ALACHUA COUNTY EMERGENCY MANAGEMENT
SPECIAL NEEDS FORM

PERSONAL INFORMATION: (Print Legibly)

Last Name:	First Name:	MI.	Birth date	Sex: _____ Weight: _____ Height: _____
Street Address:	City:	State:	Zip:	Phone: ( )
Mailing Address (*If different*):	City:	State:	Zip:	Phone: ( )
Name of Subdivision, MH Park , Apt Bldg., etc.:	Flood Prone Area? ☐ Yes ☐ No	Temporary Address: From: To:		Primary Language Spoken:

Type of Structure(*check one*) ☐ Mobile ☐ Manufactured ☐ Site Wood Built ☐ Masonry ☐ Other

Living Situation: (*check one*) ☐ Lives Alone ☐ With Spouse ☐ With Children ☐ With Parents ☐ Other (*Explain*)

MEDICAL INFORMATION: (*Check and complete those that apply to your medical condition.*)

Require Life-Sustaining Medical Equipment ? (Check those that apply)

[You must bring your own equipment with you to the shelter.]

☐ Suction Machine ☐ Respirator (Ventilator)
☐ Positive Airway Pressure Equipment (CPAP)
☐ Nebulizer ☐ Feeding Pump
☐ Other_____
☐ Oxygen – Type: ☐ Liquid ☐ Gas ☐ Oxygen Concentrator
☐ Continuous ☐ As Needed ☐ Occasional
How Often _____ Rate _____ (liters/min)
Amount used per day? _____
How is it given? _____

Check any of the following that apply to you

☐ Seizures *(Explain)*_____
_____
☐ Colostomy or Ileostomy
☐ Stroke
☐ Cardiac History
☐ Dialysis How Often? _____
☐ Urine Control Problem ☐ Bowel Control Problem ☐ both
☐ Memory Impaired (Explain) _____
☐ Psychiatric/Personality Disorder
☐ Anxiety/Depression
☐ Alzheimer's
☐ Dementia
☐ Autism
☐ Obsessive Compulsive Disorder
☐ Conduct Disorder
☐ Mental Health Impaired (*Explain*)
_____
☐ Frail
☐ Mobility Impaired *(Explain)* _____

Require equipment to help with mobility?

☐ Wheelchair Bound
☐ Walker
☐ Other
☐ Bedridden
☐ Can you transfer to a wheel chair
☐ Sensory Impaired
☐ Hearing
☐ Sight
☐ Speech
☐ Other _____
Equipment used to assist with impairment _____
_____

Other

☐ DNR Order *(if so, attach copy)*
☐ Special Dietary Needs (*Explain*)
_____

Medication

☐ Medication requiring refrigeration
☐ Assistance required with Medications

List of all medications:

_____
_____
_____
_____

☐ Allergies (*List*) _____
_____

(over)

List of all *other* medical conditions: _____
_____
_____

EMERGENCY CONTACT INFORMATION: 1 Local and 1 Non-Local

(**Local**) First Name	Last Name	Relationship	Phone ( )
(**Non-Local**) First Name	Last Name	Relationship	Phone ( )

PHYSICIAN/PHARMACY INFORMATION:

Physician's Last Name:	First Name:	Phone: ( )
Pharmacy Name:		Phone: ( )
Home Health Care Agency/Nurse Registry:		Phone: ( )
Hospice:		Phone: ( )
Dialysis Center:		Phone: ( )
Medical Equipment Provider:		Phone: ( )

SHELTER INFORMATION:

Plan on using a shelter? ☐ Yes ☐ No
Provide Own Transportation to Shelter? ☐ Yes ☐ No

If you need assistance with transportation, check one of the following:
☐ automobile
☐ van with wheelchair lift
☐ stretcher

Name of person going with patient to the shelter: _____
Relationship to patient: _____

PET INFORMATION:

☐ Trained Service Animal (Only service animals are allowed in the shelters.)

(Make arrangements for your pet with a vet, kennel, or bring your pet to the shelter and Alachua County Animal Services will take custody of/care for your pet).

Phone: _( )_____

AUTHORIZATION INFORMATION:

I agree that my name be added to the Special Needs Emergency Shelter list. 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.

Patient Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

Relationship to Patient: _____ Date: _____

EMERGENCY MANAGEMENT USE ONLY:

Previous Application: ☐ Yes ☐ No ☐ SN ☐ Public Shelter ☐ Stay Home ☐ Dialysis Center

☐ Need More Information _____

Approved:_____ Denied:_____ Reason:_____

Initials: _____

Mail Form to: Alachua County Emergency Management, PO Box 548, Gainesville, FL 32602-0548 (352) 264-6500 ***Revised 5/8/08***