Osceola County Special Needs Shelter Application

There are several shelter options that will be used in the event of an emergency:

1) Regular Shelters

This type of shelter is for residents who are able to perform normal activities of daily living and can manage their own medical care. There is no need to apply for space in a regular shelter.

2) Special Needs Shelter

You may be eligible for a special needs shelter if you require assistance with medical care. Some examples:

- **You need some assistance with the administration of medicines**
- **You are oxygen or are electricity dependent**
- **You suffer from incontinence, partial paralysis, heart problems, Parkinson's Disease, dementia, or require dialysis**

3) Hospital Admittance

If you suffer from an unstable medical condition or are receiving on-going treatment, then a special needs shelter may not meet your needs. You are encouraged to talk to your doctor now about being admitted to a hospital during an emergency.

Please Note:

- ***It is required to apply for a special needs shelter annually.***
- ***Special needs shelters are for clients and their designated care giver.***
- ***Final special needs shelter admittance will be made upon arrival at the shelter based on your current medical condition.***
- ***Please bring your medication, necessary medical equipment, and at least 24 hours of oxygen. Current medical information will be required.***
- ***Animals are not allowed in a special needs shelter, with the exception of registered service animals. If you are unable to make private arrangements for your pets, please let us know. Transportation will be provided to take your pet to be sheltered by Osceola County Animal Services. Please have your animal's vaccination records available.***

Please Complete and Return Your Special Needs Registration Form To:

Osceola County Emergency Management
Attention: Special Needs Registration
2586 Partin Settlement Road
Kissimmee, FL 34744
Fax: (407) 742-9022

Questions: email specialneeds@osceola.org or call (407) 742-9001

OSCEOLA COUNTY SPECIAL NEEDS SHELTER APPLICATION
2018

DATE:_____

PLEASE COMPLETE ALL AREAS ON BOTH PAGES (PRINT)

LAST NAME:		**FIRST NAME:**	**MI:**
STREET ADDRESS:			**APT/LOT #**
CITY:	**ZIP:**	**HOME PHONE:**	**CELL PHONE:**
COMMUNITY/SUBDIVISION NAME:		**MALE** ☚ **FEMALE** ☚	**IS THIS A MOBILE HOME? YES____NO ____**
DATE OF BIRTH:	**AGE:**	**HEIGHT:**	**WEIGHT IN LBS:**
LIVING SITUATION: (CHECK ONE)____ALONE____SPOUSE____CHILDREN____PARENTS____OTHERS			

OTHERS IN YOUR HOUSEHOLD REGISTERED FOR THE SPECIAL NEEDS SHELTER: YES_____ NO _____

NAME:_____DOB:_____RELATIONSHP:_____

NOT LIVING WITH YOU - NAME OF FAMILY OR FRIEND IN CASE OF EMERGENCY

NAME: _____ PHONE: _____

RELATIONSHIP TO YOU? _____

SPEAK ENGLISH: YES ____NO ____ IF NO WHAT LANGUAGE? _____

WILL YOU BE ACCOMPANIED TO THE SHELTER BY A CAREGIVER? YES ____NO ____

CAREGIVER'S NAME: _____ PHONE: _____

RELATIONSHIP: _____ AGE: _____ MALE: ___FEMALE: ____

DO YOU HAVE TRANSPORTATION TO THE SPECIAL NEEDS SHELTER? YES ____NO ____

IF TRANSPORTATION IS NEEDED, CAN YOU HANDLE STEPS ON A BUS? YES ____NO ____

IF NOT, WILL YOU NEED A WHEELCHAIR LIFT? YES ____NO ____

HOME HEALTH AGENCY: _____ PHONE: _____

PHYSICIAN: _____ PHONE: _____

OXYGEN & MED. SUPPLY COMPANY: _____ PHONE: _____

PHARMACY_____ PHONE: _____

OSCEOLA COUNTY SPECIAL NEEDS SHELTER APPLICATION
2018

NAME_____ DATE: _____

PLEASE TELL US ABOUT YOUR MEDICAL CONDITION - CHECK ALL THAT APPLY:

