



Alachua County Emergency Management Special Needs Registration Form

Received:

Office Use Only		Code Red: _____
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:

PERSONAL INFORMATION: (Print Legibly)			
Last Name:	First Name:	MI:	DOB:
Street Address:	City:	Zip:	
Mailing Address (if different):	City:	Zip:	
Home Phone:	Cell Phone:	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: _____			
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			
If yes, what type of animal?: <input type="checkbox"/> Dog <input type="checkbox"/> Other _____			
* 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. *			
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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? <input type="checkbox"/> Suction Machine <input type="checkbox"/> Positive Airway Pressure Equipment (CPAP) <input type="checkbox"/> Oxygen- Type: <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Oxygen Concentrator Rate: _____ (liters/min) How Often?: <input type="checkbox"/> Continuous <input type="checkbox"/> As Needed Mode of administration: _____ <input type="checkbox"/> Other Equipment: _____ <input type="checkbox"/> Respirator (Ventilator) <input type="checkbox"/> Nebulizer <input type="checkbox"/> Feeding Pump <input type="checkbox"/> None	Mobility Assessment <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Bedridden <input type="checkbox"/> Other _____ <input type="checkbox"/> None Barriers to Communication <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Sight Impaired <input type="checkbox"/> Speech Impaired <input type="checkbox"/> None
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Check any of the following medical conditions that apply to you: <input type="checkbox"/> Seizures <input type="checkbox"/> Stroke <input type="checkbox"/> Cardiac condition <input type="checkbox"/> Incontinence <input type="checkbox"/> Diabetic <input type="checkbox"/> Frail <input type="checkbox"/> Dialysis How often? _____ <input type="checkbox"/> Psychiatric/Personality Disorder: <input type="checkbox"/> None <input type="checkbox"/> Anxiety/Depression <input type="checkbox"/> Dementia <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Autism <input type="checkbox"/> Conduct Disorder <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) <input type="checkbox"/> Other Mental Health Impairment(s): _____ Other Medical Conditions (please list all): _____	Special Care <input type="checkbox"/> Special Dietary Needs (explain): _____ <input type="checkbox"/> Allergies (list): _____ <input type="checkbox"/> Medications requiring refrigeration <input type="checkbox"/> Assistance taking medication <input type="checkbox"/> DNR Order (attach copy) List all medications: _____
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PHYSICIAN/PHARMACY INFORMATION

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

AUTHORIZATION INFORMATION

I agree that my name may be added to the Special Needs Emergency Shelter list, and to the CodeRED 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.

Patient Signature: _____ Date: _____

Authorized Signature: _____ Relationship: _____ Date: _____

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