

**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

Seizures

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 completed applications to:

**Charlotte County Emergency Management  
Special Needs Program  
26571 Airport Road  
Punta Gorda, FL 33982**