



No Person Left Behind Hurricane & Disaster Registration Form (Florida Statewide)

Please PRINT and fill out the requested information below in case of Hurricane or Disaster, assistance may be provided by any agencies who are assisting in this emergency.

Date Submitted _____

Last Name _____

First Name _____

Middle Name _____

Address _____

City _____

State _____

Zip Code _____

County _____

Email Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Do you use a TTY? _____

If so, what is the TTY
Number? _____

Nearest Cross Streets _____



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Please Enter Local Emergency Contact Information

Name of Nearest Local
Emergency Contact

Phone Number of Local
Emergency Contact

Please Enter ALTERNATE Emergency Contact Information

Person outside of the
local area not impacted
by this emergency

Phone Number of
Alternate Emergency
Contact

Please enter information about you and your disability

Gender

Age

Type of Disability

Functional Limitations or
Impairments

Please enter information about your service animal

Do you have a Service
Animal?

(enter Yes or No)

Type of Service Animal?

Does your Service
Animal have an ID?

(enter Yes or No)



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Name of Agency Issuing
Service Animal ID

Name of Service Animal

If you use a manual wheel chair, power chair, or scooter – please enter a – yes, if not leave blank (click as many as applies)

Do you use a manual
wheel chair?

(enter Yes or No)

Do you use a power
chair?

(enter Yes or No)

Do you use a scooter?

(enter Yes or No)

Can you use a manual
wheel chair, in case of
an Emergency?

(enter Yes or No)

Enter Information about your doctor in case of emergency

Name of Doctor

Phone Number of Doctor

Address of Doctor

Enter Information about your family situation

Do you live with family?

Do you live alone?

List names of family
living with you



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If you drive enter the following information

Type of vehicle _____

License Plate of Vehicle _____

In case of an Emergency Before _____ (enter Yes or No)
will you be needing

transportation After _____ (enter Yes or No)

Enter information about your living situation

Type of Dwelling you live in? (Check One)

Condo _____ What Floor? _____

Apartment _____ What Floor? _____

Single Residence _____

Duplex Residence _____

Mobile Home _____

Manufactured Home _____

If you have shutters for
your residence, do you
need help putting them
up for the hurricane? _____ (enter Yes or No)

Enter information about what type of water system you have

Well _____

City _____

Who is your water
supplier _____



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Phone Number of your
water supplier _____

Enter information about your electric company

Who is your electric
company? _____

Phone Number of your
electric company _____

Enter information if you have a generator for use

Do you have a generator
that use in case of
power loss? _____

(enter Yes or No)

What size is your
generator? _____

Comments not listed above:



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If you are registered with your local county Special Needs Program, Please list the county and agency you are listed with below. This can be from any county (Lee, Charlotte, Collier, Hendry, Glades)

Are you registered with your county agency? _____ (enter Yes or No)

County Registered with _____

Name of agency you are listed with _____

This form can be completed online at: adaboardswfl.org

And it will be emailed to:
Hurricane-Disaster-Form@adaboardswfl.org

Mailing Instructions:

Place this form in an envelope and mail to the following address:

No Person Left Behind - Hurricane & Disaster Center
704 Homer Ave North
Lehigh Acres, Florida 33971

Please make a copy for your records.

DISCLOSURE:

By Voluntarily submitting this form: I grant permission to medical providers and transportation and others, to provide care and to disclose of any information necessary to respond to my needs. I hereby grant permission for the release of this information to the emergency response agencies and also pre-authorized these agencies to enter my residence for the purpose of emergency search and rescue.