# Citrus County Sheriff's Office Emergency Operations Center
# VOLUNTARY SPECIAL NEEDS PROGRAM REGISTRATION

## INTRODUCTION

Citrus County Sheriff's Office Emergency Management officials may order or recommend an evacuation of specific areas of the county for reasons that include: natural disasters such as a hurricane, fire, or flood; man-made incidents, rail, or highway accidents; or technological disasters such as a hazardous material release or nuclear power plant incidents.

Special Needs is a voluntary program that provides evacuation assistance and sheltering to residents during such times. Transportation assistance can be provided for individuals in an ordered evacuation area who may not have a means of transport to a shelter, and for those requiring health or medical considerations to the Special Needs Shelter.

## WHO IS ELIGIBLE?

CITRUS COUNTY RESIDENTS:

- Requiring transportation to and from a designated emergency shelter;
- Residing in an ordered evacuation area, recommended evacuation area, or unsafe residence (mobile/manufactured home); or
- Requiring, within the limits of services provided, assistance with mobility, oxygen, routine medication administration, routine health monitoring, etc.

**Proper registration requires that registration forms be filled out completely. Forms that are not filled out completely will be returned. Older versions of this form and forms from other programs do not contain the required registration data and will not be accepted.**

**Residents requiring greater levels of assistance than can be provided by this service such as a hospital bed, hemodialysis, life support equipment, IV chemotherapy, full ventilator, etc. are advised to make alternative plans with the assistance of a physician or health care professional.**

## HOW TO REGISTER

Citrus County residents may register by completing the Special Needs Registration Form. You have been provided with a form. This form is also available through the Citrus County Sheriff's Office Emergency Operations Center.

Individuals residing in nursing homes or assisted-living facilities are not eligible for this program because these facilities are required to maintain approved Emergency Plans that address resident care during times of emergencies.

Upon receipt of a **signed and completed** Special Needs form by the Citrus County Sheriff's Office Emergency Operations Center, each individual will be entered into the confidential database. **Registration must be renewed each year.** Citrus County Sheriff's Office Emergency Operations Center will verify and update registered individuals prior to the beginning of hurricane season on June 1.

(Please see other side)

## EVACUATION ORDER AND SHELTER ACTIVATION

Citrus County Sheriff's Office Emergency Operations Center will coordinate evacuation and determine what areas of Citrus County will be affected.

- **Registered residents will be notified via the county's notification system.**
- **Registrants should have their belongings ready for travel. Registrants requiring transportation DO NOT need to call the Citrus County Sheriff's Office Emergency Operations Center.**

The time of shelter activation will depend upon the type of event. For example, in a hurricane evacuation the shelter may be opened as much as 24 hours prior to landfall. Citrus County Transit will pick up, transport, and return registrants who require transportation. The Citrus County Health Department will administer the operation and staffing of the Special Needs Shelter upon activation.

## WHAT SHOULD I BRING WITH ME?

Companions may accompany registrants but due to space limitations, only one companion per registrant is permitted. Consideration must be given to what you can and cannot bring with you.

**Pets other than service animals (such as Guide Dogs) are not allowed in emergency shelters.**

Listed below are typical supplies and articles that are allowed at the shelter:

- Medication to last seven (7) days
- Oxygen/oxygen supplies, including 02 concentrator with extension cord
- Special Diet foods
- Food or snacks for the first 24 hours
- Bedding (blanket, sheet, pillow)
- Air mattress or cushioned sleeping pad
- Two (2) changes of clothing
- Personal hygiene items (i.e. diapers, deodorant, toothbrush, etc.)
- Important papers in a zip-lock bag (i.e. insurance papers, credit card, money)
- Plastic bags for soiled items

## POINTS TO REMEMBER

- Registrant's name should be written on all personal items.
- Alcoholic beverages of any kind are not permitted at any shelter.
- Special Diets CANNOT be accommodated – You MUST bring special foods.
- Smoking is not permitted in emergency shelters. The Health Department will designate one outdoor smoking area at the Special Needs Shelter.
- Law enforcement will be present at the shelter, but individuals are responsible for safeguarding their own personal items.
- Don't wait until the last minute to assemble your personal effects and supplies.

