



MEALS ON WHEELS ST. PETERSBURG



HURRICANE PREPAREDNESS GUIDE

The Atlantic Hurricane Season is from June 1 to November 30 each year. This guide offers useful information to help you make a plan, put it in a safe place with your other important papers. The Tampa Bay Network to End Hunger has provided you a Hurricane Meal Kit, containing six meals, six snacks bottled water and a can opener. Please **save this box**

of food and water in case a storm prevents us from being able to deliver.

If we are unable to deliver due to inclement weather: We will call you to let you know that we will be unable to deliver, please make sure we have your most up to date phone number on file. Monitor the main news outlets through television and/or radio, our website www.networktoendhunger.org and/or our social media (Facebook and Instagram) pages for updates.

You can also call our main number with any questions or concerns: **Tampa Bay Network to End Hunger, Meals On Wheels St. Petersburg at (813) 344-5837.**

Other important numbers: Pinellas County Emergency Operations Center, Department of Emergency Management (727) 464-3800. **During an emergency activation, you can also call the Citizen Information Center at (727) 464-4333.**

Key Preparation Steps:

1. **Find out what your evacuation level is** by visiting <http://kyz.pinellascounty.org/> or by calling (727) 453-3150. If you have to evacuate, find out now where you should go if an order is issued.
2. **Register for Special Needs Shelter by visiting <https://specialneeds.pinellascounty.org> completing the *included form (page 2-3, 9)* and mailing it to: *Pinellas County Emergency Management, Public Safety Complex 10750 Ulmerton Rd., Building 1, Suite 267 Largo, FL 33778***
3. **Assemble an emergency survival kit (page 4)** that provides for you or your family's needs for a minimum of one week and include your **Personal Disaster Plan (page 5-6)**.
4. **Create an emergency health information card (page 4)** that is customized to you and **an emergency contact list with names and phone numbers** of family members, friends, doctors, insurance information and hospital preferences.
5. **Maintain a current list of medications and at least a two-week supply.**
6. **Start a personal support network of people you can count on** during an emergency. Let them know your needs in an emergency situation and how they can assist you with your plan.
7. **Conduct an ability self-assessment.** Know what you can and cannot do. Talk with your health care provider about a realistic plan.

Residents with Special Needs should Register:

Residents with certain medical conditions can get help during an evacuation. **Special needs shelters will open for those requiring minimal medical assistance. If you need transportation to a shelter, pre-registration is required.** If you have your own transportation to a special needs shelter, pre-registration is not required, but is strongly recommended. For those requesting transportation assistance, your local fire department will contact you before an evacuation. You may bring your caregiver and/or family with you to a special needs shelter. Please note, you are not obligated to go to a special needs shelter once registered if you have made other arrangements.

- **Once registered**, your application will be reviewed. If they need additional information, or if other options are available to you, they will contact you at the phone number you provided on the form.
- **Service animals** that have been individually trained to do work or perform a task for a person with a disability are allowed in any shelter; there is no registration requirement.
- **Pets are only allowed in pet-friendly shelters.** If you are registered for a special needs shelter and you have no other options for your pet, call Pinellas County Animal Services at (727) 582-2600 to register your pet. Animal Services will make arrangements for your pet to be taken to a host home. Pets will not be allowed to stay in the special needs shelter.
- **What if I am in a non-evacuation zone?** If you are in a non-evacuation zone and you are not in a manufactured or mobile home, or dependent on any electrically dependent medical devices, you should consider sheltering in place; however, you should assess your individual situation. If you choose to stay home, stock up on supplies and take steps to make your home safe. Your home will be the most comfortable place during a hurricane. If you receive regular home deliveries of medical supplies or meals, speak to your provider to ensure they will be operational after the event.
- **What to Expect from a Special Needs Shelter:** The Florida Department of Health in Pinellas County and School Board staff these shelters with nurses and other medical personnel. Oxygen is available, but air conditioning may not be available if power is interrupted. Before going to a shelter, arrange to bring at least a two-week supply of any medications you need along with any needed portable equipment. If you have special diet requirements, be sure to pack your own special nonperishable snacks. For your own comfort, bring items such as bedding, sheets, pillows and blankets. Cots are available only on a limited basis and are not guaranteed. Special needs shelters do not have hospital beds and cannot assist those with acute medical problems.
- **Special Needs Shelter Locations:**
 - **Dunedin Middle School** - 70 Patricia Ave., Dunedin
 - **Oak Grove Middle School** - 1370 S. Belcher Rd., Clearwater
 - **John Hopkins Middle School** - 701 16th St. S., St. Petersburg

Transportation: PSTA buses will run nearly all their routes until it's no longer safe to travel. During an evacuation, buses will also run from transfer stations to local shelters.

