

**Charlotte County Special Needs Program
Application Information**

*****CHARLOTTE COUNTY IS REQUIRING ALL PERSONS WHO REQUIRE SPECIAL NEEDS ASSISTANCE TO COMPLETE THE ATTACHED FORM FOR 2006. PERSONS ALREADY REGISTERED MUST COMPLETE THE ATTACHED FORM TO REMAIN REGISTERED*****

Thank you for your interest in the Charlotte County Special Needs Assistance Program. There are three types of care available that may be available during an emergency: Public Shelters, Special Needs Shelters, and Hospitals.

Public Shelters are places to go if you have no other choice. There is no need to register for a Public Shelter unless you have no transportation to get there. Public shelters require evacuees to provide their own bedding, food, and water.

Special Needs Shelters are available for those individuals who require medical assistance that is not provided at a Public Shelter. Only basic medical assistance and monitoring will be available. Oxygen dependent registrants need to bring portable oxygen units with extra oxygen if available. A care giver should accompany all persons admitted to a Special Needs Shelter.

Any persons with conditions that cannot be cared for in a Special Needs Shelter must be admitted to a hospital- arrangements should be made with your physician prior to June 1st.

Transportation

It's preferable that you provide your own transportation to a Public or Special Needs shelter because Charlotte County cannot guarantee transportation. However, registrants that require transportation to a Public or Special Needs shelter can pre-register using the attached form, Transportation is not provided to other private homes, hotels, etc. If a storm approaches, you should listen to local media for evacuation recommendations.

The Charlotte County Emergency Management Office recommends that persons avail themselves of Special Needs Assistance or Transportation Assistance **only as a last resort**. It is highly recommended that safe locations outside the storm surge zones be pre arranged with friends, relatives, religious institutions, or at hotels. The available shelter space in Charlotte County is extremely limited.

A significant amount of planning is required to attempt to serve the needs of County residents. It is strongly requested that, if you have appropriate arrangements made to protect yourself during an emergency, that you do not submit a Special Needs Application. Limited resources means that the County cannot guarantee you will have a place to sleep, food to eat, or an uninterrupted source of electricity should a major storm impact this area. We are continuously looking for additional resources to meet these needs, however, we must stress that you work towards **self-sufficiency** as you think about your own disaster preparedness. If you are oxygen dependent, consider obtaining portable oxygen equipment with extra batteries so that you do not have to rely on electricity from outside sources. If you are oxygen dependent and have your own transportation, you may want to evacuate to hotels or motels inland where you will have access to an uninterrupted power source.

We would like to be able to care for everyone but that is not possible with the lack of space and resources. It is important to this office that you understand our limitations so you can make informed decisions regarding your own disaster preparedness and personal safety. Thank you for understanding the constraints under which we operate.

CHARLOTTE COUNTY SPECIAL NEEDS REGISTRATION FORM

In accordance with Florida Statute 252.355, registration is for residents who have a physical, mental, or sensory disability and require assistance during an emergency. **Registration does not guarantee availability of medical treatment in the shelter.**

Name:

Last First MI Sex DOB

Phone: () _____ Alternate Phone: () _____

Address:

Number Street Name Town

Unit or Lot Number Zip Code

Do you live in a mobile home: Yes No Do you have pets: Yes No

Do you require a wheelchair? Yes No Pet shelter arranged? Yes No

Are you a full-time resident? Yes No Months in Charlotte County _____

Name of Caregiver that will be with you in the shelter: _____

Current Medical Problems (Check all that apply) – Some conditions may require sheltering in hospital.

- | | | |
|---|---|---|
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Diabetic – Insulin Dependent | <input type="checkbox"/> Mental Disorder |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Diabetic – Non-Insulin | <input type="checkbox"/> Blood Pressure |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Life Sustaining Medication |
| <input type="checkbox"/> Hearing Impaired | | |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Dialysis - Peritoneal | <input type="checkbox"/> Oxygen <input type="checkbox"/> Concentrator |
| <input type="checkbox"/> Wound Care | <input type="checkbox"/> Dialysis - Hemodialysis | Hours Per Day: _____ |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | Liter Flow: _____ |
| <input type="checkbox"/> Incontinent | <input type="checkbox"/> Cardiac History | <input type="checkbox"/> Nebulizer <input type="checkbox"/> Portable Tank |

The following may require sheltering in a hospital: (check all that apply). A Doctor's letter will be requested.

- Bedridden
- Weigh more than 300 pounds and require personal or mechanical assistance with transfers
- Ventilator dependent
- Medical equipment required continuously Specify: _____
- Combative, prone to wander, violent tendencies

Home Health Care Agency

Are you under the care of a Home Health Agency? Yes No

Name and phone # of Agency: _____

Transportation Information

- Ambulance Wheelchair Lift Car/Van/Bus
- I do not require transportation assistance**
- Can care for self in regular shelter – transportation required only**

Physician

Name: _____ Phone: _____

Address _____

COMPLETE ON BACK OF PAGE

Emergency Contact	
Name:	_____
Address	_____
Phone #	_____

The information contained herein is true and correct to the best of my knowledge. I have read the Special Needs Assistance Program Application Information sheet accompanying this request and I understand that there are limitations on the services and levels of care that are available.

I understand that the assistance will be provided only for the duration of the emergency and that alternative arrangements should be made in advance in case I am not able to return to my home.

I understand, based on the information that I have provided that I may not be assigned to a special needs care unit based on the criteria stated in the information and the available space at those facilities.

I understand that I will be responsible for any charges and costs associated with hospital, medical facility care, and/or medical transportation.

I grant permission to medical providers and transportation agencies and others to provide care and disclosure of any information necessary to respond to my needs. I hereby grant permission for the release of this information to emergency response agencies and also pre-authorize those agencies to enter my residence for the purpose of emergency search and rescue.

I understand that this is voluntary and hereby request registration into the Charlotte County Special Needs Assistance Program.

All registrations will be reviewed by the Charlotte County Health Department to determine appropriate shelter placement.

Patient Signature: _____ Date: _____

Print Patient Name: _____

If unable to sign, signature of Legally authorized Representative: _____ Date: _____

Submit both pages of this application to: **Charlotte County Emergency Management**
26571 Airport Road
Punta Gorda, FL 33982

***** OFFICE USE ONLY *****

<input type="checkbox"/>	Special Needs Shelter – Transportation required	Surge Zone
<input type="checkbox"/>	Special Needs Shelter – Electric Dependent – Transportation required	
<input type="checkbox"/>	Special Needs Shelter – No Transportation Required	_____
<input type="checkbox"/>	Special Needs Shelter – Electric Dependent – No Transportation Required	Route #
<input type="checkbox"/>	General Population Shelter – Transportation Required	_____
<input type="checkbox"/>	General Population Shelter – No Transportation Required *DO NOT ENTER IN DATABASE*	