

## Module Three – Promote the Florida Special Needs Registry

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### What is the Florida Special Needs Registry?

**Florida Statute 252.355** requires that in order to meet the special needs of clients who would need assistance during evacuation, the Florida Division of Emergency Management, in coordination with each local emergency management agency in the state, shall maintain a registry of persons with special needs.

This statewide **confidential** registry went live on March 1, 2015, and enables residents with special needs to register with their local emergency management agency to receive assistance during a disaster. It also provides first responders with valuable information to prepare for emergencies. Providing as much information as possible will allow emergency management officials to plan accordingly for disasters. Registrants will be emailed periodically to verify and update the information that they provided.

### Promoting the Registry

The **Planning Committee** can help increase awareness about the registry by promoting it to residents within their neighborhood. Publicize the registry through fliers, homeowner's association meetings, newsletters, signage, electronic message boards, door-to-door contact, email, phone calls, door hangers, social media, etc. A sample email to send to your neighbors is provided in the template section at the end of this module.

### Who Should Register?

Residents of Leon County who have physical, mental, cognitive or sensory disabilities **and** will need evacuation and/or sheltering assistance during an emergency may register (see How To section below). The registry includes the name, address, caregiver information (if applicable) and the identified special need of the resident. All information you provide is confidential and protected under Florida Statutes.

Completing the Florida Special Needs Registry does not automatically qualify the individual for a special needs shelter. Special needs shelters are intended to provide, to the extent possible under emergency conditions, an environment that can sustain an individual's current level of health. If you or a loved one require a high level of medical care or depend on electricity for life-sustaining medical equipment, you should consider registering.

Pre-registration of special needs residents is essential to a smooth evacuation. The Special Needs Shelter, however, is still a shelter and should be considered a refuge of last resort to be used **only if there is no other sheltering option**. If a resident with special needs lives with a family member or caregiver, that individual **must also come** to the shelter with the special needs resident.

Residents of licensed facilities such as nursing homes, assisted living facilities or other group homes should **not register**. It is required by Florida Statute that these facilities have an Emergency Plan to care for their residents. Therefore, these residents should look to the management of their facility for evacuation instructions.

## How to Register

There are 3 ways a resident can register for the special needs registry:

- Access the **Online Special Needs Registry Personal Survey Form** via the Florida Division of Emergency Management's Statewide Special Needs Registry website, <https://snr.floridadisaster.org>
- Fax the completed **Special Needs Registry Survey Form** to the Leon County Division of Emergency Management at (850) 606-3701.
- Mail the completed **Special Needs Registry Survey Form** to: Leon County Division of Emergency Management, 911 A Easterwood Drive, Tallahassee, FL 32311

If a resident does not have access to a computer, paper forms can be requested by contacting the **Leon County Division of Emergency Management at (850) 606-3700**. It is extremely important that all information on the form be completed. This information is used during the planning process to determine how those with special needs can be best served.

## Florida Special Needs Registry Templates

The following templates can be used to capture information related to residents with special needs and to assist with promoting the special needs registry:

- Florida Special Needs Registry Sample Form (available online at <https://snr.floridadisaster.org>)
- Sample Email to Neighbors

## Florida Special Needs Registry Sample Form

### Florida Special Needs Registry – Personal Survey Form

#### Your Personal Information

If your address does not reflect your actual physical location, then describe where the location is that emergency personnel can find you.

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

Email: \_\_\_\_\_

*The email address will be utilized to provide annual reminders to update information.*

#### Physical Address:

Please enter the exact full street address ONLY in the space provided (e.g. 123 Anywhere Street). Please enter P.O. Boxes or R.R. #s on the ADDRESS 2 line.

Address: \_\_\_\_\_

Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

#### Mailing Address (Please enter if different than physical address):

Address: \_\_\_\_\_

Apt #: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Is Primary Phone TTY/TTD (Teletype Device):  Yes  No

Secondary Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

I do not have a phone

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Height: (Feet) \_\_\_\_\_ (Inches) \_\_\_\_\_ Weight: \_\_\_\_\_

#### Why do you need my height and weight?

*It is important that emergency responders be aware of any condition you have that requires either special equipment or additional personnel to safely evacuate you. This includes gathering information on your size (both height and weight).*

Gender (Check one):  Male  Female Eye Color: \_\_\_\_\_

## Florida Special Needs Registry – Personal Survey Form

### Emergency Contact Information

Please provide contact information for an individual with whom we can discuss your situation in the event that an emergency necessitates this. If you would rather not provide an emergency contact, please check:

I choose not to provide emergency contact information.

