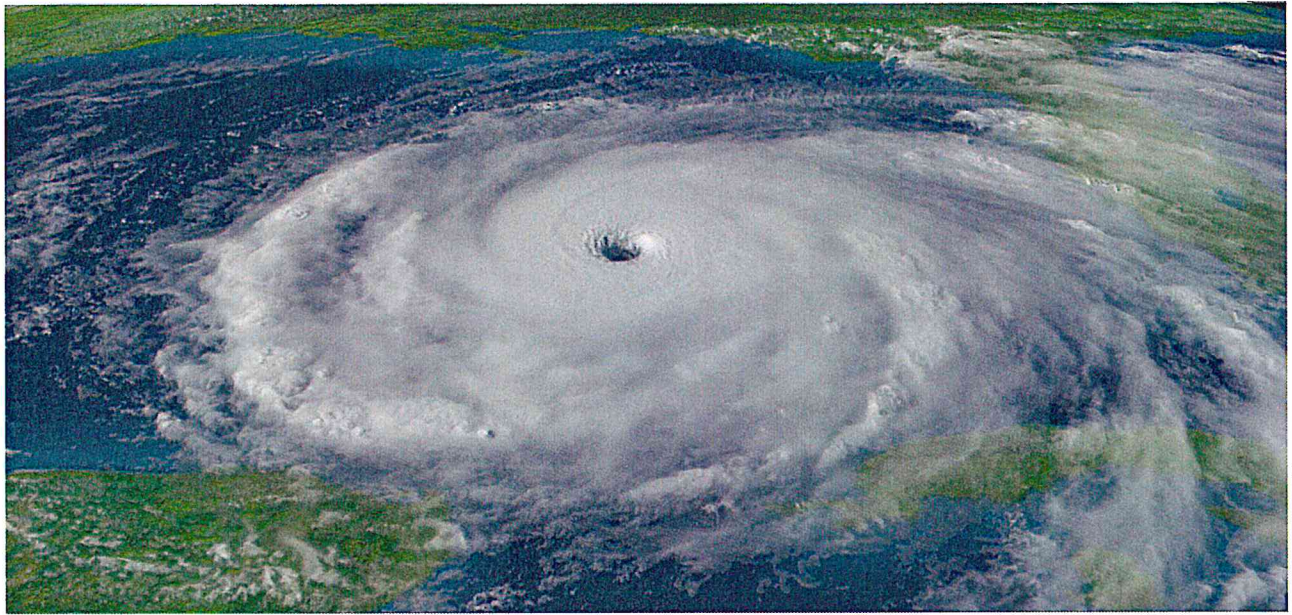


HURRICANE SEASON REMINDERS



It is your responsibility to prepare for this hurricane season. Please bring in all personal effects such as potted plants, bird feeders, or any other objects that might become projectiles in hurricane winds. Now is the time for you to prepare for a DISASTER PLAN.

A. Decide where you would go in order to evacuate

Here are some Shelter areas for Pine Ridge Village 1.

East Lake High School at 1300 Silver Eagle Drive.

Tarpon Springs.

Brooker Creek Elementary School on 3130 Forelock Road. Tarpon Springs.

Or you might want to stay at Home. But remember it is illegal to stay in a home under a mandatory evacuation order. Under Florida Statute 252.38, if you refuse to follow an evacuation order you could be charge with a second-degree misdemeanor.

HURRICANE SEASON REMINDERS

- B. Check your Disaster supplies kit.
- C. Inventory your property.
- D. Review your Insurance Policies.
- E. Take care of the essentials, must have at least 5 to 7 days supplies of WATER, FOOD, PRESCRIPTION MEDICINES, ETC. If you evacuate, have extra clothing, shoes, eyeglasses, batteries, toilet paper, paper towels, and personal hygiene items. Also have extra cash-in case you need to buy special supplies. Also fill your gas tank before the storm arrives.
- F. Have a phone for communication with family members or friends, establish an out-of-town contact.
- G. Have a First Aid Kit, Flashlights, and a radio.
- H. If you have to leave secure your home and turn off the water and electrical power.
- I. Keep vital documents in a waterproof container that you can take with you.

NOTE: ONE GALLON OF WATER PER PERSON PER DAY

HELP YOUR NEIGHBORS IN TIME OF NEED.

HURRICANE SEASON REMINDERS

RESIDENTS WITH SPECIAL NEEDS SHOULD REGISTER FOR SAFE SHELTER BY REGISTRATION WITH THE PINELLAS COUNTY EMERGENCY MANAGEMENT AT 727-464-3800, OR YOUR LOCAL FIRE DEPARTMENT OR YOUR HOME HEALTHCARE PROVIDER. I'VE ATTACHED AN APPLICATION FORM FOR YOU FILL OUT.

NOTE: (PER FEDERAL LAW, SERVICE ANIMALS ARE ALLOWED IN ANY PUBLIC SHELTER).

PETS ARE ONLY ALLOWED IN PET-FRIENDLY SHELTERS WITH PRIOR REGISTRATION THERE IS AN APPLICATION FORM ATTACHED TO FILL OUT.

IF YOU HAVE NO OTHER OPTIONS FOR YOUR PET, CALL PINELLAS COUNTY ANIMAL SERVICES AT 727-582-2600 TO REGISTER YOUR PET.