All rides are free during an evacuation. Be prepared in advance by locating your nearest bus stop. Call the PSTA InfoLine (727) 540-1900/ TDD (7276) V540-0603. For current route information during a storm, go to www.psta.net/weatheralert.php

Special Needs Supply List: Some additional items to be considered:

Wheelchairs:

- A patch kit and extra inner tubes
- Gloves in case of broken glass or debris
- An extra battery and/or a converter for charging

Visual impairments:

- Talking or Braille clock
- An extra white cane, magnifier and glasses
- Mark your disaster supplies with fluorescent tape

Hearing or speech impairments:

- Extra batteries for hearing aids

- Pencil and paper for communicating emergency information
- Power converter for your laptop
- Preprinted key phrases you would use in an emergency

Personal supplies:

- Two-week supply of dressing materials, nasal cannulas or suction catheters
- Two-week supply of prescriptions
- Cooler for refrigerated medications
- Special dietary food

Other Things to Know & Do:

- Wheelchair users need to have more than one exit from their residence that is wheelchair accessible. Practice how to escape from your home.
- Wear medical alert tags. Also write down special instructions for emergency personnel in a brief and direct format, such as, "I am deaf, please write down your instructions" or "Please take my medication from the refrigerator."
- The National Weather Service has information on its website to help the hearing impaired utilize NOAA Weather Alert Radios for emergency weather notifications. Go to www.nws.noaa.gov/nwr/info/shhh.html.
- Keep cash on hand in case you need to buy special supplies.
- Be an advocate for yourself! Practice how to quickly explain your condition and your adaptive equipment to someone who is helping you.
- A NOAA Weather Alert Radio can wake you when severe weather is threatening.
- If you are going to a shelter, wear comfortable clothes and sturdy shoes. Have your "go bag" ready and let an out-of-town contact know where you are going.
- Take at least two-weeks worth of medication with you. Be sure to get your prescriptions refilled.
- Have a list of contact numbers and a copy of your personal medical information.
- **If you stay home, never use candles when the electricity goes out. Stick to flashlights and lanterns.**

Emergency Survival Kit

If you are staying home during a hurricane here is a list of items to consider for your survival kit. Keep items in airtight plastic bags/containers. Replace stored water every six months and check battery expiration dates.

Suggested items for a "Stay Kit":

- 1-week supply of food that requires no cooking and fluids to drink
- Ready-to-eat canned meats, fruits and vegetables
- Nuts, beef jerky and trail mix
- Raisins, peanut butter, granola bars
- Canned juices or sports drinks
- 1 gallon of water per person/per day
- Non-electric can opener
- Utility knife
- Cups, plates and plastic utensils
- Cooler and ice
- Pet food
- First Aid Supplies
- Adhesive bandages, gauze pads and tape
- Soap and anti-bacterial hand gel
- Antiseptic
- Latex gloves, scissors and tweezers
- Thermometer
- Sunscreen
- Over-the-counter pain reliever, anti-diarrhea medicine and laxative, anti-itch cream

Tools and Emergency Supplies:

- Flashlight and lanterns
- Battery-operated radio

- Extra batteries
- Matches or lighter in a waterproof container
- Compass and local maps with shelter locations
- A shut-off wrench and other tools
- Paper and pencil
- Plastic sheeting and tarps
- Elastic cords or rope
- Tarps and plastic sheeting

Sanitation:

- Portable toilet (5-gallon bucket, heavy trash bags, chlorine bleach)
- Toilet paper and moist towelettes
- Feminine supplies
- Personal hygiene items

Clothing and bedding:

- 1 complete change of clothing and shoes per person
- Sturdy shoes or work boots
- Rain gear
- Blankets and sleeping bags
- Sunglasses

Entertainment:

- Favorite books, cards, board games, hobbies

Emergency Health Information Card

Make copies to keep in emergency supply kits, wallet and purse (behind drivers license or primary identification card) wheelchair pack, etc.

Put these items on the front: Name, Street Address, City, State, Zip, Phone (Home, Work), Birth date, Blood Type, Social Security No., Health Insurance Carrier/Individual/Group #, and Physicians.

Put these items on the back: Emergency Contacts, Conditions, Disability, Medications, Assistance Needed, Allergies, Immunization Dates, and Communication/Equipment/Other Needs.

PERSONAL DISASTER PLAN

Fill out the information in this plan and share it with your family and loved ones.