#### Primary Contact:

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency contact's relationship to you (check one):

None  Friend  Family Member  Neighbor  Caregiver  Other

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Checking this box allows medical information to be shared with this emergency contact.

Secondary Contact (Please enter an out-of-area contact):

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency contact's relationship to you (check one):

None  Friend  Family Member  Neighbor  Caregiver  Other

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Checking this box allows medical information to be shared with this emergency contact.

## Florida Special Needs Registry – Personal Survey Form

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### Additional Contact Information:

#### Physician Information:

Name:  Phone:  Ext.

#### Home Health Care Information:

Name:  Phone:  Ext.

#### Caregiver Information:

Name:  Phone:  Ext.

#### Pharmacy Information:

Name:  Phone:  Ext.

#### Home Medical Equipment Provider Information:

Name:  Phone:  Ext.

#### Dialysis Center Information:

Name:  Phone:  Ext.

## Florida Special Needs Registry – Personal Survey Form

### Evacuation Information

If there were an emergency requiring evacuation, you may have difficulty evacuating or being notified of the need for evacuation because of the following conditions (check all that apply):

- Blind/Low Vision
- Deaf/Hard of Hearing
- Behavioral Health Issues
- Contagious Disease
- Frail / Elderly
- Speech Impediment
- Physical Disability (Please Explain): \_\_\_\_\_
- Bedridden
- Mentally/Memory Impaired
- Dementia/Alzheimer's *Full-time caregiver must be present at all times during stay at shelter* (Please indicate Mild, Moderate or Severe) \_\_\_\_\_
- Dialysis (Please indicate Hemodialysis at Facility, Hemodialysis at Home or Peritoneal) \_\_\_\_\_
- Requires Constant Skilled Nursing Care (e.g., open wounds)
- Assistance with Medications
- Assistance Needed with Insulin
- Requires Refrigerated Medications
- Medications (Please list all required medications): \_\_\_\_\_
- Autism
- Special Dietary Needs/Restrictions (Please Explain): \_\_\_\_\_
- Seizures
- Other Reason for Needing Assistance (Please Specify): \_\_\_\_\_

### Transportation Needs:

*If transportation assistance is required, please check all vehicle types that can be used for transportation.*

- Car
- Bus
- Wheelchair Van
- Ambulance

### Communication Limitations (Check all that apply):

- I do not have a radio
- I do not have a television
- I do not have a telephone, TTY or VRI
- I do not have access to the Internet
- I do not speak English (Provide language you speak): \_\_\_\_\_

How do you receive emergency notifications? \_\_\_\_\_

## Florida Special Needs Registry – Personal Survey Form

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**Has difficulty walking and requires:**

- Walker/cane
- Standard wheelchair
- Motorized wheelchair
- Motorized Scooter
- Attendant to assist in walking
- Requires Stretcher Transportation
- Hoyer Lift

**Oxygen Dependent:**

*Check all that apply:*

- 24 Hour (Please specify O2 Type, Liters Flow, O2 Company and Contact Information):  
\_\_\_\_\_

- Only Overnight (Please specify O2 Type, Liters Flow, O2 Company and Contact Information): \_\_\_\_\_

- Nebulizer (Please specify O2 Type, Liters Flow, O2 Company and Contact Information): \_\_\_\_\_

- CPAP (Please specify O2 Type, Liters Flow, O2 Company and Contact Information): \_\_\_\_\_

- Other (Please specify O2 Type, Liters Flow, O2 Company and Contact Information): \_\_\_\_\_

**Requires medical equipment that is not easily transportable:**

- Ventilator
- Suction machine
- Catheters
- Feeding Tube
- Oxygen Concentrator
- Other equipment (Please Specify): \_\_\_\_\_



## Florida Special Needs Registry – Personal Survey Form

### Required Assistance

This information will be helpful in determining the assistance that the person requires.

- Are **ALL** of the support needs resulting in the need for evacuation assistance temporary?  
(Example: The individual is bedridden due to pregnancy difficulties, but is expected to be fully recovered after the baby is delivered.)

Check One:     Yes     No, the condition(s) are expected to be permanent.

Please provide an estimated date when the condition will be resolved

Month:     Year:

- Is the person in need a seasonal resident?     Yes     No

Date From:     Date To:

- Does the person in need require evacuation assistance 24 hours a day?

