

This form is to be submitted for review to determine your eligibility for the medically-dependent evacuation centers (formerly known as the Special Needs Shelters).

Note: Hospice patients please contact your social worker or case manager prior to completing an application.

Emergency Management is mandated by Florida Statutes to maintain a voluntary registry of persons who will need assistance during emergency evacuations. Records relating to registration of disabled citizens are exempt from the Provisions of F.S. 119.07(1) Public Records Law

Sarasota County prohibits discrimination in all services, programs or activities on the basis of race, color, national origin, age, disability, sex, marital status, familial status, religion, or genetic information. Persons with disabilities who require assistance or alternative means for communication of program information (Braille, large print, audiotape, etc.), or who wish to file a complaint, should contact:

Sarasota County ADA/Civil Rights Coordinator
1660 Ringling Blvd. Sarasota
Florida 34236 Phone: 941-861-5000; TTY 7-1-1 or 1-800-955-8771
Email: adacoordinator@scgov.net

Contact Information		
First Name:		Last Name:
Date of Birth:	Month:	Day: Year:
Primary Phone:		Secondary Phone:
Email Address:		
Street Address:		
City:	State:	Zip:
Sub-Division:		
Type of Home:	<input type="checkbox"/> Manufactured/Mobile <input type="checkbox"/> Apt./Condo <input type="checkbox"/> House/Duplex	
If you live in multi-unit housing, do you need/use an elevator to your home?		<input type="text"/>
Do you speak English?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you do not speak English, what language do you speak?		
Are you currently receiving home health care? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If yes, reason for home health care (what do they do for you)?

Name of home health care agency:

Home health care agency phone:

Do you have a trained service dog as defined by the ADA? ☐ Yes ☐ No

NOTE: Emotional support, comfort and anxiety animals are not defined as service animals by the ADA and will be housed as pets.

Will you require transportation to the evacuation center? ☐ Yes ☐ No

If transportation is needed, do you require a wheelchair lift?

Caregiver and Emergency Contact

Caregiver's First Name:

Last Name:

Caregiver relationship to you:

Caregiver Phone:

Emergency Contact Name (other than caregiver):

First Name:

Last Name:

Emergency Contact Phone:

Total number of persons evacuating with you (limited to spouse, caregiver and dependent children (high school age and below)):

If unable to return home from evacuation center due to damage, do you have a place to go? Provide contact name, phone, address if possible:

Medical Needs

Dependent on electricity for life-saving devices (check all that apply):

☐ Oxygen/Oxygen Concentrator (if use is over 5 LPM please see next section)

If oxygen is checked above, how many liters per minute?

How frequently do you need oxygen?

☐ 24 Hrs/Day Continuous ☐ Night Only ☐ Intermittent

☐ Pump (Peritoneal Dialysis/IV/Feeding)

☐ Suction

☐ Electric Wheelchair

☐ Hoyer (Note: evacuation center staff will NOT assist with hoyer transfer)

☐ Other: (Note: if indicating nebulizer treatments, include frequency [e.g., daily, intermittent as needed])

Medical Issues:

☐ Insulin Dependent

☐ Administer own medications ☐ Need caregiver to administer medications

Have you called 911 within the last 12 months due to low blood sugar?

☐ Dementia/Alzheimer's (full-time caregiver must be present with you at evacuation center)

☐ Open wounds/decubitus (skin ulcers) that require professional wound care

☐ Hemodialysis

Dialysis Provider Name:

Dialysis Provider Phone:

Date of last dialysis treatment: (only needed if
applying within 24-48 hours of evacuation center opening)

☐ Colostomy

☐ Indwelling Catheter

☐ Incontinent of Bowel

☐ Paraplegic

☐ Infectious respiratory illness or wound (only needed if applying within 24-48 hours of evacuation center opening)

☐ Surgery within last 7 days (only needed for last minute registrations)

Type of surgery:

Mobility:

☐ Need assistance to sit/rise/transfer/toilet/walk (Note: evacuation center staff unable to assist with Hoyer transfers)

If you need assistance to sit/rise/transfer, how many people are needed to assist:

☐ Able to walk long distances (i.e., football field) without assistance

☐ Wheelchair or scooter and able to self-transfer

Advanced Medical Needs

Mobility:

☐ Bed Bound

☐ Quadriplegic (unable to transfer without equipment)

☐ Wheelchair Bound (unable to transfer without equipment)

☐ Over 450 lbs AND require assistance to walk/transfer

Respiratory:

☐ Oxygen over 5 liters per minute

Oxygen LPM:

☐ Ventilator

Pets

All pets MUST be fully immunized, crated and have all necessary supplies (food is not provided). Pets will be kept in designated pet areas, not in rooms with individuals, unless it is a service animal.

NOTE: pets will NOT be permitted at Advanced Medical Needs evacuation centers. You will be notified of your assigned location and the pet policy for that location if found eligible for the medical needs program.

Do you have pets? ☐ Yes ☐ No

How many dogs will be evacuating with you?

How many cats will be evacuating with you?

Are you able to care for your pet(s) independently? ☐ Yes ☐ No, need assistance

Please read before submitting application:

By submitting this application I agree that I have read and understand the following:

- That I will be sleeping on a low-to-the-ground cot and that I am the only person guaranteed a cot.
- I understand that my caregiver may be provided a cot if available. Cots will not be provided to accompanying family members.
- That it is my responsibility to make a plan for where I might go in the event I can not return home from the evacuation center due to power outage or damage.
- I understand that when an evacuation center is opening, I will be contacted one time only to ask if I will be evacuating and if I need county-provided transportation to the evacuation center. If I decline, or cannot make a decision at that time, alternate transportation to the evacuation center may not be provided by the county and may be at my own expense.
- It is my responsibility to bring any special food needed for my dietary restrictions and that the same applies to my caregiver and family.
- I am responsible for bringing own my mobility devices (walker, wheelchair, etc).
- I understand that space in the evacuation center is limited and will only bring one suitcase with clothes, pajamas, toiletries, medications, pillow, blanket and quiet activity materials (books, puzzles, etc).
- I understand that if I am on oxygen it is my responsibility to contact my oxygen provider for extra tanks prior to a tropical storm/hurricane.

Please type your full name below to indicate you have read and understand the above. If submitting this application on someone's behalf, please type your name below as well as your agency name or relation to the applicant.

Full Name:

Agency/Relation to Applicant:

Or return completed form via mail to:

6050 Porter Way
Sarasota FL 34232
Fax: (941) 861-5501
Email: PSN@scgov.net