

# 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](http://AlachuaCounty.US/SpecialNeeds) webpage

<b>PERSONAL INFORMATION: (Print Legibly)</b>			
<b>Last Name:</b>		<b>First Name:</b>	
<b>DOB:</b>			
<b>Height Feet:</b>	<b>Height Inches:</b>	<b>Weight:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer Not to Provide
<b>Primary Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other: _____			
<b>Street Address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Unit Number/Apt Number:</b>		<b>State</b>	
<b>Primary Phone:</b>		<b>Phone Type:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
<b>Secondary Phone:</b>		<b>Phone Type:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
<b>Email Address:</b>			
<b>Do you live alone?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you have a caretaker?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Will someone be staying with you at the shelter?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>EMERGENCY CONTACT INFORMATION: LOCAL &amp; NON-LOCAL</b>			
<b>(L) First:</b>	<b>Last:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>(NL) First:</b>	<b>Last:</b>	<b>Relationship:</b>	<b>Phone:</b>
<b>SERVICE ANIMAL INFORMATION: (check appropriate responses)</b>			
<b>Do you have a Service Animal?:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
* 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. *			

Send to: Alachua County Emergency Management, 1100 SE 27<sup>th</sup> 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: \_\_\_\_\_