

RETURN TO:

Franklin County Emergency Management
28 Airport Road
Apalachicola, Florida 32320
Phone: 850-653-8977 Fax: 850-653-3643
Date: _____

FOR EMERGENCY MANAGEMENT USE ONLY
Grid _____ Shelter Type: General / SpNS/ Med. Facility
Date Entered _____ Entered By _____
Approved/Denied _____
Revised Date: _____

SPECIAL NEEDS SHELTER PROGRAM --- PERSONAL INFORMATION (PLEASE PRINT)

Will you be going to a Special Needs Shelter if evacuated from Franklin County? Yes No

Will you need transportation to a Special Needs Shelter if evacuated from Franklin County? Yes No

If yes, check type of transportation needed:

Standard Vehicle (bus, car) Wheelchair Accessible Van Ambulance

Your caregiver must accompany and remain with you at the Special Needs Shelter.

Name: _____ Spouse: _____
Address: _____ Apt/Lot # _____
City: _____ Zip: _____ Phone: _____ Cell Phone: _____
Date of Birth: _____ Male: Female: _____ Height: _____ Weight: _____

Primary Language: English Spanish Other _____
Hearing impaired: Yes No Are you legally blind: Yes No
 Trained Service Animal Pets Cat #__ Dog#__ Other _____ Have Pet Plan Yes No

Do you live in a mobile home? _____ Complex Name: _____
Do you live in a home with stairs?: Yes No

I am living: Alone With a Relative With a Caregiver

Caregiver's Name: _____

Relationship: _____ Caregiver's Primary Phone: _____ Alt Phone: _____

Check all that apply:

- Bedridden Wheelchair Walker/Cane Crutches I can walk without help
- Dialysis Insulin Refrigerated medications Special Diet IV Mental Health Problem
- Alzheimer's Dementia Conduct Disorder Obsessive Compulsive Disorder Autism Anxiety or Depression
- Incontinence CPAP Machine (Sleep Apnea) Nebulizer Feeding Pump
- other _____
- Oxygen _____ No. of hours needed daily _____ Liter flow Portable tank concentrator
- Medication assistance Allergies _____

General Physician's Name: _____ Phone: _____

Home Health/Hospice Care Provider: _____ Phone: _____

Dialysis Center Location: _____ Phone: _____

Medical Equipment Provider: _____ Phone: _____

Pharmacy _____ Phone: _____

Local Emergency Contact Person/Relationship _____ Phone: _____

Out of Town Emergency Contact Person/Relationship: _____ Phone: _____

Medical Qualifying Conditions: (Explain your medical condition below in detail)

List Your Medications (Attach additional sheet if necessary):

Rx Name	Dosage	How Often	Rx Name	Dosage	How Often

IMPORTANT NOTICE AND STATEMENT OF UNDERSTANDING

The information contained herein is true and correct to the best of my knowledge. I have read and understand the information on this form as well as the attached Evacuation and Special Needs Sheltering Information sheet.

I understand that:

- Emergency shelters are made available to provide protection during the immediate danger.
- You will need to provide **your own** cane, walker, wheelchair or scooter, medicines, oxygen tanks and supplies, special diet foods, and for any service animals (pet bowls, pet carrier, and pet food)

I will need to make alternative arrangements in the event that I am unable to return to my home after the storm.

- I will be responsible for any charges and costs associated with hospitalization or other medical facility including care and medical transportation, if it is determined that I am beyond the level of care that the shelter can provide.
- ***TRANSPORTATION: I may be ordered or recommended to evacuate my residence. All attempts will be made to give advance notice by phone, of the date and time to expect to be picked up for transport to a shelter. Monitor government TV and local TV stations for updated hurricane information. IF I DECLINE TRANSPORTATION when the transporter arrives, I will be required to sign a "Refusal Form". I understand that upon declining transportation, I may not have another opportunity to request this service.***

I grant permission to health care providers, transportation agencies, and others as necessary to provide care, and to disclose any information that is necessary to respond to my needs.

Note: **This form must be signed.** In accordance with Florida Administrative Code, Rule Chapter 64-3, registration is for persons who have a physical, mental or sensory disability and require assistance during an emergency.

For entry into my home by responders during an emergency: I give permission do not give permission.

Signature: _____ Date _____