

# AMBULANCE TRANSPORTATION REQUEST

Part of the Special Needs Program of Manatee County

You should talk to your healthcare team and your family regarding what to do during a hurricane or other emergency requiring evacuation from your home.

As part of the Manatee County Special Needs Program, residents may apply for assistance with ambulance transportation to a hospital or nursing home during an emergency evacuation only if no other transportation or sheltering options are available.

**You must pre-register well before an emergency event in order to be included in this program.**

Applicants must be able to demonstrate need for the program. Your application to this program does not guarantee your application will be accepted. Someone from Manatee County may contact you regarding your application.

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YOU MUST PROVIDE DOCUMENTATION, SUCH AS A LETTER FROM THE HOSPITAL OR NURSING HOME,  
WHICH CONFIRMS YOU HAVE MADE ARRANGEMENTS ON WHERE YOU WILL BE STAYING.

**Return this form to Manatee County Emergency Management, PO Box 1000, Bradenton, Florida 34206**

## INFORMATION FOR THE PERSON REQUESTING AMBULANCE TRANSPORTATION

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female

Height \_\_\_\_\_ Weight \_\_\_\_\_

Physical Address (include apartment/lot #) \_\_\_\_\_

Subdivision \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone or TTY/TDD \_\_\_\_\_

Residence Type [check one box]:

Single Family Home  Multi-Family Home  Apartment  Mobile Home

Mailing Address: (Please enter **ONLY** if different than your Physical Address)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

## CAREGIVER INFORMATION

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address (include apartment/lot #) \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone or TTY/TDD \_\_\_\_\_

## ARRANGEMENTS

As per your physician, are you required to go to a hospital or nursing home in the event of an emergency evacuation?

YES: Physician Name \_\_\_\_\_ Physician Phone Number \_\_\_\_\_

NO

How do you usually get to your appointments or travel?  CAR  BUS / HANDY BUS  AMBULANCE

I have made plans with the following hospital/nursing home in Manatee County: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

### BE SURE TO ATTACH YOUR DOCUMENTATION

I authorize emergency response personnel to enter my home for search and rescue operations.

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL REQUESTING ASSISTANCE (OR LEGAL GUARDIAN)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF PERSON FILLING OUT THIS FORM (if not the individual)

\_\_\_\_\_  
PHONE