

**FOUR SEASONS CONDOMINIUM ASSOCIATION
OF COCOA BEACH, INC.
3799 S. Banana River Blvd.
Cocoa Beach, FL 32931
321-783-7008
FAX 321-783-0127**

April 2009

HURRICANE PREPARATION AND DISASTER PLAN

This document provides information regarding Hurricane Preparation guidelines for use by the Four Seasons Condominium Association Board of Directors, Unit owners, renters and guest. Unit owners are responsible for insuring that renters and guest residing in their unit are provided a copy of this plan and that all the conditions of the plan are complied with.

THE PLAN IS DIVIDED INTO THREE (3) PARTS

PART ONE

Provides preparations and procedures that unit owners/renters/guests are encouraged to follow for their own personal welfare, the welfare of their neighbors, and the preservation of their property.

PART TWO

Provides preparation and procedures that the Board of Directors and the Emergency Coordinator will follow regarding protection of the common areas of the Four Seasons Condominium Association property, buildings and a list of actions to be taken.

PART THREE

Post hurricane responsibilities of the Board of Directors and unit owners. Also provides termination procedures information if required after a disaster.

PART ONE

UNIT OWNER PREPARATION AND PROCEDURES

A. PREPARATION AND PROCEDURES

Before the Hurricane season, stock up on supplies such as cash or travelers checks, clean containers to store drinking water (one gallon of water per person per day), canned and dried food, manual can opener, weather radio, battery operated radio, first aid kit, prescription medication and important papers just to name a few.

Residents who require Special Needs Shelter/Transportation assistance due to their physical or medical condition should register with the Brevard County Special Needs Coordinator. The County has a "Special Needs Program" to remove and help shelter people with special requirements. REMEMBER, registration must be completed prior to hurricane alerts or warnings. You MUST BE ON THEIR SPECIAL NEEDS REGISTRY. For your convenience, attached is the TRANSPORTATION AND SPECIAL NEEDS SHELTER APPLICATION. It is the responsibility of special needs persons to file the Special Needs Application and **NOT** the Four Seasons Condominium Association, Board of Directors/Emergency Coordinator.

Pet owners are encouraged to locate an alternate, safe location for their pet prior to hurricane season. Know where you are going to stay with your pet. Not all hotels/motels and most shelters will not allow pets. Brevard County Animal Services & Enforcement operates a Pet Friendly Evacuation Shelter for Brevard County residents during costal evacuation periods.

Prior to hurricane season unit owners should know where their main water shut off valve is located and determine if this is fully operational. The **two-story buildings** individual unit water shut off valves are located outside the front entrance of each unit alongside the sidewalk inside a plastic curb box. You should check this shut-off valve periodically and report any maintenance issues to the office. The **five-story buildings** individual unit water shut off valves are located to the side and above the hot water tank inside each unit. This valve is solely the responsibility of the unit owner. If this valve does not work (cannot be turned, can be turned but does not turn water completely off or leaks around the valve stem) you are **advised** to have the water valve **repaired** or **preferably replaced**.

Monitor local TV and radio stations for evacuation alerts and warnings. The established evacuation routes are State Route (SR) 520, 528, US I and I-95. Plan your evacuation route well in advance. The State or County Office of Emergency Management will issue any changes made to the hurricane alert status.

B. WHEN EVACUATION IS NECESSARY

When a **MANDATORY** evacuation alert has been issued, no matter how safe and secure you may feel in your unit, you must gather up your hurricane preparedness package and personal belongings. EVACUATE as soon as possible after the alert is issued and before the bridges and causeways are closed. Florida State Law considers non-compliance with the mandatory evacuation order a "Misdemeanor".

If you choose to ignore the mandatory evacuation alert and decide to remain in your unit, you are required by Law to notify the Brevard County Emergency Operations Center at 321-637-6670 and provide them with the occupant's names, address, telephone number and next of kin and how to contact them.

