

Sumter County Special Needs Registration Form

Registering for: Special Needs Transportation
 Special Needs Shelter
 Both

Name (First, MI, Last)			
Address (Street, City, State, Zip Code)			
E-Mail Address			
Residence Type	<input type="checkbox"/> House <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Apartment <input type="checkbox"/> Other : _____	Living Situation (Alone, with relative or caregiver):	
Phone	Home:		
	Mobile:		
Date of Birth	Month	Day	Year
Sex	<input type="checkbox"/> Male		<input type="checkbox"/> Female
Measurements	Height:	Weight:	
Primary Language	<input type="checkbox"/> English		<input type="checkbox"/> Other:
Local Emergency Contact Information	Name:	Relationship:	Phone:
Non-local Emergency Contact Information	Name:	Relationship:	Phone:
Service Animal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Service Provided: _____ Is a carrier is available? <input type="checkbox"/> yes <input type="checkbox"/> no
	Breed: _____ Name: _____ Weight: _____		
Transportation	<input type="checkbox"/> I drive a Personal Vehicle		<input type="checkbox"/> I have a Relative or Caregiver who provides transportation
	Will you require transportation to the shelter?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	If you require transportation, what type of vehicle is needed to transport you? <input type="checkbox"/> Car <input type="checkbox"/> Bus/Van <input type="checkbox"/> Wheel chair accessible van <input type="checkbox"/> Ambulance		

Please complete both sides of this form.

Please submit form to:
 Sumter County Emergency Management
 7375 Powell Road
 Wildwood, FL 34785
 Questions? Call: (352) 569-1660

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Check all that are appropriate.

<input type="checkbox"/> Dialysis Center: _____ Phone: _____	<input type="checkbox"/> Oxygen Dependent <input type="checkbox"/> 24 hour <input type="checkbox"/> only overnight <input type="checkbox"/> CRAP <input type="checkbox"/> Nebulizer <input type="checkbox"/> Other _____ <i>Please specify O2 Type, liters flow, O2 Company and contact information</i>
<input type="checkbox"/> Bedridden	<input type="checkbox"/> lpm: _____ Provider: _____ Phone: _____
<input type="checkbox"/> Mental Health Impaired <input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Frail / Elderly
<input type="checkbox"/> Obsessive Compulsive <input type="checkbox"/> Violent Behavior	<input type="checkbox"/> Physical Disability (please explain) _____
<input type="checkbox"/> Dementia/Alzheimer's Disease Mild, Moderate or Severe? _____	<input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Hearing <input type="checkbox"/> Autism <input type="checkbox"/> Vision
<input type="checkbox"/> Requires skilled nursing care (open wounds)	
<input type="checkbox"/> Assistance with insulin	
<input type="checkbox"/> Medication Assistance	
<input type="checkbox"/> Feeding Tube	
<input type="checkbox"/> Incontinent	
<input type="checkbox"/> Wheelchair/Scooter <input type="checkbox"/> Walker	
<input type="checkbox"/> Seizures	
<input type="checkbox"/> Requires medical equipment that is not easily transportable <input type="checkbox"/> Ventilator <input type="checkbox"/> Suction Machine <input type="checkbox"/> Catheters <input type="checkbox"/> Feeding Tube <input type="checkbox"/> Other _____	
<input type="checkbox"/> Other: (please explain) _____	

I understand that submission of this form does not guarantee my acceptance into the Special Needs Program. I give Sumter County Emergency Management permission to share this information with other agencies that are involved in the evacuation and sheltering process. I also understand that I will be notified regarding my application before I am officially registered.

Signature: _____ Date: _____

Print Name: _____

Relationship to Registrant *(if signing on Registrants behalf)*: _____

Home Health Agency Name: _____ Phone: _____

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