



FOR OFFICE USE ONLY

Special Needs Shelter: _____ Hospital: _____

Red Cross Shelter: _____

Hamilton County Emergency Management Special Needs Registration Form (PLEASE PRINT)

Last Name: _____ First Name: _____ SSN: _____

I understand the limitation on the services and level of care available at a Special Needs Shelter. I grant permission to medical providers, transportation agencies, and others as necessary, to provide care and disclose any information necessary to respond to my needs. I understand that registration does not guarantee assignment to the requested special needs shelter type, all assignments will be made on the basis of medical need and available space at the time of evacuation. **I understand that I will identify one individual to be my caregiver while I am at the shelter.** This registration is voluntary and I hereby request registration in the Special Needs Program.

Signature of Patient / Guardian

Date Signed

Sex: Male Female Weight: _____ Date of Birth: _____

Street Address: _____ Phone: _____

Lot/Apt.# _____ City: _____ Zip: _____

Do you live in a mobile home? Yes No

Mailing Address: _____

Local Emergency Contact Name: _____ Phone: _____

Your caregiver at the shelter: _____ Phone: _____

Medical Problems: _____

Physicians Name: _____ Phone: _____

Mobility: Ambulatory

Wheelchair

Bedridden

Do you have your own wheelchair? Yes No
If you have a wheelchair, Please bring it to the shelter.

Can you be moved in a wheelchair? Yes No

Do you need transportation to the shelter? Yes No

Electric Dependent: Yes No Nebulizer Concentrator Other

Oxygen Required: Yes No If Yes, Oxygen Provider: _____

**Return form to Hamilton Co. Emergency Management 1133 Us Hwy 41 Suite 1 Jasper, FL 32052
Or FAX to 386-792-6648. For more information call 386-792-6647**

Special Needs Shelters

A special needs shelter is a temporary emergency facility capable of providing care to residents whose medical condition is such that it exceeds the capabilities of the Red Cross Shelter but is not severe enough to require hospitalization. Health Department doctors and nurses support these shelters.

In order to accommodate residents who need evacuation assistance to a Special Needs Shelter, **it is most important that they register prior to June 1st in advance of hurricane season.** This will help in determining which shelter they should go to and what, if any assistance they require to evacuate.

If you feel you may qualify and are not pre-registered please complete a [Special Needs Evaluation form](#). The forms should be faxed to (386) 792-6648 or mailed to 1133 US Hwy 41 Suite 1 Jasper, FL 32052.

The individual meets the medical criteria for assignment to the Special Needs Shelters if:

1. They are unable to administer their own frequently required or daily injectable medicines.
2. They require daily or more frequent dressing changes because of moderate or copious drainage from ulcers, fistulas, or other similar problems.
3. They need assistance with ostomy management, dialysis, and indwelling catheters of any kind.
4. Activities of daily living are so restricted by immobility that others provide assistance to meet their basic needs and those people are unavailable at this time.
5. They require daily assessment of unstable medical condition by professional nursing personnel, or other similar conditions.
6. They have a respiratory condition, which requires special equipment such as monitors or oxygen.
7. They have a terminal illness but are ambulatory and in need of professional assistance in administering heavy doses of pain medicine (HOSPICE).

The following people SHOULD NOT go to a special needs shelter: Unless otherwise stated, they should go to a hospital:

1. Pregnant woman within six weeks of estimated day of delivery, or who are in labor.
2. Individuals suffering from acute infection or infestation.
3. Those having an immediate medical or emergency condition.

When evacuating to a shelter, bring the following items:

1. **All Required Medications And Medical Support Equipment:** Wheel chair/walker, oxygen, dressings, feeding equipment, ostomy, etc. Any specific medication or care instructions. Name, phone number of physician/home health agency/hospital where you receive care.
2. **Special Dietary Needs:** Only regular meals will be provided.
3. **Sleeping Gear:** Pillows, blankets, portable cot or air mattress, folding chairs.
4. **Important Papers:** Insurance papers, doctors orders.
5. **Identification:** With photo and current address.
6. **Cash:** Check cashing/credit card services may not be available for several days after the storm. However, please remember that there will be nowhere to secure money or valuables at the shelter.
7. **Comfort items:** Personal hygiene items, snacks, small games, cards etc.
8. **Extra Items:** An extra set of comfortable clothing and a few extra sets of underwear, socks, towel, washcloths, soap, toothbrush and adult diapers.