



**APPLICATION SUBMISSION INSTRUCTIONS FOR
BROWARD COUNTY'S SPECIAL MEDICAL NEEDS SHELTER AND
EVACUATION TRANSPORTATION ASSISTANCE PROGRAM**

1. TO REQUEST OR OBTAIN APPLICATIONS, INCLUDING APPLICATIONS IN ALTERNATIVE FORMATS, RESIDENTS MAY CALL THE SPECIAL MEDICAL NEEDS REGISTRY AT (954) 537-2888 (OR TDY LINE (954) 537-2882); OR, THEY CAN DOWNLOAD DIRECTLY FROM GOING TO THE COUNTY'S VULNERABLE PREPAREDNESS SITE AT www.broward.org/atrisk AND CLICKING ON THE "MEDICAL NEEDS" TAB.
2. UPON RECEIVING THE APPLICATION, PLEASE FILL OUT THE APPLICATION AS INDICATED ON THE APPLICATION, SIGN, AND DATE.
3. PLEASE KEEP A COPY OF THE COMPLETED COPY FOR YOUR OWN RECORDS.
4. MAIL THE ORIGINAL COPY OF THE COMPLETED APPLICATION TO:
BROWARD COUNTY HUMAN SERVICES DEPARTMENT
ATTN: HURRICANE PREPAREDNESS
2995 NORTH DIXIE HIGHWAY
FORT LAUDERDALE, FL 33334-2640
5. PLEASE ALLOW APPROX. 3-4 WEEKS FOR MEDICAL TRIAGE AND PROCESSING.
6. FOR QUESTIONS REGARDING THE PROGRAM OR TO INQUIRE ABOUT YOUR APPLICATION STATUS, PLEASE CALL THE REGISTRY NUMBER LISTED ABOVE.

**FOR ADDITIONAL INFORMATION REGARDING VULNERABLE
RESIDENT PREPAREDNESS, PLEASE VISIT OUR WEBSITE:**

www.broward.org/atrisk