CHARLOTTE COUNTY SPECIAL NEEDS AND TRANSPORTATION DEPENDENT REGISTRATION

In accordance with Florida Statute 252.355, registration is for residents who have physical, mental, or sensory disability and require assistance during an emergency. **Registration does not guarantee availability of medical treatment in the shelter.**

First Name: _____ MI:____ Last Name: _____ DOB: _____/_____/_____

Address: _____ City: _____ ZIP: _____

Primary Phone: _____ Secondary Phone: _____

Residence Type (Circle one): Mobile/Manufactured Single Family Multi Family Apartment Other

Email address: _____ Gender: _____ Weight: _____

Caregiver accompanying to shelter: _____ Phone: _____

Emergency Contact – Name: _____ Phone: _____

Secondary Contact – Name: _____ Phone: _____

Physician Name: _____ Phone: _____

Home Health Care: _____ Phone: _____

[ ] I only need transportation to a Public Shelter where I can care for myself, I have no medical needs.

Medical Information

[ ] Blind / Low Vision

[ ] Deaf / Hard of Hearing

[ ] Behavior Health Issues

[ ] Contagious Disease

[ ] Frail / Elderly

[ ] Speech Impediment

[ ] Physical Disability

[ ] Bedridden

[ ] Mentally / memory impaired

[ ] Dementia / Alzheimer's

Transportation

[ ] Car

[ ] Bus

[ ] Wheelchair Van

[ ] Ambulance

Medical Equipment

[ ] Ventilator

[ ] Suction Machine

[ ] Catheters

[ ] Feeding Tube

[ ] Oxygen Concentrator

Mobility

[ ] Walker / Cane

[ ] Wheelchair

[ ] Motorized Wheelchair

[ ] Hoyer Lift

Oxygen

[ ] 24 Hour Liter Flow _____

[ ] Overnight Liter Flow _____

[ ] Nebulizer Liter Flow _____

[ ] CPAP Liter Flow _____

[ ] Dialysis

- **[ ] Hemodialysis (Facility)**
- **[ ] Hemodialysis (Home)**

[ ] Open Wounds **[ ] Autism**

[ ] Assistance with Medications **[ ] Special Dietary Restrictions**

[ ] Assistance with Insulin **[ ] Siezures**

[ ] Requires Refrigerated Medication

[ ] Other reason for assistance: _____

Are you a seasonal resident? [ ] Yes [ ] No

Do you have a 24 hour caregiver? [ ] Yes [ ] No

Do you have your own transportation to the shelter? [ ] Yes [ ] No

Do you have pets? [ ] Yes [ ] No Have you made arrangements for your pets if you are evacuated? [ ] Yes [ ] No

BEFORE SIGNING THIS APPLICATION READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETELY:

The information contained herein is true and correct to the best of my knowledge. I have read the Special Needs Assistance Program Application Information sheet accompanying this application and I understand that there are limitations on the services and the levels of care that are available.

I understand that the assistance will be provided only for the duration of the emergency and that alternative arrangements should be made in advance in case I am not able to return to my home.

I understand, based on the information that I have provided, that I may not be assigned to a special needs care unit based on the criteria stated in the information provided and the available space at those facilities.

I understand that I will be responsible for any charges and costs associated with hospital, medical facility care, and/or transportation.

I grant permission to medical providers, transportation providers, and others to provide care and disclosure of any information necessary to respond to my needs. I hereby grant permission for the release of this information to emergency response agencies, the Charlotte County Emergency Management Office, and the Florida Department of Health, and also pre-authorize those agencies to enter my residence for the purpose of search and rescue.

I understand that this is a voluntary program and hereby request registration into the Charlotte County Special Needs Assistance Program.

I understand that all registration will be reviewed by the Florida Department of Health in Charlotte County to determine appropriate shelter placement.

Patient Signature: _____ _____ Date: _____

If unable to sign, signature of legally authorized representative: _____

Print authorized representative name: _____

Return competed applications to: **Charlotte County Emergency Management**
Special Needs Program
26571 Airport Road
Punta Gorda, FL 33982