

2013 Collier County Special Needs Registration

PLEASE PRINT OR TYPE THE INFORMATION AND COMPLETE ALL PAGES.

A NEW REGISTRATION FORM IS REQUIRED EVERY YEAR.

Only the information about the Person with Special Needs is filled out on this form. If you are an accompanying caregiver with no Special Needs you do not need to fill out a form for yourself.

Name: _____ Spouse/Parent Name: _____
Last First MI

Home Address: _____ Apt. _____ Bldg. _____

Mailing Address: (i.e PO Box or MHP address) _____

City: _____ Zip code 341 _____ Home Phone: () _____

Cell phone: () _____ 2nd Cell Phone: () _____

Answering machine: YES or NO Email Address: _____@_____

(If applicable) Hearing Impaired TDD # () _____

Do you use Florida Relay 711: YES or NO Do you use American Sign Language ? YES or NO

Do you use a Video Phone: YES or NO

Residence type: Single Family Home _____ Subdivision Name: _____

Manufactured Home _____ Park Name: _____ Lot # _____

Apartment / Condo _____ Complex Name: _____ Floor _____

Date of Birth: _____ Age _____ Language Spoken: _____ Sex: Male Female

Year round resident? YES or NO If "NO", in Collier County from _____ to _____
Month Month

TRANSPORTATION

Choose one of the following modes of transportation

___ I HAVE a ride to the Special Needs Shelter How many people going to the shelter _____

___ I NEED a ride to the Special Needs Shelter Number of people to pick up _____

ASSISTANCE NEEDED

You will need to provide your own cane, walker, wheelchair or scooter . Make sure your name is on it

None Arm/Frail Cane Walker Wheelchair Electric Scooter Stretcher/Bedridden

(You will need to provide your own cane, walker, wheelchair or scooter and make sure your name is on it)

If using a wheelchair, can you transfer to the seat on the bus? YES or NO Do you use a Hoyer Lift? YES or NO

If a Stretcher is needed, explain why _____

Equipment your life depends on that must be transported with you: _____

Please list equipment that requires electricity: (i.e. Apnea monitor, CPAP, etc...) _____

Do you use Collier County Paratransit Transportation? Yes or No

HOME CARE INFORMATION- CHOOSE ONE

_____ I take care of myself at home

_____ I need part time nursing help at home

_____ I am unable to care for myself at home

_____ I have 24 hr paid services at my home

_____ Other

LIVING ARRANGEMENT- CHOOSE ONE

I live alone

I live with family

I live with friends

DOCTOR AND HOME HEALTH INFORMATION- MUST BE FILLED OUT

Primary Doctor _____ Phone () _____
(Print Doctors Name Please)

Home Health Agency providing home care: _____ Phone () _____

PETS

Please list # of each: None _____ (Cat _____) (Dog _____) (Bird _____) (Other _____)

Have you made arrangements to shelter your pet in an emergency while you are at a shelter? YES or NO

Do you have a pet carrier for EACH pet ? YES or NO Does your pet have a microchip? YES or NO

Veterinarian's Name: _____ Veterinarian's phone number: _____

SHELTER INFORMATION

The following person will be taking care of me in the shelter: _____

Relationship of caregiver to registrant & caregiver phone number: _____

Should your home sustain damage and you are not able to immediately return home, what will be your plan for sheltering? **This section MUST BE COMPLETED.** Please list who should be contacted and/or with whom you would stay. List local and out of the area contacts. If possible do not list the same person you put down for your emergency contact.

Contact Person: _____ Phone Number: (____) _____

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Contact Person: _____ Phone Number: (____) _____

YOU MUST COMPLETE THIS SECTION: IF YOU CANT GO HOME DUE TO DAMAGE WHAT IS YOUR PLAN????

(i.e. Hotel, leave the area, return North, stay with family or friends). If the family or friends are not who you listed above for Contact please provide their name(s) and phone numbers with area code.

