.]*

**Victim Name**:

**Family/Friend Name**: Last: First: MI:

| Date | Time of Arrival | Family Member Name (please print) | Signature | Time of Departure |
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E-4. Family/Friend Registration Form

*[Note: Use this form if no electronic/database registration system is available.]*

**Unaccounted for Person Information**

Last Name: First Name: MI:

For multiple unaccounted for persons of the same family, use additional forms and cross reference with unaccounted for persons’ names at bottom of this page

**1. Presenting Family Member/Friend Name**

Last Name: First Name: MI:

SS# (optional): Relationship to Victim:

Permanent Address:

City: State: Zip:

Home Phone: Cell Phone:

Photo Identification Verification (Type/#/State/County):

Medications/Medical Needs? ¨ Yes ¨ No

If Yes, Indicate Medication or Other Medical Needs:

Physician’s Name:

Physician’s Phone #:

Is Presenting Person in This Section the Next of Kin for the Unaccounted for Person? ¨ Yes ¨ No

If No, Name the Next of Kin:

Notes:

**2. Presenting Family Member/Friend Name**

Last Name: First Name: MI:

SS# (optional): Relationship to Victim:

Permanent Address:

City: State: Zip:

Home Phone: Cell Phone:

Photo Identification Verification (Type/#/State/County):

Medications/Medical Needs? ¨ Yes ¨ No

If Yes, Indicate Medication or Other Medical Needs:

Physician’s Name:

Physician’s Phone #:

Is Presenting Person in This Section the Next of Kin for the Unaccounted for Person? ¨ Yes ¨ No

If No, Name the Next of Kin:

Notes:

**3. Presenting Family Member/Friend Name**

Last Name: First Name: MI:

SS# (optional): Relationship to Victim:

Permanent Address:

City: State: Zip:

Home Phone: Cell Phone:

Photo Identification Verification (Type/#/State/County):

Medications/Medical Needs? ¨ Yes ¨ No

If Yes, Indicate Medication or Other Medical Needs:

Physician’s Name:

Physician’s Phone #:

Is Presenting Person in This Section the Next of Kin for the Unaccounted for Person? ¨ Yes ¨ No

If No, Name the Next of Kin:

Notes:

**4. Presenting Family Member/Friend Name**

Last Name: First Name: MI:

SS# (optional): Relationship to Victim:

Permanent Address:

City: State: Zip:

Home Phone: Cell Phone:

Photo Identification Verification (Type/#/State/County):

Medications/Medical Needs? ¨ Yes ¨ No

If Yes, Indicate Medication or Other Medical Needs:

Physician’s Name:

Physician’s Phone #:

Is Presenting Person in This Section the Next of Kin for the Unaccounted for Person? ¨ Yes ¨ No

If No, Name the Next of Kin:

Notes:

**5. Presenting Family Member/Friend Name**

Last Name: First Name: MI:

SS# (optional): Relationship to Victim:

Permanent Address:

City: State: Zip:

Home Phone: Cell Phone:

Photo Identification Verification (Type/#/State/County):

Medications/Medical Needs? ¨ Yes ¨ No

If Yes, Indicate Medication or Other Medical Needs:

Physician’s Name:

Physician’s Phone #:

Is Presenting Person in This Section the Next of Kin for the Unaccounted for Person? ¨ Yes ¨ No

If No, Name the Next of Kin:

Notes:

Attachment F: FAC Interview Tools

F-1. Family Interview Protocol

1. Upon registration at the Family Assistance Center (FAC), provide families with a list of information that may be required during a family interview.
2. When families feel that they have the information needed to provide interviewers, each family must schedule an appointment with the Family Interview Coordinator.
3. Allow 3 hours for each interview, which includes a 30-minute break period for the interviewer and any necessary information checks.
4. All antemortem information is obtained through in-person or telephone interviews by trained interviewers.
5. Supervisors orient/brief all interviewers on the procedures and antemortem data collection forms.
6. Conduct family interviews in private, quiet rooms.
   1. Reassure families that all information will remain confidential.
   2. Be prepared to assure families that their providing of antemortem data or DNA samples does not imply that they have given up hope.
7. Collect antemortem information using the Dental Records and DNA Sample Release Form.
   1. Dissuade families from acquiring and bringing DNA or dental records to the FAC. Instead, obtain a signed release form to allow for the release of medical and dental records from the applicable providers.
   2. Provide translation/interpretation services, if needed.
8. A Medical Examiner/Coroner/Justice of the Peace advisor should be available to answer questions from interviewers or families during family interviews. Interviewees may have questions about what may be considered useful information for establishing positive identification. Family questions could consist of:
   1. Why do I need to provide that information?
   2. Why is that information helpful?
   3. How would this information aid in the identification process?
9. If family members are not able to visit the FAC, family interviews can be done by an interviewer over the phone through the FRC/FAC Call Center.
10. Families should provide a signed release form for DNA and dental records.
11. All forms should be copied/printed and kept in the case file. All data should be entered into an electronic records system.

**Forms to be completed:**

1. Dental Records and DNA Sample Release Form

F-2. Dental Records and DNA Sample Release Form

*[Note: This is a sample form. Each jurisdiction should carefully review and edit, as needed, in conjunction with legal staff and the Medical Examiner’s Office.]*

**Name of Unaccounted for Person:**

**Name of Person Making Report:**

Please see the list of items that are suitable for DNA extraction. If it is determined that nothing is available from which the missing person’s DNA may be extracted, a DNA sample from a biologically related family member, preferably the mother, will be required.

We are requesting that you sign this authorization and return it to us so that we may contact the dentist and secure the dental records for submission to law enforcement and/or the [Jurisdiction Medical Examiner/Coroner/Justice of the Peace].

If the unaccounted for person has been located, please call local law enforcement or the FAC immediately.

Authorization to Release Dental Information

I am the family member or next of kin of the above unaccounted for person (or I am the individual who reported the person who is unaccounted for) and I hereby authorize the release of all dental records to assist law enforcement agencies in locating the unaccounted for person.

**Signature of Family Member: Date:**

**Name of Family Member (please print):**

Relationship to Unaccounted for Person:

Address:

City: State: Zip:

Name of Dentist:

Address:

City: State: Zip:

Phone Number:

Attachment G: Communications Tools

G-1. Media Frequently Asked Questions about Family Assistance Centers

*[Note: This was originally created for the Dallas/Fort Worth/Arlington Complex Coordinated Terrorist Attack Regional Family Assistance Concept of Operations.]*

Q. What is a Family Assistance Center (FAC)?

A. A FAC is a secure facility established to serve as a centralized location to provide information and assistance about missing or unaccounted for persons and the deceased. It is also established to support the reunification of the missing or deceased with their family members.

Q. Who can come to the FAC?

A. Any member of the missing or deceased person’s “family” may visit the FAC. “Family” may include any individual (family, friend, partner, distant relative) who considers themselves to be a part of the victim’s family, even if there is not a legal family relationship. This may include people other than family members who are not typically characterized as “family.”

Q. What do family members need to bring to the FAC?

A. All family members visiting the FAC must bring government-issued photo identification, if possible. Upon entering the facility, all family members will receive a unique badge. Each family will be need to provide a physical description of the family member, including any identifying marks that they may have (with photographs if available) and descriptions of jewelry or clothing as well as contact information for the family member’s dentist and physician. Families should not bring originals nor photocopies of any medical or dental records. In addition, family members should be prepared to provide any information that they may have as to the last known whereabouts of the missing person and anyone they may have been with at the time they were last seen.

Q. Who is legal next of kin?

A. The definition for "next of kin” is:

1. One or more living persons in the nearest degree of relationship to a particular individual.
2. Those persons entitled by statute to receive the property in an intestate's estate.[[1]](#footnote-2)

Typically, the order of individuals recognized as legal next of kin is, first, any spouse or registered domestic partner, followed by any adult children, then parents, and then siblings.

Q: How do people report their family members missing?

A. To report a family member missing following a disaster, call the FAC. The FAC will have up-to-date information on the status of the incident and any available missing persons support.

Q. How can people help find their family member?

A. Family members and friends may have key information that can aid in finding their family member and they should communicate all information to the FAC regarding their family member. They can also help by checking with the missing person’s friends, school, work, neighbors, and relatives or with anyone else who may know their whereabouts. Family members can also search web-based programs to locate family members, including social media sites, the American Red Cross Safe and Well site, and any other internet sites set up to assist in finding family members. Family members should follow up frequently with any contacts and keep the FAC informed of any developments.

Q. What happens if victims are not found?

A. If the FAC has closed and family members have not yet been found, those cases will be transferred to local law enforcement agencies to continue the investigation.

Q. Why can’t people visually identify their family member’s remains? Why must they wait for a scientific identification?

A. For legal reasons, the [Medical Examiner/Coroner/Justice of the Peace]’s Office is required to establish positive identification of all victims from the incident. In most instances, positive identification requires scientific confirmation, either through DNA, fingerprints, or x-ray comparisons. The [Medical Examiner/Coroner/Justice of the Peace]’s Office will work as quickly as possible to establish the positive identification of decedents.

Q. Why is it taking so long to identify the victims?

A. The first step in the identification process is to confirm, through scientific means, that the victim is the deceased family member. This requires obtaining medical/dental x-rays from the victim or waiting for fingerprint or DNA confirmation, all of which can take time. After the positive identification process has established that the family member is deceased, the [Medical Examiner/Coroner/Justice of the Peace] will continue the identification process to ensure that as much of the decedent’s remains are positively identified as possible.

Q. Will autopsies be done? Can someone choose not to have their family member’s body autopsied?

A. The [Medical Examiner/Coroner/Justice of the Peace]’s Office is required by law to determine the cause and manner of death. In almost all incidences, this will require an autopsy examination. An autopsy is a surgical procedure performed by a medical doctor (forensic pathologist). The [Medical Examiner/Coroner/Justice of the Peace]’s Office recognizes that every decedent is a treasured member of a family and of a community and, as such, treats each decedent with the highest respect and dignity. The [Medical Examiner/Coroner/Justice of the Peace] does not require permission of the next of kin to perform an autopsy related to a death under their jurisdiction.

Q. How are cultural beliefs being honored by the **[Medical Examiner/Coroner/Justice of the Peace]?**

A. The [Medical Examiner/Coroner/Justice of the Peace]’s Office will do their best to honor cultural traditions but cannot do so if it impedes the ability to certify cause and manner of death.

G-2. PIO Information Collection Sheet

This document is to be used to inform press briefings and media updates, but it is NOT a standalone document to be shared with the press. It should be completed using the judgment of the response staff, as not all items will be reported. The Public Information Officer (PIO) should discuss and receive authorization from the Family Assistance Center (FAC) Director or designee before dissemination to media outlets, including social media. This information can be obtained from the Planning Section Chief of the FAC.

|  |  |  |
| --- | --- | --- |
|  | Number in last operational period | Number to date |
| Number of families at the FAC |  |  |
| Number of families in communication with the FAC but not located onsite |  |  |
| Date/time of last family briefing |  |  |
| Number of calls to the call center |  |  |
| Number of missing persons reports received |  |  |
| Number of reunifications facilitated through the FAC |  |  |

Services provided at the FAC:

1.

2.

3.

4.

5.

Referral services provided through the FAC:

1.

2.

3.

4.

5.

Percent of deceased removed from incident scene to morgue:

Number of deceased identified and families notified:

Additional Comments:

Things NOT to say:

* We know how you feel. Time heals all wounds. You should go on with your life. You will get over it. Others are worse off. Focus on the good times.
* The [Jurisdiction] cannot share that information. *(Acceptable only if followed by why and when the information will be available*.) You do not need to know that.
* What you do not know can’t hurt you. It was actually a blessing. You must be strong.
* It could have been worse.
* God never gives us more than we can handle. He/she is in a better place. Any mention of God or religion unless the person’s belief system has already been established.

Talking points concerning victim identification procedures:

* Fatality numbers are released only by the PIO and only after confirmation with the [Medical Examiner/Coroner/Justice of the Peace] or law enforcement agencies. PIOs should not assign timeframes for victim identification.
* Victims’ names are only released after positive identification and notification of the family. Cultural considerations will be accommodated as often as practical.

