

COUNTY (please check one):

PEOPLE WITH SPECIAL NEEDS

INITIAL CHANGE

- BAY CALHOUN
- FRANKLIN GULF
- HOLMES JACKSON
- WASHINGTON

REGISTRATION FORM

PLEASE PRINT

Last Name: _____ First Name: _____ MI: _____ Speak English? Yes No

Street Address: _____ DOB: ____/____/____ Age: _____ Sex: _____

City: _____ Zip Code: _____ Home Phone: _____ TDD/TDY: Y N SS#: _____ - _____ - _____

Next of Kin Name: _____ Home Phone: _____ Relationship: _____

Emergency Contact Name: _____ Home Phone: _____ Relationship: _____

Doctors Name: _____ Phone: _____

Pharmacy Name: _____ Phone: _____

LIVING SITUATION:

(Check All That Apply)

- Mobile Home/Trailer
- Dependent on Electricity
- Emergency Alert Equipment
- Life Sustaining Medications
- No Alternate Housing
- No Emergency Heat
- No Telephone
- Lives Alone
- Lives with Spouse
- Lives with Spouse & Kids
- Lives with Kids
- Lives with Parents
- Lives with Other Relative
- Lives with Non-Relative
- Lives in Group Home
- Other: _____

IMPAIRMENT:

(Check All That Apply)

- Mobility
- Memory
- Vision
- Hearing
- Wheelchair
- Respirator Dependent
- Speech
- Mental
- Epilepsy
- Anxiety/Depression
- Cardiac History
- Bedridden
- Insulin Dependent
- Incontinent of Bowel/Bladder
- Special Diet: _____
- Oxygen Dependent
- Dialysis Dependent
- Other: _____

DISASTER PLAN:

- Staying at Home
- To Any Shelter
- To Special Needs Shelter
- Needs Evacuation Transport By:
 - standard vehicle
 - ambulance lift gate
- Other (family, hotel, hospital)
- Will Bring Caregiver to Shelter
- Guide Dog
- Vial/Packet of Life User
- Other: _____

SPECIAL AREAS:

- Lives in River Flood Zone
- Lives in Hurricane Evac. Zone

OTHER CONCERNS:

- Patient has Pets: Dog Cat
- Other Pets: _____

DIRECTIONS TO HOME:

FROM: _____

I, the undersigned, give permission to release the information above to the Emergency Management Office for assistance with evacuation in the event of a Natural Disaster/Emergency. I also give Emergency Service Providers, whether paid or volunteer, permission to enter my home in case of emergency.

Patient Signature: _____ Date: _____ Witness: _____

Agency Name: _____ Phone: _____ Person Completing: _____

Additional Comments:

Bay County EM; 644 Mulberry Ave.; Panama City, FL 32401 850-784-6167	Franklin County EM; 33 Commerce St.; Apalachicola, FL 32320 850-653-8977
Calhoun County EM; 20859 Central Ave. East, Room G - 40; Blountstown, FL 32424 850-674-8075	Gulf County EM; 1000 Cecil G. Costin, Sr. Blvd.; Port St. Joe, FL 32456 E-mail: gulf911@digitalexp.com 850-229-9111
Holmes County EM; 107 East Virginia Ave.; Bonifay, FL 32425 850-547-1112	Jackson County EM; 4447 Marian Street; Marianna, FL 32448 850-718-0008
Washington County EM; 1331 South Blvd.; Chipley, FL 32428 850-638-6203	

FOR USE BY AGENCY SUBMITTING ONLY: DELETION CODES (check one to remove from registration):
 Moved Discharged Deceased No Longer Needs Assist

WHITE-EMA

YELLOW-CHANGE/REMOVE

PINK-AGENCY