



DISASTER PLANNING GUIDE FOR THE SPECIAL NEEDS AND DISABLED POPULATIONS

Volusia County Division of Emergency Management

3825 Tiger Bay Rd, Ste 102
Daytona Beach FL 32124-1063

Volusia County Emergency Management is providing this packet to assist medically fragile, disabled and special needs citizens to plan for a disaster that may necessitate evacuation from their home or community.

The Special Needs Shelter (SNS) Program is designed to provide hurricane or disaster related evacuation assistance and care for those without other alternatives, who need transportation assistance, and/or have a health or medical condition that requires medical attention in the shelter. Under Florida Statute, nursing homes, adult congregate living facilities or certain other group facilities are required to be responsible for the care and evacuation of their residents.

Participation in the SNS Program benefits both residents and emergency officials in planning for the health, safety, and shelter of evacuees during times of disaster.

(386) 258-4088 Daytona Beach (386) 736-5980 West Volusia
(386) 423-3395 Southeast Volusia
www.volusia.org/emergency



YOU HAVE DECIDED TO GO TO A SPECIAL NEEDS SHELTER— REMEMBER TO:

- Know where the Special Needs Shelters are located.
- Have maps outlined for primary and alternate routes to travel during an evacuation.
- Be accompanied by a caregiver if you require minor medical assistance, nursing care, assistance with daily activities.
- Bring identification, money, and important papers.
- Bring at least a two-week supply of medications and medical supplies.
- Bring multiple changes of clothes, toiletry items, flashlights, and batteries.
- Bring a pillow and blanket or bedding.
- Bring several days worth of oxygen and oxygen supplies or arrange with your oxygen company to deliver your oxygen supplies to the shelter.
- Bring your own food if you are on a special diet, and any favorite snacks or comfort foods that can last for several days.
- Notify family, friends, or healthcare provider where you will be during the emergency event.
- Bring “time occupiers” (books, magazines, games, cards, etc.)
- Contact Votran if you need transportation to the shelter.
- Contact Volusia County Animal Services to make plans for your pet(s) during a disaster.



HOW TO REGISTER FOR THE SNS PROGRAM:

Complete all sections of the application. Be sure to indicate all “yes or no” choice questions. Return only the application form to Volusia County Emergency Management. Keep the instruction and information booklet in a safe place. If more than one person in your household needs assistance during evacuations, each one must complete a separate application. The applicant or responsible person (local family member, friend, legal guardian, etc.) must sign the registration form.

Registration for this program is on a volunteer basis (except as referenced in F.S. 252.355). All information is confidential and will only be made available to other emergency response agencies when determined by Emergency Management.

Once your application has been received and processed, you will receive a letter acknowledging receipt of the application and it will indicate if you can be accommodated at a Special Needs Shelter. Read all instructions carefully and keep them in a safe place.

How to Re-certify for the SNS program:

After you are registered, you will be notified every year to re-certify for this program. If any information on your original application has changed before the annual recertification, you will need to resubmit an application. To obtain a SNS application, please contact Volusia County Emergency Management. Should at anytime you no longer need to be registered in the SNS program, please contact Emergency Management in writing requesting removal from the SNS registry.

How and Where to Get Assistance:

If you need to evacuate, you should first seek shelter with relatives, friends, or hotels/motels. Emergency shelters are limited in space and accommodations and should be used as a last resort. Special Needs Shelters **can not** accommodate an individual requiring 24-hour dedicated care, hospital bed or ventilator, needing other complex care (as determined by Emergency Management), or is an isolation patient. Continuous or adequate supply of electricity cannot be guaranteed should your condition require this level of care. If your conditions require more complex care than is available at a SNS, you will be responsible for making other arrangements.

All costs associated with an evacuation, including (but not limited to) the transportation and admission to a hospital or another facility (medical or non-medical) are your responsibility. You should discuss your on-going medical needs during a disaster with your physician, healthcare provider, or caregiver now to make other emergency shelter/transportation arrangements.

REGISTRATION FORMS:

Instructions for completing the Special Needs Registration Form:

1. Fill out and have all appropriate people sign the form.
2. Re-read all three pages to make sure that the information given is completely filled out and accurate.
3. Return the form to:

Volusia County Emergency Management
Attn: Special Needs
3825 Tiger Bay Rd, Ste 102
Daytona Beach FL 32124-1063



OTHER USEFUL INFORMATION:

The registry may be used for any emergency requiring evacuation such as flooding, hurricanes, or hazardous material spills. Applicants should stay tuned to Volusia County's official emergency public information stations to get the latest information. Those stations are: DSC-TV 15 public television and Black Crow radio stations (WNDB 1150 AM, WHOG 95.7 FM, US93 93.1 FM and WVYB 103.3 FM).

The Volusia County Emergency Management Citizen's Information Center (CIC) will provide a variety of information ranging from evacuation procedures to shelter status. Votran will provide transportation to the emergency shelters. All regular Votran bus stops are hurricane evacuation assembly points. If you can not reach a regular Votran bus stop, you must call Votran to arrange for transportation. Please also call Votran to cancel your pickup should you decide not to use their service. This will save precious time during an emergency.

Votran: (386) 322-5100, 943-7050, 424-6810
Volusia County Animal Services: (386) 248-1790, 740-5241, 423-3369
Citizen's Information Center Hotline: Toll Free (866) 345-0345

Note: Call the CIC Hotline only during a disaster event.

**APPLICATION FORM FOR SPECIAL NEEDS SHELTER (SNS)
EMERGENCY EVACUATION REGISTRY
(Please Clearly Print Information)**

If you reside at a nursing home facility or assisted living facility, you do not qualify for this program since the facility is required to have a comprehensive emergency management plan for evacuation. Registration for this program is on a volunteer basis (except as referenced in F.S. 252.355). All information is confidential and only will be made available to other emergency response agencies when determined by the local emergency management director.