G-3. Sample Family Briefing Agenda

The specific content of each family briefing will depend on the situation. The Public Information Officer (PIO) or the Deputy PIO family briefings should work with the Family Assistance Center (FAC) Director, other response agencies, and the emergency management agency (EMA) to develop the agenda for each briefing. The following is a suggested agenda for a family briefing:

* Rescue and recovery efforts
* Victim identification efforts
* Investigation updates
* Site visits
* Memorial services
* Disposition and return of remains
* Return of personal effects
* Description of services available at FAC

Attachment H: Cultural and Religious Considerations[[2]](#footnote-3)

| Bahá'í Faith | |
| --- | --- |
| Language | Main language is English, although elderly (from Iran) may not speak English. |
| Diet | Bahá'ís abstain from alcohol but can take it if contained in medicine. |
| Fasting | Bahá'ís fast from sunrise to sunset from March 2 to March 20. This fast is only practiced by people who are aged 15 years and over and who are not ill, pregnant, breast-feeding, menstruating, or have been travelling substantial distances. |
| Dress | There are no special requirements for clothing other than moderation and modesty. |
| Physical Contact | Bahá'ís believe in the healing power of modern medicine for both physical and mental ills while recognizing the role of the spirit, of prayer, and of turning to God. There is no objection to being touched or treated by members of the opposite sex. |
| Medical Treatment | Blood transfusions, organ donations, and the administration of prescription drugs and the like are all acceptable. |
| Hospital Stays, Rest Centers | There is no objection to mixed wards in hospitals, but older Bahá'ís may prefer single-sex wards. Bahá'í patients will be ministered to by friends, family, and those appointed as spiritual caregivers by the community. Because the Bahá'í Faith has no sacraments, these spiritual caregivers do not have a sacramental or priestly/ministerial role nor do they have any authority over the patient. |
| Daily Acts of Faith and Major Annual Events | Every Bahá'í aged 15 years and over must recite one of three obligatory prayers each day and read a passage from the Bahá'í scriptures each morning and evening. Prayers are said privately and are done facing the “Point of Adoration” (the Shrine of Bahá'u'lláh). Before reciting the prayers, Bahá'ís wash their hands and faces but these ablutions do not require special facilities. Timing of the Bahá'í day starts at the sunset of the previous day (e.g., Naw-Ruz begins at sunset on March 20 and finishes at sunset on March 21, but the date is always shown as March 21). Bahá'í holy days always fall on the same dates each year and are:   * Naw-Ruz: New Year (March 21) * 1st day of Ridvan (April 21) * 9th day of Ridvan (April 29) * 12th day of Ridvan (May 2) * Anniversary of the Declaration of the Bab (May 23) * Anniversary of the Ascension of Baha’u’llah (May 29) * Anniversary of the Martyrdom of the Bab (July 9) * Anniversary of the Birth of the Bab (October 20) * Anniversary of the Birth of Baha’u’llah (November 12) |
| Dying | There are no special religious requirements for Bahá'ís who are dying, but they may wish to have a family member or friend pray and read the Bahá'í scriptures with them. |
| Death Customs | While there is no concept of ritual purity or defilement relating to the treatment of the body of a deceased person, there are a few simple and specific requirements relating to Bahá'í burial and the Bahá'í funeral service, which the family will wish to arrange:   * The body is carefully washed and wrapped in white silk or cotton. This may be done by family members or by others, according to the family's preference. The family may choose to allow others to observe the preparation of the body. * A special burial ring may be placed on the finger of a Bahá'í aged 15 or over. * The body is not cremated but is buried within an hour's travelling time from the place of death. * Unless required by law, the body should not be embalmed. * The body should be buried in a coffin of as durable a material as possible. * At some time before interment, a special prayer for the dead—the only specific requirement of a Bahá'í funeral service—is recited for Bahá'í deceased who are age 15 or over.   While it is preferable that the body should be buried with the head pointing towards the Point of Adoration, this is not an absolute requirement and may be impossible in some cemeteries without using two burial plots. This is a matter for the family to decide. |
| Resources (texts, community facilities, etc.) | The Bahá'í scriptures comprise the Writings of Bahá'u'lláh, Founder of the Faith, and of his forerunner, the Báb. The Writings of 'Abdu'l-Bahá, Bahá'u'lláh's eldest son and successor, are also included in the Bahá'í Canon. Bahá'ís may read the scriptures in any language, so it is preferable in the US to provide English-language editions. The Bahá'í scriptures belong to all and there are no restrictions on who may touch or handle the books, provided they are treated with respect. Larger Bahá'í communities may have a Bahá'í center, but most Bahá'í communities currently have no such facilities. |
| Names | Bahá'ís follow the practice of the wider community in naming. There are no specific religious names. It is very important to check the spelling of the names of Iranians, which may be transliterated in different ways. For example, the name Masoud may also be spelled Massoud or Masood. |

| Buddhism | |
| --- | --- |
| Language | Buddhists may speak several languages other than English, including Tibetan, Cantonese, Hakka, Japanese, Thai, and Sinhalese. |
| Diet | Vegetarian, salads, rice, vegetables, and fruit are usually acceptable foods to offer. Some Buddhists do not eat onions or garlic, but this is more a matter of personal choice or cultural habit rather than religious restriction. Buddhists who are vegetarian may eat fish and eggs. |
| Fasting | Full moon days and new moon days are often fast days for many Buddhists, as are some festival days for various schools of Buddhism. On days of fasting, a Buddhist may eat before noon but not afterwards. |
| Dress | Generally, there are no religious requirements for everyday dress for lay Buddhists. Buddhist monks or nuns of the Theravada school, however, shave their heads and wear orange or ochre-colored robes. |
| Physical Contact | In terms of medical examinations/treatment and comfort provided by strangers, a Buddhist may be touched by a person of either sex. |
| Medical Treatment | There are no religious objections to blood transfusions or transplants. |
| Hospital Stays, Rest Centers | In cases of hospital stays, the use of either a bath or a shower is a personal matter. Provision of a quiet space set aside in a hospital or rest center is not a necessity, but, if available, can be used for silent reflection and meditation. |
| Daily Acts of Faith and Major Annual Events | Buddhists meditate regularly. Other than in Zen Buddhism, the Buddhist calendar is lunar, and the dates will therefore vary from year to year. Traditional observance days are full moon, new moon, and quarter moon days. There are different special events during the year, but those celebrated by all schools of Buddhism are:   * Wesak * Full moon days   The calendar observed by Buddhists is not standardized and different traditions within Buddhism may observe the same festival on significantly different dates. It is therefore wise to ask about the practice within the tradition involved rather than making an assumption, for instance, that Wesak is observed on the same date by all Buddhists. |
| Dying | Many Buddhists wish to maintain a clear mind when dying. There is respect for the doctors’ views on medical treatment, but there may sometimes be refusal of pain-relieving drugs if these impair mental alertness. This is a matter of individual choice. It is helpful for someone who is dying to have quiet, and it is customary to summon a monk to perform some chanting of sacred texts in order to engender wholesome thoughts in the mind of the dying person. |
| Death Customs | After death, the body of the deceased may be handled by non-Buddhists. In some cases, a monk may perform some additional chanting, but this is not a universal practice. There are no objections to post-mortem treatment or evaluation of the body. Preparation of the body for the funeral is generally left to the undertaker but, in some instances, relatives may also wish to be involved. The body may be put in a coffin, wrapped in cloth (sometimes white), or dressed in the deceased’s own clothes. It may be surrounded by candles, flowers, incense, photographs, and colored lights, but this is a matter of individual choice and there are no hard-and-fast rules. The body is usually cremated, at a time dependent upon the undertaker and the availability of crematorium facilities. |
| Resources (texts, community facilities, etc.) | The Pali Canon contains the teachings of the Buddha and his disciples and is used in the Theravada school of Buddhism. Mahayana schools use texts either in Sanskrit or their own languages, such as Chinese, Korean, Japanese, and Tibetan. Books of scripture, liturgy, etc., should, at all times, be handled with the utmost respect. In many traditions it is considered disrespectful to place them on the ground or to cover them. |
| Names | Buddhists usually have two or more names. The last name is the family name, and the preceding name(s) is/are given at the time of birth. |

| Chinese Religious Beliefs and Cultural Practices (Confucianism, Taoism, Astrology, Christianity) | |
| --- | --- |
| Many Chinese people practice Christianity as well as Buddhism, Taoism, and Confucianism. Belief in astrology is also widespread. | |
| Language | Cantonese, Mandarin, Hakka, Hokkien, English |
| Diet | Southern Chinese (Cantonese and Fujian): seafood, fish, pork, poultry, green vegetables, soup, rice, rice noodles and fresh fruit. Northern Chinese: bread, wheat dumplings, meat dumplings, noodles, pork, lamb, chicken, cabbage, green vegetables. Beef and cheese are the least preferred food. Drink: Soya milk is preferred to cow’s milk, as some Chinese are allergic to cow’s milk. Tea for the Chinese is usually served without milk and sugar. |
| Fasting | Buddhist/Taoist Chinese will eat a vegetarian diet before major festivals. |
| Dress | Men and women prefer shirt/blouse and trousers/slacks. |
| Physical Contact | Although there is no gender barrier, women prefer to be medically examined by women health professionals. Single gender wards are preferred. Showers are preferred, as Chinese people are not accustomed to bathtubs. Washing is done personally or by a spouse, parent, or offspring of the same gender as the patient. |
| Medical Treatment | Injections are preferred in the belief that they are more effective than pills. |
| Hospital Stays, Rest Centers | Chinese food should be offered to patients. Family units stay together and do not like being separated in emergencies; this includes extended family members. |
| Daily Acts of Faith and Major Annual Events | Buddhists and Christian Chinese will pray or meditate in similar ways to their co-religionists. In addition to the two main Christian festivals of Christmas and Easter, Chinese Christians celebrate the Chinese New Year (Lunar New Year).   * Lunar New Year: The biggest family occasion; honor and reverence are paid to ancestors and parents. * Teng Chieh: Lantern Festival (at first full moon of the year) * Ching Ming: A public holiday in China and Hong Kong; a time for people to visit their ancestral graves (April) * Dragon Boat Festival (June) * Mid-Autumn Festival (September) |
| Dying | All family members gather at the bedside. A Chinese Christian pastor is called to pray for and to counsel the dying person. This practice is also common among Chinese with no religious convictions or who are traditional Confucian/Taoist followers. Buddhists may call for a priest/monk from a Buddhist association or temple with links to Taiwan or Hong Kong. |
| Death Customs | After death, undertakers handle the deceased. Some undertakers in areas with long-established Chinese populations are accustomed to the Chinese needs related to embalming and the deceased being fully dressed in their best clothes, including shoes and jewelry. In such areas some cemeteries have a Chinese section. Burial or cremation may take place a week after the person has died. Friends and relatives visit the bereaved family, usually in the evenings prior to the funeral when gifts of money or flowers are given and help offered. Sweets are offered to visitors when they leave. If the deceased is the head of the family, all children and their families are expected to observe a period of mourning for about a month. Headstones may have a picture of the deceased. If the deceased is a child, parents usually do not want to visit the mortuary. A sibling or close relative would be asked to identify the body in the mortuary. |
| Resources (texts, community facilities, etc.) | Chinese Christians read bilingual Bibles printed in English and Chinese. Bibles printed in traditional script are preferred by the Chinese from Hong Kong and Taiwan while the simplified script is read by people from China and Singapore. Buddhist scriptures are available in traditional script. |
| Names | Chinese names start with the family name first, followed by the generational name and then the personal name. Chinese Christians usually have Christian names as well. Always ask the person how (s)he would like to be addressed. |

