

Glades County Emergency Management Special Needs Registration

This program is designed for those who have special physical and/or medical needs and may require government evacuation and/or shelter assistance in the event of an emergency. Please complete this registration and mail it to the address listed on the back bottom section of this form. This information is requested pursuant to Section 252.355, Florida Statutes, which also mandates that all information contained within is confidential and exempt from disclosure and can be made available only to other emergency response agencies.

Personal Enrollment Data

NAME: _____
Last First Middle Initial

ADDRESS: _____ CITY: _____ ZIP CODE: _____

TELEPHONE: _____ D.O.B.: ____/____/____ AGE: _____ Weight: _____ Gender: M or F

Name of **CAREGIVER** that will stay with you at the shelter: _____

Caregiver Address: _____ Caregiver Phone Number: _____

(Check) Residence Type: ⇒ House / Duplex ⇒ Mobile Home ⇒ Apt /Condo

(Check) Living Situation: ⇒ Living alone ⇒ With Spouse ⇒ With Spouse & Children

 ⇒ With Children ⇒ With Parent(s) ⇒ With Other Relative ⇒ With Non-Relative

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____
(Local)

Name: _____ Relationship: _____ Phone: _____
(Non-local)

Person Completing Form (if different than above) _____

Home Health or Assisting Agency: _____

Primary Doctor: _____ Telephone: _____

Pharmacy Name: _____ Telephone: _____

Medical Care Information:

Medical Problems: _____

Medications: _____

Allergies: _____

Special Medical Needs (Check all that apply)

- | | | |
|-------------------------------------|------------------------|----------------------------|
| ⇒ Medical Dependence on Electricity | ⇒ Memory Impaired | ⇒ Anxiety/Depression |
| ⇒ Mental Health Impaired | ⇒ Respirator Dependent | ⇒ Dialysis Dependent |
| ⇒ Insulin Dependent | ⇒ Speech Impaired | ⇒ Emergency Alert Monitors |
| ⇒ Walker/Cane | ⇒ Bedridden | ⇒ Mobility Impaired |
| ⇒ Wheelchair Bound | ⇒ Incontinence | ⇒ Seizure |
| ⇒ Special Dietary Needs | ⇒ Sight Impaired | ⇒ Hearing Impaired |
| ⇒ Oxygen Dependent | ⇒ Ostomy | ⇒ Pacemaker |
| ⇒ Cardiac History | ⇒ Large Open Wounds | ⇒ Arthritis/Osteoporosis |
| ⇒ Cardiac Apparatus | | |
| ⇒ Other (specify) _____ | | |
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Do you have a DNR (Do Not Resuscitate) Order ? ⇒ YES ⇒ NO

Do you have a Power of Attorney? ⇒ YES ⇒ NO

*If you answer yes to either one of these we will need you to provide a copy of these orders for our records.

Assistance Required:

Do you need transportation to the shelter? : ⇒ YES ⇒ NO

Circle All That Apply: ⇒ Ambulatory ⇒ Wheelchair ⇒ Stretcher

THIS SECTION TO BE COMPLETED BY EMERGENCY MANAGEMENT

Priority Code: ⇒ High ⇒ Medium ⇒ Low ⇒ None

 ⇒ Staying @ Home With Relatives, Friends, Other

 ⇒ Public Shelter- Needs Can Be Met In Non-Medical Facility

 ⇒ “Special Needs Shelter”

 ⇒ Clewiston N.H. ⇒ HRMC

Review Date: _____

**MAIL COMPLETED APPLICATIONS TO:
Glades County Emergency Management
P. O. Box 68
Moore Haven, FL 33471**