THE BOARD OF DIRECTORS/EMERGENCY COORDINATOR WILL NOT BE RESPONSIBLE FOR REMOVING OR SEEING TO THE SAFETY OF INDIVIDUAL UNIT OWNERS, OCCUPANTS OR PETS DURING MANDATORY EVACUATION PROCEDURES.

C. ADDITIONAL PROCEDURES TO BE FOLLOWED

- a. Each unit is equipped with an Electrical Box; turn off all circuit breakers in the electric box except the one for the refrigerator and depending on the category of the hurricane, (Cat 3 or above) the circuit breaker for the air conditioner. If the circuit breakers are not properly marked/identified, turn each breaker on and off until the correct circuit breakers are identified and marked. This identification of the circuit breakers should be performed prior to hurricane season.
- b. Where possible, unplug all electrical appliances except for the refrigerator.
- c. Shut off the main water valve to your unit. **In all cases remember to shut off the main water valve before leaving for the summer or extended periods of time.**

A word of caution, if the main water valve is not turned off and water damage is caused by you to your neighbor's unit by your negligence, you may be held liable for all the cost associated with the repair/replacement of the damaged items.

- d. Along with the main water valve shut off the hot water heater circuit breaker before leaving for the summer or extended periods of time.
- e. **Remove ALL items from the balconies. These items MUST be stored inside your unit. Storage of items in the walkways or inside the stairwells is strictly forbidden as it will jeopardize the escape route and search and rescue personnel.**
- f. Hurricane shutters should be rolled down to the closed position; hurricane panels can only be installed when the National Weather Service has issued a hurricane warning for this area. Hurricane Panels must be removed within two (2) weeks after the hurricane warning/evacuation has been lifted.
- g. Boat owners shall insure that their BOAT, boat trailer and all other associated equipment shall be tied down and secured to withstand most weather conditions. Boat owners are responsible for all damage caused by their boat and related equipment.
- h. Vehicles (cars, trucks, SUVs, Vans) and other such item that can be considered a mode of transportation that remain at Four Seasons Condominium once evacuation has started shall, if possible, be parked in a garage. If garage space is not available, it is suggested that your vehicle be parked in the large parking area in front of Building 8 or in the parking area North of Building 10 at the end of the garages near the boat storage area. All vehicles must be parked inside marked parking spaces. Vehicles not in compliance with the parking rules and regulations will be towed at the owner's expense.

- i. Garages Doors **must** be closed prior to evacuation. Unplug all electric tools and appliances located in garages.

THE BOARD OF DIRECTORS/EMERGENCY COORDINATOR IS NOT RESPONSIBLE FOR PERFORMANCE OF ANY OF THE PART ONE ITEMS. UNIT OWNERS ARE SOLEY RESPONSIBLE FOR COMPLIANCE WITH THE ABOVE PROCEDURES

PART TWO
BOARD OF DIRECTORS PREPARATIONS AND PROCEDURES

The Board of Directors of the Four Seasons Condominium Association is responsible for preparation of the common elements (buildings, grounds, pools, Club House, etc.) in response to a hurricane watch/warning and for the protection and safety of the Association property in accordance with applicable Florida laws and insurance policies.

A. NOTIFICATION

The Board of Directors will post a NOTICE in the elevators and on the Bulletin Boards that a hurricane evacuation alert has been issued by the National Weather Service. The Insurance agent will be advised at the "Hurricane Warning" level that the Association is activating its "Hurricane Preparation and Disaster Plan" and will be completed twenty-four (24) hours prior to projected landfall. In some instances the evacuation notice could be in a much shorter time span than the 24 hours time frame. The Emergency Coordinator and/or Board of Directors will alert Maintenance personnel to start the "Hurricane Preparation and Disaster Plan."

The Board of Directors/Emergency Coordinator shall notify the Brevard County Emergency Management at 321-637-6670 and the Brevard County Emergency Office 321-633-1770 that the Board will be evacuating the premises.

