

Polk County Emergency Management Division  
Special Needs Shelter Registration  
Gayle Cather, RN, MS, Special Needs Coordinator  
1295 Brice Blvd., Bartow, Florida 33830

Agency \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Physical address \_\_\_\_\_ Complex name \_\_\_\_\_

Apt/Lot# \_\_\_\_\_ Floor \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

P.O. Box \_\_\_\_\_ Phone \_\_\_\_\_ TDD number \_\_\_\_\_

**Mobile Home Yes No      Live alone Yes No**

**Local** Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Accompany \_\_\_\_\_ Doctor \_\_\_\_\_ Phone \_\_\_\_\_

- \_\_\_\_\_ Transportation Public Shelter
- \_\_\_\_\_ Transportation Pet Shelter
- \_\_\_\_\_ Transportation Special Needs Shelter not required (will drive self/family)
- \_\_\_\_\_ Transportation Special Needs Shelter
- \_\_\_\_\_ Transportation Hospital/Nursing Home through Emergency Management coordination

Medical/Physical Condition \_\_\_\_\_ Diabetic Yes No

Blind \_\_\_\_\_ Legally blind \_\_\_\_\_ Hearing Impaired \_\_\_\_\_ Medical assist animal \_\_\_\_\_

Medical Equipment \_\_\_\_\_

Dialysis Treatments per week 1 - 2 - 3      Dialysis treatments at home \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_ Medication assistance Yes \_\_\_ No \_\_\_

OXYGEN liter flow - 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (circle)      Oxygen concentrator Yes \_\_\_ No \_\_\_

**Mobility** - Ambulatory \_\_\_\_\_      Feed self Y / N      Special Diet  
                  Ambulate with assist \_\_\_\_\_      Crutches/Cane/ Walker (CIRCLE)  
                  Wheelchair \_\_\_\_\_      Ambulate to rest room alone? Y / N  
                  Bedridden \_\_\_\_\_      **Requires Hoyer Lift** Y / N

**If Bedridden** - Evacuated by - **Stretcher** or Wheelchair (CIRCLE)

Comments/Directions \_\_\_\_\_

Permission to release above information to emergency response agencies *during an emergency*:

Yes \_\_\_\_\_ No \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

Completed by: \_\_\_\_\_

