

Martin County Emergency Management Agency VOLUNTARY SPECIAL NEEDS PROGRAM

WHAT IS THE SPECIAL NEEDS PROGRAM?

Martin County emergency management officials may order or recommend an evacuation of specific areas of the county for reasons that include: natural disasters such as a hurricane, fire, or flood; man-made incidents, rail, or highway accidents; or technological disasters such as a hazardous material release or nuclear power plant incident.

Special Needs is a voluntary program that provides evacuation assistance and sheltering to residents during such times. Transportation assistance can be provided for individuals in an ordered evacuation area who may not have a means of transport to a Red Cross Shelter, and for those requiring health or medical considerations to the Challenger School at 5150 SE Willoughby Boulevard, Stuart.

WHO IS ELIGIBLE?

MARTIN COUNTY RESIDENTS:

- Requiring transportation to and from a designated emergency shelter;
- Residing in an ordered evacuation area, recommended evacuation area, or unsafe residence (mobile/manufactured home); or
- Requiring, within the limits of services provided, assistance with mobility, oxygen, routine medication administration, routine health monitoring, etc.

Residents requiring greater levels of assistance than can be provided by this service such as a hospital bed, hemodialysis, life support equipment, IV chemotherapy, full ventilator, etc. must make alternative plans with the assistance of a physician or health care professional.

I QUALIFY – HOW DO I REGISTER?

Martin County residents may register by completing the Special Needs Registration Form. Forms are available through the county's Emergency Management Agency, Home Health agencies, Hospice, Council on Aging, and Martin County Health Department.

NOTE: Individuals residing in nursing homes or assisted-living facilities are not eligible for this program because these facilities are required to maintain approved Emergency Plans that address resident care during times of emergencies.

Upon receipt of a **signed and completed** form by the Emergency Management Agency, each individual will be entered into a confidential database. **Registration must be renewed each year.** Emergency Management will automatically mail new registration forms to registered individuals prior to the beginning of hurricane season on June 1. Participants failing to re-register within 60 days of the mailing date will be dropped from the program.

Please fill out the attached registration form completely – incomplete forms cannot be processed and will be returned.

(Continued On Reverse Side)

EVACUATION ORDER AND SHELTER ACTIVATION

Emergency Management will coordinate evacuation and determine the affected areas of Martin County.

- **Registrants will be notified via the county's automatic out-call telephone system that an evacuation has been ordered and the time when the Special Needs shelter will open.**
- **DO NOT CALL EMERGENCY MANAGEMENT after receiving the telephone message!**
- **Registrants awaiting transportation should have their belongings ready for travel.**
- **Registrants transporting themselves can proceed to the shelter when it opens.**

The time of shelter activation will depend upon the type of event. For example, in a hurricane evacuation the shelter may be opened as much as 24 hours prior to landfall. Martin County firefighters will pick up, transport, and return registrants who require transportation. The Martin County Health Department will administer the operation and staffing of the Special Needs Shelter upon activation.

WHAT SHOULD I BRING WITH ME?

The Special Needs Shelter will provide cots. Companions may accompany registrants but due to space limitations, only one companion per registrant is permitted. Consideration must be given to what you can and cannot bring with you. Martin County personnel will assist carrying items.

Pets other than service animals (such as Guide Dogs) are not allowed in emergency shelters.

Listed below are typical supplies and articles that are allowed at the shelter:

- Medications to last seven (7) days
- Oxygen/oxygen supplies; **You must bring your electric O2 concentrator with extension cord**
- Special Diet foods
- Food or snacks for the first 24 hours
- Bedding (blanket, sheet, pillow) – Cots will be provided at the Special Needs Shelter
- Air mattress or cushioned sleeping pad
- Two (2) changes of clothing
- Personal hygiene items (i.e. diapers, deodorant, toothbrush, etc.)
- Important papers in a zip-lock bag (i.e. insurance papers, credit card, money)
- Plastic bags for soiled items

POINTS TO REMEMBER

- Registrant's name should be written on all personal items.
- Alcoholic beverages of any kind are not permitted at any shelter.
- Special Diets CANNOT be accommodated – You MUST bring special foods.
- Smoking is not permitted in emergency shelters. The Health Department will designate one outdoor smoking area at the Special Needs Shelter.
- Law enforcement will be present at the shelter, but individuals are responsible for safeguarding their own personal items.
- Don't wait for the last minute to assemble your personal effects and supplies.

KEEP THIS SHEET AS A REFERENCE.

