

# Alachua County Emergency Management Special Needs Registration Form

Received:

<b>Office Use Only</b>		Alert Alachua: _____
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, state reason: _____		ID: _____ Date Entered: _____
Date of This Update: _____		Processed By: _____ Time: _____ AM / PM
Speak with registrant: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Who/Relationship: _____		
Conversation Support Notes: _____		

**Please fill out this form in its entirety:**

<b>PERSONAL INFORMATION: (Print Legibly)</b>			
Last Name:	First Name:	MI:	DOB:
Street Address:		City:	Zip:
Mailing Address (if different):		City:	Zip:
Home Phone:	Cell Phone:	Cell Carrier:	
Flood Prone Area?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of Structure: <input type="checkbox"/> Mobile Home <input type="checkbox"/> Site Built Home/Apartment Complex <input type="checkbox"/> Other:			
Living Arrangements: <input type="checkbox"/> Alone <input type="checkbox"/> With Relative <input type="checkbox"/> Caregiver <input type="checkbox"/> Other:			
Sex:	Height:	Weight:	Primary Spoken Language:
Do you plan on using a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe			
If yes, will you require transportation to the shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe			
Type of transportation needed: <input type="checkbox"/> Automobile <input type="checkbox"/> Van with wheelchair lift <input type="checkbox"/> Stretcher/Ambulance			
Who will be going with you to the shelter? _____			Relationship:
<b>EMERGENCY CONTACT INFORMATION: LOCAL &amp; NON-LOCAL</b>			
(L)First:	Last:	Relationship:	Phone:
(NL) First:	Last:	Relationship:	Phone:
<b>SERVICE ANIMAL INFORMATION: (check appropriate responses)</b>			
Do you have a Service Animal?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of animal?: <input type="checkbox"/> Dog <input type="checkbox"/> Other _____			
<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>			
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Send to: Alachua County Special Needs Program, PO Box 5038, Gainesville, FL 32627-5038  
Fax: (352) 264-6565

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?**

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

**Mobility Assessment**

- Wheelchair
- Scooter
- Walker
- Cane
- Bedridden
- Other \_\_\_\_\_
- None

**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
- Incontinence  Diabetic  Frail
- Dialysis How often? \_\_\_\_\_
- Psychiatric/Personality Disorder:  None
  - Anxiety/Depression  Dementia
  - Alzheimer's  Autism  Conduct Disorder
  - Obsessive Compulsive Disorder (OCD)
  - Other Mental Health

Impairment(s): \_\_\_\_\_  
Other Medical Conditions (please list all): \_\_\_\_\_

**Special Care**

- Special Dietary Needs (explain): \_\_\_\_\_
  - Allergies (list): \_\_\_\_\_
  - Medications requiring refrigeration
  - Assistance taking medication
  - DNR Order (attach copy)
- List all medications: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**PHYSICIAN/PHARMACY INFORMATION**

Physician's Name:	Phone:
Pharmacy Name:	Phone:
Home Health Agency/Nurse Registry:	Phone:
Hospice:	Phone:
Medical Equipment Provider:	Phone:
Dialysis:	Phone:

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**AUTHORIZATION INFORMATION**

I agree that my name may be added to the Special Needs Emergency Shelter list, and to the AlertAlachua emergency notification system. 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. 4/2018)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

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