

# SARASOTA COUNTY PEOPLE WITH SPECIAL NEEDS (PSN) APPLICATION



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1660 Ringling Blvd., 6<sup>th</sup> 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 \_\_\_\_\_ Zip \_\_\_\_\_ Unit \_\_\_\_\_  
St.

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 Div #	CodeRED	Grid	Destination	File #
Received date:				Entered Date	