| Christianity | |
| --- | --- |
| Christianity has a large number of denominations, including Anglicanism, the Baptist faith, Catholicism, Methodism, Pentecostalism, Presbyterianism, Quakerism, etc. There are also numerous communities of Orthodox Christians from the historic churches of Greece, Russia, etc. Seventh-day Adventists are part of the Christian tradition but differ in some key respects from mainstream churches. (See the Chinese Religious Beliefs and Cultural Practices section above for the specific needs of Chinese Christians and the Seventh-day Adventists section below for their specific needs.) | |
| Language | Christian religions are practiced worldwide and in a multitude of languages. |
| Diet | In general, Christians are not religiously forbidden to eat any foods, but this must be checked with the individual. Some will not consume alcohol. |
| Fasting | Roman Catholics may abstain from meat on Fridays; Orthodox Christians will abstain from meat in the fasting seasons of Advent and Lent. |
| Dress | There are no special codes of dress for Christians except for clergy and members of religious orders. |
| Physical Contact | Most Christians would have no objections to being touched by members of the opposite sex for medical purposes. |
| Medical Treatment | Treatments such as blood transfusions, surgery, organ transplants, and the administration of drugs are permissible. |
| Hospital Stays, Rest Centers | If a person is terminally ill or dying, they may wish to keep a copy of the Bible close at hand. Provision of a quiet space set aside in a hospital or rest center is not a necessity, but, if available, can be used for private prayer or to talk to a priest or minister. |
| Daily Acts of Faith and Major Annual Events | Many Christians pray daily and often use the Lord’s Prayer when praying. Daily reading from the Bible and/or use of other aids to prayer, such as a cross or crucifix (a cross with the figure of Christ), a hymnbook or prayer book, a rosary (prayer beads with a small crucifix), or an icon of Christ or the Virgin Mary, are all widely used, though preferences should be checked with the individual. Such items could be provided in a chapel or quiet place. Sunday is a special day for Christians, set apart for prayer, reflection, and church attendance. Christians pray in congregations, small groups or individually. The most important event for most congregations is the Eucharist (the Mass, Communion Service, Lord’s Supper), when Christians share bread and wine. The most widely celebrated Christian events are:   * Christmas * Holy Week and Easter (including Palm Sunday, Holy Thursday, Good Friday, and Easter Sunday) * Pentecost * Ascension Day * The seasons of Advent (leading up to Christmas) and Lent (leading up to Easter) |
| Dying | Christians involved in a disaster will value prayers being said for them, or with them, and short readings from scripture, such as the Lord’s Prayer and Psalm 23. Those who are injured or distressed may wish to receive Holy Communion and/or the Sacrament of the Sick (which used to be called Extreme Unction). The Sacrament of the Sick is not limited to those who are dying but is part of the healing ministry of the Church. Other Christians may ask for prayer for healing with the laying on of hands. |
| Death Customs | The choice between cremation and burial can either be a matter of personal choice or a denominational requirement. In all cases, the wishes of the deceased’s family, or friends, should be sought, if possible. If this cannot be done, then any victim who is Christian should be buried. |
| Resources (texts, community facilities, etc.) | The sacred text is the Bible, which for Christians consists of the Old Testament (or Hebrew Scriptures), and the New Testament, which are bound as a single book. Of the translations of the Bible, the New Revised Standard Version, the Authorized version, and the Jerusalem Bible are recognized by Catholics, Protestants, and Orthodox Christians. Other versions are favored by evangelical Christians. |
| Names | Christians have one or more given names, usually called Christian names, because for most Christians these are historically given to them at the service of baptism. These names are followed by the surname, or family name. Individuals may not be known by their first Christian name, so it is always wise to ask, “What should I call you?” or “What name should I use?” |

| Christian Science | |
| --- | --- |
| Christian Science is a prayer-based system of healing that is explained in Mary Baker Eddy’s book Science and Health with Key to the Scriptures, currently published in 17 languages. Some people who follow the practices of Christian Science choose to become members of the Church of Christ, Scientist—the organization Eddy established to make these teachings available and accessible—but others do not. | |
| Language | Christian Science has been practiced around the world for over a century by individuals of various faith traditions as well as by those with no formal faith tradition. Consequently, people of diverse cultures and languages practice Christian Science. |
| Diet | Individuals make their own decisions regarding diet. |
| Fasting | N/A |
| Dress | Christian Science specifies no particular requirements for dress. |
| Physical Contact | In the practice of Christian Science, respect for individual choice on questions of healthcare or any other aspect of daily life is paramount. Many Christian Scientists rely on their own prayer for healing of adverse health conditions. Some may also ask for help from a Christian Science practitioner—a professional spiritual healer who employs the Christian Science method of healing. (There is a worldwide directory of practitioners in each issue of The Christian Science Journal, a monthly magazine.) However, individuals are always free to choose conventional medical treatment or other complementary and alternative therapies. |
| Medical Treatment | If a Christian Scientist were taken to a hospital because of an accident and chose to decline conventional medical treatment, this would ordinarily mean that the individual was choosing instead, as a competent adult, to rely on prayer for healing (individually or with the help of a Christian Science practitioner). Such an individual would cooperate with authorities to take appropriate actions, such as quarantine, which may be considered necessary to protect others. |
| Hospital Stays, Rest Centers | Individuals relying on Christian Science may ask to be re-tested or to have a pending procedure re-evaluated after having had time to pray for healing. If a Christian Scientist entered a hospital voluntarily, the individual would probably accept conventional medical treatment. He/she might ask that drugs/therapy be kept to a minimum. Individuals make their own decisions about blood transfusions and organ/tissue donation.  Doctors, nurses, mental health professionals and chaplains will find that there are many meaningful ways they can show support for patients relying on Christian Science practices. Where possible, the best way to ascertain what would be most helpful in any circumstance is to ask the individual patient. Some of the following might be requested by a patient or could be offered by the healthcare worker:   * Providing the patient time and a quiet space to pray during the various stages of diagnosis and treatment. * Facilitating the patient’s contact with a Christian Science practitioner. * Making sure that the patient has access to the Bible and Science and Health with Key to the Scriptures. * Reading aloud to the patient requested passages from these books (or other Christian Science literature). |
| Daily Acts of Faith and Major Annual Events | There are no prescribed holy days in Christian Science. Members would normally attend services and meetings at church on Sundays and Wednesday evenings. Christian Scientists study a weekly Bible lesson, a collection of topic-specific passages from the Bible and Science and Health with Key to the Scriptures. |
| Dying | There are no specified last rites. Such issues are an individual/family decision. |
| Death Customs | Questions relating to care of the body should be answered by the individual’s partner/ family. In general, Christian Scientists request that, whenever possible, the body of a female should be prepared for burial by a female. The individual’s family should answer questions relating to post-mortem examinations. |
| Resources (texts, community facilities, etc.) | N/A |
| Names | N/A |

| Church of Jesus Christ of Latter-day Saints (Mormonism) | |
| --- | --- |
| Language | Followers of the Church of Jesus Christ of Latter-day Saints usually speak English. |
| Diet | N/A |
| Fasting | N/A |
| Dress | Those who have been endowed in a Temple of the Church of Jesus Christ of Latter-day Saints wear a special undergarment next to the skin. Mormons dress soberly. |
| Physical Contact | N/A |
| Medical Treatment | Necessary medical treatment can be carried out without delay, and surgery and blood transfusions may be carried out, as necessary. Transplants and organ donation are an individual and family matter; there are no religious objections. |
| Hospital Stays, Rest Centers | Necessary medical treatment can be carried out without delay, and surgery and blood transfusions may be carried out, as necessary. Transplants and organ donation are an individual and family matter; there are no religious objections. |
| Daily Acts of Faith and Major Annual Events | Scripture reading is considered an important part of daily life. The Sabbath is observed on Sundays, with services conducted by lay leaders called bishops. Christmas and Easter are important celebrations in the church. |
| Dying | Members may request a priesthood blessing. A quiet private place is appropriate for the blessing. |
| Death Customs | The church takes no position on post-mortem examinations. Church or family members will usually arrange for the body to be clothed for burial. Burial rather than cremation is recommended by the church, but the final decision is left for the family of the deceased. |
| Resources (texts, community facilities, etc.) | The Bible and the Book of Mormon: Another Testament of Jesus Christ are regarded in this religion as the word of God. Although Mormon individuals and families are advised to be prepared spiritually and temporally to meet both problems of everyday life and emergencies that may arise, local Church leaders have the responsibility to organize proper responses to assist individuals and families in an emergency. Church branches are encouraged to prepare detailed Emergency Preparedness and Response Plans, based on the principles contained in Providing in the Lord’s Way. Branch Welfare Committees are identified as the coordinators if disaster strikes. |
| Names | N/A |

| Hinduism | |
| --- | --- |
| Language | In addition to English, Hindus generally speak Gujarati, Hindi, Punjabi, Bengali, or Tamil. |
| Diet | Hindus regard the cow as sacred and do not eat beef. Orthodox Hindus are strictly vegetarian, which also excludes fish, eggs, and animal fat for cooking. Some may also prefer to refrain from alcohol, and some very orthodox Hindus may refrain from garlic and in extreme cases, onion. Salt-free salads, rice, vegetables, yogurt, milk products, and fruit are quite acceptable foods to offer. |
| Fasting | Fasting is commonplace and frequent but fasts generally last just one day or one day a week (e.g., Lord Shiva’s fasting, which is every Monday for 17 weeks, where yogurt at lunch with water or fruit juice and a normal light meal in the evening is permitted). Hindu women keeping the Karvachauth fast in Autumn cannot drink water until the moon is seen at night. |
| Dress | Generally, modesty and decency are considered essential factors in dress code. The sari is a one-piece female garment wound around the lower body in different styles to suit the occasion and the tradition from which the person comes. Women also wear outfits consisting of dresses and baggy slacks (shalwar). Men may sometimes wear a loose shirt (Kurta) and baggy slacks but generally they wear Western clothes. |
| Physical Contact | A Hindu would prefer to be comforted by a person of the same sex. There is no stated preference with respect to medical examinations and treatment. |
| Medical Treatment | Blood transfusions, organ transplants, and all types of medicine for the purpose of saving life are permitted. |
| Hospital Stays, Rest Centers | Hindus traditionally live in extended families, so information or requests (e.g., for organ donation) should be made by the authorities to the head of the family for passing on without delay to the rest of the family unit, when practicable. Some groupings within the Hindu community are men only or women-only and authorities should always appoint a person of the appropriate sex to liaise with such a grouping. |
| Daily Acts of Faith and Major Annual Events | Hindus will generally perform a daily act of personal devotion at home, either alone or with others. Ritual washing normally accompanies prayer. The most widely celebrated Hindu festivals are:   * Holi: A celebration at the start of spring, with much use of color * Rama Navami * Janamashtami: Festival that includes fasting until midnight * Divali: Festival of lights * Shivaratri: A night that is spent in prayer, fasting, and meditation |
| Dying | Most fatally ill Hindus would prefer to pray with a mala (rosary). A Hindu will appreciate being with someone, preferably of the same sex. |
| Death Customs | It is preferred if all Hindu bodies can be kept together after death. A dead body should be placed with the head facing north and the feet south. Cleanliness is important and the body can be undressed and cleaned, but the family should be consulted where possible. The arms should be placed to the sides and the legs should be straightened. The face should be pointed upward with eyes closed and the whole body must be covered with white cloth. Any detached body parts must be treated with respect as if they were a complete body. Post-mortem treatment or evaluations of the body are permitted, usually with prior agreement of the immediate family. The bereavement in the family lasts a minimum of 2 weeks during which several rituals are followed. Hindus believe in cremating the body so that the soul is completely free of any attachment to the past physical matter. |
| Resources (texts, community facilities, etc.) | The Hindu ancient scriptures are called the Vedas and contain, among other texts, the Upanishads—philosophical works discussing the purpose of life—and the Brahmanas, which contain advice on ritual. The Bhagawad Gita is a prominent holy book with condensed spiritual teachings, and the Ramayana sets the highest ideals. |
| Names | Members of Hindu families may have three or four names, depending on cultural background and tradition. Suffixes to the first name are used, e.g.,‘Bhai’ or ‘Ji’ for males and ‘Ben’ for females. In some traditions the father’s first name is one of the middle names. Other middle names, which may be used as surnames are Kumar, Pal or Paul, Dev, Lal etc. Sometimes the surname is clan based, such as Patel or in the case of Rajputs, Singh. Some Hindu women may adopt 'Devi', 'Kumari', or 'Wati' in place of a family surname. For records, it is advisable to ask the individual’s family name and use that as the surname. Commonly used Hindu equivalents to Mr. and Mrs. are Shri and Shrimati. For Miss one can use Sushai/Kumari/Devi, but these are rarely used. In written records and invitations, the practice is to say Shrimati and Shri plus the surname, i.e., Mrs. and Mr. (surname). |