SECTION I: GENERAL INFORMATION

Do you plan on evacuating to a Special Needs Shelter? **(Selection Must Be Made)** *Circle: Yes or No*

Last Name:	First Name:	M.I.:	Date of Birth:	Sex:
Address:	Apt. or Condo #::	City:		Zip:
Mailing Address: (If different):	Apt. or Condo #::	City:		Zip:
Home Phone Number:		Cell Phone Number:		

Do you have a caregiver whose assistance is usually needed with activities of daily living and/or someone responsible for making decisions on your behalf? **(Selection not made = NO)** *Circle: Yes or No*

If yes, complete the following information:

First Name:	Last Name:	Phone Number:
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The person assisting me or responsible for making decisions on my behalf is: **(Circle One)**

Spouse
 Family Member
 Friend
 Legal Guardian
 Caregiver (Aid/Attendant)

SECTION II: TRANSPORTATION

Will you need transportation to a SNS during an evacuation? *Circle: Yes or No*

You are responsible for calling Votran to arrange for transportation to a shelter. To arrange, call:

(386) 322-5100 Daytona Beach
 (386) 943-7050 West Volusia
 (386) 424-6810 Southeast Volusia

SECTION III: PETS

Will you be bringing a pet with you to a SNS during an evacuation? *Circle: Yes or No*

If yes, complete the following information:

Indicate the number of pets: ____ Cat ____ Dog ____ Bird ____ Other

If other was chosen, please give a brief description of the animal:

You are responsible for calling Volusia County Animal Services to arrange for pet sheltering at a shelter. To arrange, call:

(386) 248-1790 Daytona Beach
 (386) 740-5241 West Volusia
 (386) 423-3369 Southeast Volusia

SECTION IV: MEDICAL INFORMATION

Please **circle all** that apply:

Wheelchair	Hoyer Lift	Bed Bound	Hospital Bed	Oxygen
Bed Bound and Hospital Bed		Dialysis	Tube Fed	Ventilator
Blind	Deaf	Nonverbal	Medication Needs Refrigeration	24 Hour Care
Tuberculosis	Colostomy			

Please indicate which of the following applies to you. If yes, please indicate which level is reflective of your condition. *If you select yes, you **must** choose a severity level.*

<input type="checkbox"/> Alzheimer's Disease	Early	Progressive	Total Care
<input type="checkbox"/> Dementia	Early	Progressive	Total Care
<input type="checkbox"/> Cardiac Abnormalities	Stable	Controlled	Unstable
<input type="checkbox"/> Psychosis	Controlled	Requires Caregiver	Uncontrolled
<input type="checkbox"/> Seizures	Controlled	Medication Assistance	Uncontrolled
<input type="checkbox"/> Bipolar Disease	Stable	Controlled	Unstable
<input type="checkbox"/> Osteoporosis	Controlled	Assistance Required	Bedridden
<input type="checkbox"/> Parkinson's Disease	Controlled	Assistance Required	Bedridden
<input type="checkbox"/> Multiple Sclerosis	Controlled	Assistance Required	Bedridden
<input type="checkbox"/> Muscular Dystrophy	Controlled	Assistance Required	Bedridden
<input type="checkbox"/> Neuromuscular Disorders	Controlled	Assistance Required	Bedridden
<input type="checkbox"/> Respiratory	Oxygen Dependent	Ventilator Dependent	

If you have a contagious or infectious disease, please describe:

If you have any other medical conditions not listed above, please describe:

If you will need assistance with any of the above items, please describe:

SECTION V: OTHER INFORMATION

I certify that this information is correct. I understand that based on this application and the data I have provided, Volusia County Emergency Management will determine which emergency evacuation assistance, if any, this program may be able to provide. I understand that assistance will only be provided for the duration of the emergency and that alternative arrangements should be made in advance in the event I am not able to return to my home.

I understand that:

- **Special Needs Shelters can not accommodate an individual requiring 24-hour dedicated care, hospital bed, ventilator, an isolation patient, or other complex care (as determined by Volusia County Emergency Management).**
- **I am responsible for making other emergency shelter and transportation arrangements.**
- **I will be responsible for all charges and costs associated with an evacuation, including (but not limited to) the transportation and admission to a hospital or other facility (medical or non-medical).**

If additional information or clarification is needed for processing this application, can Volusia County Emergency Management contact the "responsible person" designated on this form?

Circle: Yes or No
(Must Answer)

If necessary, can emergency response personnel enter your home during search and rescue operations to assure your safety and welfare following a disaster?

Circle: Yes or No
(Must Answer)

By signing this application, I grant permission to disclose any information necessary to provide care or respond to my needs to other emergency response agencies.

Signature of Applicant:

Date:

Signature of Responsible Person:

Date:

Print Name of Responsible Person:

(Must match name on page 1, section I.)

Please ensure that all information is completed. Any information not completed will cause a delay in the application being processed.

Please note that the sections asking for a *Yes or No* answer that have been left uncircled will be understood as a "No" response.

This form is to be completed, signed, and dated by the applicant **and** responsible person (if applicable).

When completed, mail the form to: Volusia County Emergency Management
Attn: Special Needs
3825 Tiger Bay Rd Ste 102
Daytona Beach FL 32124-1063

If you have any questions concerning this application, please call Volusia County Emergency Management:
(386) 258-4088 Daytona Beach (386) 736-5980 West Volusia (386) 423-3395 Southeast Volusia