



May 22, 2019

RE: Pasco County Special Needs Database

Dear Resident,

You are currently registered (or in the process of registering) in the Pasco County Special Needs Program. [Florida Statute 252.355](#) requires your local Emergency Management agency to maintain a registry of persons with special needs located within their jurisdiction. This Special Needs Program identifies persons in need of assistance and plans for resource allocation to meet those identified needs.

Please **completely** fill out the enclosed form and return it to our office by mail or fax within 30 days. The form is also available Online at <https://snr.floridadisaster.org/Signin?client=pasco>. All information contained within our files needs to be accurate and will be kept completely confidential. Pasco County complies with the laws of HIPAA (Health Insurance Portability and Accountability Act of 1996).

Please recognize that registration with the Pasco County Special Needs Program is not a reservation and does not guarantee a bed within the shelters, nor does Pasco County assign any person to a specific shelter.

Pasco County Emergency Management highly recommends taking preliminary actions, such as registering with the Pasco County Special Needs Program prior to the announcement of any emergency situation and becoming familiar with Pasco County's "call down" process. It is crucial that you indicate if you will need transportation to a shelter on the enclosed Evacuation Registration Request Form.

Sheltering will be provided only for the duration of the emergency. You will need to make plans before you evacuate to a shelter on where you will go in case you are unable to return home once the shelter closes. If your medical care exceeds the capabilities of a shelter, you may be placed in an alternate facility that can adequately meet your needs. Prescription medications and hospital beds are not available at the shelter. Please bring a current list of all of your medications and a two-week supply of these medications with you when you evacuate. Your oxygen provider must continue to supply your oxygen needs. If your physician determines you need a higher level of care than can be provided in a Special Needs Shelter, it is suggested you make alternate arrangements for your care in case of an evacuation. Any cost associated with hospital care, other medical facility care, or medical transportation are 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 ensure we can assist you.

Should you have any questions or require any additional information, please feel free to contact me.

Thank You,

**Sarah Salgado**

Emergency Management Coordinator  
Pasco County Emergency Management  
(727) 847-8137 extension 3070

**DIVISION OF EMERGENCY MANAGEMENT**

727.847.8137 | West Pasco Government Center | 8744 Government Drive, Bldg. A | New Port Richey, FL 34654



## Pasco County Division of Emergency Management

8744 Government Drive - Building A - New Port Richey, FL 34654

T: (727) 847-8137 F: (727) 847-8004

[www.pascoemergencymanagement.com](http://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 Medical 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
- Diabetic supplies
- Blankets/pillows, air mattress
- Towel/washcloth
- Change of clothing
- Wheelchair/walker
- Personal hygiene items
- Concentrators/Nebulizers

## Not Allowed:

- Alcohol
- Illegal or illicit drugs
- Firearms

## 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.
- Bring important documents with essential supplies

## 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.

*“Serving our community to create a better future”*

# PASCO COUNTY SPECIAL NEEDS REGISTRATION FORM

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Male  Female      Alternate Phone #: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street #: \_\_\_\_\_ Street: \_\_\_\_\_ Unit/Lot#: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you live in a Mobile Home? \_\_\_\_\_ Yes \_\_\_\_\_ No      Subdivision/Park Name: \_\_\_\_\_      Are you a full-time resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

Caregiver's Name: \_\_\_\_\_ Caregiver's Phone #: \_\_\_\_\_      Does your caregiver live with you? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Emergency Contact Address (Please include City, State, and Zip Code): \_\_\_\_\_

Emergency Contact Alternate Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you own any Pets? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_      If yes, have you made shelter arrangements for them? Yes \_\_\_\_\_ No \_\_\_\_\_      Do you have a Service (Hearing or Seeing Eye) Animal? \_\_\_\_\_ Yes \_\_\_\_\_ No

**HEALTHCARE PROVIDER INFORMATION**

Home Health Care Agency Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**WHAT ARE YOUR MEDICAL CONDITIONS? (Check ALL that apply)**

Bedridden     Wheelchair     Walker     Ventilator     Oxygen Dependent     Nebulizer  
 Continuous Equipment     Over 300 Lbs     Combative    \_\_\_\_\_ Hours Per Day \_\_\_\_\_ Liter Flow \_\_\_\_\_  
 \_\_\_\_\_ Concentrator     Portable Tank     Cpap

*(Please check ALL that apply)*

Alzheimer's Disease or Dementia     Dialysis     Neurological Condition  
 Mobility Issue     Diabetes/Hyperglycemia     Stroke  
 Contagious Disease     Feeding Tube     Hearing Impairment  
 Communication Difficulty     Ileostomy/Colostomy     Visually Impaired  
 Wound Care     Heart Disease     Incontinent  
 Cancer     Blood Pressure     Mobility Issue

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

I will provide my own transportation to a public shelter  
 I will provide my own transportation to a special needs shelter  
 I need transportation to a public shelter  
 I need transportation to a Special Needs Shelter  
 I am wheelchair bound and will require transportation via a wheelchair bus/van to a public shelter  
 I may need to be transported to an alternate facility