| Humanism | |
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| Humanism is not a faith. It is the belief that people can live good lives without religious or superstitious beliefs. Most humanists would describe their beliefs as either atheist or agnostic, and humanists reject the idea of any god or other supernatural agency and do not believe in an afterlife. However, Humanism is more than a simple rejection of religious beliefs. Humanists believe that moral values are founded on human nature and experience, and base their moral principles on reason, shared human values, and respect for others. They believe that people can and will continue to solve problems and should work together to improve the quality of life and make it more equitable. | |
| Language | English, or any other language depending on the individual’s background. |
| Diet | No particular requirements. Some humanists are vegetarian or vegan, and many who do eat meat would refuse meat that has been slaughtered by methods they consider inhumane (Halal or Kosher meat). |
| Fasting | N/A |
| Dress | No special requirements. |
| Physical Contact | No specific restrictions on physical contact. |
| Medical Treatment | No specific restrictions on medical treatments. |
| Hospital Stays, Rest Centers | No specific restrictions on physical contact or medical treatments. |
| Daily Acts of Faith and Major Annual Events | No daily acts of faith or worship and no annual festivals. |
| Dying | Many humanists will want to have family or a close friend with them if they are dying, or the support of another caring individual. Some may appreciate the support of a secular counselor or a fellow humanist. Humanists may refuse treatment that they see simply as prolonging suffering. Some may strongly resent prayers being said for them or any reassurances based on belief in god or an afterlife. |
| Death Customs | No specific requirements. The choice between cremation and burial is a personal one, although cremation is more common. Most will want a humanist funeral, and crosses and other religious emblems should be avoided. However, since many humanists believe that when someone dies the needs of the bereaved are more important than their own beliefs, some may wish decisions about their funeral and related matters to be left to their closest relatives. |
| Resources (texts, community facilities, etc.) | There are no humanist scriptures or religious texts. |
| Names | No particular traditions. Names may vary according to ethnic or cultural background. |

| Islam | |
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| Language | Muslims may speak several languages other than English. The most common languages are Punjabi, Urdu, Gujarati, Arabic, and Turkish. |
| Diet | Muslims do not eat pork in any form, and foods and utensils that have come into contact with pork should not touch any food to be eaten by a Muslim. Consumption of alcohol in any form (even in desserts) is strictly forbidden. Muslims may eat fish, poultry, mutton, and beef, providing that the meat is halal, i.e., killed and prepared according to Islamic law. Halal food and drink should be clearly labelled in areas where other food is being served. Vegetarian meals and fresh fruit/vegetables are acceptable. Food is eaten with the right hand only. |
| Fasting | Muslims fast from dawn to sunset during the month of Ramadan, and some will fast at other times during the year. Fasting during Ramadan is compulsory for all except for menstruating, pregnant, or lactating women, pre-pubertal children, and the infirm. |
| Dress | Observant Muslim women usually have at least a head covering (Hijab) and are often covered from head to toe when in public or in the presence of men who are not family members. Covering the area between the navel and knees is a requirement for Muslim men, and some devout male Muslims may prefer to keep their heads covered at all times. |
| Physical Contact | Treatment by medical staff of any religion is permissible, but men and women prefer to be treated by staff of the same sex where possible. |
| Medical Treatment | The views of the family/Imam on whether organ donation, transplants, and blood transfusions are acceptable should be sought in each case. |
| Hospital Stays, Rest Centers | In the hospital, a shower is preferred to a bath. Muslims ritually wash after using the toilet, so a tap or container of water for washing should be provided whenever the toilet area is separate from the bathroom. In a rest center, suitable facilities for pre-prayer washing, time to conduct prayer, a clean prayer room with a prayer mat, and a compass or sign pointing to Makkah (Mecca) are appreciated. |
| Daily Acts of Faith and Major Annual Events | Muslims pray five times a day, facing Makkah: before dawn, around midday, late afternoon, after sunset, and late evening. Sunrise and sunset determine the exact timings. Ritual washing (Wudu) is performed before praying. Men and women will not usually pray together, although in emergencies this is acceptable if a temporary partition is erected.  Major events in the Muslim 12-month lunar-based calendar are:   * The First of Muharram: Begins the Islamic New Year * Milad-un-Nabi (not celebrated by orthodox Sunni) * Lail-ul-Qadr: A time of fasting and all-night prayer during Ramadan * Eid-ul-Fitr: The end of the month of Ramadan – a day of celebration * Eid-ul-Adha: The end of the time of the annual Hajj pilgrimage |
| Dying | If a Muslim is terminally ill or dying, the face should be turned towards Makkah. The patient’s head should be above the rest of the body. The dying person will try and say the Shahadah prayer (the testimony of faith). |
| Death Customs | Decedents should be placed in body-holding areas or temporary mortuaries, and ideally should be kept together in a designated area (with male and female bodies separated). Post-mortem treatment of evaluations of the body are acceptable only where necessary for the issue of a death certificate or if required by a coroner. Ideally only male Muslims should handle a male body, and female Muslims handle a female body. The body should be laid on a clean surface and covered with a plain cloth, three pieces for a man and five for a woman. The head should be turned on the right shoulder and the face positioned towards Makkah. Detached body parts must be treated with respect. Next of kin or the local Muslim community will make arrangements to prepare the body for burial. Muslims believe in burying their dead and would never cremate a body. Burial takes place quickly, preferably within 24 hours. |
| Resources (texts, community facilities, etc.) | The Qur’an is a source of guidance for life. If in the original Arabic, it should not be touched by non-Muslims except with a cloth (translations may be handled by all, with respect) or by menstruating women. Many mosques have private mortuaries, which may be made available in an emergency. |
| Names | Muslims usually have several personal or religious names. The name of the family into which someone has been born is not necessarily used. Where names are required for the purposes of formal records, it is advisable to register the most-used personal name as a surname, followed by the lesser-used names. |

| Jainism | |
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| Language | Apart from some of the elderly, Jains speak and understand English. Other languages often spoken include Gujarati, Hindi, Rajasthani, Tamil, or Punjabi. |
| Diet | Jains are pure vegetarians, and do not consume meat, fish, seafood, poultry, or eggs. In addition, those Jains who adhere to the stricter code of conduct do not eat any root vegetables, particularly onions and garlic, but also potatoes, carrots, beets, etc. Jains do not consume alcohol. Salads, fruits, cooked grain of all types, cooked vegetables, bread, or biscuits made without the use of eggs and dairy products are generally acceptable. |
| Fasting | There are fasts with (a) no meal (b) one meal (c) two meals within 24 hours. Water, if used in a fast, must be boiled. Some Jains observe fasts without any intake of food or water. Abstention from fruit and vegetables is practiced on many days. Fasts are undertaken on various days throughout the lunar month. They are more popular during the festival of Paryushana during August or September, which lasts for 8 or 10 days. Two special 9-day periods called Ayambil are observed during June and December during which only one meal is taken. This meal is prepared using only grain, flour, water, rock salt, and pepper. Use of dairy products, fruits, vegetables, nuts, oils and fats, and any raw food is forbidden. |
| Dress | Jain males have adapted the Western dress code for everyday use whereas females may be orthodox or modern. The elderly usually wear Indian dresses such as saris and kurta-pyjama, while the younger generation wear all sorts of dresses. |
| Physical Contact | Ideally, same-sex contact and separate male and female wards are preferred but there is no taboo where medical and/or specialist personnel are involved. |
| Medical Treatment | Blood transfusions and organ transplants are acceptable if these are not obtained at the expense of another life. Medication for the purpose of saving life is usually accepted without question. |
| Hospital Stays, Rest Centers | If the toilet and bathroom are separate, a water supply and beaker should be provided in the toilet for cleaning purposes. Diet restrictions should be observed during stays in a hospital or rest center. |
| Daily Acts of Faith and Major Annual Events | The Namokkara mantra is recited on waking up, going to bed, and at meal times. Jains may observe the ritual of pratikramana once or twice a day and meditate as often as desired. Festivals (based on the lunar calendar) include:   * Paryushana: 8 or 10 days during August or September. The most significant Jain event. Prayers are recited with the confession of sins, forgiveness is sought from all living beings, and penances are undertaken. * Mahavira Jayanti: the Birthday of Lord Mahavira, the last Tirthankara (one who re-establishes the ford), in 599 BCE. Celebrated during April. This is a joyous occasion and the experiences of Lord Mahavira’s mother before and after his birth are recounted. * Mahavira Nirvana: Liberation of Lord Mahavira. Most Jains celebrate the eve of the Hindu New Year with Deepavali, the festival of lights. However, some observe this day as the day of liberation of Lord Mahavira followed by the day of enlightenment of his first disciple Gautam Svami around October. * Ayambil: Two periods are observed (see fasting section). |
| Dying | If death is certain and there is nothing to benefit by staying in the hospital, the Jain would prefer to spend the last moments at home. Ideally, the person would wish for mental detachment of all desires and concentrate on the inner self. Family members or others would assist by reciting text or chanting verses from the canon. As much peace and quiet should be maintained as possible. |
| Death Customs | There are no specific rituals in Jain philosophy for this event. Bodies are always cremated and never buried, except for infants. Cremation must be performed as soon as practicable, even within hours, if possible, without any pomp or ceremony. Many Jains still pursue Hindu customs as a family preference. All normal practices undertakers are acceptable as long as the body is handled with respect. The family normally provides the dress and accessories for the preparation of the body and final placement in the coffin. |
| Resources (texts, community facilities, etc.) | The Jain scriptures are called Agamas and, although the texts vary according to sects, the basic philosophy is the same. The Jains believe that the mission of the human birth is to achieve liberation from mundane life and the cycle of death and rebirth. This is achieved through the practice of non-violence and equanimity, as preached by Lord Mahavira in the Agamas. |
| Names | All names are made up of 3 or 4 words in a definite sequence. The person’s given name comes first. Sometimes this is appended with a gloss (a short word to provide further meaning on the name) such as -Kumar, -ray, -lal, -chandra, -bhai, -kumari, -bhen, etc., which is usually written with the given name but sometimes becomes the second name. The next name (usually the middle) is the father’s first name for males and the husband’s first name for females. The last name is the surname or family name, which is usually common to all members of the family. |

| Japanese Religious Beliefs (Shinto) and Cultural Practices | |
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| Shinto is Japan's indigenous religion: a complex set of ancient folk beliefs and rituals centered upon the presence of gods or of the sacred in animals, in plants, and even in things which have no life, such as stones and waterfalls. Individuals of Japanese origin may adhere to Buddhism as well as Shinto (see Buddhist section above). | |
| Language | Generally, Shintoists speak Japanese with English as a second language. |
| Diet | In general, the foundation of the Japanese diet is rice. |
| Fasting | N/A |
| Dress | There are no religious requirements for the form of everyday dress. For particular annual events, such as New Year's Day and the Bon Festival (and for local shrine festivals in Japan), some wear traditional dress (kimonos). |
| Physical Contact | When undergoing medical examination and treatment or being comforted by strangers, Japanese people would prefer to be touched by a person of the same sex. |
| Medical Treatment | There are no religious objections to blood transfusions or transplants. |
| Hospital Stays, Rest Centers | During hospital stays, baths are considered preferable to showers and the bathroom should be separated from the toilet. |
| Daily Acts of Faith and Major Annual Events | Shinto has little theology and no congregational worship. Its unifying concept is Kami, generally translated as "god." There are no Shinto prayers as such, but many Japanese follow Buddhist meditative practices. In addition to Buddhist festivals, Shintoists celebrate:   * New Year (January 1) * Bon Festival: Respect for ancestors (August 13-16) |
| Dying | When a Japanese person is dying, they often wish to meditate. |
| Death Customs | Generally Japanese would prefer cremation to burial. Funeral services are administered according to Buddhist rites. |
| Resources (texts, community facilities, etc.) | No specific Shinto texts (see Buddhism). Those requiring further information on Shinto should contact the Japanese Embassy or the International Shinto Foundation. |
| Names | It is usual for Japanese people to have two names. The first may be the family name and the second may be the given name. When names are required for the purpose of formal records, it is advisable to ask for the family name and to use this as the surname. |

