



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 all 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 cannot 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.

"Bringing Opportunities Home"

PASCO COUNTY EVACUATION REGISTRATION REQUEST FORM

Registration for: **Special Needs Shelter** **Transportation Only** **Both**

Last Name:		First Name:		MI:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:	Telephone #:	
		Alternate Telephone #:		
Street #:	Street:	Unit/Lot#:	City:	Zip:
Do you live in a Mobile Home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Subdivision/Park Name:		Are you a full-time resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Caregiver's Name:		Caregiver's Phone #:	Does your caregiver live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Emergency Contact Name:			Emergency Contact Phone #:	
Emergency Contact Address (Please include City, State, and Zip Code):			Emergency Contact Alternate Phone #:	
Do you own any Pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, have you made shelter arrangements for them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Service (Hearing or Seeing Eye) Animal? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HEALTHCARE PROVIDER INFORMATION

Home Health Care Agency Name:	Phone #:
Primary Physician's Name:	Phone #:

WHAT ARE YOUR MEDICAL CONDITIONS?

Are you bedridden? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use a wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you require oxygen or use a nebulizer? <input type="checkbox"/> No <input type="checkbox"/> Yes ____ Hours/Day ____ Litre Flow <input type="checkbox"/> Nebulizer
Do you use a walker? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(Please check ALL that apply)

<input type="checkbox"/> Alzheimer's Disease or Dementia	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Neurological Condition
<input type="checkbox"/> Mobility Issue	<input type="checkbox"/> Diabetes/Hyperglycemia	<input type="checkbox"/> Over 300 lbs.
<input type="checkbox"/> Contagious Disease	<input type="checkbox"/> Feeding Tube	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Communication Difficulty	<input type="checkbox"/> Ileostomy/Colostomy	<input type="checkbox"/> Visually Impaired

PLEASE TELL US ABOUT YOUR TRANSPORTATION NEEDS *(Please only check ONE)*

<input type="checkbox"/> I will provide my own transportation to a public shelter (T-5)
<input type="checkbox"/> I need transportation to a public shelter (T-4)
<input type="checkbox"/> I am wheelchair bound and will require transportation via a wheelchair bus/van to a public shelter (T-2)
<input type="checkbox"/> I may need to be transported to an alternate facility (T-1)

ACKNOWLEDGEMENT - *Please Read Carefully*

The information contained herein is true and correct to the best of my knowledge. I have read the letter and the Special Needs Shelter Fact Sheet accompanying this request, and I understand the limitations on the services and level of care available. I understand that this registration is voluntary and hereby request registration in the Pasco County Special Needs Program.

**** Please turn page over to continue**

**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 sign): _____

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

NOTES:

PASCO COUNTY SPECIAL NEEDS SHELTERS (IF YOU ARE DRIVING YOURSELF)

IMPORTANT

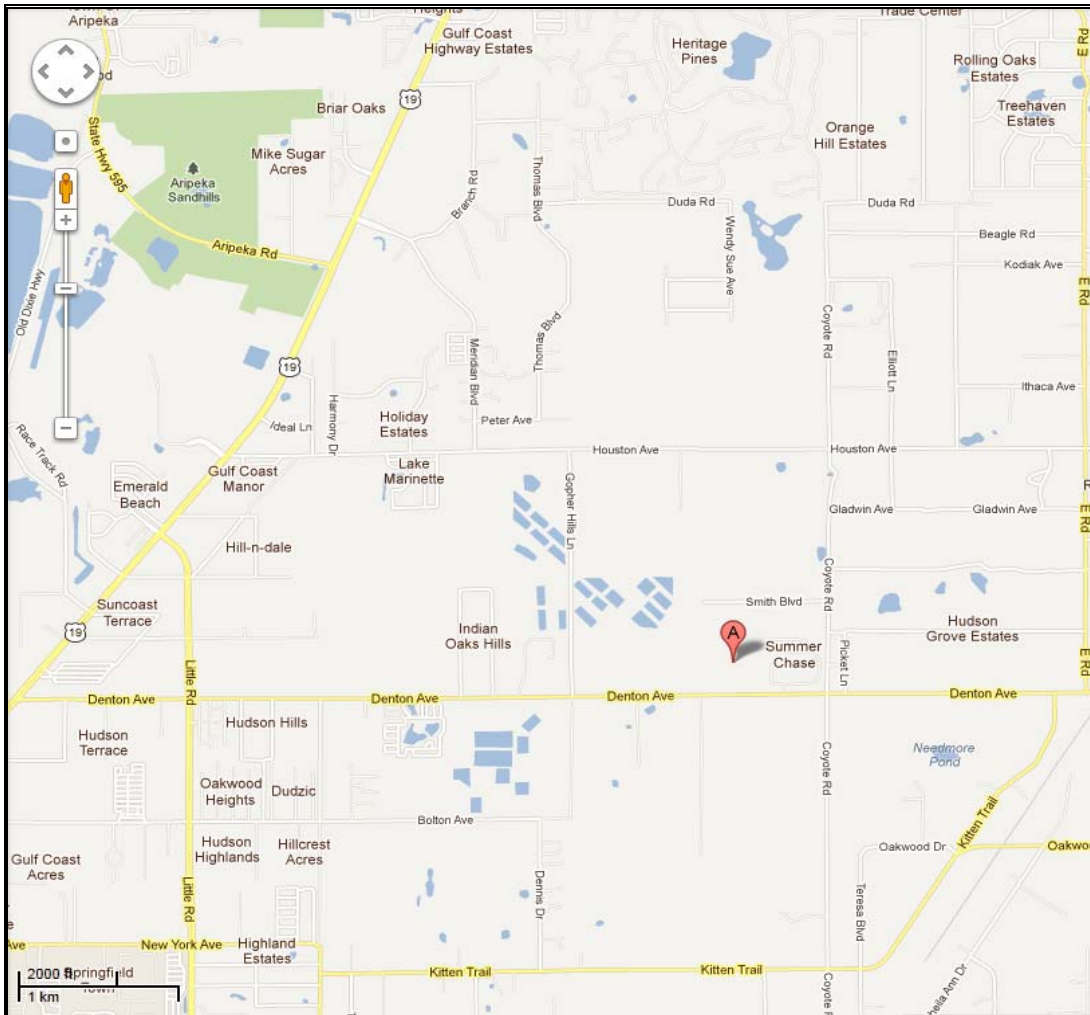
**PLEASE CHECK TO MAKE SURE THAT THE SHELTER IS OPEN
BEFORE YOU LEAVE HOME.**

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.

