



# Discharge Planning Resource Guide

Bureau of Preparedness and Response  
July 2012



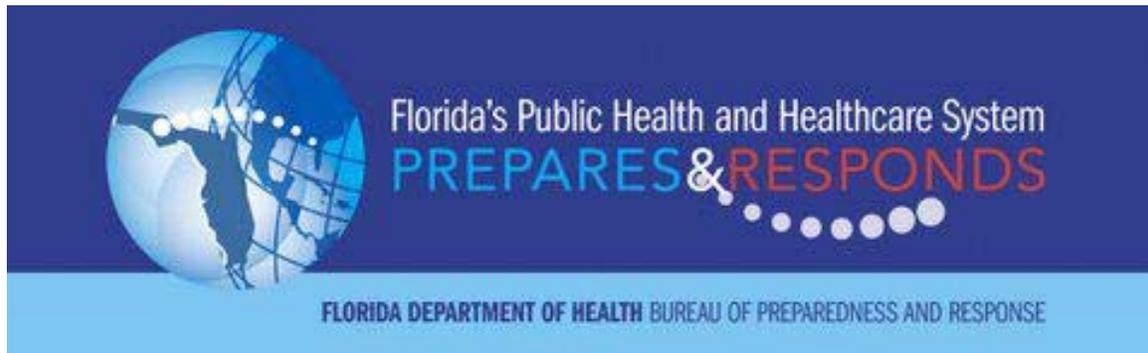




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Florida Department of Health  
Bureau of Preparedness and Response  
July 2012





## Message from the Florida Department of Health Bureau of Preparedness and Response

Planning and preparing for, responding to, and recovering from natural or man-made disasters and public health emergencies is essential to the mission of the Florida Department of Health:

*To protect and promote the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties.*

**Post-event discharge planning is essential for preparedness.** The Discharge Planning Resource Guide was developed in collaboration with many Florida agencies and organizations to provide information and resources to assist local officials, discharge planning teams, special needs shelter consultants, shelter managers, general shelter contacts, nurses, or others who may be responsible for safely returning persons to their original or other suitable community setting following a stay in a temporary shelter or alternate care site.

The document was initiated in August 2006 to help ensure the appropriate community placement of special needs shelter clients displaced due to a natural or man-made disaster. The 2010 edition expanded the purpose and scope to reflect an all-hazard approach to discharge planning from any sheltering facility. This update reflects current emergency management efforts for a whole community approach in leveraging local capabilities, resources, and assets to enhance community resilience. For more information on the whole community approach see the FEMA, December, 2011 report, [A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways](#)

The guide is available on the Department of Health, Bureau of Preparedness and Response webpage at: [www.doh.state.fl.us/demo/BPR/dischargeplanning.html](http://www.doh.state.fl.us/demo/BPR/dischargeplanning.html). Additional vulnerable population resources and sheltering guidance can be found at: [www.doh.state.fl.us/demo/BPR/community.htm](http://www.doh.state.fl.us/demo/BPR/community.htm).

To ensure the most current information on a specific program or agency, refer to the contact information and website links in the document or contact the agency directly.

## **Disclaimer**

This document is intended to serve as a public resource. It contains data and information provided by stakeholder agencies and organizations and/or obtained through research on agency websites. Resources are included to assist users in identifying possible sources of information and assistance. Information is for general information purposes only and is not claimed or intended to be legally binding.

All attempts have been made to link to reliable sources, but sites and URLs are subject to change or have technical malfunctions without warning.

Neither the state nor the department guarantees the accuracy, reliability or timeliness of any information contained in this document or any material on sites referred to or linked to this document.

It is the user's responsibility to verify accuracy of all statements and information. It is also the user's responsibility to determine the suitability of services or programs for their particular needs. Listing as a resource or link does not constitute or imply endorsement by the Florida Department of Health or any of its partners.

While all attempts have been made to include the most current data, detail, and resources, information contained in this document is subject to change. Please notify the department of any errors and every effort will be made to correct them.

This document is formatted for double sided printing

## Acknowledgements

The Florida Department of Health (DOH), Bureau of Preparedness and Response, recognizes the contributions of a large number of individuals and organizations in the development of the *2012 Discharge Planning Resource Guide*. Updating the 2010 version of the guide required coordination with various state and local officials, stakeholder agencies, and related organizations. Thank you to the following agencies and organizations that provided input and assisted in the review and compilation of materials and resources for the 2012 guide.

- Agency for Health Care Administration
- Agency for Persons with Disabilities
- Alzheimer's Community Care
- American Red Cross Florida
- Big Bend Hospice
- Department of Children & Families
- Department of Elder Affairs
- Department of Education, Division of Vocational Rehabilitation, Independent Living Program
- Department of Health, Children's Medical Services
- Florida Association of Housing and Redevelopment Officials
- Florida Assisted Living Association
- Florida Department of Veterans' Affairs
- Florida Division of Emergency Management
- Florida Hospice & Palliative Care Association
- Florida Hospital Association
- Florida Housing Finance Corporation
- Florida Office of Insurance Regulation
- Home Care Association of Florida
- Salvation Army Florida Division

# Table of Contents

<b>Table of Contents</b> .....	<b>1</b>
<b>Introduction</b> .....	<b>4</b>
<b>Section 1 Mass Care Sheltering</b> .....	<b>6</b>
Mass Care Sheltering.....	8
Special Needs Shelters.....	10
Program and Operation Overview .....	10
Clients and Client Criteria .....	10
Registry .....	11
Services.....	11
Locations .....	11
<b>Section 2 Multiagency Special Needs Shelter Discharge Planning Response Teams</b> .....	<b>12</b>
Multiagency Special Needs Shelter Discharge Planning Response Teams .....	14
Standard Operating Procedures .....	15
<b>Section 3 Healthcare Facilities and Community Residential Homes</b> .....	<b>28</b>
Healthcare Facilities & Residential Homes - Cross Reference .....	30
Assisted Living Facility .....	32
Adult Family Care Home .....	37
Hospice Inpatient Facility and Residential Unit .....	40
Hospital .....	43
Nursing Home .....	46
Group Home for Persons with Developmental Disabilities.....	51
Medical Foster Care Home .....	53
<b>Section 4 Emergency and Temporary Housing</b> .....	<b>56</b>
Emergency and Temporary Housing - Cross Reference .....	58
Affordable Rental Housing .....	59
FEMA and Federal Partners .....	63
Homeless Emergency Shelters.....	67
Independent Living Communities.....	70
<b>Section 5 Community-Based Service Providers</b> .....	<b>72</b>
Community-Based Service Providers - Cross Reference .....	74
Home Health Agencies .....	75
Home Medical Equipment Provider.....	79
Hospice Home Care.....	83
Nurse Registries.....	87

**Section 6 Local, State, and Federal Discharge Planning Resources.....92**

Local, State, and Federal Discharge Planning Resources - Cross Reference .....94  
Agency for Health Care Administration .....95  
Agency for Persons with Disabilities .....98  
Department of Children & Families .....99  
Department of Elder Affairs .....102  
Department of Health .....105  
Department of Veterans' Affairs .....108  
Florida Division of Emergency Management .....110  
Area Agencies on Aging.....113  
Centers for Independent Living .....115  
Florida Housing Finance Corporation .....117  
Public Housing Authorities .....119  
Other Resource Agencies .....121

**Section 7 Directories .....124**

Agency for Persons with Disabilities .....126  
American Red Cross Regions .....127  
DOEA - Area Agency on Aging .....129  
DOEA - CARES .....130  
DOEA - Long-Term Care Ombudsman Program .....131  
County Emergency Management Offices .....132  
County Health Departments .....136  
Department of Children & Families Community-Based Care Lead Agencies .....140  
Homeless Coalitions .....145  
Public Housing Authorities .....152  
Salvation Army .....161  
Florida Division Locations .....161  
Veterans' Affairs Statewide Contacts .....167

**Appendix.....170**

Florida's Emergency Support Functions .....172  
Florida Administrative Code Rule Chapter 64-3 Special Needs Shelter .....173  
    64-3.010 Definitions.....173  
    64-3.020 Eligibility Criteria for Special Needs Shelters .....173  
    64-3.030 Guidelines for Special Needs Shelter Staffing Levels .....174  
    64-3.040 Definition of Special Needs Shelter Supplies and Equipment.....174  
    64-3.050 Special Needs Shelter Registration.....174  
    64-3.060 Addressing the Needs of Families.....175  
    64-3.070 Pre-event Planning Activities.....176  
    64-3.080 Service Reimbursement.....176  
Florida Statutes .....177  
    252.355 Registry of persons with special needs; notice.....177  
    252.356 Emergency and disaster planning provisions to assist persons with disabilities or  
    limitations.....179  
    381.0303 Special needs shelters .....180

Glossary of Acronyms .....	184
Resources for Vulnerable Populations .....	196
Crosswalk of Agency Contact Information .....	207
Crosswalk of Websites with Helpful Information .....	216
<b>Discharge Planning Forms .....</b>	<b>220</b>
AHCA Form 1823 Resident Health Assessment for Assisted Living Facilities .....	224
AHCA Form 3110-1023 Resident Health Assessment for Adult Family Care Homes .....	230
AHCA MEDSERV-3008 Medical Certification for Nursing Facility / Home and Community- Based Services Form.....	234
CF-AA 2515 Certification of Enrollment Status Home and Community Based Services ....	236
CF-ES 1006 Alternate Care Certification Optional State Supplementation .....	238
CF-ES 2337 Access Florida Application .....	240
DOEA Form 590 Discharge Planning Tool for Rapid Needs Evaluation.....	248
DOEA Form 590 Discharge Planning Tool for Rapid Needs Evaluation Procedures .....	250
DOEA Form 701A Prioritization Form .....	262
DOEA Form 701B Assessment Instrument.....	266
Department of Homeland Security FEMA Form 009-0-3 Declaration and Release .....	274
Sample HIPAA Authorization to Use or Disclose Health Information Form .....	276
<b>Discharge Planning Resource Guide Feedback Form .....</b>	<b>278</b>

## Introduction

**Discharge planning** is a process that facilitates moving a person from one level of care or health care setting to another, or from a temporary or shelter setting back to the community for more permanent placement. While individual plans will be based on a person's needs and available resources, plans for the process should be ready for activation at any time.

