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.

<table>
<thead>
<tr>
<th>INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name:</td>
</tr>
<tr>
<td>Street address:</td>
</tr>
<tr>
<td>P.O. box:</td>
</tr>
</tbody>
</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></td>
<td></td>
</tr>
<tr>
<td>- Your own car</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Neighbor</td>
<td></td>
<td></td>
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<tr>
<td>- Do not have a way</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Ambulatory</td>
<td></td>
<td></td>
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<tr>
<td>- Wheelchair</td>
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<td></td>
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<tr>
<td>- Bedridden</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Walker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cane</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Ambulance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Van with a wheelchair lift</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Walker Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Regular car or van</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other: ________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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/stripes
    - 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
List of Shelters in DeSoto County

**Special Needs Shelter**

South Florida Community College  
2251 NE Turner Avenue  
Arcadia, FL  34266

**DeSoto County Public Shelter**

DeSoto Middle School and Gymnasium  
420 East Gibson Street  
Arcadia, FL  34266

Location: Corner of East Gibson and LaSalona Avenue, three (3) blocks east of US 17