

**PINELLAS COUNTY SHELTER /SPECIAL NEEDS REGISTRATION**

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ DOB: / / SEX: \_\_\_\_\_

STREET#: \_\_\_\_\_ STREET NAME: \_\_\_\_\_ APT/LOT \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

I REQUIRE TRANSPORTATION LIVING SITUATION: ALONE RELATIVE OTHER

SINGLE FAMILY RESIDENCE  MOBILE HOME  APT/CONDO, COMPLEX NAME: \_\_\_\_\_

CARE TAKER \_\_\_\_\_  HOSPICE, TEAM ID \_\_\_\_\_  HOME HEALTH \_\_\_\_\_

DO YOU HAVE A PET?  Arrangements for pet completed \_\_\_\_\_

**SPECIAL NEED (CHECK ALL THAT APPLY)**

<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Walker/cane	<input type="checkbox"/> Feeding tube
<input type="checkbox"/> Diabetes/insulin depend	<input type="checkbox"/> Memory impaired	<input type="checkbox"/> Wheelchair bound	<input type="checkbox"/> Ventilator
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Mental health impaired	<input type="checkbox"/> Bedridden	<input type="checkbox"/> Electric dependent, Why?
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Sight impaired	<input type="checkbox"/> Incontinence	_____
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Service dog	<input type="checkbox"/> Oxygen (lpm _____)	_____
<input type="checkbox"/> Stroke	<input type="checkbox"/> Speech impaired	<input type="checkbox"/> Geri chair	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hearing impaired		<input type="checkbox"/> None
	<input type="checkbox"/> Breathing treatment		

**Emergency Contacts**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

Prearranged:  Hospital  Nursing Home  ALF

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing this form I give my authorization for the medical information contained herein to be released to the county health department, emergency management, local fire districts and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and sheltering. Records relating to registration of disabled citizens are exempt for the provisions of F.S. 119.07(1), Public Records Law. The information contained here will be kept confidential.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Official use only**

Transport to:  General Shelter  Special Needs Shelter  Other \_\_\_\_\_  Register for Special Needs Shelter Only

Type of Transport:  Own vehicle  Van/Bus  Wheelchair only  Stretcher  Ambulance

Fire Dist: \_\_\_\_\_ Grid: \_\_\_\_\_ Evac Level: \_\_\_\_\_ Shelter Code: \_\_\_\_\_ Shelter Name: \_\_\_\_\_

Comments: \_\_\_\_\_