The process involves planning a program, developing strategies, and outlining tasks and schedules to accomplish actions necessary to find suitable replacement, stand-in, or substitute accommodations for a person being released from a temporary shelter or health care setting.

The process begins when a person enters a temporary setting. Staff should make an assessment of needs and identify available resources, community services, and supports. The process continues by linking persons to those resources and following up to ensure that appropriate services and supports are arranged.

Discharge planning is critical for all-hazard preparations. Public health emergency events can leave persons displaced, in need of shelter, food, and support services, either temporarily or long-term. Florida's experience with disasters has shown that a person residing in the community who takes refuge in a temporary setting may be unable to safely return home after the disaster or may need additional support.

Planning for discharge and possible alternative community placement can reduce challenges facing local emergency management officials and shelter operations. Proper planning can help alleviate concerns about the possible deterioration of the health of vulnerable populations. Vulnerable populations are those most at-risk for poor health outcomes. Risks are even greater if persons are required to remain in an emergency shelter for a prolonged period or released without suitable supports in place.

Quality discharge planning helps to assure that a stay in a temporary environment is for the shortest time necessary and that persons are returned safely to their original or other suitable community setting with needed supports. Principles of discharge planning apply whether a person is discharged from a special needs shelter, hospital, or other facility back to their home or to an alternate care site.

During an influenza pandemic or other public health emergency, communities may need to move or discharge persons to make room when the number of patients needing care exceeds the capacity of local hospitals. This guide is not intended to address rapid discharge planning that may need to occur in health facilities to prepare for or respond to patient surge. For more information on this topic see [www.doh.state.fl.us/demo/BPR/Preparedness\\_Tools.html](http://www.doh.state.fl.us/demo/BPR/Preparedness_Tools.html).

***The Discharge Planning Resource Guide*** provides information for local officials, discharge planning teams, special needs shelter consultants, shelter unit leaders, nurses, or others who may be assigned to take the lead for or assist with discharge planning. It contains technical

**Florida's experience with disasters has shown that a person residing in the community who takes refuge in a temporary setting may be unable to safely return home after the disaster or may need additional support.**

information, procedures, resource listings, and forms to assist in moving persons back into the community in the least stressful manner to the least restrictive setting possible.

Discharge planning requires strong partnerships to address both short and long-term solutions. The guide provides information on community resources and agencies and organizations that can provide assistance in the discharge process. Information in this guide is not intended to, nor should it be used to take the place of statutory information or requirements.

The guide provides a broad range of information for persons with varying knowledge of community agencies and services available. The guide can be a valuable training tool to provide a general overview of agencies and discharge planning information.

The guide is divided into the following sections designed to be used as a ready reference before, during, and following a disaster.

**Section 1** – Mass Care Sheltering

**Section 2** – Multiagency Discharge Planning Teams

**Section 3** – Healthcare Facilities and Community Residential Homes

**Section 4** – Emergency and Temporary Housing

**Section 5** – Community-Based Service Providers

**Section 6** – Local, State and Federal Discharge Planning Resources

**Section 7** – Directories

**Appendix** – Statutory information, glossary of acronyms used in this document, as well as commonly used emergency management acronyms, and a list of resources for vulnerable populations

**Forms** – Discharge planning forms used by agencies or local officials. While forms are ready to copy, when possible, links can be followed to obtain the latest electronic copies of the forms

Resources and resource lists are provided for information and convenience. To ensure the most current information, it is recommended that, if there is advance notice to an emergency event, links to websites in this document be used to access the latest directories and lists of specific contacts.

For additional information and resources on Discharge Planning visit the Florida Department of Health, Bureau of Preparedness and Response, Discharge Planning webpage: [www.doh.state.fl.us/demo/BPR/dischargeplanning.html](http://www.doh.state.fl.us/demo/BPR/dischargeplanning.html).

# Discharge Planning

## Section 1

### Mass Care Sheltering



## Mass Care Sheltering

Local, state and federal partners must plan ahead to identify the needs of persons displaced by an emergency or disaster, and to develop strategies to triage and meet these needs. Planning ahead includes how to care for displaced persons during a wide range of possible emergencies or disasters.

One of the U.S. Department of Homeland Security Response Capabilities is “Mass Care - the capability to provide immediate shelter, feeding centers, basic first aid, bulk distribution of needed items, family reunification, and related services to persons affected by a large-scale incident.” Sheltering provides mass care for people who cannot safely remain in their home during an emergency or disaster.

The U.S. Department of Homeland Security target capability regarding Mass Care Sheltering includes the following planning assumptions:

- This capability applies to a wide range of incidents and emergencies, including major hurricanes, improvised explosives, pandemic influenza, and improvised nuclear devices.
- In the initial phase of a catastrophic disaster, organized and spontaneous sheltering will occur simultaneously within and at the periphery of the affected area as people leave the area. Additional congregate sheltering may be required for those evacuating to adjacent population centers.
- Shelters will likely experience large numbers of elderly with specific medication requirements and other evacuees on critical home medical care maintenance regimens.
- Significant numbers of special needs shelters will likely be required as nursing homes and other similar care facilities are rendered inoperable and are unable to execute their mutual aid plans and agreements with other local facilities.
- Sixty percent of the affected population will have companion animals that may not be accepted into general or special needs shelters.

When planning for Mass Care Sheltering and for opening a shelter, planning must also consider the steps associated with closing the shelter. Among the activities associated with the U.S. Department of Homeland Security Response capabilities for Mass Care is, “Close Shelter.” “Close Shelter” defined as “deactivate shelter and staff upon determination that immediate shelter needs have been met or if the shelter is no longer suitable to meet mission needs.

Among the critical tasks for this activity are “ensure appropriate referral information is provided to shelter residents” and “transport and/or coordinate with agencies responsible for transportation of shelter population to residence or temporary / interim housing.” These tasks cannot be carried out without advance, proper, and appropriate discharge planning.

In Florida there are two general types of shelters: general population shelters and special needs shelters.

General population shelter – The Federal Emergency Management Agency (FEMA) describes general population shelters as pre-identified traditional mass care shelters that house persons capable of living independently, persons whose needs can be accommodated based on

available resources, or persons accompanied by an individual who can provide functional need support. These shelters serve as a refuge for persons seeking temporary safety from a disaster or emergency. General population shelters will make every attempt to accommodate persons with disabilities. When an individual cannot be accommodated appropriate referral should be made to a special needs shelter or other appropriate facility.

Special needs shelters - Special need shelters have back up power and provide a higher level of attendant care than general population shelters to house people needing assistance with or supervision of a health condition. They have the ability to meet medical needs that exceed the capabilities of a general population shelter but are not severe enough to require a level of care found in a medical facility. A person with special needs must be allowed to bring his or her service animal into a special needs shelter and has the right to be accompanied by a service animal in all areas of a public accommodation. See the next page for more information on special needs shelters.

Other shelter types include:

Pet friendly - In collaboration with the Florida Department of Agriculture, the Division of Emergency Management is responsible for addressing strategies for the sheltering of persons with pets. Ideally, these shelters are in the same facility as the general population shelter so the owner can visit and care for the pets.

Combination shelters – Shelters which have both general population and special needs shelters in the same facility.

Specialty population shelters – Shelters established for a particular group such as pediatric or dementia specific shelters.

Unconventional shelters – Facilities described in the *Florida Comprehensive Emergency Management Plan* as shelters that occur when traditional mass-care systems are overwhelmed. They may include:

- Hotels, motels, and other single-room facilities
- Temporary facilities such as tents, prefab module facilities, trains and ships
- Other specialized congregate care areas that may include respite centers, rescue areas, and decontamination processing centers

Regardless of the type of sheltering, discharge planning to provide or arrange for the basic and fundamental needs of persons who have nothing to go back to or need additional supports both short and long-term after the disaster is critical.