B. COMMON AREAS TO BE ADDRESSED

- a. Elevators
- b. Electric Rooms
- c. Main electric Power
- d. Emergency Lighting
- e. Gates/signs
- f. Dumpster Rooms and Recyclable Cubicles.
- g. Landscaping
- h. Management Office
- i. Club House and Related Spaces
- j. Pool House, Pools and Furniture
- k. Five-Story Buildings
- l. Two-Story Buildings
- m. Docks and Boat Ramp
- n. Generator
- o. Main Water Valves
- p. Emergency Supplies
- q. Maintenance and Office Manager

(a) ELEVATORS

The elevators will be parked on the fifth floor to avoid water from damaging the car and car electrical components. Sufficient time will be allowed for residents to gather the items they will take and precede with their evacuation plans. Securing the elevators will be the last item on the check off list to be performed by the maintenance personnel. **Timing is everything.**

(b) ELECTRIC ROOMS

All electrical room doors will be secured and locked.

(c) MAIN ELECTRIC POWER

Florida Power and Light (FPL) recommends that the Four Seasons Condominium Association KEEP the electric power on. This information was confirmed with FPL as of March 12, 2009.

(d) EMERGENCY LIGHTING

Emergency lighting is located on Buildings 8, 9 and 10 only. These lights are checked monthly and back up batteries are replaced as necessary. However, the emergency lighting has a limited "STAY ON" time frame (approximately 1 to 4 hours) after the loss of the main electric power to the buildings.

(e) GATES/SIGNS

All gates will be locked and secured and appropriate signs removed and stored.

(f) DUMPSTER ROOMS AND RECYCLABLE CUBICLES

All dumpster rooms and recycle cubicles will be and secured.

(g) LANDSCAPING

All planted pots (pool areas) will be stored inside the Club House. (If applicable) Power and water to the fountain will be turned off.

(h) MANAGEMENT OFFICE

The Office Manager will back up the Computer Programs. Two copies of the programs (files, vendor list, current list of unit owners and the list of rentals) will be made. The office manager will provide a copy to the Treasurer. The second copy will be evacuated with the office manager. A current list of Board members names, addresses, telephone number, cell phone numbers and e-mail addresses will be provided to each Board member, the office manager and the emergency coordinator prior to evacuation. This information will be vital to establishing contact between all parties and to get the Association up and running after a disaster and while the Board members are away from

the Four Seasons Condominium. In addition, all office equipment and records will be elevated and covered where possible.

(i) CLUB HOUSE AND RELATED AREAS

The main power switch will be turned off. Water barrier protection will be placed against the bottom of the Club House doors and Management Office. Unplug all appliances. Secure the Saunas and Restrooms. The blinds will be closed. Secure and lock all exterior doors.

(j) POOL HOUSE, POOLS AND POOL FURNITURE

The pool water level will be lowered one-foot from the top. Turn power off to all pumps including chlorinator, lights and heaters. Tie down pump hatches. Stow all hoses and items attached to the pool fence. Close skimmers. The pool gates will be secured and shut. The North pool house and maintenance shop doors and windows will be secured and locked. The pool furniture will be stowed in the Club House and North pool house.

(k) FIVE-STORY BUILDINGS AND AIR CONDITIONERS

Inspect the roof air conditioning units prior to hurricane season to determine if the air conditioners are adequately secured to the structure. Secure roof access and ladders. Move recycle bins to rear of dumpster area. **Monitor stairwells and walkways to ensure that passage is unobstructed. Remove and clear any debris and stored items.**

(l) TWO-STORY BUILDINGS

Laundry room and storage room doors will be secured and locked. Tie down dumpster lids and tie together recycle bins. **Monitor stairways and walkways to ensure that passage is unobstructed. Remove and clear any debris and stored items.**

(m) DOCKS AND BOAT RAMP

Remove and store dock hoses, secure boat ramp chain. Remove and store hose at the car and boat wash facility.

