Hardee County Emergency Management
Special Needs Application

Please mail forms to: Hardee County Emergency Management, 404 West Orange Street, Wauchula, Florida 33873. Forms are to be submitted annually.

Please print clearly.

Personal information for individual with need

First Name: ______ Last Name: ______ Suffix: ______

Physical Address: ______ City: ______ State: ______ Zip Code: ______

Residence Type: Single-family home ☐ Multi-family home ☐
Mobile home ☐ Apartment ☐ Other _______________ ☐

Primary Phone:
Home Cell ______ Primary Phone TTY/TTD☐ I do not have a phone ☐

Email: ______ Date of Birth ______ Age ______

Height: ______ Weight: ______

Municipality: Bowling Green ☐ Wauchula ☐ Zolfo Springs ☐ Unincorporated ☐

Mailing address (if different from above): ______ City: ______

State: ______ Zip Code: ______ Name of Electrical Company: ______

Personal information for Emergency Contact

Primary Contact:

First Name: ______ Last Name: ______ Suffix: ______

Address: ______ City: ______ State: ______ Zip Code: ______

Primary Phone: ______ Secondary Phone: ______ Email: ______

Relationship: ______ ☐Checking this box allows medical information to be shared with this Emergency Contact.

Secondary Contact: **Please enter an out-of-area contact**

First Name: Last Name: Suffix:

Address: City: State: Zip Code:

Primary Phone: Secondary Phone: Email:

Relationship: ☐ Checking this box allows medical information to be shared with this Emergency Contact.

Additional Contact Information

Physician Name: Phone:

Home Health Care Name: Phone:

Pharmacy Name: Phone:

Caregiver Name: Phone:

Relationship:

Oxygen Dependent

Check all that apply.

☐ 24 Hour/Continuous ☐ Only overnight ☐ Nebulizer

☐ CPAP

☐ Other *(Please specify)*

O2 Type

Please indicate ☐ Liquid ☐ Concentrator ☐ Canister/Tank

Liters per minute

O2 Company and contact information

Required medical equipment

☐ Ventilator ☐ Suction Machine

☐ Feeding Tube ☐ Catheters

☐ Oxygen Concentrator ☐ Other equipment *(Please list)*

Mobility

☐ I walk without help ☐ I use a wheelchair ☐ I use a motorized wheelchair

☐ I use a Motorized Scooter ☐ Attendant to assist in walking
☐ Requires stretcher transportation ☐ I am bedridden ☐ I use a Walker/Cane

Evacuation Assistance Information

☐ Blind/Low Vision
☐ Deaf/Hard of Hearing
☐ Contagious Disease
☐ Frail/Elderly
☐ Bedridden
☐ Mentally Impaired
☐ Autism
☐ Seizures
☐ Behavioral Health Issues
☐Requires refrigerated medications
☐ Assistance with medications
☐ Assistance needed with insulin
☐ Requires constant nursing care (e.g. open wounds)
☐ Physical disability *Please explain*
☐ Dialysis
Please indicate ☐Hemodialysis at Facility ☐ Hemodialysis at Home ☐ Peritoneal
☐ Dementia/Alzheimer's **Full-time caregiver must be present at all times during stay at shelter.**
Please indicate ☐ Mild ☐ Moderate ☐ Severe
☐ Food/Medical Allergies *(Please explain)*

☐ Other reason for needing assistance *(Please specify)*

☐ Medications *(Please list all required medications)*

Communication Limitations

☐ Does not speak English *Please indicate primary language spoken*
☐ Does not have a radio
☐ Does not have a television
☐ Does not have access to internet
☐ Does not have a telephone, TTY, or VRI
☐ Please specify how you receive emergency notifications

Transportation Needs

If transportation assistance is required, please check all vehicle types that can be used for transportation.

☐ Car ☐ Bus ☐ Wheelchair van ☐ Ambulance

Required Assistance

Is the person in need a seasonal resident? Yes ☐ No ☐

Seasonal resident from ______ to ______

Does the person in need require evacuation assistance 24 hours a day? Yes ☐ No ☐

Evacuation assistance is only needed from ______ AM / PM to ______ AM / PM

Service Animal Information

Type of animal: Dog ☐ Miniature horse ☐

Is this animal a service animal (e.g. a seeing-eye dog) Yes ☐ No ☐

What task does the service animal perform? ______

Name of animal: ______ Weight of animal: ______

Breed / Description of animal: ______

Reminder: The service animal must be under control at all times. Do not forget to bring any food or supplies needed for the animal.

Additional Comments / Information

Please add any additional information that may be useful for our emergency personnel to evacuate this person.

For Office Use Only

Date Received ______ Initials ______

Date Reviewed ______ Initials ______

☐ Application Approved

☐ Application Denied *(Please specify below)*

Notes