For more information about sheltering in Florida, see the *Florida Comprehensive Emergency Management Plan*, <http://floridadisaster.org/cemp.htm>, and The *Florida Statewide Emergency Shelter Plan*, <http://floridadisaster.org/response/engineers/library.htm>.

**Website with helpful Information:**

- [www.floridaservicedogs.net](http://www.floridaservicedogs.net) - A non-profit corporation that provides education, advocacy, and professionally trained service animals to qualified persons.

## Special Needs Shelters

### Program and Operation Overview

Special needs shelters are shelters designed to meet the special needs of persons who, during periods of evacuation, require assistance that exceeds services provided at a general population shelter. Special needs shelters are intended to provide, to the extent possible under emergency conditions, an environment in which the current level of health of the individual with special needs can be sustained within the capabilities of available resources. Special needs shelters are refuges of last resort. They are generally intended to operate for a limited time of one to four days.

The success of the operation of a special needs shelter is dependent on strong local, state partnership.

Function	Partner's responsible
Identifying locations, inspecting for hurricane resistance, maintaining client registry	Local Emergency Management Agencies
Staffing, management, and operation shared responsibilities	Local Emergency Management Agencies
	County Health Departments
	County Governments
	Florida Department of Health
Management of medical Services	Florida Division of Emergency Management.
	Local Emergency Management Agencies
	County Health Departments

For more information on these agencies and their roles in emergency response and discharge planning see *Section 6 – Local, State, and Federal Discharge Planning Resources*.

Discharge planning is critical as special needs shelters cannot be deactivated until the last client has been delivered safely home or to an alternate location. See *Section 2 – Multiagency Discharge Planning Response Teams, Standard Operating Procedures*.

### Clients and Client Criteria

Criteria described are for information only. They are not to be used to determine client eligibility. Eligibility questions should be referred to the local emergency management office and county health departments.

Persons eligible for special needs shelters may have physical or mental conditions that require limited medical/nursing oversight or electrical dependency that cannot be provided in a general population shelter. Eligibility is based on a system that takes into account the acuity of the condition, skills, and equipment required to provide care. The special needs shelter is not equipped for and cannot accept individuals requiring hospital, nursing home, or inpatient mental health care.

A person with special medical needs is defined by Florida Administrative Code (F.A.C.) Chapter 64-3, Special Needs Shelters, Rule, 64-3.010, as someone, “who during periods of evacuation or emergency, requires sheltering assistance, due to physical impairment, mental impairment, cognitive impairment, or sensory disabilities.”

Special Needs Shelter eligibility criteria are also addressed in this chapter of the Florida Administrative Code. Rule, 64-3.020, states:

“(1) A person shall be eligible for access to a special needs shelter if:

- (a) They are a person with special needs;
- (b) Their care needs exceed basic first aid provided at General Population Shelters; and
- (c) Their impairments or disabilities:
  - 1. Are medically stable; and
  - 2. Do not exceed the capacity, staffing and equipment of the special need shelter to minimize deterioration of their pre-event level of health.”

Special needs shelters may choose to accept persons with care needs that exceed the stated criteria. See *Appendix – Florida Administrative Code Rule 64.3*

## Registry

In order to meet the special needs of persons who would need assistance during evacuations and sheltering, section 252.355 (1), F.S., requires that “each local emergency management agency in the state shall maintain a registry of persons with special needs located within the jurisdiction of the local agency.”

The purpose of the registration is to identify persons in need of assistance and plan for resource allocation to meet those identified needs. The registry serves as a mechanism for establishing the number of persons potentially requiring the support services available in a special needs shelter.

## Services

Services provided at special needs shelters are not intended or expected to be those that are or can be provided at a hospital, long-term care facility or hotel. Services designed to sustain the current level of health of individuals vary from county to county and shelter to shelter depending on resources and capabilities. Triage, food, shelter and monitoring of health conditions are basic. Nurses and shelter staff are available to provide basic supportive care. The level of care provided as determined by the county health department is limited to the shelter staff’s training, qualifications, and scope of practice.

## Locations

The location of special needs shelters may change with each emergency incident. County emergency management offices maintain a list of current shelter locations. The Department of Community Affairs, Division of Emergency Management’s website, [www.floridadisaster.org](http://www.floridadisaster.org), provides a directory of all county emergency management offices. See *Section 7 – Directories, County Emergency Management Offices*. For more information on special needs shelters: [www.doh.state.fl.us/demo/BPR/community.htm](http://www.doh.state.fl.us/demo/BPR/community.htm).

# Discharge Planning

## Section 2

### Multiagency Special Needs Shelter Discharge Planning Response Teams



## Multiagency Special Needs Shelter Discharge Planning Response Teams

The 2006 legislative session enacted HB 7121, an act relating to emergency management. Among other actions, this legislation amended section 381.0303, F.S., to establish multiagency special needs shelter discharge planning teams, provide team duties and responsibilities, and provide for the inclusion of specified state agency representatives on each team.

The legislation authorizes the Secretary of the Department of Elder Affairs (DOEA) to convene, at any time deemed appropriate and necessary, a multiagency special needs shelter discharge planning team to assist local areas that are severely impacted by a natural or man-made disaster requiring the use of special needs shelters. Local emergency management agencies may request the assistance of a multiagency special needs shelter discharge planning team by alerting statewide emergency management officials of the necessity for additional assistance in their area. *See Appendix – Florida Statutes, Section 381.0303*

This section contains the Standard Operating Procedures for the teams, referred to by DOEA as multiagency special needs shelter discharge planning response teams. The Standard Operating Procedures, as developed and written by the Department of Elder Affairs and the Special Needs Shelter Interagency Discharge Planning Subcommittee, are designed to be a stand alone document. Minor changes in formatting and content have been made for ease of use with this guide and to reduce duplication. No procedures or process information have been affected by these edits.

Note: The Discharge Planning Tool for Rapid Needs Evaluation is used in conjunction with the Standard Operating Procedures. *See Forms Section – DOEA Form 590 and DOEA Form 590 Procedures.*

## Florida Department of Elder Affairs

### Special Needs Shelter Discharge Planning Response Teams Standard Operating Procedures

For ease of use and to reduce duplication with other sections of this guide some edits or deletions have been made from the stand-alone Department of Elder Affairs Standard Operating Procedures, dated 08/01/2006. For a complete copy and additional reference materials, and to ensure you have the latest version, contact the Department of Elder Affairs' Disaster Preparedness and Operations Emergency Coordinating Officer at (850) 414-2311 or go to: <http://elderaffairs.state.fl.us/english/disaster.php>.

Clarifying cross references and notations *have been inserted into the procedures in italics.*

#### INTRODUCTION

Natural and man-made emergencies and disasters impact homes, businesses and public infrastructure, often quickly overwhelming the response capabilities of local agencies. During such events, individuals who require assistance with activities of daily living may choose to evacuate to special need shelters. A special needs shelter is a temporary emergency facility capable of providing care to residents whose medical condition is such that it exceeds the capabilities of the Red Cross General Population Shelter, but is not severe enough to require hospitalization.

The Secretary of the Florida Department of Elder Affairs (DOEA) is required to convene Multiagency Special Needs Shelter Discharge Planning Response Teams (Response Teams) at any time that he or she deems appropriate and necessary, or as requested by ESF-8 at the State Emergency Operations Center (SEOC), to assist local areas that are severely impacted by a natural or man-made disaster that requires the use of special needs shelters. The teams are activated to provide resource and logistical support to local jurisdictions to assist with discharge planning and transition of clients to appropriate services and resources within the community.

Availability of emergency workers during disaster response and recovery operations is a factor that must be considered by all emergency response organizations. All such organizations must take all necessary initiatives to ensure availability of their work force. This includes taking active steps to facilitate the safety and welfare of workers' families.

It is the Department of Elder Affairs' mission to provide essential social and health services to the elderly, promote social, physical, economic and emotional well being to encourage maximum independence and improve the quality of life for seniors and their caregivers.

## SPECIAL NEEDS SHELTER CLIENTS

### Definition and Criteria

The definition of and criteria for a special needs shelter client is that as established and defined by the Department of Health. *See Section 1 – Mass Care Sheltering, Special Needs Shelter Program.*

### Client Eligibility for Multiagency Special Needs Shelter Discharge Planning Response Team Assistance

Each special needs shelter client who has been identified by the special needs shelter staff and/or the Multiagency Special Needs Shelter Discharge Planning Team as not having a viable post-event discharge plan is eligible for discharge planning assistance from the special needs shelter staff and/or the Response Team. Criteria for eligibility include the following:

- Pre-event residence is not habitable.
- Societal under-pinnings, (e.g. Fire protection, emergency medical service, law enforcement, power, water and sewer) are not available at pre-event residence.
- Continuity of care cannot be assured at pre-event residence.
- New medical conditions have presented or developed during the client's stay at the special needs shelter. As an example, the client may experience the onset of confusion or incontinence, both of which may be temporary, but should be addressed and taken into consideration before discharging the client to their pre-event residence without appropriate additional care or services.