| Jehovah’s Witnesses | |
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| Language | Usually, English. |
| Diet | While Jehovah’s Witnesses believe that Christians are required to abstain from blood and the meat of animals from which blood has not been properly drained, there are no religious restrictions on what they can eat. Use of alcohol is a personal matter. |
| Fasting | No religious requirement. |
| Dress | No special religious dress. |
| Physical Contact | For deeply held reasons of religious faith, there are two medical interventions that Jehovah’s Witnesses object to: elective termination of pregnancy, and allogeneic blood transfusion. Baptized Jehovah’s Witnesses usually carry on their person an Advance Medical Directive/Release document directing that no blood transfusions be given under any circumstances. This document is renewed annually. A more detailed Health-Care Advance Directive form outlining their personal treatment choices may also be carried with them. |
| Medical Treatment | Jehovah’s Witnesses are forbidden to receive blood transfusions and transplants. Jehovah’s Witness will sign hospital forms that direct that no allogeneic blood transfusion or primary blood components be administered under any circumstances, while releasing doctors, medical personnel, and hospitals from liability for any damages that might result from such refusal despite otherwise competent care. |
| Daily Acts of Faith and Major Annual Events | Jehovah’s Witnesses members read the Bible daily. Witnesses commemorate the death of Jesus according to the Hebrew calendar (late March/April). They do not celebrate other traditional festivals, nor do they celebrate birthdays. |
| Dying | There are no special rituals to perform for those who are dying nor last rites to be administered to those in extremis. Pastoral visits from elders will be welcomed. |
| Death Customs | An appropriate relative can decide if a limited post-mortem evaluation of the body is acceptable to determine cause of death. The dead may be buried or cremated, depending on personal or family preferences and local circumstances. |
| Resources (texts, community facilities, etc.) | The Bible. |
| Names | No particular tradition. |

| Judaism | |
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| Language | English is generally used by Jewish people although Hebrew and Yiddish are also spoken. |
| Diet | Observant Jews are required to uphold the Kashrut, a series of dietary laws. Jews do not eat pork in any form. Fish must retain both fins and scales, while shellfish is not permitted. Red meat and poultry must comply with kosher standards of slaughter. Meat and milk products must not be cooked together, and separate dishes must be kept for each. Milk products must not be eaten during or after a meat meal, and most observant Jews will wait 3 to 6 hours before dairy products are eaten or drunk. A vegetarian meal is often acceptable, with dairy-free dressings or sauces if available. |
| Fasting | Yom Kippur is a major annual 25-hour fast observed by the majority of Jews. There are other fast days during the year that are less widely observed. Jews are not permitted to eat or drink on fast days. Additionally, no leavened bread is eaten during the period of Passover. Unleavened bread, known as matzah, may be consumed instead. |
| Dress | Devout Jewish men and women will keep their heads covered at all times. Men wear a hat or skull-cap (the yarmulka or kippa). Orthodox women will wear a hat, scarf, or wig. Orthodox women and girls are required to keep the body and limbs covered with modest clothing. Strictly Orthodox men are likely to wear black clothes (sometimes 18th century dress) and may have ringlets and beards. |
| Physical Contact | Strictly Orthodox men and women actively avoid physical contact with people of the opposite sex and will not welcome being comforted by someone touching or putting an arm around them. |
| Medical Treatment | All laws normally applying on the Sabbath or festival can be overruled for the purpose of saving a life or safeguarding health. Blood transfusions are permitted and are a matter of personal choice. Transplants and organ donations are usually permissible but may require advice from a Rabbi. |
| Hospital Stays, Rest Centers | A quiet area for prayer should be provided, if possible. |
| Daily Acts of Faith and Major Annual Events | All practicing Jews say prayers three times a day. The Sabbath (Shabbat) is observed from sunset on Friday evening until sunset on Saturday evening. Prayers and a family meal are part of the observance. The observance of festivals is very important, including the following major events:   * Days of Awe: Rosh Hashanah (New Year) and Yom Kippur (Day of Atonement) * The Three Foot Festivals: Sukkot, Pesach, and Shavuot * Chanukah * Purim * Tishah B’Av |
| Dying | It is usual for a companion to remain with a dying Jewish person until death, reading or saying prayers. The dying person should not be touched or moved, since it is considered that such action will hasten death; it is not permitted under any circumstance. He or she may wish to recite the Shema. |
| Death Customs | The prompt and accurate identification of the dead is particularly important for the position of a widow in Jewish law. Post-mortem treatment or evaluations of the body are forbidden unless ordered by civil authorities. Body parts must be treated with respect and remain with the corpse if possible. When a person dies, eyes should be closed and the jaws tied; fingers should be straight. The body is washed and wrapped in a plain white sheet and placed with the feet towards the doorway. If possible, it should not be left unattended. For men, a prayer shawl (tallit) is placed around the body and the fringes on the four corners are cut off. |
| Resources (texts, community facilities, etc.) | The Jewish scriptures are known as the Tanakh and include the Torah, the Nevi’im, and the Ketuvim. |
| Names | Individuals usually have one or more Hebrew names, often taken from Biblical sources, followed by the Hebrew names(s) of their father. |

| Paganism | |
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| Language | Mainly English. |
| Diet | Dietary practice varies but many Pagans are vegetarian, and some may be vegan. Dietary choices are, however, a matter for the individual, who should be consulted about their preferences. |
| Fasting | None. |
| Dress | In everyday life, Pagans do not usually wear special forms of dress. Ritual jewelry is, however, very common and may have deep personal religious significance. In some traditions, the wearing of a ring, which symbolizes the person's adherence to Paganism or a particular Pagan path, is common. The removal of such a ring may cause considerable distress. |
| Physical Contact | There are no specific restraints on types of physical contact. |
| Medical Treatment | There are no religious objections to blood transfusion and organ transplants. |
| Hospital Stays, Rest Centers | N/A |
| Daily Acts of Faith and Major Annual Events | Private practice: Most Pagans will keep an altar, shrine, or a devotional room (often called a temple) in their own homes. Private devotions take place whenever the individual wishes and may include prayer, meditation, chanting, reading of religious texts, and ritual. Ritual practice and items used on the altar in Pagan worship are described below.  Group practice: This often occurs on lunar observance days and during seasonal festivals celebrated by most Pagans. Many Pagans will celebrate these on the most convenient date rather than on an exact date, although the latter is preferred. Festivals include:   * Samhain (October 31) * Yule (Midwinter) (December 21) * Imbolc (February 1) * Spring Equinox (March 21) * Beltane (April 30) * Midsummer (June 21) * Lammas or Lughnasadh (August 1) * Autumn Equinox (September 21) |
| Death Customs | Most Pagans believe in reincarnation. The emphasis in funerals is on the joyfulness for the departed in passing on to a new life, but also consolation for relatives and friends that the person will be reborn. Disposal of the body may be by burning (cremation) or burial. Funeral services will take place in crematorium chapels, at the graveside, or at the deceased's home. In some traditions, any religious items of significance to the deceased must be buried or burned with the body. Ritual jewelry, personal ritual items such as the Witch’s athame, and the person's religious writings (such as the Book of Shadows) are commonly buried with or burned with the body. A wake (mourning ceremony) carried out around the body by friends and relatives is common in some traditions. |
| Names | There are also information packs on Witchcraft, Druidry, and the Northern Tradition. |

| Rastafarians | |
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| Language | The vocabulary is largely that of the Jamaican patois of English. |
| Diet | Most Rastafarians are vegetarian and avoid stimulants such as alcohol, tea, and coffee. Sacred food is called I-TAL (organic vegetarian food). Some Rastafarians will eat fish, but only certain types. |
| Fasting | Fasting is observed and can take place at any time. When fasting occurs, nothing is consumed from noon until evening. |
| Dress | Rastafarians wear standard Western dress, except that some Rasta men will wear crowns or tams (hats) and Rasta women will wear wraps (headscarves). The wearing of headwear can be deemed as part of a Rastafarian's attire, with some Rastafarian men and especially women never uncovering their heads in public. |
| Physical Contact | Cutting of hair is prohibited under any circumstance. Dreadlocks symbolize the ‘mane of the Lion of Judah’ (reference to the divine title of Emperor Haile Selassie). In a medical emergency this issue would need to be discussed with the patient. |
| Medical Treatment | Cutting of hair is prohibited in any circumstances. Dreadlocks symbolize the ‘mane of the Lion of Judah’ (reference to the divine title of Emperor Haile Selassie). In a medical emergency this issue would need to be discussed with the patient. |
| Hospital Stays, Rest Centers | Cutting of hair is prohibited in any circumstances. Dreadlocks symbolize the ‘mane of the Lion of Judah’ (reference to the divine title of Emperor Haile Selassie). In a medical emergency, the cutting of hair would need to be discussed with the patient. |
| Daily Acts of Faith and Major Annual Events | Worship takes place at various times, depending upon each Rastafarian commune. A service is conducted at least once a week. Rastafarians consider Saturday to be the Sabbath day. Nyahbinghi drumming and chanting is an important part of Rastafarian culture. It is used for spiritual uplifting and can last for many days. At the start of this spiritual time, a Firekey also takes place: a fire is lit and must be kept burning until the drumming and chanting have stopped. Festivals include:   * Ethiopian Constitution Day (July 16) * Birthday of Haile Selassie: One of the holiest days of the Rastafarian year (July 23): * Birthday of Marcus Garvey (August 17) * Ethiopian New Year’s Day: a four-year cycle, with each year named after a Biblical evangelist (early September) * Anniversary of the crowning of Haile Selassie/Ethiopian Christmas (November 2) |
| Dying | No particular rituals are observed. The dying person will wish to pray. |
| Death Customs | When a Rastafarian person dies, a gathering takes place where there is drumming, singing, the reading of scriptures, and the giving of praise. Usually occurs on the 9th and/or 40th night of the person passing. |
| Resources (texts, community facilities, etc.) | Books: My Life and Ethiopia (autobiography of Emperor Haile Selassie of Ethiopia); Important Utterances of His Imperial Majesty Emperor Haile Selassie I; Philosophy and Opinions of Marcus Garvey (ed. Amy Jacque Garvey)  DVDs: Time and Judgment (by Ras Menelik); The Journey of the Lion (by Brother Howie)  CDs: Churchial Chants of the Nyahbinghi; Prince Teban and the Sons of Thunder communication drumming |
| Names | No particular tradition. Older men may take the prefix Jah or Ras. |

| Seventh-day Adventists | |
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| Language | Usually English, although various languages may be spoken, such as Filipino, Ghanaian, Russian, Bulgarian, Portuguese, etc. |
| Diet | Seventh-day Adventists do not smoke, drink alcohol, or use non-medicinal drugs. Some even avoid foods and drinks containing caffeine and other stimulants. Many are vegetarian, but those that do eat meat avoid pork or shellfish products. Some are vegan. |
| Fasting | Some Adventists may have a personal period of fasting in conjunction with special prayer projects. |
| Dress | No special dress. |
| Physical Contact | N/A |
| Medical Treatment | N/A |
| Hospital Stays, Rest Centers | In a rest center, provision of vegetarian food from outlets not handling meat would be required. Provision of a room for Sabbath worship would be requested along with access to a Bible. |
| Daily Acts of Faith and Major Annual Events | The Seventh-day Adventist Sabbath is kept from sunset on Friday to sunset on Saturday. It is a day of rest and worship, when Adventists like to practice fellowship and worship together. During this time, most Adventists avoid secular activities such as watching television. Communion, or the Eucharist, is celebrated once every 3 months. Adventists celebrate Christmas and Easter as commemorative events, usually marking the occasions by a special service on the closest Sabbath day. |
| Dying | Adventists would prefer to have an Adventist clergyman or woman present when facing death. However, they would appreciate general prayers and other spiritual care from clergy of other Christian denominations if Adventist clergy are not available. Adventists do not consider the sacraments as required rituals; hence, the Sacrament of the Sick would not be necessary. |
| Death Customs | Cremation or burial is a matter of personal or family preference. |
| Resources (texts, community facilities, etc.) | As with other Christians, Adventists accept the Bible as the inspired word of God. Many Adventists also cherish books by Ellen G White, who they believe had the spiritual gift of prophecy. |
| Names | No particular tradition. |

