**INSTRUCTIONS:** This form was created to aid in providing assistance to those citizens of this county who have a special need during a declared state of emergency. If you are a citizen with a special need and are a client of a local health agency, you may wish to coordinate the completion of this form with your assigned professional.

### INFORMATION

<table>
<thead>
<tr>
<th>Last name:</th>
<th>First:</th>
<th>Middle:</th>
<th>Street address:</th>
<th>Lot / Apt No:</th>
<th>Home phone no.:</th>
<th>( )</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>P.O. box:</th>
<th>City:</th>
<th>State:</th>
<th>ZIP Code:</th>
</tr>
</thead>
</table>

Are you a seasonal resident?  
☐ Yes  ☐ No  
If yes, months residing in DeSoto County:  
Is this a mobile home?  
☐ Yes  ☐ No  
Birth date:  Sex:  
☐ M  ☐ F

Who will stay with you at the shelter/Who is your caregiver?  
Address:  
Emergency Contact (Not Living With You):  
Address:  

### PHYSICIAN / PROVIDER INFORMATION

Physician name:  
Home Health Agency:  
Other agencies: (Hospice – Dialysis - Oxygen )

### TRANSPORTATION / MOBILITY INFORMATION

<table>
<thead>
<tr>
<th>TRANSPORTATION</th>
<th>MOBILITY</th>
<th>TRANSPORTATION NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>If in an emergency situation you were instructed to leave your home and move to a emergency shelter, how would you get there?</td>
<td>Ambulatory</td>
<td>Ambulance</td>
</tr>
<tr>
<td>Your own car</td>
<td>Wheelchair</td>
<td>Van with a wheelchair lift</td>
</tr>
<tr>
<td>Neighbor</td>
<td>Bedridden</td>
<td>Walker Assistance</td>
</tr>
<tr>
<td>Do not have a way</td>
<td>Walker</td>
<td>Regular car or van</td>
</tr>
<tr>
<td>Cane</td>
<td>Other: ________________</td>
<td>Other: ________________</td>
</tr>
</tbody>
</table>

### MEDICAL INFORMATION

**MEDICAL INFORMATION**  
Check all disabilities that you may have:

- Arthritis, Severe  
- Heart Condition  
- Diabetes oral insulin  
- Complete Paralysis  
- Partial Paralysis  
- Dialysis  
- Memory Impairment  
- Blind (Service dog Y N)  
- Ostomy  
- Any Open Wounds  
- Any Tuberculosis  
- Hearing Impaired  
- Back Injury  
- Incontinence  
- Anxiety / Nerves  
- Do you have TTD?  
- Seizures  
- Any Hepatitis  
- Breathing Impaired  
- Oxygen #hrs used L/min Tank O2 converter (bring concentrators to the shelter)

Other medical conditions: ___________________________________________  
(over)
AUTHORIZATION FOR SEARCH AND RESCUE

I, _________________________________________________, authorize emergency response personnel to enter my home address at _________________________________________________ during search and rescue operations if necessary to insure my safety welfare following a declared state of emergency.

SIGNATURE:___________________________________________ DATE:  _____/____/_____

PET INFORMATION

ONLY SERVICE ANIMALS WILL BE PERMITTED IN THE SHELTER
PLEASE MAKE ARRANGEMENTS FOR YOUR PET IF YOU HAVE TO EVACUATE.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _________________________________________________, GIVE MY AUTHORIZATION FOR THE MEDICAL INFORMATION CONTAINED HEREIN TO BE RELEASED TO THE COUNTY HEALTH DEPARTMENT. I UNDERSTAND THAT THIS INFORMATION WILL BE USED SOLEY FOR THE PURPOSE OF EVALUATING MY NEEDS IN A TIME OF DECLARED STATE OF EMERGENCY AND WILL BE MAINTAINED AS CONFIDENTIAL. I PROVIDE THIS INFORMATION ON A VOLUNTEER BASIS.

SIGNATURE:__________________________________________________ DATE:  _____/_____/_____

ITEMS TO BRING TO THE SPECIAL NEEDS SHELTER

- A list of your current medications and at least a 3 day supply of the medications
- Documentation of specific medical information
- Medical equipment
  - Oxygen supplies
  - Nebulizers
  - Canes/Wheelchairs
  - Diabetes equipment
    - Glucose meter/strips
    - Insulin/syringes
    - Other insulin supplies
- Non-perishable dietary items
  - Special dietary foods if required
- Electronic equipment
  - Flashlight
  - Radio
  - Extra batteries
  - Cell phone
- Personal Care
  - Clothing
    - Undergarments
    - Socks
    - Shoes (durable)
  - Personal hygiene items
    - Soap/shampoo
    - Deodorant
    - Toothpaste/toothbrush
    - Brush/comb
    - Wash cloth
    - Towel
- Important papers
- I.D. with current address
- Entertainment items
  - Books
  - Magazines
  - Toys
  - Cards
  - Games
- Infant care items
  - Formula
  - Food
  - Diapers
- First-aid kit
- Personal equipment
  - Eyeglasses
  - Hearing aids
  - Dentures
- Sleeping lounging equipment
  - Pillow
  - Blanket
  - Sheet
- DON’T Bring
  - Pets
  - Firearms
  - Alcoholic Beverages
  - Perishable Food Items