

# SARASOTA COUNTY PEOPLE WITH SPECIAL NEEDS (PSN) APPLICATION



6050 Porter Way  
Sarasota, FL 34232  
Fax (941) 861-5501

**PLEASE PRINT CLEARLY**

## GENERAL INFORMATION

**For convenience and comfort, citizens are encouraged to make their own evacuation and shelter plans if possible. As an alternative, the PSN program addresses the needs of people with medical conditions or need transportation to a shelter.**

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ City, \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Unit \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Secondary Phone #: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_ Weight \_\_\_\_ Height \_\_\_\_' \_\_\_\_"

Primary Language Spoken: \_\_\_\_ English \_\_\_\_ Spanish \_\_\_\_ Other: \_\_\_\_\_

Phone number to be reached if not a full-time resident of Sarasota? (\_\_\_\_) \_\_\_\_\_

Sub-Division/Facility – Location Description: \_\_\_\_\_

Type of Home \_\_\_\_\_ Type of Construction \_\_\_\_\_ Year Built \_\_\_\_\_  
(i.e.: Single Family, Apt/Condo) (i.e.: Block, Wood, Brick, **Mobile home**, Unknown etc.)

## PETS

\_\_\_\_ Pet provided for \_\_\_\_ Number of Cats \_\_\_\_ Number of Dogs Service Animal? \_\_\_\_ Yes \_\_\_\_ No

### TRANSPORTATION FOR PSN APPLICANT

Do you need Transportation? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Ambulance (bedridden)  
\_\_\_\_ Lift Gate Vehicle (wheelchair)  
\_\_\_\_ Standard Vehicle (canes, walkers,  
walks without help)

### TRANSPORTATION FOR OTHER EVACUEES

\_\_\_\_ Ambulance (bedridden)  
\_\_\_\_ Lift Gate Vehicle (wheelchair)  
\_\_\_\_ Standard Vehicle (canes, walkers,  
walks without help)

## Official Use Only

<b>Fire</b>	Evac/Flood	CodeRED	<b>Grid</b>	Destination	File #	Received date:
	Div #					Entered Date

**Emergency Management is mandated by Florida Statutes to maintain a voluntary registry of persons who will need assistance during emergency evacuations. Records relating to registration of disabled citizens are exempt from the Provisions of F.S. 119.07(1) Public Records Law**

Sarasota County prohibits discrimination in all services, programs or activities on the basis of race, color, national origin, age, disability, sex, marital status, familial status, religion, or genetic information. Persons with disabilities who require assistance or alternative means for communication of program information (Braille, large print, audiotope, etc.), or who wish to file a complaint, should contact:

Sarasota County ADA/Civil Rights Coordinator  
1660 Ringling Blvd.  
Sarasota, Florida 34236

Phone: 941-861-5000; TTY 7-1-1 or 1-800-955-8771  
Email: [adacoordinator@scgov.net](mailto:adacoordinator@scgov.net)

**CONTACTS AND EVACUEES**

PSN Applicant Name (from front): \_\_\_\_\_

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Primary Doctor: Phone Home Health Agency Info Phone: \_\_\_\_\_

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
Emergency Contact Phone Caregiver Phone: \_\_\_\_\_

\_\_\_ Evacuate Spouse?  
\_\_\_ Evacuate Caregiver?

\_\_\_ Number of **additional** Evacuees (**excluding** PSN Spouse, Caregiver)

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**MEDICAL INFORMATION**

\_\_\_ Aphasia  
\_\_\_ Arthritis  
\_\_\_ Asthma  
\_\_\_ Bronchitis  
\_\_\_ Cancer  
\_\_\_ Cerebral Palsy  
\_\_\_ Comatose  
\_\_\_ Contagious Disease – Type: \_\_\_\_\_  
\_\_\_ Dementia \_\_\_ Early \_\_\_ Moderate \_\_\_ Late  
    [ \_\_\_ unable to follow instructions \_\_\_ wanders]  
\_\_\_ Diabetes  
\_\_\_ Dialysis: (in-home Dialysis?) \_\_\_ Yes \_\_\_ No  
\_\_\_ Difficulty Speaking  
\_\_\_ Edema  
\_\_\_ Emphysema/COPD  
\_\_\_ Hearing Impaired  
\_\_\_ Heart Condition \_\_\_ Stable \_\_\_ Unstable  
\_\_\_ High Blood Pressure  
\_\_\_ Hip/Knee Replacement: When? \_\_\_\_\_  
\_\_\_ Hospice (“end-of-life” diagnosis, not palliative care)

\_\_\_ Medical Equipment *circle any that apply:*  
[Feeding tube, Ventilator, IV, Indwelling Catheter]  
\_\_\_ Memory Loss  
\_\_\_ Mentally Impaired  
\_\_\_ Multiple Sclerosis  
\_\_\_ Muscular Dystrophy  
\_\_\_ Nebulizer  
\_\_\_ Open Sores  
\_\_\_ Ostomy – Type \_\_\_\_\_  
\_\_\_ **Oxygen** Use \_\_\_ **LPM** (number on dial)  
\_\_\_ Parkinson’s: \_\_\_ Early \_\_\_ Moderate \_\_\_ Late  
\_\_\_ Psychosis \_\_\_ Controlled \_\_\_ Uncontrolled  
\_\_\_ Seizures \_\_\_ Controlled \_\_\_ Uncontrolled  
\_\_\_ Sight Impaired  
\_\_\_ Skin Disease  
\_\_\_ Skin Infections  
\_\_\_ Special Diet (bring doctor-prescribed food)  
\_\_\_ Speech Impaired  
\_\_\_ Stroke/CVA (limitations)

List known allergies: \_\_\_\_\_  
List medication: \_\_\_\_\_  
Other Comments: \_\_\_\_\_

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**POWER DEPENDENT**

*[your doctor may want you to register in FPL’s “Medical Essential Service Program” at 941-917-0708]*

\_\_\_ Oxygen Concentrator  
\_\_\_ Sleep Apnea (CPAP Machine)  
\_\_\_ Ventilator/Respirator (machine is used to **breathe** for you, unlike the Oxygen Concentrator and CPAP)  
\_\_\_ Name of Oxygen Company: \_\_\_\_\_  
\_\_\_ Other, Please Specify: \_\_\_\_\_

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**MOBILITY**

\_\_\_ I have someone assist me with all my daily activities  
\_\_\_ I walk without help  
\_\_\_ I use a cane  
\_\_\_ I use a walker [walk long distances? \_\_\_ Yes \_\_\_ No]  
\_\_\_ I use a wheelchair \_\_\_ regular \_\_\_ Wide  
\_\_\_ I am bedridden

\* **CONTACT US WITH CHANGES TO YOUR INFORMATION, NO NEED TO RE-REGISTER YEARLY.**

Revised 3.28.13