Special Needs Evacuation Program Registration

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 free transportation assistance and/or special needs sheltering. This list enables us to identify and support individuals who need assistance during an emergency evacuation.

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

- You require transportation assistance to a shelter because you do not have personal transportation or access to other available transportation means.
- You 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)**.

For those who are eligible, you will receive a confirmation letter and instructions on what to expect if the program is activated and you may need to evacuate. Annual confirmation letters are sent in May. If you register after May 1st, the letters are sent out biweekly through November 30th.

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. We will send you a message via phone, text and email to inform you that you were not eligible.

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 only need transportation assistance and 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. Registration is not required for a service animal.

For more information, please visit pinellas.gov/special-needs or call us at (727) 464-3800.

We strongly encourage you to sign up for ***Alert Pinellas*** at pinellas.gov/alert. Alert Pinellas provides free emergency notifications about severe weather, boil water notices, evacuations, and more.

Pinellas County Special Needs Evacuation Program Registration Form

Applicant Information

First Name	Last Name	Date of Birth [ex. mm/dd/yyyy]
		/ /

Email Address	Phone Number [ex. (###) ###-####]
	( ) -

Street Address	Primary Language

Apt / Building / Lot Number	City	Zip Code

Home / Residency Type: ☐ Single-Family ☐ Multi-Family ☐ Mobile Home ☐ Apartment ☐ Condo

Emergency Contact Information

First Name	Last Name	Phone Number
		( ) -

Email Address	Relation to Applicant

Shelter Needs Assessment

1a.	**Will be evacuating alone (excluding pets)?**	☐ Yes ☐ No
1b.	**If no, how many people will be evacuating with you?**	_____ Person(s) total
2a.	**Will any pets be evacuating with you?**	☐ Yes ☐ No
2b.	**If yes, how many pets will be evacuating with you?**	_____ Pet(s) total
3.	**Do you require transportation assistance to and/or from a shelter or medically managed facility?**	☐ Yes ☐ No
4.	**Are you confined to a bed at all times and unable get out of the bed, even with assistance?**	☐ Yes ☐ No
5.	**Do you require the use of a wheelchair?**	☐ Yes ☐ No
6.	**Do you require the use of a Hoyer Lift or any medical equipment/machinery to get out of bed?**	☐ Yes ☐ No
7.	**Do you require the use of a Suction Pump or IV Pump?**	☐ Yes ☐ No
8.	**Do you require the use of a Ventilator?**	☐ Yes ☐ No
9.	**Do you require the use of a CPAP/BiPAP, Concentrator, Nebulizer, External Cardiac Monitor?**	☐ Yes ☐ No
10.	**Have you been clinically diagnosed as a "Danger to Others"/ "Self-Injurious"?**	☐ Yes ☐ No
11.	**Do you require assistance from a home health aide or medical professional to inject your insulin medication?**	☐ Yes ☐ No
12.	**Do you have medication that requires refrigeration?**	☐ Yes ☐ No
13.	**Do you receive dialysis treatment?**	☐ Yes ☐ No
14.	**Do you require the use of a feeding tube or feeding pump?** ☐ Yes and a caregiver or I can manage it. ☐ Yes and I require help from shelter staff to manage it.	☐ No
15.	**Do you require assistance from a home health aide or medical professional to help with a catheter, colostomy bag, or ostomy bag?**	☐ Yes ☐ No
16.	**Do you experience incontinence and require assistance from a home health aide or medical professional?**	☐ Yes ☐ No
17	**Do you require assistance from a home health aide or medical professional to take your medication?**	☐ Yes ☐ No
18.	**Have you been diagnosed with dementia or another diagnosis that affects your memory?** ☐ Yes; Moderate ☐ Yes; Severe	☐ No
19a.	**Do you require supplemental oxygen?** ☐ Yes; less than 4 liters per minute ☐ Yes; more than 4 liters per minute	☐ No
19b.	**If so, how much?** _____ liters per minute (lpm) _____ hours per day (hpd)	
20.	**Who is submitting this form to the County?** ☐ Self ☐ Caregiver ☐ Home Health Agency ☐ Other Medical Provider	☐ Relative
21a.	**Do you currently receive home healthcare?**	☐ Yes ☐ No
21b.	**If so, what's the name of the agency?** _____	
22.	**Do you currently weigh more than 350 pounds?**	☐ Yes ☐ No
23.	**Do you require wound care from a home health aide or a medical professional?**	☐ Yes ☐ No