(n) GENERATOR

Check generator operability prior to hurricane season. The gasoline containers for the generator should be filled. **Use of generators is restricted to the Association only for running items such as the office, pumps, lighting, etc. Residents are restricted.**

(o) MAIN WATER VALVE

The buildings' main water valve (at the city's water meter) may be shut off depending on the category of the hurricane and the proximity of landfall to the Cocoa Beach area.

(p) EMERGENCY SUPPLIES

Obtain emergency supplies prior to hurricane season, i.e. gasoline for generator, tie down rope, sand bags, sand, tarps, nails and wood slats, disposable camera, etc. **Use of generators is restricted to the Association only for running items such as the office, pumps, lighting, etc. Residents are restricted.**

(q) MAINTENANCE/OFFICE MANAGER

The maintenance and office personnel are expected to help carry out any and all the items established in the "Disaster Plan" as approved by the Board of Directors and Emergency Coordinator. At no time shall the employees be expected to remain at the Four Seasons Condominium Association after the mandatory evacuation alert has been issued. The employees must have sufficient time to prepare their residence for the approaching hurricane. **The National Hurricane Center provides updates along with the projected twenty-four (24) hour time frame before landfall.**

PART THREE
POST HURRICANE RESPONSIBILITIES OF THE BOARD OF DIRECTORS AND UNIT OWNERS. ALSO PROVIDES TERMINATION PROCEDURE INFORMATION IF REQUIRED AFTER A DISASTER.

A. RETURN TO PROPERTY

After the storm has passed and the all clear has been issued by the appropriate officials, the Board of Directors, Emergency Coordinator and maintenance personnel return to Four Seasons Condominium, as soon as possible. The Board of Directors/Emergency Coordinator will provide the initial assessment of the damages

B. INITIAL ASSESSMENT OF PROPERTY

The Board of Directors/Emergency Coordinator will have emergency powers, (see FS 718.1265 pgs. 70-71), including but not limited to, the power to contract for:

- (1) Security
- (2) Removal of debris
- (3) "Drying in/drying out" and "shoring up"
- (4) Engineering and other professional services to assist in disaster recovery

Water damage must be addressed immediately. Therefore, the Board of Directors/Emergency Coordinator and individuals who are designated by the Board of Directors who can act on their behalf, have the authority to enter all unoccupied units to assess any hurricane damage in accordance with standard industry practices for "drying in/drying out". This can include the need, where necessary, for the removal of wet carpet, wallboard, cabinets, etc. to prevent the growth of mold.

The Board of Directors will notify the insurance claim office as soon as possible to report the claim and get an adjuster on the scene. Photographs shall be taken to document all the damage before making repairs.

When damage has occurred, the Board of Directors or designee will contact the appropriate contractors who will assist in “drying in”/”drying out”, clean up and removal of debris and any necessary reconstruction.

C. UNIT OWNERS

When damage has occurred to your unit and you are an absentee owner, if possible or practical, return to Four Seasons Condominium or have your designee oversee repairs.

D. DELAYED RE-OPENING

If the property has experienced the effects of a severe hurricane (extensive wind and storm surge damages) the structural integrity of the building may have been affected. In this situation, with the advice from the proper authorities, the Board of Directors or designee should exercise extreme caution before allowing anyone to return to the Condominium property.

A meeting of the Board of Directors shall take place to evaluate and to discuss the extent of the damages and the nature of repairs to be accomplished; and the financial impact to the Association.

E. TERMINATION OF CONDOMINIUM

If, after a natural disaster, termination of the condominium is necessary, follow the procedures outlined in the Four Seasons Condominium Documents and the FS 718.117(7).



Brevard County Fire Rescue



Timothy J. Mills Fire Rescue Center
1040 S. Florida Avenue
Rockledge, Florida 32955

Phone – (321) 633-2056
Fax – (321) 633-2057

March 25, 2016

To: Residents of Condominiums, Apartments, Townhomes, and Property Managers:

Reference: Grills

The use, storage and handling compressed natural gas, liquefied petroleum gas, and solid fuel burning cooking appliances pose a significant hazard in multi-family residential structures because of the physical properties of these combustible materials.

