



## Nassau County Emergency Management

Greg Foster – Director

77150 Citizens Circle, Yulee FL 32097

904-548-0900

### **2019 Special Needs Sheltering & Evacuation Program Registration**

This program is designed for those with special physical and/or medical needs who may require government evacuation assistance and/or sheltering during a local emergency. The program requires **annual enrollment**. Please complete this registration form and return it by mail to the address provided at the top. This information is requested pursuant to F.S. 252.355(1) which mandates all information contained herein is confidential and exempt from disclosure and can be made available only to other emergency response agencies.

☐ I plan to evacuate to a Public Shelter in an emergency      I am    ☐ Male    ☐ Female

☐ I only require transportation assistance to a shelter

☐ I am medically electric-dependent

☐ I require transportation assistance to a Special (Medical) Needs Shelter

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Speak English?    ☐ Yes    ☐ No-Primary Language is: \_\_\_\_\_

#### **Residential Status:**

☐ I live alone      I live with:    ☐ My Spouse    ☐ My Child/Children    ☐ My Parents

☐ 24/7 Caregiver    ☐ Caregiver visits daily    ☐ Caregiver will accompany me to the Shelter

#### **Pets:**

☐ Dog(s) #: \_\_\_\_\_ ☐ Cat(s) #: \_\_\_\_\_ ☐ Other (# and Species) \_\_\_\_\_

☐ Service Animal that does this for me: \_\_\_\_\_

My Pet's evacuation plan is:    ☐ Board or stay with friends    ☐ Accompany me to the Shelter

**Emergency Contacts** (please list one local and one who lives outside of your evacuation area):

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

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Health Care Providers:**

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Health Care: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Residential Concerns:**

☐ Mobile Home ☐ Dirt Road ☐ Road/Driveway/Access floods easily

☐ Other Concerns: \_\_\_\_\_

**Transportation Concerns** (*Please check all that apply*):

☐ I have no way to get to the Shelter ☐ I have no way to get to a pick-up location

☐ I need a wheelchair lift-equipped vehicle ☐ I require stretcher transportation

☐ I can transfer from a wheelchair to a seat ☐ Other: \_\_\_\_\_

**Mobility Concerns:**

☐ Walker/Cane dependent ☐ Standard wheelchair ☐ Motorized wheelchair

☐ Bed-ridden ☐ Post-stroke deficit ☐ Other: \_\_\_\_\_

**Communication Concerns:**

☐ Deaf or significantly hearing impaired ☐ Sign Language ☐ Speech impaired

☐ Legally blind ☐ I need a translator

**Behavioral/Mental Health Concerns:**

- ☐ Dementia/memory impaired      ☐ Congenital cognitive impairment: \_\_\_\_\_
- ☐ Anxiety      ☐ Depression      ☐ Other mental health condition: \_\_\_\_\_

**Medically Dependent on Electricity for:**

- ☐ Supplemental Oxygen      ☐ Concentrator      ☐ Liquid oxygen
- ☐ Oxygen Supplier & Phone #: \_\_\_\_\_
- ☐ Respirator      ☐ Insulin-diabetic      ☐ Dialysis      ☐ Epilepsy
- ☐ Dependent on electricity for another reason: \_\_\_\_\_

**Other Medical Concerns:**

- ☐ Allergies: \_\_\_\_\_
- ☐ Special Dietary Needs: \_\_\_\_\_

**Attestation and Authorizations:**

I hereby request enrollment in the Nassau County Special Needs Registry. I understand my participation in this registry is completely voluntary; all information provided for the registry will be held strictly confidential and used only for emergency planning and response purposes. I understand that being on the registry in no way implies or ensures that I will receive immediate or preferential treatment during an emergency.

The information provided in **this form is true and correct** to the best of my knowledge. I hereby grant permission for the release of this information to emergency response agencies and pre-authorize these agencies to enter my residence for the purpose of emergency search and rescue. I grant permission to disclose any of this information to medical providers, transportation agencies, and others as necessary to care for my needs.

I understand that I am responsible for providing or assisting in the provision of any prescription medications, oxygen supplies, medical equipment, dietary items, and hygiene supplies that I or my pets might require while in a public shelter.

I understand that any evacuation transportation, emergency shelter, or special needs assistance provided is only for the duration of the emergency and that **alternate arrangements should be made in advance in case I am not able to return to my home once the shelter is closed.**

Registrant or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send completed form to:

Nassau County Emergency Management  
77150 Citizens Circle  
Yulee, FL 32097