<u>Circle answer or fill in the blank: This is only for the person registering</u>	
Hard of Hearing: YES / NO	Wear Hearing Aids: Right Ear / Left Ear / BOTH
Macular Degeneration: YES / NO	Legally Blind: YES / NO
Do you normally wear glasses: YES / NO	Do you use reading glasses: YES / NO
Do you normally wear contact lenses: YES / NO	
Do you normally need assistance with activities of daily living?	YES / NO
I can walk only a limited distance: YES / NO	
Quadriplegic / Paraplegic/ Amputee	Use a service animal: YES / NO
Confusion / Dementia / Early Alzheimer's / Advanced Alzheimer's / Prone to wander / Combative	
Foley Catheter or Ostomy: if Ostomy please list what type	
Psychological Needs : YES / NO	Seizures: YES / NO
Developmentally Disabled or Neurological Disorder: (Please list)	
Name and Phone Number of Oxygen Provider: _____	
Do you use liquid oxygen? YES / NO **See Important note on Medication Sheet for Liquid Oxygen**	
Liter Flow _____ (liters per minute/lpm)	# of hrs per day _____
Do you have a concentrator YES / NO	**YOU MUST BRING YOUR CONCENTRATOR**
Nebulizer treatments: YES / NO	How many treatments per day: _____
Apnea monitor / C PAP / BI PAP	Ventilator or Tracheostomy Tube YES / NO
Diabetes : YES / NO	Use Insulin: YES / NO
Dressing Changes or / Wound Care Assistance YES / NO	
Feeding Tube: YES / NO	Infusion/ IV Therapy: YES / NO
Injectable Medication: YES / NO	
Needs assistance or supervision with medications, IM or IV injections: YES / NO	
Peritoneal Dialysis or Hemodialysis	Name & Phone Number of Dialysis Center
What days of the week do you go to Dialysis? Sun, Mon, Tues, Wed, Thurs, Fri, Sat (circle days)	
Cardiac: CHF, Angina, Hypertension, Stroke, Implanted Defibrillator, Pacemaker (Please List)	
Immune System Problems: (Hepatitis, TB, Cancer, etc) (Please List)	
Terminal Illness: YES / NO	Living Will: YES / NO
Do you have DNR papers? YES / NO	
Do you have a cot to bring to the shelter? YES / NO	
Registrant's weight: _____ lbs	Height: _____ feet _____ inches

IMPORTANT NOTICE AND STATEMENT OF UNDERSTANDING

The information contained herein is true and correct to the best of my knowledge. I have read and understand the information on this form as well as the attached Evacuation and Special Needs Sheltering Information sheet.

I understand that: The registration is voluntary and hereby request registration in the "Special Needs Program"

- Emergency shelters are made available to provide protection during the immediate danger.
- I am responsible to PROVIDE A CAREGIVER WHILE AT THE SHELTER IF I AM UNABLE TO CARE FOR MY OWN BASIC & SPECIAL NEEDS.
- I have a copy of the PREPARATION GUIDELINES and will take the things that I need with me.
- LIMITED volunteer nursing and medical assistance in the Special Needs Shelter will be available to assist me and/or my caregiver.
- I will need to make alternative arrangements in the event that I am unable to return to my home after the storm.
- I will be responsible for any charges and costs associated with hospitalization or other medical facility including care and medical transportation, if they should become needed.
- **TRANSPORTATION:** I may be ordered or recommended to evacuate my residence. All attempts will be made to give advance notice by phone of the date and time expected to be picked up for transport to the Special Needs Shelter. Monitor government TV (Channel 97), Local TV stations or Local Radio Stations for updated hurricane information. IF I DECLINE TRANSPORTATION when the transporter arrives, I will be required to sign a "Refusal Form". I understand that upon declining transportation, I may not have another opportunity to request this service.

I grant permission to health care providers, transportation agencies, and others as necessary to provide care, and to disclose any information that is necessary to respond to my needs. ** Form must have a signature **

Date _____

Signature of Registrant/Caregiver/Person completing the form and relationship to Registrant

Please complete this form and mail to:

**Collier County Emergency Management
ATTN: PSN
8075 Lely Cultural Pkwy, Suite 445
Naples, FL 34113**

MEDICATIONS

If you have a medication sheet from your Doctor or Pharmacy you can include with the registration. Please make sure the name is printed on the sheet.

Registrant Name: _____

Allergies: _____

Pharmacy Name and Phone Number: _____

SPECIAL ATTENTION ALL LIQUID OXYGEN USERS

You need to bring additional oxygen cylinders (HELIOS) for you to use when you leave the shelter. The shelter cannot refill your cylinders.

[illegible]