RETURN TO:
Escambia County Public Safety
6575 North W Street
Pensacola, Florida 32505
Phone: 471-6400 Fax: 850-476-3984

PLEASE PRINT

FOR EMERGENCY MANAGEMENT USE ONLY
Fire District _____ Shelter Type: General / SPNS
Date Entered_____ Entered By _____

Date:_____

SPECIAL NEEDS PROGRAM PERSONAL INFORMATION

Will you be going to a shelter if evacuated? ☐ Yes ☐ No
Will you need transportation to a shelter if evacuated? ☐ Yes ☐ No
If yes, check type of transportation needed: ☐ Standard Vehicle (bus, car) ☐ Wheelchair equipped ☐ Ambulance

Name: _____ Spouse: _____

Address: _____ Apt/Lot # _____

City: _____ Zip: _____ Phone: _____ Cell Phone:_____

Do you live in a mobile home? _____ Complex Name: _____

Date of Birth: _____ Male: _____ Female: _____ SSN: _____

Are you legally blind: ☐ Yes ☐ No Hearing impaired: ☐ Yes ☐ No Height:_____ Weight:_____ Primary Language:_____

Medical Qualifying Conditions: (Explain your medical condition below in detail)

List Your Medications

Name	Strength	Name	Strength

Check all that apply:

☐ Bedridden	☐ Wheelchair	☐ Walker/Cane	☐ Crutches
☐ Dialysis	☐ Insulin	☐ IV	☐ Trained Service Animal
☐ Mental Health Problems	☐ Alzheimer's	☐ Dementia	☐ Obsessive Compulsive Disorder
☐ Autism	☐ Conduct Disorder	☐ Anxiety or Depression	☐ Incontinence
☐ CPAP	☐ Nebulizer	☐ Feeding Pump	☐ Other:_____
☐ Oxygen ____No. of hrs. needed daily ____Liter flow ____Portable tank			

General Physician's Name: _____ Phone: _____
Home Health/Hospice Care Provider:_____ Phone: _____
Dialysis Center Location:_____
Medical Equipment Provider:_____
Local Emergency Contact Person: _____ Phone:_____
Out of Town Emergency Contact Person: _____ Phone:_____

Your caregiver must accompany and remain with you at the Special Needs Shelter.

Caregiver's Name: _____ Relationship: _____
Caregiver's Primary Phone:_____ Alt Phone: _____