

PASCO COUNTY, FLORIDA

"Bringing Opportunities Home"

Dade City Land O'Lakes **New Port Richey** Facsimile (352) 521-5137 (813) 996-2411 (**727) 847-8137** (727) 847-8004

Office of Emergency Management Emergency Operations Center 8744 Government Drive, Building A New Port Richey, FL 34654-5598

Dear Resident:

You are currently registered (or in the process of registering) with the Pasco County Special Needs Program. Florida Statute requires your local Emergency Management agency to gather updated information concerning your needs during an evacuation. Please fill out the enclosed form **completely** and return it to our office by mail or fax within 30 days. All information contained within our files needs to be accurate and will be kept confidential. Pasco County complies with the laws of HIPAA (Health Insurance Portability and Accountability Act of 1996).

Sheltering will be provided only for the duration of the emergency. You will need to make plans before the evacuation in case you cannot return home. If your medical care exceeds the capabilities of a shelter, you may be placed in an alternate facility to meet your needs. Prescription medications and hospital beds are NOT available at the shelter. Please bring a two-week supply and a current list of all your medications with you when you evacuate. Your oxygen provider must continue to supply your needs. Any costs associated with hospital or other medical facility care or medical transportation is your responsibility.

Please call our office immediately if there are any changes in your medical condition(s), your address, your phone number(s), or your emergency contacts. As stated above, **it is extremely important that your information is accurate and up to date** in order to better serve you.

Should you have any questions or require any additional information, please call our office at: (727) 847-8137.

Sincerely,

James D. Johnston

James D. Johnston Coordinator III

JDJ/llb

Enclosures



Pasco County Office of Emergency Management

8744 Government Drive - Building A - New Port Richey, FL 34654
T: (727) 847-8137 F: (727) 847-8004
www.pascoemergencymanagement.com

Special Needs Shelter Fact Sheet

Pre-Planning:

- Have your supply kit ready to go.
- Have one or more phone numbers of individuals who can check on your home after the evacuation.
- Have contacts/phone numbers for <u>all</u> of your medical providers.
- Identify ONE caregiver to accompany you to the shelter.
- Make a plan for your pets.

Your Shelter Supply Kit:

You should plan to take the following essential items with you to a Special Needs Shelter:

- Medications & all Diabetic supplies
- Special dietary needs (special diets <u>cannot</u> be accommodated in a shelter)
- Medical supplies, oxygen masks & E-tank to facilitate transportation to and from the shelter
- Wound care supplies
- Blankets/pillows, air mattress
- Towel/washcloth
- Change of clothing
- Wheelchair/walker
- Personal hygiene items

DO NOT Bring:

- Concentrators
- · Illegal or illicit drugs
- Weapons

Monitor & Act:

When a disaster occurs, **listen to local news sources** for information and instructions. If you are pre-registered at a Special Needs Shelter and need to evacuate, you will be called. Be ready to go!

Evacuation:

- Monitor local news sources for information.
- Get ready to be evacuated. Pack your essential supplies and medications.
- You will be called when you are to be transported.
- Secure your home.
- Remember to bring any special dietary needs, as special diets CANNOT be accommodated in the shelter.
- Bring food to sustain yourselves until feeding times are established.

Shelter:

- Bring only ONE caregiver to the shelter with you. Caregiver please bring a chair.
- Check in at arrival desk.
- Make sure you check out prior to leaving the shelter.

PASCO COUNTY EVACUATION REGISTRATION REQUEST FORM

Regist	ration for	: [] Special	Needs S	helter	☐ Transpor	rtation Onl	у 🗆	Both	
Last Name:					First Name:				MI:	
Gender: Date o			f Birth:	Telephone #:				_1		
□Male □Female				Alternate Telephone #:						
Street #:	Street:			Unit/Lot#: City:				Zip:		
Do you live in a Mobile Home? Subdivision/Pa				ı/Park Nam	ark Name: Are			Are you a full-time resident?		
□Yes □No							□Yes □ No			
Caregiver's Name:			Caregiver's Phone #:				Does your caregiver live with you?			
							□Yes □ No □ N/A			
Emergency Contact Name:						Emergency (Emergency Contact Phone #:			
Emergency Contact Address (Please include City, St					te, and Zip C	ode:	Emergency	Contact	Alternate Pho	ne #
				If yes, have you made shelter			Do you have a Service (Hearing or Seeing Eye)			:)
			arrangeme □Yes □N		m?	Animal?	nimal? □Yes □No			
					PROVIDER	INFORMATIO				
Home Health Care Agency Name:						Phone #:				
Primary Physician's Name:						Phone #:				
			WHAT	Γ ARE YOU	JR MEDICA	L CONDITIONS	S?			
Are you bedridden?			Do you use a wheelchair? □Yes			Do you require oxygen or use a nebulizer?				
			□No				☐ No ☐ Yes Hours/Day Litre Flow			
□Yes □	INO		Do you use	a walker?	□Yes □N					
				(Please	check ALL th	at apply)				
Alzhe	eimer's Diseas	se or De	ementia	Dial	ysis		Neurol	logical C	ondition	
Mobility Issue					etes/Hyperg	lycemia	cemia Over 300 lbs. Hearing Impairment			
				ding Tube Hearing Impairment stomy/Colostomy Visually Impaired						
	PLEASE	TELL (JS ABOUT	YOUR TRA	NSPORTA	TION NEEDS (Please only c	heck ON	VE)	
I will	provide my ov	vn trans	sportation to	a public sl	nelter (T-5)					
I need transportation to a public shelter (T-4)										
I am wheelchair bound and will require transportation via a wheelchair bus/van to a public shelter (T-2) I may need to be transported to an alternate facility (T-1)										
:	y 11000 to 50 ti	αποροι			, ,	se Read Caret	fullv			
The in	formation co	ntaine				e best of my l		I have r	read the lette	er
and the S	and the Special Needs Shelter Fact Sheet accompanying this request, and I understand the limitations on he services and level of care available. I understand that this registration is voluntary and hereby request									
	ces and level on in the Pas					is registration	is voluntary	and he	ereby reques	it
Togistiatic	minute i as	55 550	arity Opcole	11 1400U3 I	_	** Please t	urn nado	OVOR	to contin	
						i icase li	uiii Naut	UVCI	to continu	uC