| Sikh | |
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| Language | The Punjabi and English languages are widely spoken and used. Swahili, Urdu, and Hindi may be understood. |
| Diet | Dietary practice varies, but devout Sikhs do not use tobacco, alcohol, or drugs and are vegetarians, who also exclude eggs. Those who do eat meat, fish, and eggs will refrain from eating beef, halal, and kosher meat. |
| Fasting | N/A |
| Dress | All initiated male, as well as many female, wear the five K symbols: Kesh (uncut hair); Kangha (a comb to keep the hair neat); Kara (a steel bangle, which symbolizes the unity of God); Kirpan (a short dagger, which symbolizes the readiness of the Sikh to fight against injustice); and Kachhera (breeches or shorts to symbolize modesty). Additionally, a turban is obligatory for men but optional for women, who may instead wear a chunni (a long Punjabi scarf) to cover the Kesh. The removal of the turban or the Kachhera will cause great embarrassment to a Sikh and should be avoided. |
| Physical Contact | Treatment by medical staff of any religion is permissible, but men and women prefer to be treated by staff of the same sex when possible. |
| Medical Treatment | There are no specific medical requirements and no religious objections to blood transfusion and organ transplants. The views of the family/individual concerned should be sought. |
| Hospital Stays, Rest Centers | A Sikh in the hospital may wish to have all five faith symbols within reach. Kachhera (shorts) should on no account be changed or removed other than by the individual concerned. A shower is preferred to a bath. Sikhs wash after using the toilet, so access to a tap and a container of water for washing should be provided in the toilet area. |
| Daily Acts of Faith and Major Annual Events | Sikhs are required to shower or bathe daily, especially before conducting their dawn prayers. Prayers are said three times a day: at sunrise, at sunset, and before going to bed. There is no set day for collective worship. Festivals are normally celebrated with a continuous reading of the Guru Granth Sahib (Holy Scriptures) over a period of 48 hours. Major annual festivals include:   * Guru Nanak’s Birthday: A 3-day celebration * The Martyrdom of Guru Tegh Bahadur * Guru Gobind Singh’s Birthday * The Martyrdom of Guru Arjan Dev * Baisakhi * Divali |
| Dying | The dying person will want to have access to the Sikh scriptures when possible. |
| Death Customs | The five Ks should be left on the dead body, which should, if possible, be cleaned and clothed, in clean garments before being placed in a coffin or on a bier. According to Sikh etiquette, comforting a member of the opposite sex by physical contact should be avoided unless those involved are closely related. Deliberate expressions of grief or mourning by bereaved relatives are discouraged, although the bereaved will want to seek comfort from the Sikh scriptures. The dead person should always be cremated, with a close relative lighting the funeral pyre or activating the machinery. This may be carried out at any convenient time. The ashes of the deceased may be disposed of through immersion in flowing water or dispersal. |
| Resources (texts, community facilities, etc.) | The Sikh Scriptures (Adi Granth) are treated with the utmost respect and reverence. Additionally, Sikhs may refer to the writings of Guru Gobind Sinqh (Dasam Granth) and the Sikh Code of Conduct. |
| Names | Sikhs generally have three names: their given name; a title (Singh [Lion] for all males and Kaur [Princess] for all females); and a family name. Where names are required for formal records, the family name can be asked for, bearing in mind that Sikhs generally prefer to use, and will usually offer, their first name alone or their first name together with their title (Singh or Kaur). |

| Zoroastrian (Parsee) | |
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| Language | Zoroastrians almost always speak English. Those from the Indian sub-continent speak Gujarati and Iranian Zoroastrians speak Persian or Farsi. |
| Diet | Zoroastrians have no particular dietary requirements. They are non-vegetarian. |
| Fasting | On certain days of the year, Zoroastrians may abstain from meat. |
| Dress | Zoroastrians almost always wear Western clothes; traditional dress is for ceremonial occasions only. As part of their inner garments, most adult Zoroastrians will wear a vest made of fine muslin cloth called a Sudra. They also tie a girdle around the waist called a Kusti. It is important to wear a clean Sudra, to change it daily, and to remove it only for medical reasons. |
| Physical Contact | There are no restrictions on physical contact. |
| Medical Treatment | It is believed that many Zoroastrians are prone to glucose-6-phosphate dehydrogenase deficiency, a common human enzyme deficiency. There are no restrictions on medical treatment. |
| Hospital Stays, Rest Centers | N/A |
| Daily Acts of Faith and Major Annual Events | Zoroastrians should untie their girdle and tie it back while saying their prayers, at least once a day. They may wish to cover their head while praying. Zoroastrians follow two different calendars; some follow the Shenshai calendar and others the Fasli calendar. Main days of observance include:   * Jamshedi Noruz (Fasli): New Year’s Day, according to the Fasli calendar used in Iran * Khordad Sal (Fasli) * Farvandigan (Fasli) * Zartusht-no-Diso (Shenshai) * No Ruz (Shenshai): New Year’s Day, according to the Shenshai calendar * Khordad Sal (Shenshai) * Fravardin (Shenshai) * Zartusht-no-Diso (Fasli) |
| Dying | Zoroastrians prefer to die quietly and without being disturbed. |
| Death Customs | Zoroastrians are either cremated or buried. It is important to dispose of the body as soon as possible after death once paperwork and prayers for the dead have been performed. At least one priest should perform these prayers, which can last for about one hour, prior to the funeral. |
| Resources (texts, community facilities, etc.) | The Zoroastrian faith is headquartered in the United Kingdom. |
| Names | Each Zoroastrian has one first name. The father's name appears as the second name. The family name serves as the surname. |

Attachment I: Family Resource Packet

Welcome to the Family Assistance Center (FAC), a safe place for families of unaccounted for or deceased individuals to gather. Please be respectful at all times of other families visiting the FAC. If at any time you have any questions, concerns, or requests, do not hesitate to consult any staff member.

How Do I Use the Family Resource Packet?

The Family Resource Packet is meant to provide you with information and resources to assist you in your time at the FAC. At the end of the packet, there are several blank pages which you might find helpful for taking notes or writing down questions throughout your time at the FAC. Because you may experience many distractions and emotions during the process of seeking your family member, these notes can be helpful. If you have any questions about the information in this packet or anything at the FAC, do not hesitate to consult any staff member.

Who Can Come to the Family Assistance Center?

Any member of the unaccounted for or deceased person’s “family” may attend the FAC. “Family” may include any individual (family, friend, partner, distant relative) who is considered to be part of the unaccounted for person’s family, even if there is not a legal family relationship. This may include people other than family members who are characterized as “family.”

Family Members Visiting the Family Assistance Center

All family members visiting the FAC must bring government-issued photo identification, if possible. Upon entering the facility, all family members will receive a unique badge. If a family representative wishes to prohibit the entry of a specific family/friend, please inform the security team of your wishes. If you have any questions or concerns, please feel free to speak to any registration staff member. U.S. Immigration and Customs Enforcement and U.S. Customs and Border Protection representatives, do not, to the fullest extent possible, conduct immigration enforcement activities at registration sites for disaster-related assistance or the reunification of families and loved ones.

Family Interviews and Family Hosts

Once your family feels comfortable answering questions, please make an appointment with the Family Interview Scheduler for an interview. Your family will be assigned to a Family Host. Family Hosts are established to provide you with a core group of people who will always be available to answer any questions or address any concerns you may have. Please do not hesitate to approach any member of your team or another team if you have any questions.

Interpretation Services

If at any time you wish to have an interpreter present, do not hesitate to ask any staff member. They will ensure you receive any language services needed.

Unaccounted for Family Members

If you cannot find your family member, he or she is considered unaccounted for. It is possible that they have been taken to a healthcare facility or shelter. Staff from the FAC will work with you to gather information about the whereabouts of your unaccounted for family member. Families are encouraged to continue to search for their family members through all available channels. You should continue checking with their friends, school, work, neighbors, and relatives or anyone else who may know their whereabouts.

Identifying and Recovering Your Family Member

If it is determined that your family member is deceased and their body is currently in the custody of the [Jurisdiction Medical Examiner/Coroner/Justice of the Peace], it is important to understand that viewing the body of your family member is not possible until they have been taken to a private funeral home. Additional information will be provided by a representative of the [Medical Examiner/Coroner/Justice of the Peace]’s Office during the family briefing.

Should You Need a Funeral Home

The choice of a funeral home is entirely up to your family. You are welcome to contact the funeral home of your choice, whether it is local or out of state. If you choose to work with a funeral home out of state, it is very common for funeral homes to contract with a local funeral home to deliver the body of your family member. If you have any questions or concerns about these arrangements (referred to as “disposition”) please inform your Family Host.

Talking with the Media

There will be no media allowed within the FAC, but you may be approached by the media outside of the FAC. You are under no obligation to speak to the media, but you may speak to them if you so choose. If you do not wish to speak to the media, remain silent or state that you have no comment. If you are being harassed by members of the media, please inform a member of the FAC staff or security team immediately. If you become aware of the presence of media inside the facility, immediately notify a security staff member.

Services Provided at the Family Assistance Center

*[Note: The information below should be updated (to include specific hours or other further information) at the latest time possible before providing to FAC families to ensure that the list is fairly complete.]*

* Childcare Services: Childcare services are offered to all families at the FAC. All childcare areas will be run by trained staff.
* Computer/Phone Bank: A computer and phone bank area is available to families to aid in communications. If you need assistance with using a computer or phone, any member of the communications team would be happy to help.
* Family Briefings: Family briefings are held twice a day by the [Medical Examiner/Coroner/Justice of the Peace] or their designee. All families are encouraged to attend the family briefings to receive the most up to date information regarding the recovery and identification process.
* Food Services: Meals are provided three times a day and a variety of healthy snacks will also be provided throughout the day. Please communicate to a staff member any specific dietary restrictions or preferences. We will try to accommodate all requirements and preferences.
* Meditation/Spiritual Care Area: A meditation/spiritual care area is available for use as a quiet place for meditation or spiritual worship. Please ask a spiritual care provider if you need any assistance facilitating a gathering.
* Memorial Area: A memorial area is provided for families. Please ask any staff member if you have questions related to the memorial area.
* Mental Health Services: Licensed mental health providers are available to all families at the FAC. If you would like to speak to a mental health provider or need a referral to outside resources, any mental health provider would be happy to help you.
* Quiet Gathering Areas: Quiet gathering areas are available for families if they wish to have a private space. Please ask any staff member to coordinate a private gathering space.
* Spiritual Care Services: Trained spiritual care providers are available to all families at the FAC. If you would like to speak to a spiritual care provider, any spiritual care provider would be happy to help you.
* Television Room: A television room is provided for families who wish to watch the news. Please be considerate of other families who may not wish to hear about the news and please refrain from discussing television coverage outside of the television room.
* Secondary Services (examples of possible services)
* Crime victims assistance
* Financial assistance
* Foreign nationals support
* Housing assistance
* Insurance advocacy
* Laundry services
* Legal assistance
* Provision of medications
* Public benefits support
* Relocation assistance
* Transportation assistance
* Veterans Affairs support
* Translation/interpretation services

Map of Family Assistance Center

[Insert once FAC is established]

Web Resources for Finding Your Family Member

Families are encouraged to search for their family members through all available channels. You should continue checking with the unaccounted for person’s friends, school, work, neighbors, and relatives or anyone else who may know their whereabouts. You should also search web-based resources to locate your family member. Below are a few examples of web-based resources that could be useful. You are encouraged to post and search for information on any or all of these resources to aid in finding your family member. If you have any questions or need assistance with this process, please to do not hesitate to ask any FAC staff member.

