

# Glades County Emergency Management Special Needs Registration 2019

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

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NAME: \_\_\_\_\_  
Last First Middle Initial

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_ 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

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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:

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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- \_\_\_\_\_ L \_\_\_\_\_ AM only PM only \_\_\_\_\_ Both \_\_\_\_\_                      ⇒ 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.

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**Assistance Required:**

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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: \_\_\_\_\_

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**MAIL COMPLETED APPLICATIONS TO:  
Glades County Emergency Management  
1097 Health Park Drive  
Moore Haven, FL 33471**

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