The 5th Edition of the Florida Fire Prevention Code as adopted by the Florida Legislature in Chapter 633 of the Florida Statutes and Florida Administrative Code 69A states;

1-10.11.6.1 *For other than one- and two-family dwellings, no hibachi, grill, or other similar devices used for cooking, heating, or any other purpose shall be used or kindled on any balcony, under any overhanging portion, or within 10 ft (3 m) of any structure. [Including electric grills.]*

1-10.11.6.2 *For other than one-and two-family dwellings, no hibachi, grill, or other similar devices used for cooking shall be stored on a balcony. [Including electric grills.]*

The only exception are grills that intended by the manufacturer to be permanently installed. These grills must be installed in accordance with their listing (I.E. Underwriters Laboratories) and meet the requirements of the Florida Fire Prevention Code and Florida Building Code. Permits are required. This exception does not allow portable grills to be secured or fastened to the building.

Additionally, NFPA 58-8.3.5, 2011 edition, states;

Storage within residential buildings. *Storage of [LP] cylinders within a residential building, including the basement or any storage area in a common basement of a multiple-family building and attached or detached garages, shall be limited to cylinders each with a maximum water capacity of 2.7 lb (1.2 kg) and shall not exceed 5.4 lb (2.4 kg) aggregate water capacity per each living space unit.*

If additional information is required, please contact your Inspector or this office. A complete copy of the Florida Fire Prevention Code is available on the Florida State Fire Marshal's website.

Sincerely,

Douglas Carter, CFPS
Assistant Fire Marshal

Transportation and Special Needs Shelter Application Brevard County Emergency Evacuation Registry

HEALTHCARE AGENCY: _____ Phone: _____
Contact person: _____

FOR OFFICE USE ONLY

TRANSPORT TYPE: BUS LIFT- GATE OTHER
TRANSPORT AGENCY: SPACE COAST COASTAL PRIVATE VEHICLE
SHELTER LEVEL: GENERAL ASSISTED CARE ENHANCED CARE 24 HR VENT PATIENT

SHELTER LOCATION: _____ Patient notified of Registration: Date: _____

**Please complete this form and return to: Brevard County Emergency Management
1746 Cedar Street, Rockledge, FL 32955
321-637-6670 (P) 321-633-1738 (F)**

**COMPLETE ONE APPLICATION PER PERSON - THIS IS A VOLUNTARY PROGRAM
Transportation is free to all Red Cross Shelters and Special Needs Shelters.**

DO YOU NEED TRANSPORTATION TO A SHELTER?

- No - (private vehicle)
 Yes
 Yes, TRANSPORTATION ONLY TO A RED CROSS SHELTER- I HAVE NO SPECIAL NEEDS
MEDICAL CONDITIONS

Please check one of the following:

- I can walk to, on, and off of a bus
 I am mobile with an assistive device (walker/cane)
 I require a wheelchair lift vehicle Check: Wheelchair Electric Scooter Other _____
I Can Transfer to a seat/chair Yes No
 I am bedridden and require a stretcher and cannot transfer to a wheelchair for transport

Please check if you have a hearing impairment, vision impairment, or both:

- I am hearing impaired
 I have a vision impairment
 I have a hearing and vision impairment

**IF YOU ARE ONLY REQUESTING TRANSPORTATION TO A RED CROSS SHELTER-Please only fill out Section A
Personal Information and Section B Evacuation Information
ALL SPECIAL NEEDS CLIENTS FILL OUT ENTIRE FORM**

PERSONAL INFORMATION (Section A)