**KEEP THIS PAGE FOR REFERENCE. MAIL ONLY THE COMPLETED FORM TO:**

Special Needs Program
Citrus County Sheriff's Office
3549 Saunders Way
Lecanto, FL 34461

**EPZ:** **GRID:**

# Citrus County Sheriff's Office Emergency Operations Center
# VOLUNTARY SPECIAL NEEDS REGISTRATION FORM

3549 Saunders Way, Lecanto, FL 34461 - 352-746-6555

**PLEASE PRINT ON BOTH SIDES** **TODAY'S DATE:**_____

## PERSONAL DATA

Name:_____ _____ Date of Birth:_____ Age:_____
Last First

Sex: ____ Male ____ Female Social Security Number:_____

Home Address:_____ Apt./Lot No._____

Mailing Address (if Different):_____

City:_____ Zip Code:_____ Phone:_____

Residence Type: ____ Private Home ____ Apartment/Condominium ____ Manufactured/Mobile Home

Name of Complex/Subdivision or Development:_____

Directions to home (include nearest major intersection): _____
_____
_____

Do you have a pet? Y N If so, what kind? _____ Have you made arrangements for sheltering your pet? Y N What arrangements? _____

Emergency Contact Person not living with you.

Name:_____ Relation:_____

Home Phone: _____ Alt. Phone: _____

## EVACUATION REQUIREMENTS

Type of Shelter: ____ Regular ____ Special Needs

Type of transportation: ____ No Transport Needed ____ Bus ____ Wheelchair Vehicle ____ Ambulance

Due to limited space at the shelter, one additional person will be allowed with the client.

____ No one will accompany me ____ Yes, someone will accompany me (fill out below)

Name:_____ Relationship: _____ Phone:_____

## MEDICAL CARE

Are you a Hospice Patient? _____ Yes _____ No _____ I do not need care from a nurse.

Name of Home Health Care Agency:_____ Phone:_____

Name of Primary Physician:_____ Phone:_____

Name of Oxygen Provider:_____ Phone:_____

____ I will need the following care from a nurse. Explain:_____

____ I understand I need to bring all my medications in marked bottles and all medical supplies I use for my care.

## MEDICAL HISTORY – PLEASE CHECK ALL THAT APPLY

Are you allergic or sensitive to any medication(s)? ___ Yes ___ No Type: _____

**Mobility**
____ I walk without help
____ I use a walker
____ I use a cane
____ I use a wheelchair
____ Bedridden

**Respiratory Support**
____ Oxygen Support
_____hours per day
_____ Liter flow
____ I use a Nebulizer
_____ times a day
____ I understand I need to bring enough oxygen to support my needs during travel

**General**
____ Arthritis/Severe
____ Heart condition
____High Blood Pressure
____ Diabetes
____ Insulin dependent
____ Oral Medication
____ Paralysis
____Complete ____Partial
___ Dialysis ___ Home Dialysis

How many times a week?_____
Dialysis Center_____
_____

**Other Impairments**
____ Deaf
____ Blind ____ Guide dog?
____ Open wounds that need dressing changes
How often?_____
____ Contagious Condition? Describe: _____
_____
____ Incontinence
____ Ostomy
____ Memory Impairment

____ OTHER: Please be specific
_____
_____

**Listed below are some of the conditions that <u>cannot be accommodated</u> and are thus <u>not eligible for evacuation to the shelter</u>. MAKE OTHER ARRANGEMENTS IN ADVANCE – OBTAIN ASSISTANCE FROM YOUR PHYSICIAN OR HEALTH CARE PROVIDER.**

**Requires Life Support Equipment** **Hemodialysis** **Ventilator**
**IV Chemotherapy** **Requires Hospital Bed**

### AUTHORIZATION FOR SEARCH AND RESCUE

I, _____, authorize emergency response personnel to enter my home at _____
_____
during search and rescue operations, if necessary, to insure my safety and welfare following a declared state of emergency.

Signature: _____ Date: _____
(You are **not required** to sign this statement)

**To the best of my knowledge, I certify that this information contained herein is true and correct. I understand that based on this application and the data I have provided, the Citrus County Sheriff's Office Emergency Operations Center will determine which emergency evacuation assistance, if any, this program may be able to provide. I understand that assistance will only be provided for the duration of the emergency and that alternative arrangements should be made in advance in the event I am not able to return to my home. I also understand that I will be responsible for any charges associated with any hospital stay. I understand my right to personal medical privacy under HIPAA and grant permission to medical providers, transportation agencies, and others as necessary to provide care and disclose any information necessary to respond to my needs.**

_____ _____
Signature Date

_____ _____
Representative Signature Date
(If patient is unable to sign)

If the person filling out this form is not the patient, please answer the following: Patient notified of registration: _____ Yes _____No

Name:_____ Relationship/Agency:_____ Phone:_____

### OFFICE USE ONLY

**EPZ:** _____ **RESIDENCE TYPE:** **Home** **Mobile** **Apt.** **GRID LOCATION:** _____
**Medical Condition:** _____ **SHELTER:** **Special Needs** **Nursing Home** **Regular**
**Transportation Assigned:** **Ambulance** **Wheelchair Van** **School Bus** **Self**
**Date/Person Verified Info:** _____ **Date/Person Entered Info:**_____