



Environmental Protection and Growth Management Department

EMERGENCY MANAGEMENT DIVISION

201 N.W. 84th Avenue • Plantation, Florida 33324-1895 • 954-831-3902

Dear Registrant:

Enclosed please find an application for Special Needs Sheltering and Evacuation Transportation Assistance, as well as important information about the shelters and our program. We are required by Florida Statute to obtain this information, and our questions are in compliance with the Americans with Disabilities Act. They also enable us to provide you with emergency sheltering and transportation in a more efficient manner.

Please read and follow these instructions carefully to prevent delay of your application. We must have an answer to all questions. If your application is incomplete, we will return it to you, delaying your shelter assignment.

1. All questions on the application must be answered. Indicate "N/A" where needed.
2. We require complete mailing addresses for you and **at least one emergency contact**. If your mailing address is different from your physical address, please indicate.
3. Provide all telephone numbers where you can be reached.
4. When completing the transportation section on Page 2, be as accurate and thorough as possible. This information ensures that you receive emergency transportation appropriate for your needs.
5. The medical history section on pages 3 and 4 is for the **sole use of your primary care physician**. Please do not complete this portion of the application. Your physician must answer all questions, sign and date the form, and include a copy of your current medications. Your physician will return the application directly to you. We recommend that you meet with your physician and discuss your medical conditions as they complete the form.
6. We also require information about your additional health care providers such as home health care, dialysis, oxygen provider, etc.
7. In order for us to process your application, we must have your signed authorization, or the signature of your personal representative, on the Statement of Understanding and Signature Authorization. **All individuals must print their name legibly and sign with their full, legal name**. If a home health aide or social worker signs for you, they must also provide the name of the agency they work for.



Please mail your completed application to us in the enclosed self-addressed envelope:

**Special Needs Registry
Broward County Emergency Management Division
201 NW 84th Avenue
Plantation, FL 33324**

Once we receive your completed application, the nursing staff at Florida Department of Health in Broward County will review the information and assign you to a shelter that is appropriate for the medical conditions your physician indicated. Please allow approximately four weeks for the review of your application and to receive written confirmation of your shelter assignment.

NOTE: Pets are not permitted in shelters; however service animals, as defined by Federal law, are welcome in all Broward County emergency shelters.

We realize that this is a lengthy application and appreciate your patience. We hope you understand that this information is important to you and to our shelter staff who will provide assistance to you during an emergency. If you have any questions about the application or our program, please call 954-831-3902, TTY 954-831-3940, Monday through Friday 8:30 a.m. to 5:00 p.m. Thank you.

Special Needs Registry
Broward County Emergency Management Division
201 NW 84th Avenue
Plantation, FL 33324