



**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT  
RELEASE OF DISABILITY-RELATED SPECIAL NEEDS  
IN CASE OF EMERGENCY EVACUATION**

Head of Household: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
(PRINT NAME)

Address: \_\_\_\_\_ Client #: \_\_\_\_\_

1. The following is the name of the household member with a disability who will need assistance in the event of an emergency:

Name: \_\_\_\_\_

2. The person listed above requires the following assistance (due to disability) in case of an emergency (please be sure to include any assistance you may need because of special equipment you use due to your disability):

\_\_\_\_\_  
\_\_\_\_\_

3. The person listed above has asked that assistance or medical care be provided in the event of an emergency.

4. The person indicated below authorizes PHCD to provide the information above to the appropriate police and/or fire department(s) that identifies the special needs that the disabled household member requires (due to disability) in case of an emergency. The person indicated below also indicates that they have authority to release this information.

Name: \_\_\_\_\_  
(PRINT NAME)

Relationship to the person listed in item 1: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Warning:** Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.



This material is available in an accessible format upon request. Please call the ADA Coordinator or Florida Relay Service (800) 955-8771 (TDD/TTY).