

Program Overview: The Pinellas County Special Needs Evacuation Program provides transportation and sheltering assistance to Pinellas County residents with certain medical needs or with challenges accessing emergency shelters. To do this, Pinellas County Emergency Management (PCEM) maintains a list of Pinellas County residents who apply for and are eligible for transportation assistance or special needs sheltering. This list enables us to identify and support individuals who need assistance during an emergency evacuation.

Evacuation Process: During an emergency evacuation, if you are in a mandatory evacuation zone, PCEM will call and text you, using the phone numbers you wrote on your registration form. If you included an email address, we would also email you. These calls, texts, and emails ask you to confirm that you need transportation. If you do need transportation, the local fire department will provide transportation from your home to a shelter. When it's safe to return, you will be driven back to your home. It is critical that you respond to the phone calls, texts, and emails from us promptly during emergencies so that you do not miss your transportation to a shelter.

Program Eligibility: You must meet at least one of the criteria below to qualify for the special needs program:

- Individuals qualify for transportation assistance to a shelter if they do not have personal transportation or access to other available transportation means.
- Individuals qualify for special needs shelter or medically managed facility placement if they require assistance with, but not limited to, reliance on supplemental oxygen, life-sustaining devices powered by electricity, mobility challenges, medication assistance, dependence on dialysis, or cognitive conditions such as Alzheimer's or dementia.

How to Register: To register, complete the form on page 2 and mail or fax it to Pinellas County Emergency Management (**mailing address and fax number are on the bottom of page 2**). Based on your responses, we will assign you to one of these shelter types: general population, pet-friendly, special needs, or a medically managed facility such as a hospital, and we will document your transportation needs.

Note: If you do not need transportation assistance and do not meet medical requirements for special needs sheltering, your form will not be entered into our Special Needs Evacuation Program. Instead, we strongly encourage you to sign up for **Alert Pinellas** at <https://pinellas.gov/alert-pinellas>. Alert Pinellas provides free emergency notifications about severe weather, boil water notices, evacuations, and more.

Evacuating with Pets: If you require a special needs shelter and are evacuating with a pet, you will be transported to a special needs shelter where your pet(s) will be handed over to and cared for by Pinellas County Animal Services. Evacuees with pets who do not require a special needs shelter or medically managed facility, will be transported to a pet-friendly shelter. In these shelters, evacuees are responsible for caring for their own pets. Registrants who need transportation to a medically managed facility by ambulance will have their pets picked up by a Pinellas County Animal Services representative. Service animals are welcome in all shelters, and registration is not required for a service animal.

Applicant Information											
*First Name:					*Last Name:						
*Street Number:					*Street Name:						
*City:			State:			Zip Code:					
Building Number:			Apt/Lot Number:		Complex/Neighborhood Name:						
*Residency Type:					*Living Situation:						
<input type="checkbox"/> Single Family		<input type="checkbox"/> Multi-Family		<input type="checkbox"/> Mobile Home		<input type="checkbox"/> Apt/Condo		<input type="checkbox"/> Alone		<input type="checkbox"/> Relative	<input type="checkbox"/> Other
*Date of Birth [MM/DD/YYYY]:					Email Address:						
*Primary Phone Number [(XXX) XXX-XXXX]:					Secondary Phone Number [(XXX) XXX-XXXX]:						
() -					() -						
Emergency Contact Information											
*First Name:					*Last Name:						
*Primary Phone [(XXX) XXX-XXXX]:					*Relation to Applicant:						
() -					<input type="checkbox"/> Spouse		<input type="checkbox"/> Child		<input type="checkbox"/> Caregiver		<input type="checkbox"/> Other
Email Address:											
Please Answer All of The Questions Below To The Best Of Your Ability:											
1. Will a caregiver be evacuating with you?					<input type="checkbox"/> No		<input type="checkbox"/> Yes, Number of people evacuating with you:				
2. Will any pets be evacuating with you?					<input type="checkbox"/> No		<input type="checkbox"/> Yes, Number of pets evacuating with you:				
3. Do you require transportation assistance (To and/or from a shelter or hospital)?								<input type="checkbox"/> No		<input type="checkbox"/> Yes	
4. Would you be considered "Bedridden" or "Bedbound"?								<input type="checkbox"/> No		<input type="checkbox"/> Yes	
* Bedridden/Bedbound = Confined to a bed at all times, even if assistance is available.											
5. Do you require the use of the following equipment or medical devices?											
a. Wheelchair:								<input type="checkbox"/> No		<input type="checkbox"/> Yes	
b. Hoyer Lift or any medical equipment/machinery to get out of bed:								<input type="checkbox"/> No		<input type="checkbox"/> Yes	
c. Suction Pump, IV Pump, Ventilator, etc.:								<input type="checkbox"/> No		<input type="checkbox"/> Yes	
d. CPAP/BiPAP, Concentrator, Nebulizer, Cardiac Monitor, etc.:								<input type="checkbox"/> No		<input type="checkbox"/> Yes	
6. Have you been clinically diagnosed as "Self-Injurious" or a "Danger to Others"?								<input type="checkbox"/> No		<input type="checkbox"/> Yes	
7. Do you receive insulin injections or require the use of an insulin pump?								<input type="checkbox"/> No		<input type="checkbox"/> Yes	
8. Do you have medication that requires refrigeration?								<input type="checkbox"/> No		<input type="checkbox"/> Yes	
9. Do you receive dialysis treatment?								<input type="checkbox"/> No		<input type="checkbox"/> Yes	
10. Do you have/need help with a feeding tube/pump?					<input type="checkbox"/> No		<input type="checkbox"/> Yes, but no help needed		<input type="checkbox"/> Yes, help needed.		
11. Do you have/need help with a catheter?					<input type="checkbox"/> No		<input type="checkbox"/> Yes, but no help needed		<input type="checkbox"/> Yes, help needed.		
12. Could your medical condition(s) lead to incontinence?					<input type="checkbox"/> No		<input type="checkbox"/> Yes, but no help needed		<input type="checkbox"/> Yes, help needed.		
* Incontinence = Lack of voluntary control over urination or defecation											
13. Do you need help with medication?					<input type="checkbox"/> No		<input type="checkbox"/> Yes, minimal help.		<input type="checkbox"/> Yes, help needed.		
14. Do you have any memory impairment?					<input type="checkbox"/> No		<input type="checkbox"/> Yes, moderate.		<input type="checkbox"/> Yes, severe.		
15. Do you use oxygen? If so, how much?				<input type="checkbox"/> No		<input type="checkbox"/> Yes, Liters per minute:		Hours per day:			

To Submit Form via Mail: 10750 Ulmerton Rd, Building 1, Suite 267, Largo, FL 33778 | via Fax: (727) 464-4024. For more information, please visit www.pinellas.gov/special-needs or call us at (727) 464-3800.