It is the responsibility of assisted living facilities, nursing homes and adult family care homes to have emergency plans in place and provide for the relocation and continuity of care for their residents. Should an assisted living facility, nursing home or adult family care home resident seek shelter in special needs shelters, the individual will be admitted to the special needs shelter; however, the assisted living facility, nursing home, or adult family care home staff will be contacted by the shelter staff and/or Response Team and requested to come to the special needs shelter to assume responsibility for the resident. In most cases, it is inappropriate for the individuals residing pre-event in assisted living facilities, nursing homes or adult family care homes to be accommodated in special needs shelters due to the level of care required and limitation of services available.

## SPECIAL NEEDS SHELTERS

Special Needs Shelters are refuges of last resort intended to maintain the current health, safety, and well-being of the medically dependent individuals who are not actually ill, to the extent possible. *See Section 1 – Mass Care Sheltering, Special Needs Shelter Program.*

## SCOPE

This procedure is limited to the responsibilities of the Multiagency Special Needs Shelter Discharge Planning Response Teams. In addition, each agency shall maintain a roster of available and deployed employees including location and contact information.

## PURPOSE

The purpose of this Standard Operating Procedure is to provide guidelines for activation and deployment of the Multiagency Special Needs Shelter Discharge Planning Response Teams to implement the procedures within its scope of responsibility. This procedure also ensures a consistent mode of operations with other agencies and entities involved in discharge planning and transition services at special needs shelters.

## ASSUMPTIONS

A disaster may occur with little or no warning and may escalate rapidly, depleting the resources of any single local response organization or jurisdiction to handle. Additional shelters may be needed post event due to:

- Duration of the event and/or post event conditions, (e.g. Extreme heat, lack of access to food and medical services/medicine);
- Lack of availability of societal underpinnings, (e.g. Fire protection, emergency medical service, law enforcement, power, water and sewer); or
- Disruption of services to ensure the continuity of care.

Under an executive order signed by the Governor, additional provisions may be relevant to discharge planning at special need shelters or response efforts in an affected area.

Prior to emergency activation, a working relationship should be developed between the county emergency operations center and the county health department.

The Secretary of the Department of Elder Affairs is encouraged to proactively work with other state agencies prior to any natural disasters for which warnings are provided to ensure that Multiagency Special Needs Shelter Discharge Planning Response Teams are ready to assemble and deploy rapidly upon a determination by state emergency management officials that a disaster area requires additional assistance or is deemed appropriate and necessary by the Secretary of the Florida Department of Elder Affairs.

Local emergency management officials will exhaust all efforts and resources and demonstrate due diligence in the discharge of special needs shelters clients before requesting the assistance of a Multiagency Special Needs Shelter Discharge Planning Response Team through ESF-8 at the State Emergency Operations Center.

A Multiagency Special Needs Shelter Discharge Planning Response Team may include at least one representative from each of the following state agencies:

- Department of Elder Affairs
- Department of Health
- Department of Children and Family Services (*Department of Children & Families*)
- Department of Veterans' Affairs
- Division of Emergency Management
- Agency for Health Care Administration
- Agency for Persons with Disabilities

The Secretary of the Department of Elder Affairs may call upon any state agency or office to provide staff to assist a Multiagency Special Needs Shelter Discharge Planning Response Team.

Each state agency represented on the Multiagency Special Needs Shelter Discharge Planning Response Team should designate a primary contact for purposes of coordination and communication. The recommended point of contact is the agency's Emergency Coordinating Officer. This designated agency contact will be known as the Agency Primary Contact.

The Multiagency Special Needs Shelter Discharge Planning Response Team should be comprised of representatives from each agency's local, regional or district locations due to their knowledge of local resources and services available to assist special needs shelter clients. The safety of the employee is paramount and no employee should be deployed or activated until local emergency management officials have announced that roadways are safe to travel and that conditions are safe and secure for responders. Additional consideration should be given to ensure that the responding employee's family and residence are secured prior to deployment to the special needs shelter. In some cases, the decision may be made to deploy staff from Tallahassee or another identified centralized location if the local agency resources are unable to deploy as requested.

The Department of Elder Affairs will designate a Comprehensive Assessment and Review for Long Term Care Services (CARES), Long Term Care Ombudsman (Ombudsman) or Area Agency on Aging (AAA) representative to serve as the Multiagency Special Needs Shelter Discharge Planning Response Team Lead. This position will be known as the Discharge Planning Response Team Lead in each county. If emergency circumstances prevent a CARES, Ombudsman or Area Agency on Aging Response Team member from serving as the Discharge Planning Response Team Lead in a county, the Department of Elder Affairs may designate a Response Team member representing another agency to serve as the Discharge Planning Response Team Lead for the county.

The Secretary of the Department of Elder Affairs may determine that the nature or circumstances surrounding the disaster do not warrant participation from a particular agency's staff.

#### AUTHORITIES AND REFERENCES

- Chapter 252, F.S.
- Section 381.0303, F.S.
- Chapter 2006-71, Laws of Florida

#### ROLE OF EMERGENCY COORDINATING OFFICER, FLORIDA DEPARTMENT OF ELDER AFFAIRS

##### **Mission**

At the direction of the Secretary of the Department of Elder Affairs, the Emergency Coordinating Officer is responsible for implementation of the Multiagency Special Needs Shelter Discharge Planning Response Team and achieving operational objectives.

## Responsibilities

The responsibilities of the Emergency Coordinating Officer for the Department of Elder Affairs include the following:

- Implements the operational objectives of the Multiagency Special Needs Shelter Discharge Planning Response Team;
- Ensures staffing levels and numbers of employees designated to serve on the Multiagency Special Needs Shelter Discharge Planning Response Team are appropriate based on the magnitude of the event;
- Keeps the Secretary of the Department of Elder Affairs informed of response activities;
- Coordinates with designated members of each represented agency regarding the efficient flow of verbal information to and from impacted county emergency operation centers;
- Manages the deployment of Multiagency Special Needs Shelter Discharge Planning Response Team(s) which includes maintaining a roster of names, contact numbers, locations and expected deployment dates based on information provided by each agency;
- Promotes the training and preparation activities for all activations of the Multiagency Special Needs Shelter Discharge Planning Response Team; and
- Tasks and follows up on missions to ESF-8.

Note: The Emergency Coordinating Officer must have a thorough understanding of Multiagency Special Needs Shelter Discharge Planning Response Team operations, the Incident Command System and the Emergency Support Function process, as well as be proficient in the use of EM Constellation.

## Activation Duties

The Emergency Coordinating Officer shall participate in teleconference briefings with county emergency operations centers and situational briefings from the Operations Section Chief at the State Emergency Operations Center, which includes:

- The nature and scope of the event.
- The area(s) of operation.
- Immediate and forecasted risks to life and property.
- State and local response actions currently underway and planned.
- Locations of special needs shelters, (e.g. Names, locations, and contact numbers maintained by ESF-8).
- Relevant information regarding weather, Intel forecasts and hazard analyses.
- Status of state and federal declarations.
- SEOC activation level, hours of operation and briefing schedule.

The Emergency Coordinating Officer shall ensure that the Multiagency Special Needs Shelter Discharge Planning Response Team(s) is ready to activate and receive reports from the Agency Primary Contact. Activation will occur in two phases:

- **Phase One** - Preparation to begin the activation at the time that a Hurricane Warning is issued for a county.

- **Phase Two** - Activation of the Multiagency Special Needs Shelter Discharge Planning Response Team(s) upon request from ESF-8 at the SEOC, or upon determination of need for assistance made by the Secretary of the Department of Elder Affairs.

### **Agency Primary Contact Activation and Deployment Responsibilities**

- Upon notification from the Emergency Coordinating Officer from the Department of Elder Affairs, each Agency Primary Contact shall place their designated employees on stand-by for deployment in local districts and regions and confirm contact information, as well as Special Need Shelter phone numbers and key contact information for the County ESF- 8 point of contact for each mission and any other guidance document such as the Special Needs Discharge Planning Procedures that may be useful in their fulfilling their role and provided requested assistance to local emergency management officials.
- Once deployed, the Agency Primary Contact will ensure the roster of deployed personnel is kept current and provide information to the Emergency Coordinating Officer of the Department of Elder Affairs as requested.

### **County Discharge Planning Response Team Lead**

- The Department of Elder Affairs will serve as the lead agency in each county where a Multiagency Special Needs Shelter Discharge Planning Response Team(s) has been activated and deployed.
- Designated representatives of the Department of Elder Affairs (CARES, Ombudsman, or Area Agency on Aging) will have primary responsibility to lead and direct the efforts of the Multiagency Special Needs Shelter Discharge Planning Response Team(s) at each affected special needs shelter in each county.
- If emergency circumstances prevent a CARES, Ombudsman or Area Agency on Aging Response Team member from serving as the County Discharge Planning Response Team Lead, the Department of Elder Affairs may designate a Response Team member representing another agency to serve as the County Discharge Planning Response Team Lead.