MAIL ONLY THE COMPLETED FORM TO:

**Voluntary Special Needs Program
Martin County Emergency Management Agency
800 SE Monterey Road, Stuart, Florida 34994
Phone: 772-287-1652 Fax: 772-286-7626**

Martin County Emergency Management Agency VOLUNTARY SPECIAL NEEDS REGISTRATION FORM

The Martin County Voluntary Special Needs Program is designed for those who have special physical or medical needs and who may require evacuation or shelter assistance in the event of an emergency. **Fill out the form completely** and mail it to the return address listed on the back. Registration is maintained by the Emergency Management Agency and a copy will be forwarded to the Martin County Health Department.

Pursuant to Section 252.355, Florida Statutes. Federal Public Law 104-191, Health Insurance Portability and Accountability Act (HIPAA) of 1996, you have a right to privacy regarding disclosure of confidential health care information, and all information you provide herein shall be kept confidential.

PERSONAL DATA

PLEASE PRINT CLEARLY

Today's Date: _____ Soc. Security #: _____

Last Name: _____ First Name: _____ MI: _____ Sex: M F

Street Address: _____
street, building, lot or apartment number

City: _____ Zip Code: _____

Mailing Address (if different) _____

Telephone: _____ Birth Date: _____ Age _____ Height: _____ ft _____ in

Primary Language: English Other (list): _____ Weight: _____ lbs

HOUSING DATA

Residence Type: House/Duplex Apartment/Condo Mobile/Manufactured Home

Name of Residential Development/Complex: _____

Habitation: Live Alone Live With Another or Others

TRANSPORTATION DATA

Do You Need Emergency Transportation To a Shelter? YES NO, I'll transport myself

IF YES, YOU REQUIRE A (select only one): Bus Wheelchair Bus Ambulance

Medical Reason For Ambulance: _____

Companion or Caregiver Who Will Accompany You (one only):

Name: _____ Relationship: _____ Phone: _____

Emergency Contact Not Living With You:

Name: _____ Relationship: _____ Phone: _____

(Continued On Reverse Side)

MEDICAL DATA

Health and Medical Contacts:

Primary Physician: _____ Phone: _____

Home Health Agency: _____ Phone: _____

MEDICAL CONDITIONS/NEEDS – PLEASE REVIEW CAREFULLY AND CHECK ALL THOSE THAT APPLY:

- | | | | |
|---|--|--------------------------------|---|
| <input type="checkbox"/> Require Electricity (explain below) | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Deaf | <input type="checkbox"/> Bedridden (explain below) |
| <input type="checkbox"/> Oxygen Dependent | <input type="checkbox"/> Sight Impaired | <input type="checkbox"/> Blind | <input type="checkbox"/> Open Wounds, Sores (explain below) |
| <input type="checkbox"/> Respirator Dependent | <input type="checkbox"/> Mobility Impaired | | <input type="checkbox"/> Service Animal (explain below) |
| <input type="checkbox"/> Dialysis Dependent | <input type="checkbox"/> Use Walker, Cane, or Wheelchair | | <input type="checkbox"/> Require Special Diet (explain below) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Wheelchair Bound | | <input type="checkbox"/> Contagious Condition (explain below) |
| <input type="checkbox"/> Heart Condition (explain below) | <input type="checkbox"/> High Blood Pressure | | <input type="checkbox"/> Partial Paralysis (explain below) |
| <input type="checkbox"/> Acute Memory Loss (requires caregiver) | <input type="checkbox"/> Arthritis | | <input type="checkbox"/> Amputee (explain below) |

Please Explain: _____

Allergies: _____

Critical Medications: _____

Other Issues: _____

In An Emergency I, _____, Authorize Rescuers To Enter My Home
(print name)

After review, the Health Department will notify you if you do not qualify for the special needs shelter.

I certify that this information contained herein is true and correct. I understand that assistance will only be provided for the duration of the emergency and that alternative arrangements should be made in advance if I cannot return to my home. Should I require hospital or assisted living care, I understand I must make arrangements myself.

Signature: _____ Date _____

Representative Signature: _____ Date: _____
(if registrant is unable to sign)

**MAIL TO: Martin County Emergency Management Agency
Voluntary Special Needs Program
800 SE Monterey Road
Stuart, FL 34994**

This Section For Official Use Only

Map Book Page(s): _____ Grid(s): _____ Station: _____ Box #: _____

OBVIOUS NEED (Fits Criteria - No Health Review Required) EMA Reviewer: _____

PRIMARY NEED (Note "NONE" If None): _____

Level of care:

- | | |
|--|--|
| <input type="checkbox"/> Public Shelter | Transport Only or Needs can be met in a non-medical facility. |
| <input type="checkbox"/> Special Needs Shelter | Requires electricity, general medical supervision, or assistance. |
| <input type="checkbox"/> Hospital or Assisted Care | Requires acute or specialized medical care, isolation, or equipment. |

MCHD Reviewer: _____ Date: _____

please print