# PASCO COUNTY SPECIAL NEEDS REGISTRATION FORM

## 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. 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:** \_\_\_\_\_

**Please Return Form To:**  
**PASCO COUNTY Division of Emergency Management**  
**8744 Government Drive, Bldg. A, New Port Richey, FL 34654**  
**For more information call: (727) 847-8137**

\*\*\*\*\***FOR OFFICIAL USE ONLY**\*\*\*\*\*

- |   |  |
|---|--|
| <input type="checkbox"/> SN Shelter - Transportation Required         | <input type="checkbox"/> SN Shelter - Electric - Transportation Required |
| <input type="checkbox"/> SN Shelter - No Transportation               | <input type="checkbox"/> SN Shelter - Electric - No Transportation       |
| <input type="checkbox"/> General Shelter - Transportation Required    | <input type="checkbox"/> Evacuation Zone                                 |
| <input type="checkbox"/> General Shelter - No Transportation Required |  |

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

## IMPORTANT

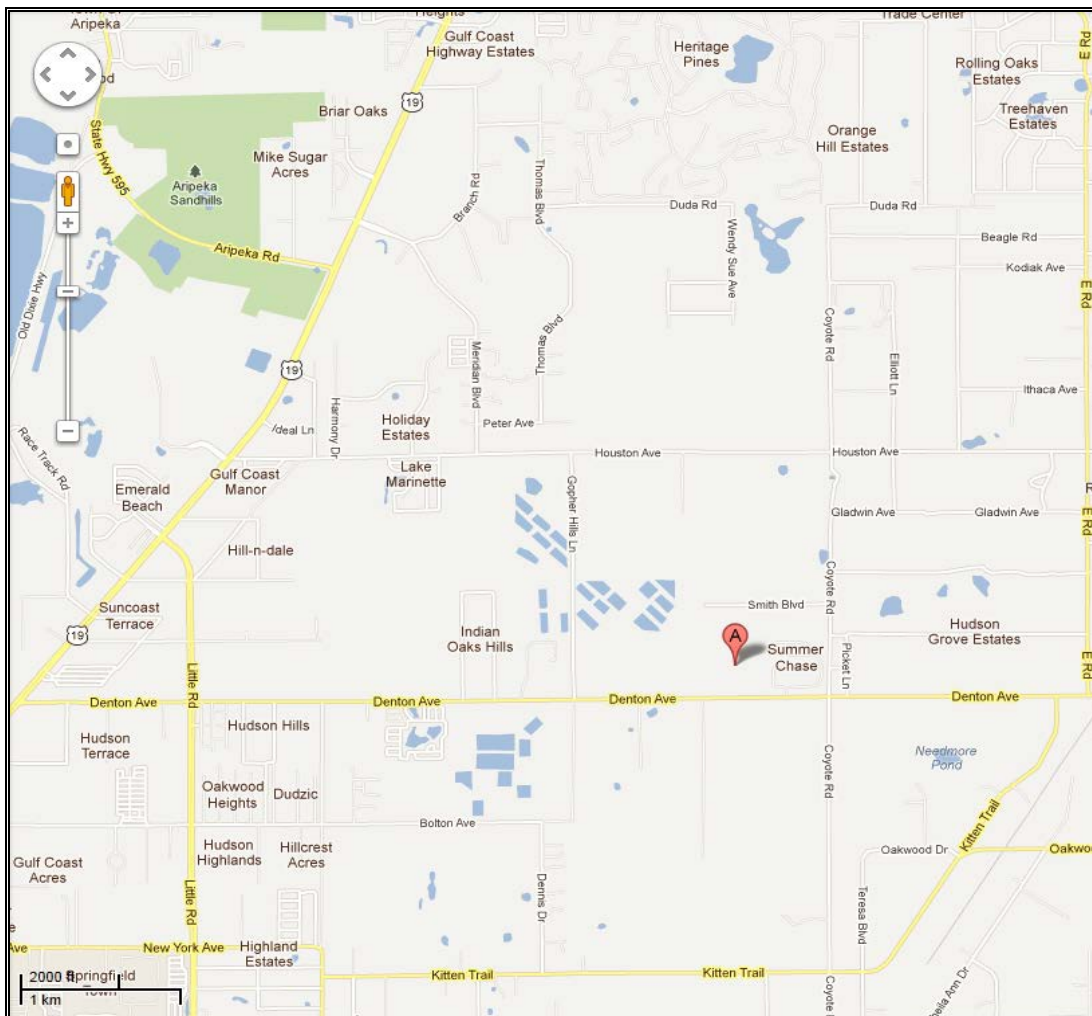
**PLEASE CHECK TO MAKE SURE THAT THE SHELTER IS OPEN BEFORE YOU LEAVE HOME.**

### 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 I-75 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.

