

**Taylor County Emergency Management Special Needs Registration Form**

301 Industrial Park Drive Perry, Florida 32348  
(850) 838-3575 / (850) 838-1642 fax

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

Address (911 preferred): \_\_\_\_\_ Lives in Rural Area: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ TDD: \_\_\_\_\_ Speak English: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Do Not Resuscitate Order Y/N \_\_\_\_\_

**Emergency Contacts:**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Living Situation: (check one)**

- Living Alone
- With Spouse
- With Spouse & Children
- With Children
- With Parents
- With Relative
- With Non-Relative
- Group Quarters
- Unknown or Other

**Handicap:**

- Mobility
- Developmental
- Speech
- Vision
- Epilepsy
- Memory
- Hearing
- Other: \_\_\_\_\_
- Mental

**Special Characteristics:**

- No Special Characteristics
- Mobile Home / Trailer
- Medical Dependent on Electricity
- Oxygen Dependent
- Dialysis Dependent
- Life-Sustaining Medications
- Bedridden
- Wheelchair Bound
- Mobility Impaired
- Sight Impaired
- Hearing Impaired
- Memory Impaired
- Mental Health Impaired
- Anxiety / Depression
- Speech Impaired
- Walker / Cane
- Cardiac History
- Emerg. Alert Equip.
- No Telephone
- Incontinence
- Special Dietary Needs
- No Alternate Housing
- No Emergency Heat
- Other: \_\_\_\_\_

**Disaster Plan:**

- No Transportation Needed
- Stay at Home
- To Regular Shelter
- To Special Needs Shelter
- Transportation Needed
- To Regular Shelter
- To Special Needs Shelter
- Other: family, friend, hotel, etc.: Phone # \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Assisting Agency (home health, hospice, HRS): \_\_\_\_\_

Phone: \_\_\_\_\_ Aide: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

I DO \_\_\_\_ OR DO NOT \_\_\_\_ AUTHORIZE EMERGENCY PERSONNEL TO ENTER MY RESIDENCE TO ASSURE MY SAFETY FOR SEARCH AND RESCUE OPERATIONS.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_