

SPECIAL NEEDS SHELTER REGISTRATION REQUEST FORM

**Submit Forms To: Highlands County Health Department, Special Needs Shelter,
7205 S. George Blvd. Sebring, FL, 33875**

***FORMS NEED TO BE COMPLETED ANNUALLY BEGINNING MARCH 1ST.**

NAME: (Please Print) _____ SS#: _____

STREET: _____

CITY: _____ ZIP: _____ PHONE: _____

DATE OF BIRTH: _____ MALE FEMALE

PRIMARY LANGUAGE: English Spanish Other – Specify _____

CONTACT PERSON: _____ RELATIONSHIP: _____

CONTACT PERSON'S PHONE: _____

DIRECTIONS TO HOME: _____

ATTENDING PHYSICIAN: _____ PHONE: _____

ASSISTING COMMUNITY SERVICE/HEALTH AGENCY (Full Name/No Abbreviations) _____ PHONE NUMBER _____

SPECIAL NEEDS

- Wound care daily or more often
- Ostomy care assistance
- Catheter care assistance
- RN to administer daily injections, or I.V.'s
- Ventilator dependant
- Professional assistance with pain medication
- Medical electrical equipment required to maintain health status: _____

HOME HEALTH AGENCY ACUITY SCALE

1. _____ Patient receiving at least daily care that cannot be interrupted
2. _____ Requires electrical equipment to maintain health status.
3. _____ Care can be assumed by family for 2-3 days.
4. _____ Patient is nearly independent or has caregivers who are adequately trained to manage patient's needs longer than 3 days.

FUNCTIONAL LIMITATIONS

- Bed Bound
- Unable to transfer bed to chair
- Confused - disoriented
- Uncontrolled incontinence
- Ambulates with assistance/assistive device
- Sensory impaired
- Requires assistance with toileting

TRANSPORTATION REQUIREMENTS

- Request transportation via ambulance stretcher
- Request transportation via wheelchair/van
- Request transportation via car
- Has own transportation

TO BE COMPLETED BY HIGHLANDS COUNTY HEALTH DEPARTMENT STAFF

- Meets criteria for Special Needs Shelter
- Requires other than Special Needs Shelter
 - Nursing Home
 - Assisted Living Facility
- No Special Needs

Signature: _____ Date: _____

Care provided to patients in the *Special Needs Shelter* is intended for patients who can be accommodated on a simple Army cot and can ambulate to bathrooms. Patients in wheelchairs must be able to assist with transfer to use bathroom facilities. Patients must bring medications, medical supplies, bedding, and non-perishable food with them to the shelter. One person should accompany the patient as a caregiver.