Additional responsibilities of the Emergency Coordinating Officer for the Department of Elder Affairs during activation include the following:

- Ensures that calls or briefing sessions are scheduled to keep Agency Primary Contacts updated and to facilitate communication with deployed Response Teams.
- Deploys, based on the anticipated magnitude of the event, additional Multiagency Special Needs Shelter Discharge Planning Response Team(s) for a county or counties.
- Serves as the single point of contact for receiving requests for resources and assistance in discharge planning from the State Emergency Operations Center, ESF-8, or an impacted county and for providing status reports and information to the SEOC, ESF-8, and the impacted counties once Response Teams have been deployed.
- Ensures that EM Constellation messages are updated with status of deployment and all activities related to the Multiagency Special Needs Shelter Discharge Planning Response Team(s).
- Provides ESF-8 with situation reports as required.

- Maintains contact with County Discharge Planning Response Team Leads (CARES, Ombudsman, and/or Area Agencies on Aging) who have been activated and/or deployed to the county.
- Coordinates, based on operational tempo, with the agency primary contacts regarding the feasibility of deactivating the Multiagency Special Needs Shelter Discharge Planning Response Team(s).
- Ensures that SEOC, ESF-8, and impacted counties are made aware of any implemented changes and update information in EM Constellation.
- Participates in action planning sessions and SEOC briefings.

## **Stand Down**

During stand down, the Emergency Coordinating Officer for the Department of Elder Affairs shall:

- Coordinate with the ESF-8 regarding the deactivation plan for the Multiagency Special Needs Shelter Discharge Planning Response Team(s).
- Ensure that EM Constellation messages are updated and completed.
- Receive reports from each Discharge Planning Response Team Lead to determine outcomes and issues that still need to be resolved.
- Develop after-action items for future discussion.

## **CONCEPT OF OPERATIONS**

### **Agency and Mission Assignments**

The Secretary of the Department of Elder Affairs is encouraged to proactively work with other state agencies prior to any natural disasters for which warnings are provided to ensure that Multiagency Special Needs Shelter Discharge Planning Response Teams are ready to assemble and deploy rapidly upon a determination by state emergency management officials that a disaster area requires additional assistance or is deemed appropriate and necessary.

After all local discharge planning efforts and resources have been exhausted, a request may be submitted by local emergency management officials to the SEOC for assistance with the continued operations and/or the closure of a special needs shelter(s).

When ESF-8 receives the request from an impacted county EOC or County Health Department, the request and all essential information will be provided to the Emergency Coordinating Officer of the Department of Elder Affairs. The resource request should include:

- Information on the number of clients needing discharge planning assistance;
- Location of the special needs shelter(s);
- Shelter phone number (dedicated line);
- Duration of operations or date of anticipated closure of the shelter;
- Shelter contact person with phone numbers;
- A brief description of the request and the mission; and
- County ESF-8 local point of contact information for the official requesting the mission in tracker including a direct telephone number for the Discharge Planning Response Team Lead in each county to use in coordinating the response efforts.

When the information is complete, ESF-8 tasks the mission to the Department of Elder Affairs' Emergency Coordinating Officer to activate the Multiagency Special Needs Shelter Discharge Planning Response Team(s) as appropriate.

The Emergency Coordinating Officer will then contact the Agency Primary Contact to provide information and the EM Constellation message number of the ESF-8 request for deployment of the Multiagency Special Needs Shelter Discharge Planning Response Team(s), along with details for the activation.

The Emergency Coordinating Officer will monitor the progress of all missions within the Response Team's area of responsibility and maintain regular communications with deployed Response Team members.

The Emergency Coordinating Officer will update the status of missions in EM Constellation and will provide regular updates to county emergency operations centers and SEOC officials as required.

Note: The county may be able to monitor its resource request(s) on EM Constellation unless it does not have or cannot get access.

The resource request in EM Constellation for discharge planning assistance at county special needs shelters must not be checked complete (✓) until the Emergency Coordinating Officer of the Department of Elder Affairs has been notified by the Discharge Planning Response Team Lead within the county that all special needs shelter clients have been placed. In the event that additional resources are required or unmet needs are identified, the mission will not be checked as complete.

## **Activation Protocols and Notification to Agencies**

Activation will occur in two phases:

- **Phase One: Preparation to Activate** - Notification will be made to the Agency Primary Contacts to begin preparation for activation at the time that a Hurricane Warning is issued for a county.
- **Phase Two: Activation** - Notification will be made to each Agency Primary Contact to activate the Multiagency Special Needs Shelter Discharge Planning Response Team(s) upon request from ESF-8 at the SEOC, or upon determination of need for assistance made by the Secretary of the Department of Elder Affairs.

## **Role of Agency Primary Contact**

Each Agency Primary Contact is responsible to ensure a state of readiness is maintained by:

- Ensuring the development and maintenance of a roster of personnel who will serve on the Multiagency Discharge Planning Response Team(s) including names, contact numbers, locations, areas to which the individual could be assigned and expected deployment duration and provide the information to the Emergency Coordinating Officer of the Department of Elder Affairs as requested. Each member of the Response Team will be given the contact information for the Discharge Planning Response Team Lead

and will be instructed to make contact to provide information regarding estimated time of arrival at the special needs shelter and obtain any additional updates that may be available regarding deployment.

- Ensuring that members of the Multiagency Special Needs Shelter Discharge Planning Response Team(s) are provided current copies of the Standard Operating Procedures for Response Teams, the Discharge Planning Tool for Rapid Needs Evaluation and the Discharge Planning Tool for Rapid Needs Evaluation Procedures.
- Encouraging agency Response Team members to complete Community Emergency Response Team Training and to obtain county emergency operations center identification badges to facilitate the members' ability to purchase fuel on a prioritized basis, obtain supplies and travel within the declared impacted area after curfew.

The following includes recommended materials and supplies for the Multiagency Special Needs Shelter Discharge Planning Response Team(s) members:

- Telephone (cellular, satellite or Blackberry);
- GPS (if available and updated);
- Laptop with wireless internet access;
- Writing pads, pens and pencils;
- Multiagency Special Needs Shelter Discharge Planning Response Team Standard Operating Procedures;
- Discharge Planning Tool for Rapid Needs Evaluation Form and Procedures
- County emergency management, ESF-8 and health department contacts and phone lists;
- State agency internal/external contact phone list;
- Response Team rosters including home, office and cellular phone number lists; and
- Alternate Site Discharge Planning Resource Guide

*Note: The stand alone version of the standard operating procedures contains an appendix with information on additional recommended supplies.*

## **Reporting of Discharge Assistance**

The Department of Elder Affairs' Emergency Coordinating Officer will update the status of missions in EM Constellation and will provide regular updates to ESF-8, county emergency operation centers and State Emergency Response Team Liaisons, as required based on information received from the designated Multiagency Discharge Planning Response Team Lead.

Note: The county may be able to monitor its resource request(s) on EM Constellation unless it does not have or cannot get access.

The resource request in EM Constellation for discharge planning assistance at county special needs shelters must not be checked complete (✓) until the Emergency Coordinating Officer of the Department of Elder Affairs has been notified by the Discharge Planning Response Team Lead within the county that all special needs shelter clients have been placed. In the event that additional resources are required or unmet needs are identified, the mission will not be checked as complete.

### **Purpose**

The Standard Operating Procedures establishes the framework for an effective system to ensure that clients sheltering in special needs shelters will be assisted in:

- Identifying and relocating to post-event housing;
- Ensuring continuity of care should the individual be unable to return to the pre-event residence due to damage to the structure, lack of societal under-pinnings, (e.g. Fire protection, emergency medical services, law enforcement, power, water and sewer), and/or lack of services for continuity of care.

The Standard Operating Procedures also encourage the utilization and identification of all available community resources to achieve a comprehensive, client-based approach to the discharge and transition planning process for special needs shelter clients who require discharge planning assistance.

### **Initial Actions**

The Discharge Planning Response Team Lead for a county will make initial telephone contact with the local county ESF-8 designated official listed in the EM Constellation message to obtain any updated information and to provide an estimated time of arrival at the special needs shelter.

The Discharge Planning Response Team Lead for each county will be provided with a roster of deployed agency representatives to facilitate communication and to provide to team members upon their arrival at the shelter.

Upon arrival at the special needs shelter, Response Team members will identify themselves to each other and present their identification badges, (agency badges, SERT or CERT) to the SpNS unit leader.

Inquiry should be made by the discharge planner to determine if a county guide is available to identify local resources that can assist clients with services such as housing, transportation, basic living activities, debris removal, nutrition and community and volunteer outreach.

The Discharge Planning Response Team Lead for a county will brief the SpNS unit leader on the responsibilities of the Response Team.

The Discharge Planning Response Team Lead for a county will request the SpNS unit leader to identify clients who require Response Team discharge planning assistance.

The Discharge Planning Response Team Lead for a county will request access to all pre-registration and intake/admission forms that have been completed for clients who have been identified as requiring discharge planning assistance.

Response Team members will confer to review the client information provided by the SpNS unit leader.

Response Team members will determine the assignment of each client to specific members of the Response Team for discharge planning.