Social Networking Sites

Following an incident, survivors may communicate their status with their family and friends through social networking pages or sites. Be sure to check with all social networking sites through which your family member may communicate.

Person Finder by Google

Following a disaster, the Google Crisis Response Team assesses the severity and scope of a disaster to determine if they will activate their “Person Finder” tool, which enables people to either look for someone or provide information about someone. This tool has been used in many of the recent disasters across the world. For more information, visit [www.google.com/crisisresponse](file:///C:/Users/KCanady/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/EJIAPZ1O/www.google.com/crisisresponse).

National Emergency Child Locator Center (NECLC)

Following a Presidentially declared disaster, the National Center for Missing & Exploited Children, with support from the Federal Emergency Management Agency (FEMA), will establish a toll-free number and a website to assist in locating children and reunifying families.

The American Red Cross Safe and Well Program

The American Red Cross Safe and Well Program is a web-based tool that people can use to register their status and location. The website can be accessed via <https://safeandwell.communityos.org>. or by phone at 1-866-GET-INFO (866-438-4636) for help with registration. The hearing impaired may call 1-800-526-1417. Registrants can leave brief messages, which if desired can also be used to update their Facebook or Twitter status.

Next of Kin Registry (NOKR)

The NOKR is a free tool for daily emergencies and national disasters. NOKR is an emergency contact system to help if an individual or family member is missing, injured, or deceased. NOKR is the central repository for emergency contact information in the United States and for 87 other countries. NOKR provides the public a free proactive service to store emergency contacts, next of kin, and vital medical information critical to emergency response agencies. Stored information is only accessible from a secure area accessible only to emergency public trust agencies that have registered with NOKR. For more information on this system, visit [www.pleasenotifyme.org](file:///C:/Users/KCanady/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/EJIAPZ1O/www.pleasenotifyme.org).

Facebook Safety Check

Facebook launched its Safety Check feature in 2014 to help its users alert friends and family that they are safe during major disasters. Facebook will send notifications to users in an affected area asking users if they are safe. Users can click the “I’m Safe” button to notify family and friends of their status. The tool does not interface with anyone other than the users’ own networks of family and friends. The feature is located at <https://www.facebook.com/about/safetycheck>.

Family Interview Information

*[Note: The information below should be updated at the latest time possible before providing to FAC families to ensure that the staff titles and interview questions are accurate.]*

A family interview will be conducted by trained interviewers in a quiet and private location. The following information will need to be gathered from you. When you feel comfortable answering these questions, please make an appointment with the Family Interview Scheduler. If you would like an interpreter to be present during the interview, please inform the Family Interview Scheduler. If you have any questions or concerns about the family interview, please do not hesitate to ask any staff member.

Please be ready to provide the following information about your unaccounted for family member.

* Full Name
* Address
* Employer
* Employer’s address
* Social Security Number
* Date of Birth
* Location of Birth
* Physical Description
* Hair color, eye color, height, weight, shoe size
* Distinguishing marks, scars, tattoos, piercings (please bring photographs of any of these marks, if available)
* History of surgery, missing organs, or missing appendages
* Dentist and Physician Contact Information (please do not bring copies or originals of dental or medical records to the FAC)
* Military Service History
* Branch
* Dates of service
* Name of Spouse or Domestic Partner along with Maiden Name if Applicable (if family member is married or has a recognized domestic partner)
* Photographs of Person (preferably showing front teeth)
* Location of Fingerprints (if available)

How Identification is Made

The [Medical Examiner/Coroner/Justice of the Peace] may use many methods for identification. Identification may take time; in the case of a larger event, it is possible that it will take weeks or even months to identify some decedents. Every decedent must be scientifically identified by the [Medical Examiner/Coroner/Justice of the Peace]. This means that visual identification by family members will not be possible.

The [Medical Examiner/Coroner/Justice of the Peace] may use one or more of the following methods to make positive identification:

* **Fingerprints**: Fingerprints are a reliable form of identification that the [Medical Examiner/Coroner/Justice of the Peace] may use. Inform the Family Interviewer if your family member has ever been officially fingerprinted while alive. If possible, provide information about the organization that documented the fingerprints. If fingerprints can be obtained from the remains of the individual, the [Medical Examiner/Coroner/Justice of the Peace] may use this to establish identification. If your family member was never officially fingerprinted, the [Medical Examiner/Coroner/Justice of the Peace] may be able to match prints obtained from an object belonging to the individual that has remained untouched by others.
* **Dental Records**: Using dental records and dental x-rays can be a fast and reliable method of positive identification. Please provide the Family Interviewer with your family member’s dentist’s contact information. It is important to provide information related to any dental work of which you are aware. If you are not aware of the existence of your family member’s dental records, records may be found through payment or insurance records. If dental x-rays are not available, provide information regarding any records from the dentist:
* Dental casts
* Charting
* Photographs
* Medical imaging
* **Medical Scans**: The [Medical Examiner/Coroner/Justice of the Peace] may be able to positively identify someone by comparing x-rays of any part of the body. This also includes a CAT scan (often taken in cases of suspected head injury). Hospitals and physicians usually only retain hard copy x-rays for about 7 years, but modern technology uses digital x-rays, which may be available longer if not indefinitely. Please inform the Family Interviewer of the existence of any medical imaging of your family member.
* **DNA**: DNA can be used to identify victims in two ways. DNA gathered from the remains can be compared to DNA gathered from a biologically related family member, or DNA gathered from the remains can be compared to the person’s own DNA taken from personal items. DNA can be gathered from these personal items used by the individual for the purpose of identification:
* Hairbrush
* Toothbrush
* Razor
* Underwear
* Blood tests
* Blood donation
* If a person’s DNA sample is not available, family members may be asked to provide a family reference sample. The person contributing the reference sample must be biologically related to the decedent, preferably the mother. This DNA is gathered by a non-invasive cheek swab. All DNA collected will be used for the purposes of identification only. If family members are not able to visit the Family Assistance Center to provide DNA, arrangements will be made to collect a DNA sample remotely.
* There are several potential obstacles to using DNA in identification of remains.
  + - DNA cannot always be obtained from partial remains.
    - DNA testing can take a long time.
    - Results of comparing unidentified remains to the DNA of family members are often not statistically strong enough to provide a positive identification.
    - Heat will destroy DNA. If the remains were exposed to fire, they may not yield a useful specimen.
* If you have any questions or concerns about the DNA identification process, please ask any of the [DNA counselors].
* **Other Useful Information:**
* **Photos**: A photo of the missing person smiling allows comparison of the front teeth, and a straight-on photo of the head allows for superimposition with a skull.
* **Scars, marks, tattoos, surgery**: Provide a description and picture, if possible, of any unique body markings. If the missing person is female, has she had any children? If the missing person is male, is he circumcised?
* **Missing organs/appendages**: Provide the Family Interviewer with information about any removed organs (appendectomy, hysterectomy) or missing appendages (fingers, toes).

Frequently Asked Questions When Your Family Member is Unaccounted For

**Q. How do I report that my family member is unaccounted for?**

A. To report that you cannot find your family member—he or she is unaccounted for following a disaster—call or visit the Family Assistance Center. The Family Assistance Center will have up-to-date information on the status of the incident and any available missing person support.

**Q. How can I help find my family member?**

A. As a family member or friend, you may have key information that can aid in finding your family member. Communicate all information to the Family Interviewer regarding your family member. You can also help by checking with their friends, school, work, neighbors, and relatives or anyone else who may know their whereabouts. Search web-based programs to locate family members including social media sites, the American Red Cross Safe and Well site, and any other internet sites set up to assist in finding family members. Follow up frequently with any contacts and keep the Family Interviewer informed of any developments.

**Q. What information do you need from me to help find my family member?**

A. A Family Interviewer will ask you for the information outlined on the Family Interview Information Sheet in this packet. Information will include a physical description of your family member, including any identifying marks they may have, descriptions of jewelry or clothing, and the contact information of your family member’s dentist and physician. In addition, please provide any information you may have as to their last known whereabouts and anyone they may have been with at the time they were last seen.

**Q. What is being done to find my family member?**

A. Family Assistance Center staff are working diligently with local law enforcement, healthcare organizations, shelters, and partners to locate your family member. If you have any questions regarding the specific steps that are being taken, please do not hesitate to ask a Family Interview staff member.

**Q. How long will it take to find my family member?**

A. Depending on the incident, it may take a prolonged period of time for the Family Assistance Center to locate your family member. We encourage you to continue to reach out through your regular channels to locate your family member.

**Q. How do I know if my family member is injured, unaccounted for, or deceased?**

A. Family Assistance Center staff are in close contact with local healthcare organizations and shelter organizations to determine whether your family member is located at a healthcare facility or shelter. Family Assistance Center staff are also coordinating with local law enforcement to determine whether your family member is missing. If your family member is believed to be deceased, representatives of the Coroner’s Office will meet with you when remains that might be your family member are recovered. If you are not able to be present in person at the Family Assistance Center, arrangements will be made to notify you in person.

**Q. What happens if my family member is not found?**

A. If the Family Assistance Center has closed and your family member has not yet been found, your case will be transferred to local law enforcement agencies to continue the investigation.

**Q. Does anyone care that I cannot find my family member?**

A. Yes, Family Assistance Center staff are working diligently to locate your family member as quickly as possible. If you have any questions regarding the process, do not hesitate to ask any member of the staff.

Frequently Asked Questions When Your Family Member is Deceased

**Definitions:**

**Cause of Death**: The causal agent resulting in death

**Manner of Death**: The manner of death can be determined to be one of five categories: natural, accidental, homicide, suicide, or undetermined

**Q. Where is my family member?**

A. Your family member is in the care of the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (will vary by jurisdiction). The [Medical Examiner/Coroner/Justice of the Peace]’s Office has jurisdiction over all victims of this incident and is working to positively identify all victims and establish the cause and manner of death in accordance with Texas state law.

**Q. How will I be notified if remains are identified or recovered?**

A. Representatives of the [Medical Examiner/Coroner/Justice of the Peace]’s Office will meet with you when remains that might be your family member are recovered. They will continue to meet with you regularly throughout the identification process. When a positive identification of your family member is made, you will be informed in person and given the opportunity to ask questions. If you are not able to be present in person at the Family Assistance Center, arrangements will be made to notify you in person. A phone number to the Family Assistance Center will be provided if you have any questions.

**Q. Why can’t I visually identify my family member’s remains? Why must I wait for a scientific identification?**

A. For legal reasons, the [Medical Examiner/Coroner/Justice of the Peace]’s Office is required to establish positive identification on all victims of the incident. In most instances, positive identification requires scientific confirmation, either through DNA, fingerprints, or x-ray comparisons. The [Medical Examiner/Coroner/Justice of the Peace]’s Office is working as quickly as possible to establish positive identification of your family member.

**Q. Why is it taking so long to identify the victims?**

A. The first step of the identification process is to confirm, through scientific means, that the victim is your deceased family member. This requires obtaining medical or dental x-rays from the victim or waiting for fingerprint or DNA confirmation, all of which can take time. After the positive identification process has established that your family member is deceased, the Medical Examiner will continue the identification process to ensure that as much of your family member’s remains are positively identified as possible.

**Q. How did my family member die?**

A. The [Medical Examiner/Coroner/Justice of the Peace] will determine the cause and manner of your family member’s death. The circumstances surrounding the death, including how it occurred, are part of the scene investigation by the [Medical Examiner/Coroner/Justice of the Peace]’s Office and investigating law enforcement agencies. When details are available, and when they are able, the [Medical Examiner/Coroner/Justice of the Peace]’s Office will provide you with any information regarding the death of your family member. However, details may not be available until much later in the investigative process.

