

Your Name: _____ Spouse: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other Phone: _____

Email: _____

Names and ages in the household: _____

Emergency Contact Name & Number: _____

For the sections below, please circle one response

Residence Type: Single Family Mobile Apartment Homeless/In-transition

COMPLETE IF APPROPRIATE:

Are you homebound Yes No

Do you use a wheelchair Always Most of the time Sometimes

Do you use a walker/cane? Always Most of the time Sometimes

List Special Medical Needs (Ex. Homeless, severe cardiac, diabetic on insulin, etc.)

Do you rely on electricity for home medical treatments? Yes No

Have you registered with County Emergency Management (*) for help in an evacuation?

Yes No (*) Broward.org/Emergency or Dial 311

Do you have any pets? Yes No

If so, how many and what type of pet?

(Note: Pets are NOT allowed in all shelters. Make evacuation-shelter arrangements for them BEFORE a disaster)

Would you need transportation in an emergency? Yes No Maybe

I CAN HELP

- I can provide transportation for shopping or take approved hurricane shelter.
- I can help prepare the church campus prior to the storm.
- I can help clean up the church campus following the storm.