Last Name: _____ First Name: _____ MI: _____

Birth Date: _____ Sex: Male Female Height: _____ Weight: _____

Primary Language: English Spanish Other _____

Living Situation: Alone With a Caregiver Am a Caregiver

Home Address: _____ Apt./ Lot No. _____

Mailing Address (if different from above): _____

City: _____ Zip Code: _____ Phone: (____) _____

Alternate Phone:(____) _____

Residence Type: Private Home Apartment/ Condo Manufactured/ Mobile Home

If you live in an apartment or condo, do you live above the first floor? Yes/Which floor? _____ No

Name of Complex/ Subdivision/Condo or Development: _____

Name of Caretaker/ Companion: _____ Phone: _____

Contact Person **NOT** living with you in case of an emergency while evacuated:

Name: _____ Relation: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

EVACUATION INFORMATION (Section B)

My spouse will evacuate with me: Yes Name: _____ No My caretaker: Yes No

Other person(s), if any, accompanying you to the shelter: _____

PETS ARE NOT ALLOWED IN SHELTERS. MAKE EVACUATION-SHELTERING ARRANGEMENTS FOR YOUR PET NOW!

Do you have a dog(s): Yes No How many: _____ Cat(s): Yes No How many? _____

Do you have a service animal? _____ If so, type _____

******TRANSPORTATION ONLY INDIVIDUALS STOP HERE- PLEASE GO TO THE LAST PAGE AND SIGN******

PLEASE CHECK ALL MEDICAL CONDITIONS THAT APPLY

Do you require assistance with taking your medications? No Yes Type of assistance: _____

Please bring all current medications with you to the shelter

ASSISTED CARE SHELTER

(may require medical assistance)

- | | |
|--|---|
| <input type="checkbox"/> Colostomy -medical assistance needed | <input type="checkbox"/> Trach Tube - that may require suction |
| <input type="checkbox"/> Catheter - medical assistance needed | <input type="checkbox"/> Brittle Diabetic - medical assistance needed |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Apnea Monitors |
| <input type="checkbox"/> Liquid Oxygen | <input type="checkbox"/> Dialysis |
| <input type="checkbox"/> Gaseous Oxygen | <input type="checkbox"/> Peritoneal / <input type="checkbox"/> Hemo |
| <input type="checkbox"/> Rate: _____ | Frequency _____ |
| <input type="checkbox"/> Mode of Administration: _____ | <input type="checkbox"/> Sensory Loss or Impairment |
| <input type="checkbox"/> Nebulizer - more than 1 treatment a day | Assistive Device: _____ |
| <input type="checkbox"/> Cognitive Impairments (Alzheimers, etc.) | <input type="checkbox"/> Mobility Impairment |
| Type: _____ | Assistive Device: _____ |
| <input type="checkbox"/> Psychiatric Impairment | <input type="checkbox"/> G-Tube-feeding |
| Type: _____ | |
| <input type="checkbox"/> Dressing Changes Wet to Dry-medical assistance needed | Hospitalized in last 3 months for: |
| <input type="checkbox"/> Seizure Activity within the last 6 months | <input type="checkbox"/> Congestive Heart Failure |
| <input type="checkbox"/> Bladder & Bowel dysfunction | <input type="checkbox"/> Shock due to Internal defibrillator |
| | <input type="checkbox"/> Open Heart Surgery |

ENHANCED CARE SHELTER

(requires medical assistance)

- Imminent Death
- Hospice
- Bedsores

OTHER

- 24 Hour Ventilator Patient

PLEASE PROVIDE CONTACT INFORMATION FOR YOUR MEDICAL SUPPORT PROVIDERS, IF ANY. (EXAMPLES: HOME HEALTH AGENCY, MEDICAL EQUIPMENT PROVIDER, PRIMARY DOCTOR, ETC.)