THERE ARE THREE PET-FRIENDLY SHELTER LOCATIONS:

1. Dunedin Highland Middle School
70 Patricia Ave, Dunedin
2. Oak Grove Middle School
1307 S. Belcher Road, Clearwater
3. Thurgood Marshall Middle School
3901 22nd Ave. S., St. Petersburg

Please be safe during the Hurricane Season
David Brooks, Vice President

PINELLAS COUNTY EVACUATION ASSISTANCE/SPECIAL NEEDS REGISTRATION
 Registration for: Special Needs Shelter Transport Assistance Both
 Once this registration form is processed, you will be contacted by your local Fire Department

LAST: _____ FIRST: _____ Date of Birth: ____/____/____ Male Female

STREET ADDRESS: _____ APT# _____ LOT#: _____

CITY: _____ ZIP: _____ PHONE: _____

I REQUIRE TRANSPORTATION ASSISTANCE: YES NO LIVING SITUATION: ALONE RELATIVE OTHER

SINGLE FAMILY RESIDENCE MOBILE HOME APT/CONDO COMPLEX NAME: _____

CARETAKER: _____ PHONE NUMBER: _____ HOSPICE: _____ TEAM ID: _____

HOME HEALTH: _____ PHONE NUMBER: _____ HOSPICE PHONE NUMBER: _____

DO YOU HAVE A PET: YES NO Arrangements for pets completed. Call 727-582-2600 for details

SPECIAL NEED (CHECK ALL THAT APPLY) Questions? Call Health Department -- 538-7277 ext. 7916

<input type="checkbox"/> Kidney Disease <input type="checkbox"/> Dialysis <input type="checkbox"/> Center: _____ <input type="checkbox"/> Days a Week: _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Insulin Dependent <input type="checkbox"/> Oral Medication (pills) <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Disease <input type="checkbox"/> Stroke <input type="checkbox"/> No problems <input type="checkbox"/> Needs assistance <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Cancer: <input type="checkbox"/> Year _____ <input type="checkbox"/> On Chemotherapy now <input type="checkbox"/> On Radiation now	<input type="checkbox"/> Asthma <input type="checkbox"/> Emphysema <input type="checkbox"/> COPD <input type="checkbox"/> Breathing Treatment <input type="checkbox"/> Oxygen: _____ LPM <input type="checkbox"/> Ventilator <i>Can not breathe on your own</i> <input type="checkbox"/> Mental Health Impaired <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Obsessive Compulsive <input type="checkbox"/> Violent Behavior <input type="checkbox"/> Other: _____ <input type="checkbox"/> Memory Impaired <input type="checkbox"/> Sight Impaired <input type="checkbox"/> Wears Glasses <input type="checkbox"/> Blind <input type="checkbox"/> Service Dog <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Deaf	<input type="checkbox"/> Walker/Cane <input type="checkbox"/> Wheelchair user <input type="checkbox"/> Able to stand with help <input type="checkbox"/> Unable to stand <input type="checkbox"/> Bedridden only <input type="checkbox"/> Geriatric Chair <input type="checkbox"/> Incontinence <input type="checkbox"/> Occasionally <input type="checkbox"/> Wear adult diapers <input type="checkbox"/> Feeding Tube <input type="checkbox"/> Unable to swallow** <input type="checkbox"/> 24 hour feedings** <input type="checkbox"/> For medications only <input type="checkbox"/> Syringe feedings only **24 Hour Tube Feedings or unable to swallow needs to go to a hospital or nursing home	Electrical Dependent, Why? <input type="checkbox"/> CPAP/BiPAP <input type="checkbox"/> Electric Wheelchair/Scooter <input type="checkbox"/> Nebulizer (breathing treatment) <input type="checkbox"/> Oxygen Concentrator <input type="checkbox"/> Feeding Tube <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other Special Needs: _____ _____ _____ <p align="center">MANDATORY SpNS Dialysis, Oxygen, Breathing Treatment, Feeding Tube (syringe feedings or for medications only) Bring all supplies to SpNS</p> <input type="checkbox"/> NONE
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Emergency Contacts

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

Prearranged: Hospital: _____ Nursing Home: _____ ALF: _____ Other: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

Doctor's name: _____ PHONE: _____

Form completed by (PRINT NEATLY): _____ Relationship: _____ Phone # _____

By signing this form I give my authorization for the medical information contained herein to be released to the county health department, emergency management, local fire districts and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and sheltering. Records relating to registration of disabled citizens are exempt for the provisions of F.S. 119.07(1), Public Records Law. The information contained here will be kept confidential.

Signature _____ Date _____

Official use only

Transport to: General Shelter Special Needs Shelter Other _____ Register for Special Needs Shelter Only

Type of Transport: Own vehicle Van/Bus Wheelchair only Ambulance

Fire Dist: _____ Grid: _____ Evac Level: _____ Shelter Name: _____

Comments: _____

FOR PETS

Citizens with Special Needs Registration

This registration is for citizens that are classified special needs evacuees and are already registered with their local Fire Department. If they have not done so yet, they must do so in order to register for PCAS pick-up. The Fire Station that is closest to them will be the one that evacuates them in an emergency. For more information they can call their local Fire Department or Emergency Management at (727) 464-3800.

Name	
Address	
Evacuation Zone	
Phone Number	
Fire Department	
Description of Pet (s)	
Date Registered	
SPCA / PCAS Host Home	

Shelter Notes