

Alachua County Emergency Management

Special Needs Registration Form

Please fill out this form in its entirety:

Please consider saving time and paper by using the registration portal located on the

AlachuaCounty.US/SpecialNeeds webpage

PERSONAL INFORMATION: (Print Legibly)

Last Name:	First Name:	DOB:	
Height Feet:	Height Inches:	Weight:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to Provide
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other: _____			
Street Address:	City:	Zip:	
Unit Number/Apt Number:	State		
Primary Phone:	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Secondary Phone:	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Email Address:			
Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a caretaker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will someone be staying with you at the shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMERGENCY CONTACT INFORMATION: LOCAL & NON-LOCAL			
(L) First:	Last:	Relationship:	Phone:
(NL) First:	Last:	Relationship:	Phone:
SERVICE ANIMAL INFORMATION: (check appropriate responses)			
Do you have a Service Animal?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>* Make arrangements for your pet (non-service animal) with a vet or kennel, or bring your pet to the shelter, and Alachua County Animal Services will take custody of/care for your pet. Call (352) 264-6870 for more information. *</i>			

Send to: Alachua County Emergency Management, 1100 SE 27th Street, Gainesville, FL 32641
For further information, please call Alachua County Emergency Management: (352) 264-6500

MEDICAL INFORMATION: (check and complete those that apply to your medical condition)
Require Life-Sustaining Medical Equipment?

Positive Airway Pressure Equipment (CPAP)
 Oxygen-Type: Liquid Gas Oxygen Concentrator
 Rate: _____ (liters/min)
 How Often?: Continuous As Needed
 Mode of administration: Mask Nasal Trach
 Respirator (Ventilator) Wound Vac
 Nebulizer Cardiac Monitor
 Feeding Pump Dialysis Catheter
 Apnea Monitor Suction Pump
 Other Equipment: _____

Mobility Assessment

Wheelchair
 Bedridden
 None
 Other: _____

Barriers to Communication

Hearing Impaired
 Sight Impaired
 Speech Impaired
 Incontinent

Check any of the following medical conditions that apply to you:

Seizures Stroke Cardiac condition
 Diabetic Frail Psychiatric/Personality Disorder
 Alzheimer's or Dementia
 Medications requiring refrigeration
 Dialysis What is the frequency? Daily 2 or 3 times
 Other Medical Conditions (please list all): _____

Special Care

"Do-Not-Resuscitate" (DNR) Order (please attach)
 Special Dietary Needs (explain): _____
 Allergies (list): _____

Does the registrant have transportation Needs

Must be transported in a wheelchair accessible vehicle
 Needs continuous oxygen during transport
 Just needs transportation to a shelter

I agree that my name may be added to the Special Needs Registry, and to the Alachua County Ready emergency notification system, should my application be approved for the Special Needs Registry. I give Alachua County Emergency Management authorization to share this information with other local support agencies in the event of an emergency evacuation. I also grant emergency response personnel permission to enter my home during search and rescue operations following a disaster, if necessary, to assure my safety and welfare. (Rev. 1/2026)

Registrant Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

Relationship: _____