Nassau County Emergency Management
77150 Citizens Circle Yulee, FL 32097
(904) 548-0900

Billy Estep
Director

2017 Special Needs Sheltering & Evacuation Program Registration

This program is designed for those with special physical and/or medical needs who might require government evacuation assistance and/or sheltering for a local emergency. The program requires annual enrollment. Please complete this registration form and return it by mail to the address provided on the back. This information is requested pursuant to F.S. 252.355(1) which mandates all information contained herein is confidential and exempt from disclosure and can be made available only to other emergency response agencies.

Personal Information

☐ ***I plan to evacuate to a Public Shelter in an emergency/disaster*** **I am** ☐ **Male** ☐ **Female**

☐ **Transportation Assistance Only** (General Population Shelter) ☐ **Special Needs** Registrant

Name: _____

Street Address: _____ City: _____ ZIP: _____

Mailing Address: _____ City: _____ ZIP: _____

Telephone # _____ DOB: _____ Height: _____ Weight: _____

Speak English ☐ YES ☐ NO – primary language is _____

Residential Status

☐ I Live Alone Live with: ☐ Spouse ☐ Child(ren) ☐ Parents

☐ Other 24/7 Private Caregiver ☐ Caregiver visits me daily but does not live with me

☐ Service Animal that does this for me: _____

☐ Pets: ☐ Dogs # ____ ☐ Cats # ____ ☐ Other (# and species) _____

My pet's evacuation plan is: ☐ Board at Vet or Kennel ☐ Stay with a Friend Out of the Area

☐ Accompany me to the public shelter *(must bring crate, food, bowls, and proof of rabies vaccination)*

Residence Concerns:

☐ I live in a Mobile Home ☐ I live on a Dirt Road ☐ Driveway/Access Road Floods

☐ Other: _____

Transportation Concerns *(please check all that apply)*:

☐ I have no way to get to a shelter ☐ I have my own transportation to a shelter

☐ I can NOT get to a bus pick-up point ☐ I must use a wheelchair

☐ I can transfer from a wheelchair to a seat ☐ I need a wheelchair lift-equipped vehicle

☐ I require stretcher transportation ☐ Other: _____

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Emergency Contacts *(please provide **one local** and **one out-of-area** contact)*

Local Name: _____ Relationship _____

Phone # _____ Alternate Phone # _____

NON-local Name: _____ Relationship _____

Phone # _____ Alternate Phone # _____

Health and Medical Care Information *(please check all that apply)*

☐ Supplemental Oxygen-Dependent ☐ I use a Concentrator ☐ I use Liquid Oxygen

O_2 Supplier Name & Phone #: _____

☐ Dependent on electricity for another reason: _____

☐ Respirator-Dependent ☐ Insulin-Dependent Diabetic ☐ Dialysis-Dependent

☐ Incontinent ☐ Epileptic ☐ Emergency Alert Monitor

Behavioral/Mental Health Concerns

☐ Dementia or Memory Impaired ☐ Congenital Cognitive Impairment: _____

☐ Anxiety ☐ Depression ☐ Other Mental Health Condition: _____

Communication Concerns

☐ Deaf or Significantly Hearing Impaired ☐ I use American Sign Language ☐ Speech Impaired

☐ Legally Blind ☐ I require a translator

Mobility Concerns

☐ Walker/Cane-Dependent ☐ Wheelchair-Bound ☐ Obesity (Weight): _____

☐ Bed-ridden ☐ Post-Stroke Deficit: _____

Other Concerns

☐ Known Allergies: _____

_____

☐ Special Dietary Needs: _____

_____

☐ Medications: _____

_____

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Health Care Provider Contacts

Primary Doctor: _____ Phone # _____

Pharmacy: _____ Phone # _____

Home Health Agency: _____ Phone # _____

Attestation and Authorizations:

I hereby request enrollment in the Nassau County Special Needs Registry. I understand my participation in this registry is completely voluntary; all information provided will be held strictly confidential and used only for emergency planning and response purposes. I understand that being on the registry in no way implies or ensures that I will receive immediate or preferential treatment during an emergency.

The information provided in this form is true and correct to the best of my knowledge. I hereby grant permission for the release of this information to emergency response agencies and pre-authorize these agencies to enter my residence for the purpose of emergency search and rescue. I grant permission to disclose any of this information to medical providers, transportation agencies, and others as necessary to care for my needs.

I understand that I am responsible for providing or assisting in the provision of any prescription medications, oxygen supplies, medical equipment, dietary items, and hygiene supplies that I, or my pet(s), might require while in a public shelter.

I understand that any evacuation transportation, shelter, or special needs assistance provided is only for the duration of the emergency, and that alternate arrangements should be made in advance in case I am not able to return to my home once the shelter is closed.

Registrant or Guardian's **Signature**: _____ **Date**: _____

This section to be completed by Nassau County Emergency Management and the Florida Department of Health in Nassau County

Primary Special Need: _____

☐ General Population Public Shelter ☐ Pet-Friendly Public Shelter

☐ Special Needs Shelter Facility Required ☐ Hospital Care Facility Required

Send Completed Form to Nassau County Emergency Management

Emergency Operations Center
77150 Citizens Circle
Yulee, FL 32097

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