Response Team members will review the records of assigned clients and begin completing the Discharge Planning Tool for Rapid Needs Evaluation for each assigned client, inserting requested information that is available from pre-existing client records such as special needs shelter registrations or intake forms. *See Forms Section – DOEA Form 590.*

## **Discharge Planning**

Response Team members will use the Discharge Planning Tool for Rapid Needs Evaluation to determine if the client has a viable relocation plan should the client be unable to return to his or her pre-event residence once the special needs shelter closes.

Response Team members will identify themselves to assigned clients, ensuring that photo identification badges are displayed at all time and explain to the client the role of the Response Team.

Response Team members will determine if the client requires the assistance of the client's caregiver, if available, to provide the necessary information for discharge planning.

Response Team members will complete the Discharge Planning Tool for Rapid Needs Evaluation by conducting one-on-one interviews with the client and/or the client's caregiver.

The Response Team member will determine if the client is able to return to their pre-event residence. Criteria for returning to the pre-event residence include:

- The pre-event residence is habitable;
- Societal under-pinnings, (e.g. Fire protection, emergency management services, law enforcement, power, water, and sewer) are available at the pre-event residence; and
- Continuity of care and additional services as appropriate can be assured at the pre-event residence.

If the Response Team member determines that the client cannot return to the client's pre-event residence, the Response Team member must determine if the client has a viable plan for alternative housing. Every effort should be made to take into consideration the client's preferences for relocation options. A viable alternative plan must ensure:

- Continuity of care and access to transportation, medical services and medical care;
- Availability of food, water, power, sewer, fire protection and law enforcement; and
- A habitable residence.

If the Response Team member determines that the client does not have a viable alternate plan for post-event housing, the Response Team will complete Section II of the Discharge Planning Tool for Rapid Needs Evaluation to identify viable post-event housing that will ensure continuity of client care. *See Forms Section – DOEA Form 590.*

## Post-event Housing

To determine the viable options for a client's post-event housing, the Response Team member should complete the appropriate form(s) for the client receiving discharge services. See *Forms Section*. Response Team members will identify viable housing resources available to discharge the client to an appropriate setting. See *Sections 3-6*.

## Transportation

Prior to discharging the client, the Response Team member will determine if the client has an acceptable mode of transportation that will accommodate the client and ensure the safe transport of any medical equipment or supplies.

If the client's transportation is not appropriate or if the client does not have transportation, the Response Team member will work with the SpNS leader to arrange transportation.

## Discharge

Prior to discharging the client, the Response Team member must complete the Discharge Planning Tool for Rapid Needs Evaluation. The form should be signed and include the discharge time and date. All completed forms must be given to the Discharge Planning Response Team Lead designated for each county. Forms will be stored in a secured location in compliance with state guidelines and record retention schedules.

Response Team members should make special effort as appropriate to ensure that services necessary for the continuity of care for the special needs shelter client will be available to the client upon transition to the post-event residence. In some cases, it will be appropriate to recommend that additional follow-up actions are taken or arrangements made to contact the client after they are discharged (including home visits) to verify that services have resumed.

If it is determined that the client requires relocation to a healthcare facility, (e.g. Nursing home, assisted living facility, community residential home or hospital if medically necessary) and financial assistance is not available from any other source (e.g. Medicaid, Medicare, other 3<sup>rd</sup> party insurer, FEMA Independent Family Grant Program, etc.) to cover any FEMA eligible associated costs, the Response Team member must complete a Florida Department of Health's Reimbursement Form. The Discharge Planning Response Team Lead for each county will submit the form to the Florida Department of Elder Affairs' Emergency Coordinating Officer or his or her designee, who will then forward the request to the Florida Department of Health. Upon approval of the placement and associated costs by DOH, the client can be discharged to the approved receiving facility.

Medical Necessity: If a health care professional determines at any time that the shelter client's medical condition has deteriorated and hospitalization may be necessary, Response Team members should arrange for appropriate transportation to the hospital emergency department.

*Note: A valuable resource in special need shelter discharge planning is the Emergency Status System (ESS) where access to specific health care facility bed availability is updated at least daily and generally more frequently during emergency activities. See Section 6 – Agency for Health Care Administration.*



# Discharge Planning

## Section 3 Healthcare Facilities and Community Residential Homes



## Healthcare Facilities & Residential Homes - Cross Reference

This table provides an overview comparison of healthcare facilities and Community Residential homes included in this section of the guide. It is **not** intended to provide **all** information or facility requirements. For more information refer to the facility narrative.

Note: A valuable resources in discharge planning is the Emergency Status System (ESS) with specific health care facility bed availability (see *Section 6 - Agency for Health Care Administration*).

In keeping with Florida Statutes, the Americans with Disabilities Act, and the Fair Housing Act, a person with a disability may be allowed to bring their service animal into a facility or residential home. Persons should check with the licensing agency and facility to determine applicability and policy.

FACILITY TYPE	DESCRIPTION / STATUTORY AUTHORITY	ADMISSIONS CRITERIA	FUNDING RESOURCES	LICENSURE
Assisted Living Facility	Residential facility that provides housing, meals, personal & supportive services Chapter 408, Part II, F.S. Chapter 429, Part I, F.S. Chapter 58A-5 F.A.C. Chapter 59A-35 F.A.C	18 or older; meet Florida regulation and facility residency criteria; does not require 24 hour nursing supervision	Medicaid Waiver; Assistive Care Services; Food Stamps; HUD Housing Vouchers; OSS; Veterans' Benefits; or Private Insurance	Requires standard or conditional state licensure; May provide additional services under specialty licenses: Limited Mental Health, Limited Nursing Services and/or Extended Congregate Care
Adult Family Care Home	Full time living arrangement in private home. Person receives room, board, personal care. 5 or less disabled adults or frail elders unrelated to service provider Chapter 408, Part II, F.S. Chapter 429, Part II, F.S. Chapter 58A-14 F.A.C. Chapter 59A-35 F.A.C.	18 or older; does not require 24 hour nursing supervision	Medicaid Assistive Care Services; OSS; Private insurance; or private pay	Standard License to provide personal care Non-transferable
Hospice Inpatient Facility or Residential Unit	Freestanding facility or contracted beds in a hospital or nursing facility; Provides 24 hour nursing services for short term pain control or acute/chronic symptom management; Can provide short term respite Chapter 400, Part IV, F.S. Chapter 408, Part II, F.S. Chapter 58A-2 F.A.C. Chapter 59A-35 F.A.C.	Certified by two physicians to have life expectancy of 6 months or less if terminal illness runs its normal course	Medicare; Medicaid; Private Insurance; or private pay	Licensed under a hospice program (not individually)

FACILITY TYPE	DESCRIPTION / STATUTORY AUTHORITY	ADMISSIONS CRITERIA	FUNDING RESOURCES	LICENSURE
Hospital	Establishment that offers services more intensive than those required for room, board, personal services and general nursing care and offers facilities and beds for use beyond 24 hours Chapter 395, Part I, F.S. Chapter 408, Part II, F.S. Chapter 59A-3 F.A.C. Chapter 59A-35 F.A.C.	Admitted by Physician Order; Admitted on the authority of and under the care of a member of the organized medical staff	Medicare; Medicaid; Health Maintenance Organizations; Preferred Provider Organizations; Private Insurance; or private pay	Class I - General acute care hospitals, rural, and long-term care Class II – Specialty by age or gender group Class III – Specialty by diagnosis Class IV – Specialty for residential treatment for children and adolescents
Nursing Home Facility	A long-term healthcare facility that provides 24 hour care and medical treatment for people who are unable to take care of themselves. Chapter 400, Part II, F.S. Chapter 408, Part II, F.S. Chapter 59A-4 F.A.C. Chapter 59A-35 F.A.C.	Admitted under care of physician. Assessed through CARES	Medicare; Medicaid; Veterans Benefits; Frail/ Elderly Medicaid HMO Waiver; Medicaid Nursing Home Diversion Waiver; PACE; Private Pay	Standard; Conditional for facility with noted deficiencies; inactive for facility temporarily unable to provide service
<b>Community Residential Homes</b>				
Group Home for Persons with Developmental Disabilities	A community residential facility that provides family living environment. Chapter 393 F.S.	Determined on basis of facility and programs and services offered	Federal Third Party Benefits; State General Revenue; Medicaid HCBS Waiver; Private Pay	Licensed by Agency for Persons with Disabilities
Medial Foster Care Home	A community private residence that provides a family living environment. Chapter 409, F.S.	Medically complex children age 20 or younger who cannot safely receive care in their own homes.	State General Revenue; Maternal and Child health Service Block Grant Trust fund; Social Security; Medicaid	Licensed by Department of Children & Families

## Healthcare Facilities

### Assisted Living Facility

#### DESCRIPTION

An assisted living facility (ALF) is any building or buildings, section or distinct part of a building, private home, boarding home, home for the aged or other residential facility, whether operated for profit or not, which undertakes through its ownership or management to provide housing, meals and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.

An ALF is a licensed residential facility designed to provide personal care services in the least restrictive and most home-like environment. Facilities may offer a wide variety of personal and nursing services designed specifically to meet an individual's needs. Assistance with the activities of daily living is available in the areas of ambulation, bathing, dressing, eating, grooming and toileting. Facilities may be available with secured units to house persons suffering from Alzheimer's disease or other related disorders.

