

Wednesday, July 02, 2008

People With Special Needs Record

Record Information

Date Created 12/20/2005 5:33:00 PM Pickup Requested? Pet Provided For? Inactive PSN?

Official Use

Fire Zone Evac Zone Division Grid Special Zone Designation
 SARASOTA COUNTY F D 2 G168 SPECIAL NEEDS - NORTH

Location Last Updated:
 In Transport 8/22/2007 10:39:33 AM

Person

First MI Last Birth Date Age Gender Weight Spouse
 [REDACTED] [REDACTED] [REDACTED] 9/7/1922 85 Female [REDACTED] [REDACTED] (rec#1660)

Primary Phone # Email Address Psn ID#
 (941) [REDACTED] [REDACTED] 234

Address Saved Address ([REDACTED]) Street Name Search Unit
 [REDACTED] [REDACTED]

State City - Zip Code SubDivision/Facility - Location Description
 FL SARASOTA - 34233 [REDACTED] LAKE

Type of Home Type of Construction Year Built
 CONDOMINIUM MOBILE HOME

Primary Doctor Info / Phone Home Health Agency Info / Phone
 [REDACTED] (941) [REDACTED] [REDACTED]

Emergency Contact Info / Phone Caregiver Contact Info / Phone
 [REDACTED] [REDACTED] [REDACTED]

Evac Spouse? Evac Caregiver? # Evacuees (Excluding PSN, Spouse, Caregiver) 0 Total Evacuees 2Working Dog? # Dogs 0 # Cats 0

Transportation Requirements

Own Transportation? Transportation Type Required [REDACTED]

Save Changes

Clear Changes

Medical Information

Contact Log

New Search

Log Off

People with Special Needs Report

of Evacuees by Evacuation Zone

(# of Evacuees include PSN, Spouse, Caregiver and Other Evacuees)

Has Transportation

Evacuation Zone	YES	NO	Total
A	585	1105	1690
B	121	334	455
C	158	296	454
D	684	1154	1838
X	22	19	41
Total	1570	2908	4478

Transportation Type

Evacuation Zone		AMB	HDB	STD	Total
A	413	65	397	815	1690
B	84	12	128	231	455
C	127	19	123	185	454
D	513	66	437	822	1838
X	10	0	8	23	41
Total	1147	162	1093	2076	4478

Shelter Designation

Evacuation Zone		DH	HDR	HOS	SMH	SNN	SNS	TGN	TGS	VH	Total
A	128	2	22	111	32	519	634	87	148	7	1690
B	22	3	6	33	7	148	137	57	41	1	455
C	23	0	20	24	12	113	207	7	44	4	454
D	123	13	25	84	34	903	421	148	78	9	1838
X	0	0	0	0	0	35	2	4	0	0	41
Total	296	18	73	252	85	1718	1401	303	311	21	4478

Cats & Dogs

Evacuation Zone

Animal	A	B	C	D	X	Totals
CATS (ALL)	95	33	45	138	2	313
DOGS (ALL)	72	31	51	154	7	315
WORK DOGS	4	3	0	6	0	13
Total	167	64	96	292	9	628

SHELTER LEGEND

DH = DOCTORS HOSPITAL
 HDR = HEALTH DEPARTMENT REVIEW
 HOS = HOSPICE
 SHL = SHELTER
 SMH = SARASOTA MEMORIAL HOSPITAL
 SNN = SPECIAL NEEDS - NORTH
 SNS = SPECIAL NEEDS - SOUTH
 TGN = TRANS-GP-NORTH
 TGS = TRANS-GP-SOUTH
 VH = VENICE HOSPITAL

