

# STAY OR GO? EVACUATING FOR A STORM

Having a plan means knowing when you can safely stay and when it's time to go. Here is a helpful guide:

## 1. Has Brevard County ordered an evacuation?

**NO**

You can safely shelter in place.

**YES**

See question 2

## 2. Do you live in a mobile or manufactured home?

**NO**

See question 3

**YES**

GO! Mobile and Manufactured homes are considered zone A and have a mandatory evacuation.

## 3. Do you live in an evacuation zone?

**NO**

You will not be ordered to evacuate. Shelter in place and consider hosting friends and family that may need to evacuate.

**I don't know**

Find your evacuation zone at [PBFL.ORG/HURRICANE](http://PBFL.ORG/HURRICANE)

**YES**

See question 4

## 4. Was your zone ordered to evacuate?

**NO**

Shelter in place and consider hosting friends and family that may need to evacuate.

**YES**

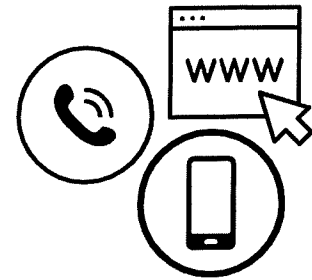
It's time to go! When evacuating, it's important to have a plan. Consider the following options when setting your plan.

1. Reach out to family and friends outside the evacuation zone to see if they can host you.

2. Hotels and motels outside of the evacuation zone are great options for evacuating.

3. If you have no other option take shelter in a Brevard County Emergency shelter.

# EMERGENCY NUMBERS



## WEB RESOURCES:

[www.pbfl.org/hurricane](http://www.pbfl.org/hurricane)

[www.nhc.noaa.gov](http://www.nhc.noaa.gov)

[www.embrevard.com](http://www.embrevard.com)

[www.redcross.org](http://www.redcross.org)

[www.floridadisaster.org](http://www.floridadisaster.org)

[www.fema.gov](http://www.fema.gov)

AGENCY	NUMBER
EMERGENCY	911
PALM BAY POLICE DEPARTMENT	321-952-3456
PALM BAY FIRE RESCUE HEADQUARTERS	321-409-6300
EMERGENCY INFORMATION HOTLINE	321-726-5683
PALM BAY CITY HALL	321-952-3400
BREVARD COUNTY EMERGENCY MANAGEMENT	321-637-6670
2-1-1 BREVARD COMMUNITY HELPLINE	DIAL 211 OR TEXT YOUR ZIP CODE TO 898211
FLORIDA POWER & LIGHT	1-800-468-8243
BREVARD COUNTY HUMANE SOCIETY	321-636-3343
FEMA HOTLINE	1-800-621-3362

Hurricane Plan for Sheltering – [www.palmbayflorida.org](http://www.palmbayflorida.org)

Hurricane shelters are not announced until they are opened but you can always be prepared by knowing where to find that information when it becomes available. Shelter openings will be announced through local television, radio stations, social media, and the Brevard County Emergency Management Website.

- “Like” BrevardEOC on Facebook
- To ensure that you see all of our posts, click “Get Notifications” Under the “liked” Button
- To receive text message updates on your cell phone, text **BrevardEOC** to **888777** (normal text messaging rates apply)

If you have specific health and/or medical conditions, there are **special needs shelters** available to you. Preregistration is required to get approved for one of these shelters. You can register online at [Brevardfl.gov](http://Brevardfl.gov) or by calling (321) 637-6670.

Residents who do not plan to stay in public shelters are encouraged to stay with family or friends on the mainland, and to evacuate tens of miles rather than hundreds of miles, as traffic on highways and interstates is likely to be heavier. For more shelter and evacuation information call the Community Information Hotline at 2-1-1 or visit [Brevard County Emergency Management Website](http://Brevard County Emergency Management Website).

**Whether you plan on evacuating or going to a shelter, you will need to bring your own supplies. Here are some items to make sure to include:**

- **ALL REQUIRED MEDICATIONS AND MEDICAL SUPPORT EQUIPMENT**
  - Wheelchair/ walker, oxygen, dressings, feeding and suction equipment, diapers, etc.
  - Any specific medication or care instructions (2-week supply)
  - Name and phone number of physician/home health care agency/ hospital where you receive care
- **DIETARY NEEDS**
  - If you are on a special diet, you need to bring a 3-day supply of nonperishable food, per person.
- **FOOD AND WATER/ LIQUIDS**
  - Snacks, juice, sports drinks, water, fruits, crackers (3-day supply)
- **SLEEPING GEAR**

- Bring your own pillows, sheets, blankets, portable cot or air mattress, chaise lounge, folding chairs, or sleeping bags for each person. Evacuation shelters tend to be cold so bring a blanket or sweater to keep warm. COTS OR BEDS ARE NOT PROVIDED AT THE SHELTER.
- **IMPORTANT PAPERS**
  - Wills, deeds, licenses, insurance policies, home inventory, doctor's orders, Do Not Resuscitate, Living Will, etc.
- **IDENTIFICATION**
  - ID with photo and current address, and medical identification card
- **CASH**
  - Check cashing/credit card services may not be available for several days after the storm. BUT: don't bring too much! There will be no place to secure money or valuables at the evacuation shelter.
- **COMFORT ITEMS**
  - Small games, cards, books, magazines, etc.
- **PERSONAL HYGIENE ITEMS**
  - Toothbrush, toothpaste, deodorant, towels, brush/comb, dentures, glasses, eye drops, diapers, etc.
- **EXTRA CLOTHING**
  - A 3-day supply of comfortable clothing with extra sets of underwear and socks



# TRANSPORTATION AND SPECIAL NEEDS REGISTRY APPLICATION



**COMPLETE ONE APPLICATION PER PERSON – THIS IS A VOLUNTARY, FREE PROGRAM.**

Transportation is free to all General Population Shelters and Special Needs Shelters.

