

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

FOLD HERE



# **PERSON WITH SPECIAL NEEDS APPLICATION**

FOLD HERE

**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](http://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),
- Medical supplies (i.e. gauze, saline, 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.

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender  M  F Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height Ft \_\_\_\_ Inches \_\_\_\_ Weight \_\_\_\_ lbs Eye Color \_\_\_\_  
Day Month 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 Phone: (\_\_\_\_) \_\_\_\_\_ extension: \_\_\_\_\_ Mobile phone: (\_\_\_\_) \_\_\_\_\_

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

Secondary 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:**

Contact's 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: (\_\_\_\_) \_\_\_\_\_

**Secondary Caregiver Contact:**

Contact's 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 providing a sufficient amount of food, medications, and supplies for their pets for at least 5 days (preferably 7).

Do you have pets?  Yes  No Qty: \_\_\_\_\_ Type: \_\_\_\_\_

Do you have service animals?  Yes  No Qty: \_\_\_\_\_ Type: \_\_\_\_\_

## 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 have Cystic Fibrosis or am Immunocompromised
- I have medication that requires refrigeration     I require assistance with taking medication
- A cognitive impairment, a mental health problem or a psychiatric/personality disorder (Alzheimer's disease, Dementia, OCD, Autism, Anxiety, Depression, etc)?

Do you require supplemental oxygen?  Yes  No    If yes, how many liters per minute? \_\_\_\_\_

Are you a hospice patient?  Yes  No

Are you on dialysis?  Yes  No    If yes, what type? \_\_\_\_\_

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 bed-ridden or bound to a wheelchair or require assistance for daily tasks?

- Yes, Bed-ridden     Yes, Wheelchair bound     Yes, I Require assistance with daily activities     No

Do you require any of the following for assisted mobility?  Cane     Walker     Wheelchair     Electric Scooter     Stretcher

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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_    Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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