

2008 SPECIAL NEEDS PROGRAM

Lee County Public Safety

Thank you for your interest in our Special Needs Program. The information on the following two pages is geared toward helping you to make the best possible decision for your safety and well-being in the event of an impending hurricane.

Our Special Needs Program offers three levels of care – **Emergency Public Shelters**, **Special Care Shelters** and **Hospitals**. The Department of Health will determine which is appropriate for your needs based upon the information you provide on the attached application. We also provide transportation to Emergency Public Shelters.

The Special Needs Program should be your backup plan for an evacuation if your other plans fall through or if you have no other place to go. If at all possible, you should pre-arrange to evacuate with family, friends or at a motel out of harm's way. Making specific preparations now for where you will go if a hurricane is heading this way will take the worry and stress off both you and your loved ones.

Emergency Public Shelters are usually located in schools and will accept anyone who is self-sufficient and needs no outside professional assistance in performing activities of daily living. They are places to go if you have no other choice – they are not hospitals, nursing homes or hotels.

Special Care Shelters are available for individuals that require assistance with activities of daily living. They do not have advanced medical equipment, medications or the staff to provide advanced medical care – only basic medical assistance and monitoring is available. A caregiver must accompany you to a Special Care Shelter as there will be very limited hands-on care available. Your caregiver must bring something to sleep on (e.g. cot, lawn chair) in addition to their personal items, food, money, etc. Once all available spaces at the Special Care Shelter have been reserved, you may be put on a waiting list. It is very important to get your application submitted as early as possible.

Hospitals are assigned if your physician decides that you need to be cared for in a skilled nursing facility. You must be pre-admitted to the hospital by a letter from your physician, which you must bring to the hospital. A caregiver must accompany you to the hospital, and as stated above, they must bring something to sleep on, personal items, food, money, etc.

Transportation to Emergency Public Shelters can be pre-arranged. If you note on the application that you need transportation to an Emergency Public Shelter, you will be called and notified of your pickup time. You must be ready to evacuate when your transportation arrives. If after listening to the radio or television for evacuation information and you are still unsure whether the evacuation applies to your location, you can call 533-3640 for clarification.

If you do not pre-arrange shelter transportation, then realize you have no way to get to the shelter, you can go to any of the "hurricane evacuation" bus stops and get a free ride to the Emergency Public Shelter.

If you need further information or have any questions, please call Debbie Quimby, Special Needs Coordinator at (239) 533-3640.

APPLICATION TO REGISTER FOR THE SPECIAL NEEDS PROGRAM

Lee County Emergency Management, Attention Debbie Quimby, P.O. Box 398, Fort Myers, FL 33902-0398

FOR INFORMATION CALL (239) 533-3640 / FAX # (239) 477-3636

Applications will NOT be processed when Lee County is in the 5-day forecast cone.

Special Needs Applicant – You must complete an application each year (please type or print):

Last Name First Name Date of Birth

Primary Language Height ft. in. Weight lbs.

I live alone I live with relatives I live with caregiver(s) Other, explain below

Address Street/Unit # City Zip

Mailing Address Subdivision

Home Phone Alt/Cell Phone

Companion/Caregiver Name Companion/Caregiver Phone

Emergency Contact, other than Companion/Caregiver

Relationship Emergency Phone

Physician's Name Physician's Phone

I live in a manufactured, trailer or mobile home I am a Veteran

Shelter & Transportation Needs: (please check one box only)

Have Transportation – Need Shelter Only	Need Transportation & Shelter
<input type="radio"/> Special Needs Shelter only - I have ride/driving self	<input type="radio"/> Transportation & Special Needs Shelter
<input type="radio"/> Hospital Shelter only - I have ride/driving self	<input type="radio"/> Transportation & Hospital Shelter
	<input type="radio"/> Transportation to Emergency Public Shelter

<u>Transportation Requirements:</u>	<u>Personal Health Concerns</u>
<input type="radio"/> I will provide my own transportation	<input type="checkbox"/> Visually impaired
<input type="radio"/> I will walk to a bus pickup point	<input type="checkbox"/> Hearing impaired
<input type="radio"/> I can walk limited distances only	<input type="checkbox"/> Developmental/cognitive impairment
<input type="radio"/> I am ambulatory with assistive device	<input type="checkbox"/> Bowel/bladder incontinent
<input type="radio"/> I am wheelchair/scooter bound-need handicap bus	<input type="checkbox"/> Unstable hemodialysis
<input type="radio"/> I am bedridden - require ambulance transport	<input type="checkbox"/> Need help managing own daily medications

You must have a Companion/Caregiver if assigned to either a Special Care Shelter or a Hospital.

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The information contained herein is true and correct to the best of my knowledge. I have read the information sheet accompanying this request and I understand that there are limitations on the services and levels of care that are available.

I understand that the Special Care Shelter will be open only for the duration of the emergency. I need to make plans in advance for alternate living arrangements in case my home is destroyed or if I am not able to return to my home for an extended period of time.

I understand that I may or may not be assigned to a Special Care Shelter based on the information I have provided, available space at those facilities, and the criteria to be met for the shelter residents. Assisted Living Facilities and Group Homes have their own evacuation plans for their residents, who are therefore not eligible for sheltering at a public shelter.

I also understand that I will be responsible for any charges and costs associated with hospital, medical facility care and/or medical transportation.

I hereby grant permission to medical providers, transportation agencies and others, to provide care and respond to my needs, and for the disclosure of any information necessary to do so. I also grant permission to emergency response agencies to enter my residence for the purpose of emergency search and rescue, and authorize the release of information necessary for these agencies to perform these services.

In an effort to ensure the safety of all shelter residents, a background screen will be run on all people evacuating to the Special Care Shelter, including the companion/caretaker. I understand this registration is voluntary and do hereby request to be registered in the Lee County Special Needs Program.

My submission of this form indicates I have read and understand the above instructions, and I agree to abide by the policies set forth for the Special Needs Program and the Special Care Shelter.

Client Signature: _____ Date: _____

HOME HEALTH PROVIDER INFORMATION BELOW

Company /Provider: _____
Provider Contact Name: _____
Contact Phone No. _____