**Q. Did my family member suffer before they died?**

A. This is very much dependent on the circumstances of your family member’s death. The [Medical Examiner/Coroner/Justice of the Peace]’s Office will be working with the investigating agencies to understand the circumstances of the incident and will do their best to answer all of your questions regarding the death of your family member.

**Q. Can I see the site of the incident?**

A. The investigating agencies will determine when and if it is safe for family members to visit an incident scene. If visits are permitted, the Family Assistance Center will make arrangements to transport you to the incident scene. You are not required, or expected, to make the trip. Doing so is a personal decision.

**Q. Will an autopsy be done?**

A. The [Medical Examiner/Coroner/Justice of the Peace]’s Office is required by law to determine the cause and manner of death. In almost all incidences, this will require an autopsy examination. An autopsy is a surgical procedure performed by a medical doctor (forensic pathologist). The [Medical Examiner/Coroner/Justice of the Peace]’s Office recognizes that every decedent is a treasured member of a family and of a community and, as such, treats each decedent with the highest respect and dignity.

**Q. Can I choose not to have my family member’s body autopsied?**

A. No, the [Medical Examiner/Coroner/Justice of the Peace] is required by law to certify the cause and manner of death; they do not require permission of the next of kin to perform an autopsy on a death under their jurisdiction.

**Q. My cultural beliefs dictate that I must bury my family member’s remains immediately, is this possible?**

A. When made aware of time constraints, the [Medical Examiner/Coroner/Justice of the Peace]’s Office will do their best to expedite the examination and identification process. However, the circumstances of the incident may make it impossible to meet time limits. Please inform your Family Liaison Team of any cultural considerations, and every effort will be made to accommodate those requests.

**Q. My cultural beliefs dictate that my family member’s body must not be marked or scarred, is this possible?**

A. The [Medical Examiner/Coroner/Justice of the Peace]’s Office will do their best to honor cultural traditions but cannot do so if it impedes the ability to certify cause and manner of death.

**Q. What is the condition of my family member’s remains?**

A. The condition of your family member’s remains is dependent on the circumstances of his/her death. [Medical Examiner/Coroner/Justice of the Peace] Office staff will provide you with honest answers to your questions regarding the condition of your family member’s remains. How much information is requested and how detailed that information is will be a personal choice and is entirely up to you.

**Q. Can I see my family member’s remains?**

A. Family viewing of decedents will be contingent upon the condition of the bodies and available resources. The various options for viewing will be discussed during meetings with families.

**Q. What should I do if my family member’s remains are identified over a prolonged period of time?**

A. Because the [Medical Examiner/Coroner/Justice of the Peace] will do everything possible to identify as much of your family member as possible, it is entirely conceivable that the identification process will take a prolonged period of time. The Notification Team at the Family Assistance Center will discuss with you whether you would prefer to be notified each time an identification is made or whether you prefer to be notified when all identifications are complete, and the remains are ready for release to a funeral home.

**Q. Can my family member’s remains be released to the funeral home/location of my choice?**

A. Yes, the [Medical Examiner/Coroner/Justice of the Peace]’s Office will work with whatever funeral home you choose to transfer care of your family member once the examination and identification is complete. A [Decedent Affairs] staff member will help coordinate any disposition arrangements.

**Q. What will happen with the remains that cannot be identified?**

A. If there are remains that are not identified despite all efforts to make a positive identification, the [Medical Examiner/Coroner/Justice of the Peace] will meet with each family to discuss the options and decisions regarding those remains.

**Q. Can I receive my family member’s personal effects?**

A. Yes, personal effects will be released to the legal next of kin. If the legal next of kin is not local to the area, they can designate in writing someone to act on their behalf for the receipt of personal effects. Personal effects may not be releasable if they are in any way contaminated or are considered evidence in a criminal investigation.

Taking Care of Yourself and Your Family

*Adapted from Help for Victims of Crimes by the U.S. Department of Justice, Federal Bureau of Investigation, Office for Victim Assistance*

**Coping with the Loss of a Family Member**

* Take care of your mind and body. Eat healthy food. Exercise regularly, even if it is only a long walk every day. Exercise will help lift depression and help you sleep better, too. Massage can also help release tension and comfort you.
* Rely on people you trust. Seek information, advice, and help from them.
* Begin to restore order in your world by re-establishing old routines at work, home, or school as much as possible. Stay busy with work that occupies your mind, avoid overtaxing yourself with too much activity, and leave yourself some down time to relax.
* Talk to your children, who are often the invisible victims of these events, and make sure they are part of your reactions, activities, and plans.
* Ask for help from family, friends, or professionals when you need it. Healing trauma, grief, and loss is similar to healing your body after illness or an accident. Just as there are doctors and nurses who are trained to help heal the body, there are professionals who are trained to help people recover from loss and cope with emotional pain.
* Think about things that give you hope. Make a list of these things and turn to them on bad days.

Notifying Government and Financial Agencies

When a family member or friend has died, it is important to notify various government agencies, banks, creditors, and credit reporting agencies of the death. To reduce the risk of identity theft, these notifications should be made promptly after the death.

To expedite notification, you should initially make the contact by telephone, followed by written verification. For many government agencies and financial entities, you will need the decedent’s social security number, a copy of the death certificate, and, if you are a personal representative (executor) of the estate, your appointment form from the probate court. Make sure to retain copies of all notices that you send.

Below is a checklist of possible agencies and businesses that should be notified of the death. Because each individual case is unique, the list may not be complete. Also, the funeral home may have notified some of the government agencies on your behalf. Please consult with the funeral director when you receive this list so you can check off those agencies which have been notified by the funeral director.

Government Agencies

* Social Security Administration: (800) 772-1213 (all persons)
* Veteran’s Administration (if decedent was formerly in the military)
* Defense Finance and Accounting Services: (800) 269-5170 (military service retiree receiving benefits)
* Officer of Personnel Management: (888) 767-6738 (if decedent is a retired or former federal civil service employee)
* U.S. Citizenship and Immigration Services: (800) 375-5283 (if decedent was not a U.S. citizen)
* State Department of Motor Vehicles (if decedent had a driver’s license or state ID)

Financial Companies

* Credit card and merchant card companies
* Banks, savings and loan associations, and credit unions
* Mortgage companies and lenders
* Financial planners and stockbrokers
* Pension providers

Insurance and Annuity Companies

* Life insurers and annuity companies
* Health, medical, and dental insurers
* Disability insurer
* Automotive insurer
* Mutual benefit companies

Memberships

* Professional associations and unions
* Health clubs and athletic clubs
* Automobile clubs
* Video rental stores
* Public library
* Alumni clubs
* Rotary, Kiwanis, Lions, Veterans’ organizations and clubs

Do Not Contact Lists

*Adapted from Death Notification Checklist, National Funeral Directors Association (NFDA)*

For a fee of $1.00, you can list the decedent’s name on the Deceased Do Not Contact List, which is maintained by the Direct Marketing Association. All members of the Direct Marketing Association will delete the decedent’s name from their mailing lists once the name is posted. A website for registering the name is set forth below:

* Direct marketing Association (register at [www.ims-dm.com/cgi/ddnc](file:///C:/Users/KCanady/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/EJIAPZ1O/www.ims-dm.com/cgi/ddnc))

Credit Reporting Agencies

There are three national credit reporting agencies which you should notify of the death and instruct them to list all accounts as “Closed. Account Holder is Deceased.” You may also request a credit report to obtain a list of all creditors and to review recent credit activities. A sample notification letter is available for your convenience on the following page.

* Experian: (888) 397-3742, P.O. Box 9701 Allen, Texas 75013
* Equifax: (800) 525-6285, P.O. Box 105069, Atlanta, Georgia 30348
* TransUnion: (800) 680-7289, P.O. Box 6790, Fullerton, California 92834

Credit Reporting Agency Sample Notification Letter

*Adapted from Death Notification Checklist, National Funeral Directors Association (NFDA)*

*Check the address of each credit reporting agency to which you wish to send this notification. It is recommended that you send the notification to each credit reporting agency with copies of the death certificate and, if you are the personal representative of the estate, your appointment papers from the probate court. Prior to sending, make copies for your records.*

|  |  |  |
| --- | --- | --- |
| **Experian** P.O. Box 9701 Allen, TX 75013 | **Equifax** P.O. Box 105069  Atlanta, GA 30348 | **TransUnion** P.O. Box 6790 Fullerton, CA 92834 |

**Identification Information**: Fill in the information on the next page for yourself as Requesting Party and for the decedent.

**Requesting Party Decedent**

Name: Name:

Address: Date of Death:

Date of Birth:

Phone Number(s): Location of Birth:

(w) Social Security Number:

(h)

**Prior Addresses of Decedent:** (list the address of all residences of the decedent over the past 5 years, starting with the most recent)

1.

2.

3.

4.

5.

**Relationship of Requesting Party to Decedent:** (identify your relationship to the decedent)

o Spouse o Personal Representative of Estate o Other:

(Page 1 of 2)

**Directions to Credit Agency**: (initial each request you wish to make to the credit agency receiving this notification)

Post on the decedent’s credit report: “Deceased. Do Not Issue Credit.”

Please forward to me at the address listed above the current copy of the decedent’s credit report.

Signature of Requesting Party Date

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Resources and Contact Information

|  |  |
| --- | --- |
| Family Assistance Center |  |
| County Coroner’s Office |  |
| Vital Statistics |  |
| Mental Health |  |
| Spiritual Care |  |
| Social Services |  |
| FEMA |  |
| American Red Cross |  |
| Crime Victims Assistance |  |
| Federal Bureau of Investigation  Office of Victim Assistance | (202) 324-3000 |

Notes

Attachment J: FAC Demobilization Checklist

*[Note: This FAC Demobilization Checklist was originally created for the Dallas/Fort Worth/Arlington Complex Coordinated Terrorist Attack Regional Family Assistance Concept of Operations.]*

Once it has been determined that the FAC is no longer needed, follow this Demobilization Checklist to ensure that the site is secure, adequate public notifications are provided, the staff are properly released, and the site is returned in a satisfactory condition to the facility owner.

Criteria to consider when making a determination for closing a FAC:

* Have all of the families of victims been interviewed?
* Have rescue and recovery operations been completed?
* Have law enforcement investigations and interviews requiring family members been completed?
* Are victim identification activities completed?
* Have the jurisdiction and FAC partners addressed the needs of all families?
* Can outstanding needs be addressed offsite through local community organizations?
* Is there no longer a need for routine briefing or information sharing with families?
* Have there been fewer than five new family members registering per day for at least three consecutive days?
* Have memorial services and remembrance activities been arranged for family and friends?
* Have all available personal belongings been returned to family members or been arranged for delivery?
* Have ongoing case management or family outreach capabilities been established to ensure that family members are able to get future questions answered when needed?

Demobilization tasks to be completed:

* Create a demobilization plan for the FAC and gain approval.

*Authorization for Closure of FAC: (*Person(s) with established authority to order the closure of the FAC should complete the items below):

Name:

Title:

Date:

Time:

Signature:

* Set date/time for closure and communicate this with all partners and client families.
* Address outstanding case management needs and long-term follow up with families.
* Coordinate final meeting with FAC staff, partners, and government agencies.
* Coordinate public messaging regarding FAC demobilization, including specific dates and times and information for how to obtain information once the FAC is closed.
* Update call center staff and/or recorded message, as appropriate.
* Break down FAC facility.
* Assign partners to demobilization tasks.
* Conduct a final closing assessment of the facility with the facility owner to ensure that the facility is returned in satisfactory condition. Address any damage or issues.
* Develop a follow-up report on FAC operations.
* Debrief staff and volunteers before formal closing of FAC facility.

1. Merriam-Webster. (n.d.). Next of kin. In Merriam-Webster.com dictionary. Retrieved June 24, 2022, from [https://www.merriam-webster.com/dictionary/next of kin](https://www.merriam-webster.com/dictionary/next%20of%20kin) [↑](#footnote-ref-2)
2. Adapted from *The Needs of Faith Communities in Major Emergencies: Some Guidelines*. Home Office and Cabinet Office, UK. July 2005. [↑](#footnote-ref-3)