



Corporate Office: 6971 Buisness Park Blvd. N, Jacksonville, FL-32256; Ph: 904-880-9900 Fax: 904-880-3241

Special Needs Registry Assistance Consent Form

Client Information:

Client Name: _____
 Address: _____
 Phone: (Home) _____ ; (Cell) _____

Responsible Party: (Please fill if applicable):

Responsible Name: _____
 Address: _____
 Phone: (Home) _____ ; (Cell) _____

I the undersigned _____, (Client Name / Responsible Party Name)
 _____, (Relationship with Client) hereby
 understand that I need to register my _____ (myself / relative) in the Special
 needs registry and inform the local emergency preparedness agency re: the same. This will ensure that in case of
 an emergency the local emergency preparedness agency will know to assist myself / my _____
 with evacuation and sheltering .

To register w/ Special Needs Registry - Please call:	Toll Free: Joan Arizabal 904.630.2472 (Duval) Public Safety -Maria Haney - 904.284.7703 (Clay) Emergency Services - Troy Harper (386)-313-4200 (Flagler) Emergency Management -Audrey Wright - (352)264.6582 (Alachua) Emergency Management - 904.548.4980 (Nassau) Emergency Management - Gee Holder - 386.329.0379 (Putnam) Office of Emergency Management: 386.258.4088 / 386.736.5980 / 386.423.3395 (Volusia) For contact information for additional counties visit: http://www.floridadisaster.org/Disability/county/duval.html
<u>Indicate Preference:</u> In Case of an emergency- I wish to: (Please check one)	<input type="checkbox"/> Evacuate & accept assistance from Local Emergency Agency <input type="checkbox"/> Stay back in my own home / apt.

I also understand that:

- I accept the responsibility to notify local emergency agency and ensure myself / my _____'s name is on the Special Needs Registry.
- I need to address this ASAP to ensure my safety and security during an emergency.

Client Signature _____ Print Name _____ Date _____

Responsible Party Signature _____ Print Name _____ Date _____