#### ADMISSIONS CRITERIA

Pursuant to chapter 58A-5.0181, F.A.C., an individual must meet the following minimum criteria in order to be admitted to an assisted living facility holding a **standard, limited nursing services (LNS) or limited mental health (LMH)** license:

- Be at least 18 years of age;
- Be free from signs and symptoms of any communicable disease which is likely to be transmitted to other residents or staff; however, a person who has human immunodeficiency virus (HIV) infection may be admitted to a facility, provided they would otherwise be eligible for admission according to this section;
- Be able to perform the activities of daily living, with supervision or assistance if necessary;
- Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted; however, total help with transfer is not permitted;
- Be capable of taking his or her own medication with assistance from staff if necessary. The facility may accept a resident who requires the administration of medication if the facility has a nurse to provide this service, or the resident or the resident's legal representative, designee, surrogate, guardian or attorney in-fact contracts with a licensed third party to provide this service to the resident;
- Any special dietary needs can be met by the facility;
- Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under chapters 490 or 491 F.S.;

- Not require licensed professional mental health treatment on a 24-hour a day basis;
- Not be bedridden;
- Not have any stage 3 or 4 pressure sores. Please check with the Agency regarding special requirements for potential admission of those with stage 2 pressure sores.
- Not require any of the following nursing services:
  - Oral or nasopharyngeal suctioning;
  - Assistance with tube feeding;
  - Monitoring of blood gases;
  - Intermittent positive pressure breathing therapy;
  - Skilled rehabilitative services as described in Rule 59G-4.290; or
  - Treatment of surgical incisions, unless the surgical incision and the condition which caused it have been stabilized and a plan of care developed.
- Not require 24-hour nursing supervision; and
- Have been determined to be appropriate for admission to the facility by the facility administrator. The administrator shall base his/her decision on:
  - An assessment of the strengths, needs and preferences of the individual and the medical examination report;
  - The facility's admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and
  - The ability of the facility to meet the uniform fire safety standards for assisted living facilities.

The admission criteria for an assisted living facility with an ***extended congregate care (ECC)*** license shall be the same as the admission criteria above, EXCEPT:

- The individual may require total help with the following ADLs: Eating, bathing dressing, grooming, ambulation and toileting. Total help with transfer is not permitted;
- The individual may have a stage 2 pressure sore. Stage 3 or 4 pressure sores are not permitted; or
- The individual may require assistance with tube feeding; however, nasogastric tube feeding is not permitted.

Note: Persons admitted to an assisted living facility are required to obtain a completed Form 1823, Resident Health Assessment Form, within 30 days of admission. See *Forms Section – AHCA Form 1823, Resident Health Assessment*.

## FUNDING RESOURCES

The cost of an ALF varies on the location, residential unit size, amenities and services provided. The majority of residents living in ALFs pay privately. There are some programs designed to assist with reimbursement for those who qualify:

**Medicaid Waivers** – Individuals who are at risk of nursing home placement and meet specific functional and financial criteria may be eligible for assistance through Medicaid waiver programs. For more information, contact the local Department of Elder Affairs CARES office. *See Section 7 – Directories, CARES Map and Offices.*

**Assistive Care Service (ACS)** - A Medicaid optional state plan service that allows assisted living facilities to bill Medicaid for services such as health support and assistance with activities of daily living, instrumental activities of daily living and self administration of medication for eligible residents. For more information, contact the Agency for Health Care Administration or go to <http://ahca.myflorida.com/medicaid/asc>.

**The Housing Choice Voucher Program (Section 8)** - A federal program to assist low-income families, elders, and persons with disabilities to rent safe, decent, affordable housing in a community. Section 8 vouchers may be used in assisted living facilities for rental assistance only. They cannot be used to pay for meals or services. For more information, contact the local public housing authority. *See Section 7- Directories, Public Housing Authorities.*

**Optional State Supplementation (OSS)** - A state cash assistance program for qualified individuals that supplements a person's income to help pay for costs in an assisted living facility, mental health residential treatment facility and adult family care home. For more information, contact the Department of Children & Families, ACCESS Florida Program Office.

**Veterans' Benefits** – Veterans may be eligible for monetary benefits and medical treatment for service-connected disabilities. The non-service connected disability program is income-based. For more information, contact the Florida Department of Veterans' Affairs.

**Private Pay** - Individual health insurance or long-term care insurance may reimburse costs for ALF care.

## LICENSURE INFORMATION

Assisted living facilities are licensed by the Agency for Health Care Administration. Facilities are licensed to provide routine personal care services under a "standard" license, or more specific services under the authority of "specialty" licenses. ALFs meeting the requirements for a standard license may also qualify for specialty licenses. The purpose of specialty licenses is to allow individuals to age in place in familiar surroundings that can adequately and safely meet their continuing healthcare needs.

Specialty licenses include:

- Limited Mental Health (LMH) – A facility that consults with the resident and the resident's mental health case manager to develop and implement a community living support plan.
- Limited Nursing Services (LNS) – A facility that offers specific nursing services as outlined by law.
- Extended Congregate Care (ECC) – A facility that may provide LNS as well as other nursing services as outlined by law.

## RESOURCES

**The Agency for Health Care Administration, Assisted Living Unit** in the Division of Health Quality Assurance is responsible for licensing and regulation of assisted living facilities, adult family care homes, and adult day care centers.

Agency for Health Care Administration  
Bureau of Long Term Care Services, Assisted Living Unit  
2727 Mahan Drive, Mail Stop #30  
Tallahassee, FL 32308  
(850) 412-4304  
(850) 922-1984 Fax  
[www.fdhc.state.fl.us/MCHQ/Long\\_Term\\_Care/Assisted\\_living](http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/Assisted_living)

**The Department of Children & Families ACCESS Florida Program** administers the Food Assistance Program (formerly Food Stamps), Temporary Cash Assistance, Optional State Supplementation, and determines eligibility for Medicaid programs. Through an Automated Community Connection to Economic Self-Sufficiency (ACCESS) and community partners, the department provides access to public assistance programs.

1-866-76ACCES (1-866-762-2237)  
[www.dcf.state.fl.us/programs/access](http://www.dcf.state.fl.us/programs/access)

**The Department of Elder Affairs** is the state agency that administers human services programs for elders, information and referral services, health insurance assistance and nursing home pre-admission counseling and screening. The department also administers Medicaid waiver programs for assisted living.

Department of Elder Affairs  
4040 Esplanade Way  
Tallahassee, FL 32399  
(850) 414-2000  
(850) 414-2004 Fax  
<http://elderaffairs.state.fl.us>

**The Florida Assisted Living Association (FALA)**, also known as the Florida Assisted Living Affiliation is a professional organization representing the owners and operators of assisted living communities.

Florida Assisted Living Association  
1922 Miccosukee Road  
Tallahassee, FL 32308  
(850) 383-1159  
[www.falausea.com](http://www.falausea.com)

**The Florida Association of Homes and Services for the Aging** is a nonprofit organization with the mission to represent and promote the common interests of continuing care retirement communities, assisted living facilities, nursing homes and affordable supportive housing

members through advocacy, education, leadership development and shared services to enhance their ability to serve older or disabled adults.

Florida Association of Homes and Services for the Aging  
1812 Riggins Rd.  
Tallahassee, FL 32308  
(850) 671-3700  
[www.fahsa.org](http://www.fahsa.org)

**The Florida Department of Veterans' Affairs** assists Florida's veterans, families and survivors to improve their health and economic well being.

Florida Department of Veterans' Affairs  
11351 Ulmerton Road, Suite 311-K  
Largo, FL 33778-1630  
(727) 518-3202 or  
(727) 319-7440  
For information on state veterans' homes admission requirements call (727) 518-3202, Extension 5562  
[www.FloridaVets.org](http://www.FloridaVets.org)

**Florida Health Care Association** works to educate society and government to invest in the well-being of elderly and disabled individuals and to assure access to long term care. FHCA is committed to developing necessary and reasonable public policies which balance economic and regulatory principles to support quality care and quality of life.

Florida Health Care Association  
307 W. Park Ave.  
P. O. Box 1459  
Tallahassee, Florida 32301  
(850) 224-3907  
[www.fhca.org](http://www.fhca.org)

**Websites with helpful information:**

- [www.floridahousingsearch.org](http://www.floridahousingsearch.org) – Florida Housing Finance Corporation web-based housing locator service linking people with affordable and available rental housing. Through a partnership with Florida Department of Elder Affairs, the site includes search engines for locating assisted living facilities and adult family care homes in Florida.
- [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov) – Agency for Health Care Administration health care data site to find licensed health care facilities and providers, information on Medicare, Medicaid, health insurance, medications, hospital and ambulatory facility data and more. To find assisted living facilities, click on “Locate Facilities or Providers.”

## Healthcare Facilities

### Adult Family Care Home

#### DESCRIPTION

An adult family care home (AFCH) is a full time living arrangement, in a private home under which a person who owns or rents the home provides room, board and personal care, on a 24-hour basis, for no more than five adults with disabilities or frail elders who are not relatives.

