

**EMERGENCY MANAGEMENT
BRADFORD COUNTY, FLORIDA
945-B NORTH TEMPLE AVE, STARKE, FLORIDA * (904) 966-6336
www.bradfordcountyfl.gov**

- | | |
|--|---|
| <input type="checkbox"/> LIFE-SUSTAINING MEDICATIONS | <input type="checkbox"/> NO TELEPHONE |
| <input type="checkbox"/> BEDRIDDEN | <input type="checkbox"/> INCONTINENCE |
| <input type="checkbox"/> WHEELCHAIR BOUND | <input type="checkbox"/> SPECIAL DIETARY NEEDS |
| <input type="checkbox"/> MOBILITY IMPAIRED | <input type="checkbox"/> NO ALTERNATE HOUSING |
| <input type="checkbox"/> SIGHT IMPAIRED | <input type="checkbox"/> NO EMERGENCY HEAT |
| <input type="checkbox"/> HEARING IMPAIRED | <input type="checkbox"/> OTHER (describe in comments) |

EMERGENCY CONTACT: LAST NAME: _____, FIRST: _____.

PHONE1: _____ PHONE2: _____ RELATIONSHIP: _____.

OUT-OF-STATE CONTACT: LAST NAME: _____, FIRST: _____.

PHONE1: _____ PHONE2: _____ RELATIONSHIP: _____.

DOCTOR'S NAME: _____ PHONE: _____.

PHARMACY NAME: _____ PHONE: _____.

****Note** Only service animals are guaranteed entry to any shelter- must have certification**

DISASTER PLAN: (Use 'X' to mark the disaster plan field)

PETS: (give number of each)

- | | |
|---|------------------------------------|
| 1. <input type="checkbox"/> STAYING AT HOME | <input type="checkbox"/> CAT |
| 2. <input type="checkbox"/> TO ANY SHELTER | <input type="checkbox"/> DOG |
| 3. <input type="checkbox"/> TO SPECIAL NEEDS SHELTER | <input type="checkbox"/> GUIDE DOG |
| 4. <input type="checkbox"/> TO OTHER (Family, Friend, Hotel, Hospital, Nursing Home, etc.). | |

OTHER CONTACT: _____ .PHONE: _____.

5. NEEDS TRANSPORTATION FOR ITEM 2, 3, OR 4. If so, indicate type transportation needed: STANDARD VEH: ____ . AMBULANCE: ____ . LIFT GATE: ____ . Patient is: AMBULATORY ____ . WHEELCHAIR ____ . STRETCHER ____ .

6. WILL YOU BRING A CAREGIVER TO THE SHELTER: YES ____ . NO: ____ .

COMMENTS: _____.

Is there a locked gate? If so, where can key be located: _____

Report prepared by: _____.

If other than person registering

I, the undersigned, give permission to release above information to the Emergency Management Office for assistance with evacuation in case of a Natural Disaster/Emergency. I, also, give the Bradford County Sheriff's Office permission to enter my home in case of an emergency.

Signature: _____ . Date _____.

WITNESS: _____

Chapter 252-355, Florida Statutes, requires each local emergency management agency to maintain a registry of disabled and/or special needs person who would need assistance during evacuations and sheltering in time of emergencies or disasters. If you are a special needs person who will require assistance during emergencies, you are requested to complete this form and provide a copy to the address shown at the top of this form. If you need assistance in completing this form you may

