Windermere
POLICE DEPARTMENT
620 MAIN STREET
P. O. BOX 1549
WINDERMERE, FLORIDA 34786

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Chief of Police

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TOWN OF WINDERMERE
PEOPLE WITH SPECIAL NEEDS QUESTIONNAIRE
Emergency Evacuation Registry

Name _____
Last First Middle

Address _____ **Telephone**_____ **D.O.B.** _____

Sex ___ **Height** _____ **Weight** _____ **Martial Status** _____ **# going to shelter** _____

Caregiver/Companion who will accompany you (name) _____

Home Telephone _____ **Work Telephone** _____ **Other** _____

Nearest Friend/Relative (not living with you) _____

Address _____

Home Telephone _____ **Work Telephone** _____ **Other** _____

Do you have transportation in an emergency? **Yes** **No**

Special Medical needs (i.e., Foley, Urine Retention, Ostomy, Cardiac Problems, Diabetes, Insulin, Medications) _____

Allergies _____

Legally Blind/Visually Impaired _____ **Deaf/Hearing Impaired** _____

Require Special Diet (type) _____

Do you use life support system? **Yes** **No** **If yes complete**

	Portable	Hours/Day	Special Instructions
Oxygen	_____	_____	_____
Respirator	_____	_____	_____
Electrical	_____	_____	_____
IV's with pump	_____	_____	_____
Other	_____	_____	_____

I certify this information is correct and that this information is to be kept on file in case of Natural Disaster in the Town of Windermere.

Signature: _____ **Date:** _____