

TOWN OF SOUTHAMPTON

Department of Housing
and Community Services
Senior Services Division
25 Ponquogue Ave - PO Box 974
Hampton Bays, NY 11946



DIANA WEIR
DIRECTOR OF HOUSING AND
COMMUNITY SERVICES

LIZ DWYER
DIRECTOR OF SENIOR SERVICES

Ph: 631-728-1235
Fx: 631-723-3061

JAY SCHNEIDERMAN
TOWN SUPERVISOR

EMERGENCY EVACUATION PLAN SPECIAL NEEDS SHELTER FORM

If you are evacuated, this form must be brought to the shelter.

NAME:	
ADDRESS:	
PHONE #:	TOWN/VILLAGE:

MEDICAL HISTORY/CHRONIC CONDITIONS (Diabetes, Heart Disease, Lung Disease, Previous Stroke, Hepatitis, Arthritis, Cataracts, Glaucoma, Pacemaker or a defibrillator device, etc.)

Physical Impairments:

MEDICATIONS

<u>Name</u>	<u>Dose</u>	<u>Times of Day</u>

Is Medication self-administered? Yes _____ No _____

PHYSICIAN

PHONE #

Please bring the following items to the shelter (enough for at least 5 days):

Bedding, blankets, medications, medical supplies, personal belongings and equipment (i.e., walker, wheelchair), and health insurance card.

APPLICATION FOR EMERGENCY EVACUATION ASSISTANCE

Please read the instructions and information required before completing the-form. **This form must be completed in full for each person requiring evacuation assistance.**

Please print clearly. Send completed and signed form to the address on the letter.

Last Name: _____ First Name: _____

Sex: M F Birth Date: _____ Age: _____

Approx. Height: _____ Weight: _____

Telephone: _____

Property Address: _____

Village Hamlet: _____

Nearest Cross Street: _____

Mailing Address: _____

Live Alone? Yes No

Are you a full time resident? Yes No

Contact Person Not living with you _____

Relationship: _____

Contact Person Telephone: _____

Contact Person Address: _____

Residence Type (check one) House/Duplex Apartment Mobile Home

Rent or own this property? Rent Own Name of owner: _____

Fire District, if known: _____

In case of emergency evacuation where do you plan to go? _____

I have made arrangements to stay with relatives, friends, a community organization, or hotel in a non-evacuation area.

I am unable to make other arrangements and must go to an evacuation shelter.

What type of transportation will you require in case of an emergency? (Check one)

I will provide my own transportation! I have someone who will drive me.

I have no source of transportation and will need: Regular vehicle

Vehicle with wheelchair lift Ambulance

Will you be accompanied by an aide? ___ Yes ___ No

Do you require assistance with activities of daily living? ___ Yes ___ No

Check the appropriate areas:

___ Personal care (dressing/toileting)

___ Dementia/Alzheimer's

___ Incontinence

___ Dialysis

___ Feeding

___ Bed bound

___ Wound Care

___ Help taking your medications

___ Guidance (blind or visually impaired)

___ Communication _____

(Specify deaf or nonverbal)

___ Intermittent skilled medical health care

___ 24 hour skilled medical health care

___ Airway suctioning

___ intermittent skilled mental health

___ Intermittent oxygen

___ Mobility (walking/transferring)

___ Continuous oxygen

___ Wheelchair

___ Respirator/Ventilator

___ Self- Transferable

___ Catheter

___ Cane

___ Walker

___ Communicable disease

___ Medical equipment requiring electricity. Specify equipment required:

___ Additional Information

Service animal _____ Pets: _____

Person filing out form: _____ Relationship: _____ Telephone: _____

I certify that this information is correct. I understand that based on this application and the information I have provided, the Town of Southampton will determine what emergency evacuation assistance, if any, this program may be able to provide. I understand that the Town of Southampton will not be responsible for any charges associated with my medical care should hospitalization be deemed necessary. I grant permission to the Town of Southampton, medical providers, transportation agencies and others as necessary to provide care and disclose any information necessary to respond to my needs.

___ I also authorize emergency personnel to enter my home during search and rescue operations if necessary to assure my safety and welfare.

Signature of Applicant: _____ Date: _____