[REDACTED]
[REDACTED]
[REDACTED]
SARASOTA, FL 34235

HDR 2,074

[REDACTED]
[REDACTED] AVE
SARASOTA, FL 34233

HDR 2,463

[REDACTED]
[REDACTED] GARDENS
[REDACTED] DR
VENICE, FL 34292

HDR 2,464

202

[REDACTED]
[REDACTED]
[REDACTED] DR
SARASOTA, FL 34232

HDR 2,453

[REDACTED]
[REDACTED] LODGE
[REDACTED] ST
SARASOTA, FL 34239

HDR 2,114

[REDACTED]
[REDACTED] LN
SARASOTA, FL 34235

HDR 2,452

[REDACTED]
[REDACTED] PL
SARASOTA, FL 34232

HDR 2,446

[REDACTED]
[REDACTED]
[REDACTED] CIR
SARASOTA, FL 34235

HDR 2,450

[REDACTED]
[REDACTED] MHP
[REDACTED] AVE
VENICE, FL 34285

HDR 2,470

[REDACTED]
[REDACTED]
[REDACTED] DR
SARASOTA, FL 34231

HDR 2,467

[REDACTED]
[REDACTED] WAYS
[REDACTED] WAY
SARASOTA, FL 34231

HDR 2,459

[REDACTED]
[REDACTED] DR
VENICE, FL 34293

HDR 2,461

[REDACTED]
[REDACTED]
[REDACTED] BLVD
SARASOTA, FL 34236

HDR 2,473

W-204

[REDACTED]
[REDACTED] ISLES
[REDACTED] DR
NORTH PORT, FL 34287

HDR 2,447

[REDACTED]
[REDACTED] DR
VENICE, FL 34293

HDR 2,462

[REDACTED]
[REDACTED] CENTER
[REDACTED] TRL
SARASOTA, FL 34236

HDR 2,472

519

[REDACTED]
[REDACTED] AVE
NORTH PORT, FL 34287

HDR 2,131

[REDACTED]
[REDACTED] CENTER
[REDACTED] TRL
SARASOTA, FL 34236

HDR 2,466

405

[REDACTED]
[REDACTED] MEADOWS
[REDACTED] WAY
SARASOTA, FL 34235

HDR 2,468

[REDACTED]
[REDACTED] RD

HDR 2,455

[REDACTED]
[REDACTED]
[REDACTED]
VENICE, FL 34285

HDR 2,469

Standard 3 x 10 Avery mailing labels

People with Special Needs

Approximate Count on Assignments

Location	Only PSN	Other Evacuees	Total Evacuees	Oxygen Dependent
DOCTORS HOSPITAL	10	4	14	4
HEALTH DEPARTMENT REVIEW	29	12	41	14
HOSPICE	46	39	85	25
SARASOTA MEMORIAL HOSPITAL	44	43	87	15
SHELTER	299	108	407	0
SPECIAL NEEDS - NORTH	751	514	1265	383
SPECIAL NEEDS - SOUTH	773	503	1276	316
VENICE HOSPITAL	12	9	21	2
TOTAL	1964	1232	3196	759

Evacuation Level [A] - People With Special Needs List - [NORTH]

Total PSN Records [855]

Grid #	Name	Street Address	Phone	Designation	Number of Evacuees	Power Dependent	Bus #	Times	Other Notes
G001	[REDACTED]	[REDACTED] PL	[REDACTED]	SNS	1			/	
	[REDACTED]	[REDACTED] DR	[REDACTED]	SNN	2			/	
	Grid Total [2]					3			
G002	[REDACTED]	[REDACTED] LN	[REDACTED]	HOS	2			/	
	[REDACTED]	[REDACTED] DR	[REDACTED]	SHL	2			/	
	Grid Total [2]					4			
G005	[REDACTED]	[REDACTED] CIR	[REDACTED]	SNN	2			/	
	[REDACTED]	[REDACTED] DR	[REDACTED]	SNN	1			/	
	Grid Total [2]					3			
G006	[REDACTED]	[REDACTED] AVE	[REDACTED]	SNN	4			/	
	[REDACTED]	[REDACTED] DR	[REDACTED]	SNN	2			/	
	[REDACTED]	[REDACTED] KWY	[REDACTED]	DH	1			/	
	[REDACTED]	[REDACTED] CIR	[REDACTED]	SNN	2			/	
	[REDACTED]	[REDACTED] AVE	[REDACTED]	SNN	4			/	
	[REDACTED]	[REDACTED] R	[REDACTED]	SNN	2			/	
	[REDACTED]	[REDACTED] CIR	[REDACTED]	DH	1			/	
	[REDACTED]	[REDACTED] AVE	[REDACTED]	SNN	4			/	
Grid Total [8]					20				

Name - DOB - Gender - Weight - 07/19 - F -
PSN Id: 51

G010-AMB-DH-3
Grid - Transport Type - Shelter - Total Evacs

Address: [REDACTED] **Unit:** [] **Municipality:** NCTY **Residence Type:** SF
State: FL **Zip Code:** 34235 **Construction Type:** MB
Sub-Division: [REDACTED] **Year Built:**
Phone:
Email:
Spouse: **Evac Spouse?:** NO
Emergency Contact: [REDACTED]
Caregiver Name: [REDACTED] **Evac Caregiver?:** NO
Doctor Name: [REDACTED]
Home Health: Agency [REDACTED]

Evacuation Details

Evac Zone: A **Special Zone:** **Fire Zone:** SCF **Division:** 1 **Grid:** G010 **Shelter:** DH
Total Evacs: 3 **Has Transport?:** NO **Transport Type:** AMB **Pickup Requested?:** NO
Working Dog?: NO **# Dogs:** 0 **# Cats:** 1 **Pet Provided for?:** NO

Medical Issues

Edema, Ostomy (tach), Seizures (Controlled), Nebulizer, O2 (2.00 LPM), Medical Equipment, Seizures (Uncontrolled)

Other Notes

vent. Dependent cont 02

Power Dependent Issues

Mobility Issues

Needs Wheelchair

Call Notes

ContactLog - Microsoft Internet Explorer

File Edit View Favorites Tool » Address http://webpsn/ContactLog.aspx?PSNID=234



Links GW Web Access Intranet Magic SSHD POW SCG - EPhone SCG Web Cast Windows Marketplace

Sarasota WebPSN

PSN Contact Log

Contact Note

Save

Clear Fields

Return to PSN record

Log Off

Contact Entry Date and Time	Note
6/22/2006 6:37:02 PM	HER HUSBAND, [REDACTED] IS PSN rec#1660.
6/22/2006 6:41:28 PM	RETURNED CALL TO [REDACTED] AND EXPLAINED NEW HOSPITAL RESTRICTIONS AND LOX NOW AT SpNS FOR O2.
6/23/2006 11:29:51 AM	LEFT HER A DETAILED MSG ABOUT THE SAME INFO I TALKED WITH HER HUSBAND ABOUT YESTERDAY.
6/23/2006 6:43:29 PM	RETURNED HER CALL AND EXPLAINED HOW HER DOCTOR CAN PETITION MEDICAL DIRECTOR FOR RE-ASSIGNMENT.
7/11/2006 9:38:51 AM	CALLED HER DOCTOR'S OFFICE TO SEE IF THEY HAD HEARD FROM CHD MED DIRECTOR; NOT AS YET.
7/11/2006 9:41:25 AM	RETURNED CALL TO HER EXPLAINING SHE IS NOT AMONG THE TOP FEW DOZ MOST ILL OF THE 2,000 PSN's.
7/11/2006 9:44:32 AM	I EXPLAINED TO MRS [REDACTED] THAT THE NOTE FROM HER DOC MAY, OR MAY NOT, CHANGE MED DIR'S DECISION.

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