

Additional Contact information:

Physician Information:

Name: _____ Phone: _____ Specialty _____

Name: _____ Phone: _____ Specialty _____

Name: _____ Phone: _____ Specialty: _____

Home Health Care Information:

Name: _____ Phone: _____ Ext: _____

Pharmacy Information

Name: _____ Phone: _____ Ext: _____

Medical Equipment Provider:

Name: _____ Phone: _____ Ext: _____

Oxygen Provider:

Name: _____ Phone: _____ Ext: _____

Dialysis Center Information:

Name: _____ Phone: _____ Ext: _____

Days of the week that you go for Dialysis: Mon Tues Wed Thurs Fri Sat Sun

Power Company: Name: _____ (bring a copy of power bill so they can check status for you)

Type of Structure you live in: Mobile Manufactured Site built wood Masonry Other

Living Situation: Lives alone with spouse/significant other with children with parents Other

Who will be the caregiver coming with you to the shelter?

Name: _____ Relationship: _____ Ph#: _____

****Picture I.D is required for ALL special needs shelter registrants and should be presented at time of entry.**

Do you need Transportation to the shelter? No can provide own transportation to shelter

Yes If yes, which do you need? Van with lift Stretcher Car Bus Other _____

Communication limitations:

No TV No radio No Phone No access to the internet Don't speak English: _____

How do you get emergency notifications now? _____ (language spoken)

MEDICAL INFORMATION: Check all that apply

<p>Mobility:</p> <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Crutches <input type="checkbox"/> Wheelchair <input type="checkbox"/> Uses a Lift to get out of bed	<p>Risks:</p> <input type="checkbox"/> Frequent falls <input type="checkbox"/> Stroke (date: _____) <input type="checkbox"/> High Blood pressure <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Heart attack (date: _____) <input type="checkbox"/> Diabetes <input type="checkbox"/> Insulin Dependent <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Recent surgery: (date: _____) _____ explain: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Allergies: _____ _____ _____	<p>Cognitive issues:</p> <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Dementia <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Other: _____ _____	<p>Electric Dependent:</p> <input type="checkbox"/> Feeding pump <input type="checkbox"/> Ventilator <input type="checkbox"/> Oxygen Concentrator <input type="checkbox"/> Oxygen: # of hrs each day: _____ Liter flow: _____ <input type="checkbox"/> Portable Oxygen tank <input type="checkbox"/> Dialysis <input type="checkbox"/> Nebulizer <input type="checkbox"/> Heart monitor <input type="checkbox"/> Apnea Monitor <input type="checkbox"/> CPAP/BPAP <input type="checkbox"/> Suction
<p>Comments or Special instructions:</p> <p>DNR ORDER? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, attach a copy, date and initial here) _____</p>		<p>Special Care:</p> <input type="checkbox"/> Chronic wound/bedsore <input type="checkbox"/> Ostomy <input type="checkbox"/> Catheter <input type="checkbox"/> Incontinent/Diapers <input type="checkbox"/> Needs bathroom assistance <input type="checkbox"/> Needs medication assistance <input type="checkbox"/> Bedridden complete care <p>You must bring your own food/snacks, if needed.</p>	

- Smoking/Vaping are not allowed in or around the Special Needs Shelter
- For more information on what to bring/shelter rules go to: www.LevyDisaster.com

Service Animal: Yes No If yes, what service do they provide for you: _____.

(Companionship or comfort does not qualify) * **Bring proof of current vaccinations.**

Describe Animal: Type: _____ Breed/Description: _____ Weight: _____ Carrier? Y/N Muzzle? Y/N

Note:

According to Florida Statute 413.08 a "service animal" means an animal that is trained to perform tasks for an individual with a disability. The tasks may include, but are not limited to, guiding a person who is visually impaired or blind, alerting a person who is deaf or hard of hearing, pulling a wheelchair, assisting with mobility or balance, alerting a person who is having a seizure or other special tasks. A service animal is not a pet.

The owner of service dog or horse, is required to have animal on a leash/under control, at all times. The service animal owner must feed, walk and care for their service animal. Animals who are not in control, not housebroken or their behavior poses a direct threat to the health and safety of others may be removed from the premises. It is against the law to misrepresent the use of an animal as a service animal. For pets that are not official service animals, please plan with a vet, animal shelter or kennel ahead of time.

FOR DEPARTMENT OF HEALTH USE ONLY:

Determination: SN Gen Shelter Dialysis Center Shelter at Home Will Shelter out of town

Approved: _____ Denied: _____ Reason: _____ Initials: _____