1 of 2 Form Updated 01/2013

PASCO COUNTY EVACUATION REGISTRATION REQUEST FORM

ACKNOWLEDGEMENT (Continued) - Please Read Carefully

I understand, based on the information I have provided, that I may or may not be assigned to a special needs unit based on the criteria stated in the information provided. I understand that I am responsible for providing any prescription medications, oxygen supplies, medical equipment, and special dietary items that I may require during the emergency. If my physician determines that I need a higher level of care than can be provided in a Special Needs Unit, it is suggested that I make alternate arrangements for my care for an evacuation. I also understand that I will be responsible for any charges and costs associated with hospital or other medical facility care or medical transportation.

I understand that assistance will be provided only for the duration of the emergency, and that alternative arrangements should be made in advance in case I am not able to return to my home. I grant permission to medical providers and transportation agencies and others as necessary to provide care and disclose any information necessary to respond to my needs. I hereby grant permission for the release of this information to emergency response agencies and pre-authorize these agencies to enter my residence for the purpose of emergency search and rescue.

SIGNATURE:	DATE:							
REPRESENTATIVE (If you are unable to s	ign):							
RELATIONSHIP TO THE APPLICANT:								
Return form to: PASCO COUNTY Office of Emergency Management 8744 Government Drive, Bldg. A, New Port Richey, FL 34654 or Fax to: (727) 847-8004. For more information call: (727) 847-8137								
*********FOR OFFICIAL USE ONLY********								
EVAC TRANS SHELTER	<u>NOTES</u> :							

2 of 2 Form Updated 01/2013

PASCO COUNTY SPECIAL NEEDS SHELTERS

(IF YOU ARE DRIVING YOURSELF)

IMPORTANT

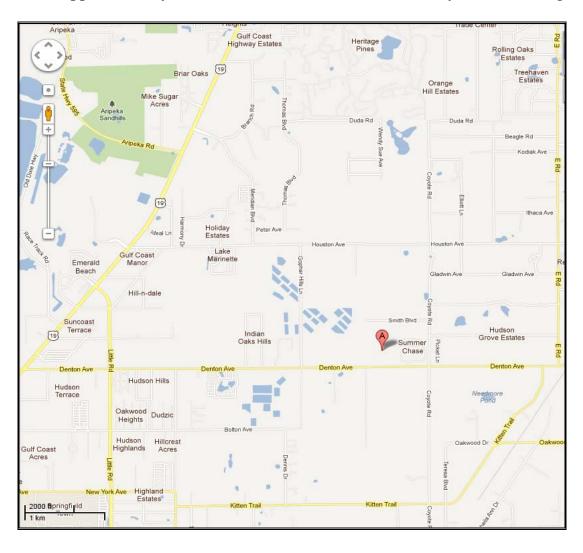
PLEASE CHECK TO MAKE SURE THAT THE SHELTER IS OPEN BEFORE YOU LEAVE HOME.

WEST PASCO

The Mike Fasano Regional Hurricane Shelter 11611 Denton Avenue Hudson, FL 34667

Traveling SR 54 or SR 52 to Little Road: Proceed north to Denton Avenue and turn right. Continue approximately 2.5 miles to the shelter (on left side, yellow building).

From North of Denton Avenue: Take Little Road south to Denton Avenue. Turn left and continue approximately 2.5 miles to the shelter (on left side, yellow building).



PASCO COUNTY SPECIAL NEEDS SHELTERS

(IF YOU ARE DRIVING YOURSELF)

IMPORTANT

PLEASE CHECK TO MAKE SURE THAT THE SHELTER IS OPEN BEFORE YOU LEAVE HOME.

EAST PASCO

Wiregrass High School 2909 Mansfield Blvd Wesley Chapel, FL

From the West: Take SR 56 over the I75 overpass to Bruce B. Downs Blvd., turn right onto Bruce B. Downs to County Line Road, turn left onto County Line Road to Mansfield Blvd, turn left and follow Mansfield Blvd to the school. Upon entering the school grounds, go to the farthest building to unload.

From the East: take SR 54 to Meadow Point Blvd, turn left onto Meadow Point Blvd, go to Beardsley Drive, turn right onto Beardsley Drive, proceed to Mansfield Blvd, turn right and follow Mansfield Blvd to the school. Upon entering the school grounds, go to the farthest building to unload.

