


Alachua County Emergency Management Special Needs Registration Form

Please fill out this form in its entirety:

Please consider saving time and paper by using the registration portal located on the AlachuaCounty.US/SpecialNeeds webpage

PERSONAL INFORMATION: (Print Legibly)				
Last Name:		First Name:		DOB:
Submission Type: <input type="checkbox"/> New Application <input type="checkbox"/> Registration Update <input type="checkbox"/> I Don't Know				
Street Address:		City:	Zip:	
Living Arrangements: <input type="checkbox"/> Alone <input type="checkbox"/> With Relative/Roommate <input type="checkbox"/> Caregiver <input type="checkbox"/> Other:				
Who will be staying with you in the shelter?				
Home Phone:		Cell Phone:	Email:	
Sex:	Height:	Weight:	Primary Spoken Language:	
EMERGENCY CONTACT INFORMATION: LOCAL & NON-LOCAL				
(L) First:		Last:	Relationship:	Phone:
(NL) First:		Last:	Relationship:	Phone:
SERVICE ANIMAL INFORMATION: (check appropriate responses)				
Do you have a Service Animal?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* Make arrangements for your pet (non-service animal) with a vet or kennel, or bring your pet to the shelter, and Alachua County Animal Services will take custody of/care for your pet. Call (352) 264-6870 for more information. *</i>				
				Next Page 

Send to: Alachua County Emergency Management, 1100 SE 27th Street, Gainesville, FL 32641
 For further information, please call Alachua County Emergency Management: (352) 264-6500

MEDICAL INFORMATION: (check and complete those that apply to your medical condition)

Require Life-Sustaining Medical Equipment?

- Positive Airway Pressure Equipment (CPAP)
- Oxygen-Type: Liquid Gas Oxygen Concentrator
Rate: _____ (liters/min)
How Often?: Continuous As Needed
Mode of administration: _____
- Respirator (Ventilator)
- Nebulizer
- Feeding Pump
- None
- Other Equipment:

Mobility Assessment

- Wheelchair
- Bedridden
- None
- Other:

Barriers to Communication

- Hearing Impaired
- Sight Impaired
- Speech Impaired
- None

Check any of the following medical conditions that apply to you:

- Seizures Stroke Cardiac condition
- Diabetic Frail Dialysis
- Psychiatric/Personality Disorder
- Medications requiring refrigeration
- Other Medical Conditions (please list all):

Special Care

- "Do-Not-Resuscitate" (DNR) Order (please attach)
- Special Dietary Needs (explain):

- Allergies (list):

I agree that my name may be added to the Special Needs Registry, and to the AlertAlachua emergency notification system, should my application be approved for the Special Needs Registry. I give Alachua County Emergency Management authorization to share this information with other local support agencies in the event of an emergency evacuation. I also grant emergency response personnel permission to enter my home during search and rescue operations following a disaster, if necessary, to assure my safety and welfare. (Rev. 11/2020)

Patient Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

Relationship: _____