Check One:     Yes     No

If you do **not** require evacuation assistance 24 hours a day, when do you need help?

(Enter time below.)

Time From:   a.m.  p.m.    Time To:   a.m.  p.m.

- Does the person in need have a 24 hour caregiver?     Yes     No

Will the caregiver travel and stay with you?     Yes     No

### Service Animals/Pets:

Please list any Service Animals / Pets in your care that will also require assistance.

According to Florida Statute 413.08 a "service animal" means an animal that is trained to perform tasks for an individual with a disability. The tasks may include, but are not limited to, guiding a person who is visually impaired or blind, alerting a person who is deaf or hard of hearing, pulling a wheelchair, assisting with mobility or balance, alerting and protecting a person who is having a seizure, retrieving objects, or performing other special tasks. A service animal is not a pet..

Service Animal Y/N	Name	Type	Breed / Description	Weight	Carrier Cage? Y/N	Leash? Y/N	Muzzle? Y/N

## Florida Special Needs Registry – Personal Survey Form

### Additional Comments/Information

Please enter any additional information (e.g.: medical conditions, medications, allergies, etc) that may be useful for our emergency personnel who will be assisting you during an evacuation.

Thank you for completing your special needs survey. The information you provided will be of great value in helping emergency responders plan for the safety of the individuals with special needs in our community. It is crucial to our response efforts that the information you provide be as accurate and up to date as possible. You will be emailed periodically to verify and ensure the information provided is correct and to make any necessary changes. Individual surveys will be archived after one year if not verified.

**Completing the Florida Special Needs Registry does not automatically qualify the individual for a special needs shelter. Additional information will be provided by your local emergency management agency regarding sheltering.**



**REMEMBER:** Floridians are encouraged to prepare for all types of emergencies. Building an individual or family emergency plan is the first step. During an emergency, the government and other agencies may not be able to meet your needs. You should be prepared to take care of yourself and loved ones for a minimum of 72 hours. Those individuals with a special need are encouraged to identify an emergency support network and to build a disaster supply kit. For more information on planning visit [www.FLGetAPlan.com](http://www.FLGetAPlan.com) to build your individual or family emergency plan.

By signing this form I give my authorization for medical information contained herein to be released to the Florida Department of Health, State and County emergency management agencies, and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and sheltering. Records relating to registration of disabled citizens are exempt from the provisions of F.S. 119.07 (1), Public Records Law. The information contained here will be kept confidential.

Signature of Applicant:  Date:   
Printed Name:   
Receiving Agency:  Date:   
Received By:

## **Sample Email to Neighbors**

### **(Insert Greeting Here)**

Thank you for volunteering for our community's Neighborhood PREP (Plan for Readiness and Emergency Preparedness). We appreciate your willingness to help with/serve as \_\_\_\_\_.

With hurricane season just around the corner, we want to make sure that our neighbors are prepared to help each other in the event of an emergency or evacuation, especially residents with special needs.

As neighbors, knowing the location of residents with special needs is critical during a disaster or emergency. Evacuations are never easy, but for people with special needs, getting to safety can be extremely difficult. We ask you to reach out to your neighbors with special needs and encourage them to sign up for the **Florida Special Needs Registry**, as well as to develop a plan with their caregiver about when to leave, where to go and how to get there. Residents with special needs include those who are wheelchair bound; bedridden; mentally, visually and/or hearing impaired; require life-sustaining equipment and more. Residents **must apply** to be on the registry, which is kept by the Leon County Division of Emergency Management. The form can be completed online at <https://snr.floridadisaster.org>. For residents without access to a computer, paper forms can be requested by contacting the Division of Emergency Management at (850) 606-3700. Once completed, forms can be **faxed to (850) 606-3701** or **mailed to:**

Leon County Division of Emergency Management

911 A Easterwood Drive, Room 226

Tallahassee, FL 32311

Pre-registration of special needs residents is highly encouraged and essential to a smooth evacuation. Registering for the Special Needs Registry does not guarantee assistance by emergency officials and should be considered a last resort, but if a hurricane threatens our area, it is important for us to know where some of our most vulnerable residents are so we can make every effort to help them evacuate.

For more information about the Special Needs Registry, contact the Leon County Division of Emergency Management at (850) 606-3700. We look forward to working with you and building a stronger, more resilient neighborhood!

Sincerely,

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