ALL-HAZARDS DISASTER INFORMATION

Central Family Contact: _____

Doctor: _____

School(s): _____

Day Care: _____

Other Important Contacts: _____

Do I have everything I need for my survival kit? Yes No

Have I signed up to receive *Alert Pinellas* emergency notifications? Yes No

Do I have a battery-powered radio for emergencies? Yes No

Does my family have a central meeting place if we're separated in an emergency? Yes No

Location of meeting place: _____

Are important papers – and copies – stored with valuables in a waterproof, safe place? Yes No

Originals: _____

Copies: _____

Insurance Policy Information

Home: _____

Health: _____

Flood: _____

Auto: _____

Renters: _____

HURRICANE PREPARATION

Evacuation Level: _____

Where we'll go if/when we need to evacuate: _____

Evacuation location, address, and phone (host home, hotel, shelter, etc.):

Does my employer provide a special shelter for me and my family? Yes No

If Yes, list address and phone: _____

Does my evacuation location allow pets? Yes No

My pet(s) name/type of pet(s): _____

What will I do with my pet(s) if I evacuate?

If required, have I registered for Special Needs Evacuation Assistance? Yes No

Can I be a host home? Yes No

If yes, how many/who will I host?

What preventative measures will I take to safeguard my home?

Are my windows and doors protected? Yes No

Where is my safe room? _____

How will I secure my boat? _____

Important Phone Numbers

Emergency Preparedness

Alert Pinellas Emergency Notification Service

pinellascounty.org/alertpinellas

Find Your Evacuation Level

(727) 453-3150 (use home phone)

pinellascounty.org/knowyourzone

Pinellas County Citizen Information Center (open only during emergencies)

(727) 464-4333

Pinellas County Emergency Management

(727) 464-3800

pinellascounty.org/emergency

Other county numbers

Florida Department of Health in Pinellas County

(727) 824-6900

www.pinellashealth.com

Pinellas County Animal Services

(727) 582-2600

pinellascounty.org/animalservices

Pinellas County Consumer Protection

(727) 464-6200

pinellascounty.org/consumer

Pinellas County Economic Development

(727) 464-7332

www.pced.org

Pinellas County Information Line

(727) 464-3000 / V/TDD (727) 464-4062

www.pinellascounty.org

Pinellas County Schools

(727) 588-6000

School Bus Info Line

(727) 587-2020

www.pcsb.org

Pinellas County Sheriff's Office (non-emergency)

(727) 582-6200

www.pcsoweb.com

Pinellas County Solid Waste

(727) 464-7500

pinellascounty.org/solidwaste

Pinellas County Utilities

(727) 464-4000

www.pinellascounty.org/utilities

Pinellas Suncoast Transit Authority (PSTA)

(727) 540-1900

www.psta.net

Visit St. Petersburg/Clearwater

(Hotel/motel evacuation info inside county)

visitstpeteclearwater.com

State of Florida

Florida Attorney General's Office (price gouging)

(866) 966-7226

www.myfloridalegal.com

Florida Division of Emergency Management

(non-emergency)

(850) 413-9969

www.floridadisaster.org

Florida Highway Patrol

*FHP (mobile phone) / (727) 570-5010

www.flhsmv.gov/florida-highway-patrol/about-fhp/

Federal agencies

Federal Emergency Management Agency (FEMA)

(800) 621-3362

www.fema.gov

National Hurricane Center

www.nhc.noaa.gov

National Weather Service/Tampa Bay Area

www.weather.gov/tbw

NOAA Weather Alert Radio

Specific Area Message Encoding (SAME) code for

Pinellas County: 012103

Utility companies

Clearwater Gas

(727) 562-4900 (general)

(727) 462-6633 (gas leaks)

www.clearwatergas.com

Duke Energy (report outages)

(800) 228-8485

www.duke-energy.com

Frontier

(800) 921-8101

www.frontier.com

Spectrum

(855) 222-0102

www.spectrum.com/services/florida/pinellas-county

TECO Peoples Gas

(877) 832-6747 (gas leaks)

www.peoplesgas.com

TECO (report outages)

(877) 588-1010

www.tampaelectric.com

WOW!

(866) 745-3685

www.wowway.com

Other agencies

2-1-1 Referral Line—Tampa Bay

Cares

www.211tampabay.org

American Red Cross

(727) 898-3111

redcross.org/fl/tampa-bay

Federal Alliance For Safe Homes

(FLASH)

(877) 221-7233

www.flash.org

Insurance Institute for Business and Home

Safety (IBHS)

(813) 286-3400

www.disastersafety.org

Tampa Bay Network to End Hunger – Meals On Wheels St. Petersburg

(813) 344-5837

www.networktoendhunger.org

United Way

(813) 274-0900

www.unitedwaysuncoast.org

PINELLAS COUNTY EVACUATION ASSISTANCE/SPECIAL NEEDS REGISTRATION

Registration for: Special Needs Shelter Transport Assistance Both
 Once this registration form is processed, you will be contacted by your local Fire Department

