

2009 Special Needs Registry Application

http://www.monroecounty-fl.gov/pages/monroecofl_social/specialneeds

Individuals are eligible to be registered with the Special Need Registry if during periods of evacuation or emergency, require sheltering assistance, due to physical impairment, mental impairment, cognitive impairment, or sensory disabilities, and are not served in or by a residential facility program. Eligible clients are required to complete and sign this application and the HIPAA Disclosure of Information and HIPAA Privacy Act forms before they are placed on the registry.

Last Name _____ First _____ Middle Initial _____ Sex M ___ F ___

Social Security# ___-___-_____ DOB: ___/___/___ Medicaid # _____ Medicare# _____

Physical Address _____ Key _____ Nearest Mile Marker _____

Mailing Address (if different) _____ City _____ Zip _____

Home Phone# _____ *If you do not have a phone, you must list a neighbor's phone number that we may use to contact you.*

Primary Language: English ___ Spanish ___ Other _____

If married: Name of Spouse _____ Is Spouse registered? Y ___ N ___

Residence type (please check one): Single family home/Duplex ___ Apartment ___ Boat ___
Condo ___ Campground/RV ___ Mobile Home ___ Other _____

Number of Pets in home: Dog ___ Cat ___ Other (type & #) _____

NOTE: Pets of Special Needs Registry clients are eligible and if pre-registered, will taken to a Pet-Friendly Shelter. These arrangements must be made in advance of the client's pick-up

Do you need Monroe County to transport you to a shelter? Y ___ N ___

Category storm you need transportation for 1 & 2 _____ 3 or higher _____ All _____

Are you a Year Round Resident ___ or a Seasonal Resident ___ Name months you are in county _____

Can you sit up and ride in a bus or van? Y ___ N ___ Do you need a wheelchair lift? Y ___ N ___

Are you receiving home health care? Y ___ N ___ Name of agency _____

If you have a required caregiver, please list their name and phone number.

Name _____ Phone number _____

Total number of people that will accompany you to a shelter _____

You must give name & phone number of a neighbor or friend that we may use for an alternate contact. This person must live in your area & must be aware that they are listed as an alternate contact!

Name _____ Phone _____

Emergency contact (if different from above)

Name _____ Phone _____

<p>*****FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE*****</p> <p>Referring Agency Name: _____</p> <p>Address & Phone Number: _____</p>
