

**Flagler County Emergency Services
PSN Registration
1769 East Moody Blvd #3
Bunnell, FL 32110**

FOLD HERE



PERSON WITH SPECIAL NEEDS APPLICATION

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**FLAGLER COUNTY EMERGENCY SERVICES
PSN REGISTRATION
1769 East Moody Blvd Bldg 3
Bunnell, FL 32110**

Persons with Special Needs Criteria

All residents are encouraged to have an emergency plan that includes evacuating to a location, such as a friend or family members home, or a hotel, outside of a potential evacuation zone. Hurricanes and wildfires are examples of emergencies that may trigger large-scale evacuations. Hurricanes have pre-determined evacuation zones; please visit www.flaglercounty.org/emergency to identify if you are in a hurricane evacuation zone.

The Persons with Special Needs (PSN) shelter is a temporary facility, **of last resort** (if you are unable to evacuate to another home or hotel), that is capable of providing **limited** medical care to individuals requiring services of a caregiver, or home health care provider, in their everyday activities due to medical conditions and/or disabilities. These shelters cannot offer the same level of care that is available in a hospital or other health care facility.

Supplies at the shelter are limited and it may take several hours, to days, before additional supplies arrive. Evacuees are to bring at least 5 days (preferably 7 days) worth of:

- **All medications (in original containers)**
- **Special dietary restriction foods, as the shelter provides a high carbohydrate meal, which may not be appropriate for your special needs, there will be NO access to refrigeration for foods, so keep that in mind. Bring a cooler.**
- **Medical supplies (i.e. gauze, saline, concentrator for Oxygen, if one is used at home. etc.), and**
- **Personal items (i.e. hygiene products, clothing, diapers, pillows, blankets, etc.) in a small travel bag to the shelter.**

To submit an application for registration to PSN shelter, complete this application in its entirety and return it to:

Flagler County Emergency Management
PSN Registration
1769 East Moody Blvd #3
Bunnell, FL 32110

Following a review of your application, Flagler County will notify you of the available services.

For any questions concerning the application, please contact the Special Needs Hotline at 386-313-4970

All records, data, information, correspondence, and communications relating to the registration of PSNs are **confidential** and exempt from public records requests in the manner outlined in Florida Statute 252.355 (4).

Application for Person with Special Needs Shelter

**Please read the instructions and information provided before completing the form.
Full completion of this form is necessary. Incomplete forms will be returned to sender.
PLEASE PRINT CLEARLY**

Personal Information — Please Print or Type.

Date of application: _____
Month Day Year

Last name: _____ First name: _____ Middle Name: _____

Gender M F Date of Birth: _____ Height Ft _____ Inches _____ Weight _____ lbs Eye Color _____
Month Day Year

PHYSICAL ADDRESS

Address: _____ Apt/ Lot #: _____ City: _____ State: _____ Zip: _____

Do you live at the above address all year round? Yes No If No, From _____ To _____

Type of Residence House/ Duplex, Apt/Condo (What Floor _____), Mobile Home/Trailer, Group/Nursing Home

MAILING ADDRESS (if different than physical address):

Address: _____ Apt/ Lot #: _____ City: _____ State: _____ Zip: _____

CONTACT INFORMATION

Primary Evacuation Phone: (____) _____ extension: _____ Mobile Phone: (____) _____

Is Primary phone a TTY/TDD line? No Yes, Language Needed for TTY/TDD: _____

Backup Evacuation Phone: (____) _____ extension: _____

Email Address: _____ Primary Language: _____

EMERGENCY CONTACT INFORMATION

Please provide contact information for individuals with whom we can discuss your medical situation and needs. If you have a caregiver, that is not a family member, please provide their contact information as one of contacts.

Caregiver Contact:

Caregiver's Contact relationship to you (check one):

None Family Member Friend Neighbor Caregiver Other _____

First Name: _____ MI: ____ Last Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Pets and Service Animals

Please Note: While we may not be able to house your pets in your immediate vicinity at the Special Needs Shelter, we have taken steps to ensure that you can evacuate with your pet. Flagler County has arranged to shelter pets, belonging to Special Needs clients, or their caretakers, in a different building and/or at a different shelter site in the within the county. **Owners are responsible for bringing shot records and providing enough food, medications, and supplies for their pets for at least 5 days (preferably 7).**

Do you have pets? Yes Quantity &Type: _____ No

Do you have a service animal? Service Dog Miniature Horse
 Other (Note: Florida only recognizes Dogs & Miniature Horses as service animals) No

Medical Information

Check all of the following that apply to you:

I require electricity to power life-sustaining equipment I have Urinary Incontinence

I have a Sensory Loss or Impairment I am Immunocompromised (Hep C, HIV, Cancer, etc.)

I have medication that requires refrigeration I require assistance with taking medication **(Continue on next page)**

I have a cognitive impairment, a mental health condition or a psychiatric/personality disorder (Alzheimer's disease, Dementia, OCD, Autism, Anxiety, Depression, etc)?

Do you require supplemental oxygen? Yes No

If yes, who is your oxygen provider (Company name & phone number)? _____

Do you have a concentrator? Yes No (If yes, you must bring the concentrator with you)

Are you a home health care or hospice patient? Home Health Care Hospice No

If yes, which agency provider (Company name & phone number)? _____

Are you a dialysis patient? Yes No If yes, what type? _____

Who is your dialysis provider (Company name and phone number)? _____

Do you have a standing Do Not Resuscitate Order? Yes No If yes, ensure you bring the order with you to the shelter.

List all Medical Conditions & Medications:

Mobility

Are you able to get out of bed without the aid of personal assistance or a device? Yes No

Are you Bed-Ridden or Wheelchair Reliant? Bed-Ridden Wheelchair Reliant No

Do you require any of the following for assisted mobility? Cane Walker Wheelchair Electric Scooter Stretcher No

Do you require assistance with daily activities such as eating, dressing and ambulation? Yes No

Do you require transportation to a shelter? Yes No

Applicant Signature

I certify that this information is correct. I understand that based on this application and the data I have provided, Flagler County will determine what emergency evacuation assistance, if any, should be provided. I understand that the provision of assistance will only last for the duration of the emergency and that I must make alternative arrangements should I be unable to return to my home (for example, due to damage).

I understand if my evacuation is necessary, and I have requested transportation assistance, I will receive advanced notice, by phone, of the date and time period during which transportation services will arrive. If I decline transportation upon notification, or when those services arrive, I understand that I may not have another opportunity to obtain this service.

I understand during shelter situations, pets (not service animals) must be housed in a different portion of the building or, in rare circumstances, at a different location. By signing below, I understand that my pets may be cared for at a different location and that, I am responsible for providing shot records, food and medicine for my pet requires.

Applicant/Designee Signature: _____ Date: _____

To sign up for weather alerts and other emergency notifications, please visit:
www.FlaglerCounty.org/emergency or www.FlaglerCounty.org/AlertFlagler