LAST: _____ FIRST: _____ Male Female
 STREET ADDRESS: _____ APT# _____ LOT#: _____
 CITY: _____ ZIP: _____ PHONE: _____
 DATE OF BIRTH: ____/____/____ EMAIL: _____ LIVING SITUATION: ALONE RELATIVE OTHER
SINGLE FAMILY RESIDENCE MOBILE HOME APT/CONDO COMPLEX/PARK NAME: _____
 DO YOU HAVE A PET: YES NO Arrangements for pets completed. **If not**, call 727-582-2600 for assistance.
 NUMBER OF DOGS _____ Approx. Weight _____ NUMBER OF CATS _____ NUMBER OF BIRDS _____ TOTAL ANIMALS _____
 PRIMARY LANGUAGE SPOKEN _____
 RESIDENCY: PERMANENT TEMPORARY If Temporary, START DATE _____ END DATE _____

What assistance do you require?		CHECK ALL THAT APPLY	
<input type="checkbox"/> Walking <input type="checkbox"/> Standing <input type="checkbox"/> Transferring to a Bed <input type="checkbox"/> Communicating	<input type="checkbox"/> Bathing and Showering <input type="checkbox"/> Dressing <input type="checkbox"/> Toileting <input type="checkbox"/> Feeding	<input type="checkbox"/> Wound Care <input type="checkbox"/> Ostomy <input type="checkbox"/> Catheter <input type="checkbox"/> Incontinence/Diapers	List other assistance required _____ _____
MOBILITY ASSESSMENT I am ambulatory- able to move on own? Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> I am bedridden <input type="checkbox"/> I use a wheelchair <input type="checkbox"/> Able to stand with assistance <input type="checkbox"/> Unable to stand with assistance I weigh over 400 Pounds <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes – approx. weight _____ Have you PREARRANGED to go to a: <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home <input type="checkbox"/> ALF <input type="checkbox"/> Other: _____ Name of PREARRANGED facility where you will be evacuating to _____ ADDRESS _____ PHONE _____	ELECTRIC DEPENDENT <input type="checkbox"/> CPAP/BPAP <input type="checkbox"/> Oxygen: _____ LPM _____ No. of hours daily <input type="checkbox"/> Ventilator <input type="checkbox"/> Concentrator <input type="checkbox"/> Nebulizer <input type="checkbox"/> Feeding Pump <input type="checkbox"/> Suction Pump <input type="checkbox"/> Cardiac Monitor <input type="checkbox"/> Medicine requires refrigeration? If yes, what? <input type="checkbox"/> Dialysis	COGNITIVE ASSESSMENT <input type="checkbox"/> Alzheimer's/ Dementia <input type="checkbox"/> Psychiatric Disorder <input type="checkbox"/> Obsessive Compulsive <input type="checkbox"/> Depression <input type="checkbox"/> Self-injurious or danger to others List Other Cognitive or Special Need Issues _____ _____ _____	SPECIAL CARE <input type="checkbox"/> Feeding Tube <input type="checkbox"/> Unable to swallow <input type="checkbox"/> 24 hour feedings <input type="checkbox"/> For medications only <input type="checkbox"/> Syringe feedings only <u>Client must bring all supplies needed for care to the shelter.</u> <input type="checkbox"/> Diabetes <input type="checkbox"/> Insulin Dependent <input type="checkbox"/> Oral Medication (pills) Do you have a DO NOT RESUSCITATE Order? <input type="checkbox"/> Yes (Please bring D.N.R.) <input type="checkbox"/> No Questions? Call Health Department – 727-824-6932
DOCTOR'S NAME _____ PHONE _____			
<input type="checkbox"/> Do you receive HOSPICE: NAME _____ TEAM ID _____ PHONE _____			
<input type="checkbox"/> Do you receive HOME HEALTH: NAME _____ PHONE _____			

Emergency Contact

NAME _____ RELATIONSHIP _____ PHONE _____

I certify that at least one caretaker/companion will accompany me YES HOW MANY _____

NAME _____ RELATIONSHIP _____ PHONE _____

Is caregiver registered in Special Needs database? YES NO

Form completed by (PRINT NEATLY): _____ Relationship: _____ Phone # _____	
If not completed by the applicant, do you currently possess a Power of Attorney for the individual? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Applicant Signature	
By signing this form I give my authorization for the medical information contained herein to be released to the county health department, emergency management, local fire districts and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and sheltering. Records relating to registration of disabled citizens are exempt for the provisions of F.S. 119.07(1), Public Records Law. The information contained here will be kept confidential.	
_____ Signature	_____ Date