- ■ OXYGEN DEPENDENT
- ■ PORTABLE TANK
- ■ NEBULIZER
- ■ CPAP MACHINE
- ■ ASTHMA
- ■ OTHER _____

- ■ CARDIAC CONDITION

- ■ RECENT SURGERY
- ■ HIGH BLOOD PRESSURE
- ■ PACEMAKER

- ■ HISTORY OF STROKE
- ■ PARTIAL PARALYSIS
- ■ DETAILS _____

- ■ ANXIETY/DEPRESSION

- ■ DIABETIC
- ■ INSULIN DEPENDENT

WALKING

MOBILE YES ☚ NO ☚

- ■ FALLS
- ■ CANE
- ■ WALKER
- ■ WHEELCHAIR
- ☚ SCOOTER
- ■ OTHER _____

- ■ ARTHRITIS

- ■ CANCER
- ■ CURRENT TX. _____

- ■ ALZHEIMER/DEMENTIA

- ■ PARKINSON'S

- ■ SEIZURES _____

- ■ DIALYSIS
- ■ DAYS OF TX: M T W Th F S

AGENCY NAME:

- ■ ANEMIA

- ■ HEARING IMPAIRED
- ■ DEAF
- ■ LIMITED VISION
- ■ BLIND

- ■ HELP NEEDED WITH MEDS?

- ■ INCONTINENCE
- ■ INDWELLING CATHETER

- ■ COLOSTOMY OR ILEOSTOMY

DETAILS ON MEDICAL CONDITION: _____

LIST ALLERGIES: _____

SYMPTOMS IF EXPOSED TO ALLERGY: _____

SPECIAL DIETARY NEEDS: _____ LIST FOOD ALLERGIES: _____

CURRENT MEDICATIONS

1) _____	4) _____	7) _____
2) _____	5) _____	8) _____
3) _____	6) _____	9) _____

PETS YES ____ NO ____ # OF CATS _____ # OF DOGS ____ # OF SERVICE ANIMALS_____OTHER _____

I AGREE THAT MY NAME MAY BE ADDED TO THE SPECIAL NEEDS SHELTER LIST. I GIVE OSCEOLA COUNTY EMERGENCY MANAGEMENT AUTHORITY TO SHARE THIS INFORMATION WITH OTHER AGENCIES IN THE EVENT OF AN EMERGENCY EVACUATION. I UNDERSTAND THAT BY SIGNING THIS FORM, I GRANT EMERGENCY RESPONDERS PERMISSION TO ENTER MY HOME AT THE TIME OF AN EMERGENCY. I UNDERSTAND THE LIMITATION ON THE SERVICES AND LEVEL OF CARE AVAILABLE.

SIGNED: _____ DATE: _____

NOTE: THIS FORM MUST BE SIGNED BY THE SPECIAL NEEDS CLIENT OR AUTHORIZED AGENT!

IF AUTHORIZED AGENT: NAME: _____ PHONE: _____

RELATIONSHIP TO CLIENT: _____

PERSON COMPLETING FORM (PRINT): _____

Osceola County Special Needs Shelter 2586 Partin Settlement Road Kissimmee, FL 34744 Fax: 407-742-9022

Special Needs Shelter Evacuation Checklist

Listed below are steps you should take to be prepared for an evacuation:

1. Pack a bag and be ready to go with:
   - ☐ One week supply of medication
   - ☐ List of current medications with pharmacy name and telephone number
   - ☐ Medical Provider's name and telephone number
   - ☐ Required medical equipment including a walker, wheelchair, or cane
   - ☐ If oxygen dependent, bring necessary equipment including portable tanks
   - ☐ Clean clothes for three days
   - ☐ Eye glasses, contacts, hearing aids, and/or dentures
   - ☐ Flashlight with batteries
   - ☐ Blankets and pillows for cot
   - ☐ Personal hygiene items to include towel & wash cloth
   - ☐ House keys and car keys
   - ☐ Personal phone book or list of important numbers
   - ☐ Important papers, including identification and insurance, in zip-lock bags
   - ☐ Folding chair or lawn chair
   - ☐ Reading materials
   - ☐ Non-perishable snack items and bottled water
   - ☐ Non-perishable food items if you require a special diet
   - ☐ Medical orders, including "Do Not Resuscitate" order if applicable

2. Call caretaker and family members including those out of state, to inform them of your evacuation plans.

3. It is important to secure your home. Be sure any household appliances that could possibly cause a hazard are off prior to your departure.

4. If possible, take care of all medical needs prior to evacuation

Please Note:

- If you require evacuation transportation assistance, you and your caregiver **MUST** be ready prior to transportation arrival.

- Osceola County Emergency Management, Florida Department of Health in Osceola County and/or Osceola County Council on Aging may call to give you an estimated time of your transportation pick-up.