

SARASOTA COUNTY PEOPLE WITH SPECIAL NEEDS (PSN) APPLICATION



1660 Ringling Blvd., 6th Floor
Sarasota, Florida 34236
Fax (941) 861-5501

Please print clearly

GENERAL INFORMATION

For convenience and comfort, citizens are encouraged to make their own evacuation and shelter plans if possible. As an alternative, the PSN program addresses the needs of people with medical conditions or need transportation to a shelter.

Name: _____ Spouse: _____
Last MI First

Address _____ City, _____ FL St. Zip _____ Unit

Phone # (_____) _____ Email Address: _____

Birth Date: ____/____/____ Age: ____ Gender: Male ____ Female ____ Weight ____ Height ____ ' ____ "

Primary Language Spoken: ____ English ____ Spanish ____ Other: _____

Phone number to be reached if not a full-time resident of Sarasota? (_____) _____

Sub-Division/Facility – Location Description: _____

Type of Home _____ Type of Construction _____ Year Built _____
(i.e.: Single Family, Apt/Condo) (i.e.: Block, Wood, Brick, **Mobile home**, Unknown etc.)

PETS

Pet provided for

Number of Cats _____

Number of Dogs _____

Working Dog? Yes No

TRANSPORTATION FOR PSN APPLICANT

Do you need Transportation? Yes No

Ambulance (bedridden)

Lift Gate Vehicle (wheelchair)

Standard Vehicle (canes, walkers, walks without help)

TRANSPORTATION FOR OTHER EVACUEES

Ambulance (bedridden)

Lift Gate Vehicle (wheelchair)

Standard Vehicle (canes, walkers, walks without help)

Official Use Only

FZ	Evac/Flood	CodeRED	Grid	Destination	File #
Div #					

	Received date:	Entered Date
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