NAME OF AGENCY/PROVIDER	PHONE NUMBER

MEDICAL EQUIPMENT YOU USE THAT IS POWER DEPENDENT	PLEASE PROVIDE A LIST OF ALL CURRENT MEDICATIONS

POWER IS NOT GUARANTEED

1. I understand that a Special Needs Shelter does not provide beds, cots, or lifts, and that I should bring my own to the extent I am capable.
2. I grant permission to medical providers, transportation agencies, and others as necessary to provide care and disclose any information necessary to respond to my needs.
3. I understand that assistance will only be provided for the duration of the evacuation.
4. I understand that in the event I am not able to return to my home that I will be responsible for any additional transportation or hospital expenses.
5. I understand that upon order or recommendation to evacuate my residence, if I have requested transportation, I will receive advance notice, by phone, of the date and time to expect to be picked up for transport to a shelter.
6. If I decline transportation when a transporter arrives, I understand that I may not have another opportunity to obtain this service.
7. I understand that based on this application and the data I have provided; the Office of Emergency Management will determine if any emergency evacuation assistance will be provided.
8. I understand that power is not guaranteed, due to unforeseen power fluctuations or power failures.
9. I understand that my caregiver (if one is assigned) should be present during my stay at the Special Needs Shelter.

I certify that this information is correct to the best of my knowledge.

_____ Applicant Signature _____ Date

If the person filling out this form is not the patient, please answer the following:

Name: _____ Phone: _____

Relationship/ Agency: _____

APPLICATIONS ARE TO BE RENEWED YEARLY. ANY SIGNIFICANT CHANGES TO YOUR APPLICATION, (ADDRESS CHANGE, MEDICAL CRITERIA, ETC.) NEED TO BE UPDATED WITH THE SPECIAL NEEDS COORDINATOR AS SOON AS POSSIBLE.

IF YOU REQUIRE A SPECIAL NEEDS SHELTER APPLICATION WITH LARGER PRINT, PLEASE CONTACT THE SPECIAL NEEDS COORDINATOR, (321-637-4070), AND ONE WILL BE PROVIDED TO YOU.

“DON’T LEAVE HOME WITHOUT THEM!!”

**An Evacuation Shelter is not intended to be comfortable.
Shelters are noisy and crowded.**

You should prepare to bring items to help make your stay more comfortable.

WHEN EVACUATING TO A SHELTER, BRING THE FOLLOWING ITEMS:

- 1. ALL REQUIRED MEDICATIONS AND MEDICAL SUPPORT EQUIPMENT:**
 - Wheelchair/ Walker, oxygen, dressings, feeding and suction equipment, diapers, etc.
 - Any specific medication or care instructions. (2 WEEK SUPPLY)
 - Name, phone number of physician/home health care agency/ hospital where you receive care.
- 2. DIETARY NEEDS:** You need to bring nonperishable food to survive for 72 hours per person.
- 3. FOOD AND WATER/ LIQUIDS:** Snacks, Fruit juice, Gatorade, Water, Fruits, Crackers (72 hour supply).
- 4. SLEEPING GEAR:** Bring your own pillows, sheets, blankets, portable cot or air mattress, chaise lounge, folding chairs, or sleeping bags for each person. Evacuation shelters tend to be cold so bring a blanket or sweater to keep warm. **COTS OR BEDS ARE NOT PROVIDED AT THE SHELTER.**
- 5. IMPORTANT PAPERS:** Wills, deeds, licenses, insurance policies, home inventory, doctor’s orders, Do Not Resuscitate, Living Will.
- 6. IDENTIFICATION:** With photo and current address, medical identification card.
- 7. CASH:** Check cashing / credit card services may not be available for several days after the storm. BUT: don’t bring too much! There will be no place to secure money or valuables at the evacuation shelter.
- 8. COMFORT ITEMS:** Small games, cards, diapers, books, batteries, manual can opener, etc.
- 9. PERSONAL HYGIENE ITEMS:** Toothbrush, toothpaste, deodorant, towels, brush/comb, dentures, glasses, eye drops, hearing aids and batteries, etc.
- 10. EXTRA CLOTHING:** A one week supply of comfortable clothing and extra sets of underwear and socks.

Pets are NOT allowed in Evacuation Centers (except service animals). You must make other arrangements for them.