## PERSONAL INFORMATION (Section A)

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  Male  Female

Living Situation:  Alone  With a Caregiver  Am a Caregiver

Residence Type:  Private Home  Apartment  Condo  Manufactured/Mobile Home

Name of Complex/Subdivision/Condo or Development \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt./Lot #: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

My spouse will evacuate with me:  Yes  No My caretaker:  Yes  No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other persons, if any, accompanying you to the shelter: \_\_\_\_\_

Contact **NOT** living with you (in case of an emergency): Name: \_\_\_\_\_

Relation: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## PETS AND SERVICE ANIMALS (Section B)

**Please Note: Pets are NOT allowed in Special Needs Shelters, but Animal Services will pick up and take care of your pet while you are within a Special Needs Shelter.**

Do you have: Dog(s)  Yes  No How many: \_\_\_\_\_ Cat(s)  Yes  No How many: \_\_\_\_\_

Do you have a service animal?  Yes  No Type: \_\_\_\_\_

## TRANSPORTATION (Section C)

Do you need transportation to a shelter?

- No, I or my caretaker can drive a personal vehicle
- Yes, I have medical conditions and need transportation to a Special Needs Shelter
- Yes, I have no Special Needs Medical Conditions and require transportation to a General Population Shelter

If you checked yes above, please check one of the following:

- I can walk to, on and off the bus
- I am mobile with an assistive device (walker/cane)
- I require a (check one)  wheelchair  Electric Scooter  Other: \_\_\_\_\_
- I am bedridden, require a stretcher and cannot transfer to a wheelchair for transport

**IF YOU ARE ONLY REQUESTING TRANSPORTATION TO A GENERAL POPULATION SHELTER, PLEASE STOP HERE.**  
**ALL CLIENTS WITH MEDICAL NEEDS SHOULD COMPLETE ENTIRE FORM.**

**Please complete form and return to: Brevard County Emergency Management**  
**1746 Cedar Street, Rockledge, FL 32955 | Phone: 321-647-4070 | Fax: 321-633-1738**

**MEDICAL CONDITIONS** (Section D)

**Enhanced Care Shelter** (Requires medical assistance, please check **ALL** that apply):

- Bedbound
- Hospice
- 24-hour Ventilator Patient
- Continuous IV Therapy
- Bedsores
- Weight 350 lbs. or greater with mobility issues

**Assisted Care Shelter** (May require medical assistance, please check **ALL** that apply):

- Bladder & Bowel Dysfunction
- Trach Tube – that may require suction
- Colostomy
- Dialysis
- Catheter
- Sensory Loss/Impairment
- Oxygen
- Assistive Device: \_\_\_\_\_
- Medical Dependence on Electricity
- Mobility Impairment
- Type \_\_\_\_\_ Assistive Device: \_\_\_\_\_
- Type \_\_\_\_\_
- Cognitive/Psychiatric Impairments
- G-Tube Feeding
- Type \_\_\_\_\_
- Dressing changes that need medical assistance
- Seizure Disorder
- Type \_\_\_\_\_

Diabetes & On Insulin  Yes  No (Bring personal insulin, glucometer, Glucagon and supplies)

If you have been hospitalized in last 3 months for:

- Congestive Heart Failure
- Shock due to internal defibrillator
- Open heart surgery

Currently receiving home health care:  Yes  No Reason \_\_\_\_\_

Require assistance taking your medications:  Yes  No Type of Assistance \_\_\_\_\_

**Please bring all medications with you to the shelter. Please list medications below:**

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**SUPPORT AGENCIES** (Section E)

Healthcare Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor/Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Equipment Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Healthcare Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**TRANSPORTATION AND SPECIAL NEEDS REGISTRY AGREEMENT** (Section F)

I understand that a Special Needs Shelter does not provide beds, cots, or lifts, and that I should plan to bring my own, and that assistance will only be provided for the duration of the evacuation and in the event I am not able to return to my home that I will be responsible for any additional transportation/hospital expenses. I understand Emergency Management will determine if any emergency evacuation assistance will be provided. I understand that power is not guaranteed, due to unforeseen power fluctuations or power failures.

Upon order or recommendation to evacuate, if I have requested transportation, I will receive advance notice, by phone, of the date and time to expect to be picked up for transport to a shelter. If I decline transportation when a transporter arrives, I understand that I may not have another opportunity to obtain this service.

I grant permission to medical providers, transportation agencies, and others as necessary to provide care and disclose any information necessary to respond to my needs. I certify that this information is correct to the best of my knowledge. My caregiver (if one is assigned) will be present during my stay at the shelter.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

If the person completing this form is not the patient, please state:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship/Agency: \_\_\_\_\_