



Franklin County Emergency Management
 28 Airport Road
 Apalachicola, FL 32320
 Phone: 850-653-8977 x 102 Fax: 850-653-3643
 Email: em1frank@fairpoint.net

SPECIAL NEEDS SHELTER PROGRAM APPLICATION

DATE: _____

PERSONAL INFORMATION

Name:			
Address:			
City, State, Zip:			
Spouse Name:			
Home Phone:			
Cell Phone:			
Other Phone:			
Email Address:			
Date of Birth:			
Sex:			
Height:			
Weight:			
Primary Language:			
	Yes	No	
Will you be going to a Special Needs Shelter if evacuated from Franklin County?			
Will you need transportation to a Special Needs Shelter if evacuated from Franklin County?			
Which of the following type of transportation will you require for transportation to a Special Needs Shelter if evacuated from Franklin County?			
• Standard Vehicle (bus, car)			
• Wheelchair Accessible Van			
• Ambulance			

YOUR CAREGIVER MUST ACCOMPANY AND REMAIN WITH YOU AT THE SPECIAL NEEDS SHELTER

PROVIDER INFORMATION

PROVIDER TYPE	PROVIDER NAME	PROVIDER PHONE
Physician		
Home Health Care		
Hospice Care		
Dialysis Center		
Medical Equipment		
Pharmacy		
Other Provider:		

CAREGIVER & EMERGENCY CONTACT INFORMATION

I AM LIVING: ALONE With A Relative With A Caregiver

TYPE	NAME	RELATIONSHIP	PHONE
Caregiver			
Caregiver			
Local Emergency Contact			
Local Emergency Contact			
Non-Local Emergency Contact			
Non-Local Emergency Contact			
Other Contact			
Other Contact			

MISCELLANEOUS INFORMATION

	YES	NO		YES	NO
I Live in a Mobile Home			I Live in a Complex/Apartment		
I Live in a Home with Stairs					

HEALTH INFORMATION

CONDITION	YES	NO	CONDITION	YES	NO
Hearing Impaired			Bedridden		
Legally Blind			Wheelchair		
Special Diet			Walker/Cane		
Dialysis			Crutches		
Insulin			I Can Walk Without Help		
IV			Incontinence		
Refrigerated Medications			CPAP Machine (Sleep Apnea)		
Mental Health Problems			Nebulizer		
Alzheimer's			Feeding Pump		
Dementia			Other: Please List Below		
Conduct Disorder					
Obsessive Compulsive Disorder					
Autism					
Anxiety or Depression					
Medication Assistance Required					
Allergies					
Oxygen					

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 _____

FOR EMERGENCY MANAGEMENT USE ONLY

GRID: _____ SHELTER TYPE: GEN / SPNS / MED FAC APPROVED/DENIED
 DATE ENTERED: _____ BY: _____ DATE APP/DEN: _____
 REVISED DATE: _____ BY: _____