



State of Florida Special Needs Registry Personal Survey Form

The Florida Division of Emergency Management, in coordination with each local emergency management agency in the state, developed a registry to allow residents with special needs to register with their local emergency management agency to receive assistance during a disaster. The registry also allows facilities that provide assistance to individuals with special needs a system to register. The statewide registry provides first responders with valuable information to prepare for disasters or other emergencies.

Providing as much information as possible will allow emergency management officials to plan accordingly for future disasters. You will be e-mailed periodically to verify the information provided is correct and to make any necessary changes. Individual surveys will be archived after one year if not verified and facility surveys will be archived after six months if not verified.

Why should you register?

- To receive important information from local emergency management officials about evacuations.
- IT MAY SAVE YOUR LIFE!

Florida Statute 252.905 declares any information furnished by a person or business to the Florida Division of Emergency Management for the purpose of being provided assistance with emergency planning is exempt from F.S. 119.07 (1) and s. 24 (a), Art. I of the State Constitution. Information provided through the FL Get a Plan website for the purposes of building a family and/or business emergency plan is therefore exempt from public records requests made of the Division and is only used for the express purpose of allowing visitors to this website to build and maintain family and/or business emergency plans.

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.

Mail completed form to:

Volusia County Emergency Management

Attn: Functional Special Needs

3825 Tiger Bay Rd, Ste 102

Daytona Beach FL 32124

This form may also be completed online at <https://snr.floridadisaster.org>

Florida Special Needs Registry – Personal Survey Form

Your Personal Information:

First Name: _____ **MI:** _____ **Last Name:** _____ **Suffix:** _____

Physical Address:

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

Address: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County: _____ **Municipality:** _____

How is my Municipality different from my City?

The entry in the City field should be the same as you would commonly use in your mailing address. The entry in the Municipality field should be where the address is actually located. For example, someone may live in Example Township, FL (their municipality), but their mail may be addressed to Marianna, FL (their Post Office). If you do not live in a designated Municipality, please select Unincorporated. Your municipality will also be the local government entity to which you pay taxes.

Mailing Address (please enter if different than your physical address):

Address: _____

Address Line 2: _____

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

Email: _____

Date of Birth (MM/DD/YYYY): _____

Height: (Feet) _____ (Inches) _____ **Weight:** _____

Gender (Check one): Male Female **Eye Color:** _____

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).

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Emergency Contact Information:

Please provide contact information for an individual with whom we can discuss your situation in the event that an emergency makes this necessary. 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.

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Additional Contact Information:

Physician Information:

Name: _____

Phone: _____

Home Health Care Information:

Name: _____

Phone: _____

Caregiver Information:

Name: _____

Phone: _____

Pharmacy Information:

Name: _____

Phone: _____

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Evacuation Assistance 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
- 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)
- Dialysis
- Requires Constant Skilled Nursing Care (e.g., open wounds)
- Assistance with Medications
- Assistance Needed with Insulin
- Requires Refrigerated Medications
- Autism
- Special Dietary Needs/Restrictions (Please Explain): _____
- _____
- Other Reason for Needed Assistance: _____

Transportation Needs:

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

- Car
- Bus
- Wheelchair Van
- Ambulance

I Have Difficulty Walking and Require:

- Walker/cane
- Standard wheelchair
- Motorized wheelchair
- Motorized Scooter
- Attendant to assist in ambulating
- Requires Stretcher Transportation

Oxygen Dependent:

Check all that apply and supply detailed information (O2 Type, Liters Flow, O2 Company, and contact information):

- 24 Hour: _____
- Only Overnight: _____
- Nebulizer: _____
- CPAP: _____
- Other: _____

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Requires Medical Equipment that is not Easily Transportable:

- Ventilator
- Suction machine
- Catheters
- Feeding Tube
- Other equipment (Please Specify): _____

Communication Needs (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 (choose one):
 - American Sign Language
 - Arabic
 - Chinese
 - Creole
 - Czech
 - French
 - German
 - Greek
 - Hindi
 - Italian
 - Japanese
 - Korean
 - Polish
 - Portuguese
 - Russian
 - Spanish
 - Vietnamese
 - Other

How do you receive emergency notifications? _____

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Required Assistance:

This information will be helpful in determining the assistance you may require.

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

Check one.

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

If the condition is temporary, please provide an estimated date of recovery.

Month: _____ Year: _____

- Are you a seasonal resident? Yes No

Date From: _____ **Date To:** _____

- Do you require evacuation assistance 24 hours a day? 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.

- Do you have a caregiver? Yes No

Will the caregiver travel and stay with you? Yes No

- Do you have medications that must be taken with you if relocated? Yes No

Service Animals/Pets:

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. Please list any service animals/pets in your care that will also require assistance. Enter up to eight (8) in the table below.

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

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Additional Comments/Information:

Please enter any additional information 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.



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 to build your individual or family emergency plan.

?? Questions ?? Call (386) 254-1500

Volusia County Emergency Management