#### ADMISSIONS CRITERIA

Pursuant to chapter 58A-14.0061, F.A.C., to be admitted as a resident of an AFCH, an individual must:

- Be at least 18 years of age;
- Be free from apparent signs and symptoms of any communicable disease, including tuberculosis, which is likely to be transmitted to others;
- Be capable of self-preservation in an emergency situation involving the immediate evacuation of the AFCH, with assistance with ambulation if needed;
- Be able to perform, with supervision or assistance, activities of daily living;
- Not be a danger to self or others as determined by a health care provider or licensed mental health professional;
- Not require licensed professional mental health treatment on a 24-hour a day basis;
- Not have special dietary needs which cannot be met by the provider;
- Not be bedridden;
- Not have stage 3 or 4 pressure sores. An individual with a stage 2 pressure sore may be admitted only if the individual is under the care of a nurse pursuant to a plan of care issued by a health care provider;
- Not require the use of chemical or physical restraints;
- Not require 24-hour nursing supervision; and
- Not have personal care and nursing needs which exceed the capability of the provider to meet or arrange for such needs.

Note: Prior to admission to an AFCH, the individual must be examined by a healthcare provider using the Resident Health Assessment for Adult Family Care Homes Form. See *Forms Section – AHCA Form 3110-1023 (AFCH-1100) 01/08, Resident Health Assessment.*

## FUNDING RESOURCES

**Assistive Care Service (ACS)** - A Medicaid optional state plan service that allows adult family care homes to bill Medicaid for services such as health support and assistance with activities of daily living, instrumental activities of daily living and self administration of medication for eligible residents. For more information, contact the Agency for Health Care Administration or go to <http://ahca.myflorida.com/medicaid/asc>.

**Optional State Supplementation (OSS)** - A state cash assistance program for qualified individuals that supplements a person's income to help pay for costs in an assisted living facility, mental health residential treatment facility and adult family care home. For more information, contact the Department of Children & Families, ACCESS Florida Program Office.

**Private Pay** - Individual health insurance or long-term care insurance may reimburse costs for AFCH care. Resident may pay for AFCH care from personal funds.

## LICENSURE INFORMATION

Adult family care homes are licensed by the Agency for Health Care Administration to provide personal care services under a standard license. AFCH licenses are not transferable or applicable to any location or person other than the location and person indicated on the license.

## RESOURCES

**The Agency for Health Care Administration**, Assisted Living Unit in the Division of Health Quality Assurance is responsible for licensing and regulation of assisted living facility, adult family care home, and adult day care center programs.

Agency for Health Care Administration  
Bureau of Long Term Care Services, Assisted Living Unit  
2727 Mahan Drive, Mail Stop #30  
Tallahassee, FL 32308  
(850) 412-4304  
(850) 922-1984 Fax  
[www.fdhc.state.fl.us/MCHQ/Long\\_Term\\_Care/Assisted\\_living](http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/Assisted_living)

**The Department of Children & Families ACCESS Florida Program** administers the Food Assistance Program (formerly Food Stamps), Temporary Cash Assistance, Optional State Supplementation, and determines eligibility for Medicaid programs. Through an Automated Community Connection to Economic Self-Sufficiency (ACCESS) and community partners, the department provides access to public assistance programs.

1-866-76ACCES (1-866-762-2237)  
[www.dcf.state.fl.us/programs/access](http://www.dcf.state.fl.us/programs/access)

**The Department of Elder Affairs** is the state agency that administers human services programs for elders, information and referral services, health insurance assistance and nursing home pre-admission counseling and screening. The department also administers the Medicaid Assisted Living Waiver.

Department of Elder Affairs  
4040 Esplanade Way  
Tallahassee, FL 32399  
(850) 414-2000  
(850) 414-2004 Fax  
<http://elderaffairs.state.fl.us>

**The Florida Assisted Living Association (FALA)**, also known as the Florida Assisted Living Affiliation is a professional organization representing the owners and operators of assisted living communities and adult family care homes.

Florida Assisted Living Association  
1922 Miccosukee Road  
Tallahassee, FL 32308  
(850) 383-1159  
[www.falausa.com](http://www.falausa.com)

**Websites with helpful information:**

- [www.floridahousingsearch.org](http://www.floridahousingsearch.org) – Florida Housing Finance Corporation web-based housing locator service linking people with affordable and available rental housing. Through a partnership with Florida Department of Elder Affairs, the site includes search engines for locating assisted living facilities and adult family care homes in Florida.
- [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov) – Agency for Health Care Administration health care data site to find licensed health care facilities and providers, information on Medicare, Medicaid, health insurance, medications, hospital and ambulatory facility data and more. To find Adult Family Care Homes, click on “Locate Facilities or Providers.”

## Healthcare Facilities

### Hospice Inpatient Facility and Residential Unit

#### DESCRIPTION

A hospice inpatient facility provides 24-hour nursing services for short term pain control or acute or chronic symptom management which cannot be managed in other settings. Additionally, the facility may be used to provide respite care, which is short-term (maximum of 5 consecutive days) inpatient care provided to the patient when necessary to relieve the family members or other persons caring for the patient. The facility must have physical space for private patient and family visiting; accommodations for family members to remain with the patient throughout the night; and a décor which is homelike in design and function. Patients must be permitted to receive visitors at any hour, including small children.

While all hospice programs are required to provide inpatient services within a year of licensure, not all hospices provide these services directly through the operation of a freestanding hospice inpatient facility. Many hospice programs provide inpatient care through arrangement with a hospital or skilled nursing facility.

In Florida, a hospice program may operate a second type of hospice facility, a hospice residential unit. This facility is to be a homelike environment operated for the benefit of its patients and is considered to be the patient's primary residence.

#### ADMISSIONS CRITERIA

To be eligible for hospice services the individual must be certified by two physicians to have a life expectancy of six months or less if the terminal illness runs its normal course.

#### FUNDING RESOURCES

**Medicare and Medicaid** - For hospice Medicare or Medicaid patients, the cost for inpatient care for pain and symptom management or for respite is 100 percent covered by their benefit.

**Hospice Medicare Benefit (HMB)** – A resource for individuals eligible for Medicare Part A: The HMB reimburses hospices on a per diem basis to cover the cost of general services. Additionally, the per diem covers all medications related to the terminal diagnosis, durable medical equipment and medical supplies. The per diem rate also includes laboratory and x-ray services related to the recipient's terminal illness and as specified in the plan of care. The HMB per diem provides coverage for four levels of care: routine home care, continuous care, inpatient respite care, and general inpatient care related to the hospice diagnosis. Individuals may continue to access their regular Medicare benefits for medical needs unrelated to the hospice/terminal diagnosis. Hospices receive the per diem as payment in full.

**Hospice Medicaid Benefit** - This benefit mirrors the Hospice Medicare Benefit in every respect except that eligibility is based on financial need. If a nursing facility resident's room and board is being paid by Medicaid and the resident is eligible for Medicare Part A, that individual is considered dually eligible for both Medicare and Medicaid hospice benefits. Hospice Medicaid

will pay the hospice for the cost of the nursing facility room and board and the Hospice Medicare per diem will cover the cost of general services, medications, durable medical equipment and medical supplies.

**Private Insurance** - Many private insurance carriers will also contract for hospice inpatient services for symptom control. The cost of residing in a hospice residential unit varies from hospice to hospice with some providing room and board at a fixed rate and others using a sliding scale. Coverage for hospice services by private insurance carriers varies from all-inclusive to reimbursement for visits made.

Note: If there are no reimbursement sources, a financial assessment may be completed and costs identified on a sliding scale. No one is denied services because of inability to pay.

## LICENSURE INFORMATION

Hospice inpatient facilities are licensed by the Agency for Health Care Administration. A freestanding hospice that is primarily engaged in providing inpatient and related services and that is not otherwise licensed as a healthcare facility shall be required to obtain a certificate of need.

Requirements for inpatient facilities and residential units (which do not require a certificate of need) are specified in chapter 58A-2, F.A.C.

## RESOURCES

**The Agency for Health Care Administration**, Bureau of Health Facility Regulation is responsible for licensing and regulation of hospices.

Agency for Health Care Administration  
Bureau of Health Facility Regulation  
Home Care Unit  
2727 Mahan Drive, Mail Stop 34  
Tallahassee, FL 32308  
(850) 412-4403  
(850) 922-5374 Fax  
<http://ahca.myflorida.com/HomeCare>

**The Department of Elder Affairs** has rulemaking authority for hospices.

Department of Elder Affairs  
4040 Esplanade Way  
Tallahassee, FL 32399  
(850) 414-2000  
(850) 414-2006 Fax  
<http://elderaffairs.state.fl.us>

**The Florida Hospice & Palliative Care Association** has a hotline for calls related to information about the hospice benefit, access to hospice care, or quality of care concerns.

Florida Hospice & Palliative Care Association  
2000 Apalachee Parkway, Suite 200  
Tallahassee, FL 32301  
(850) 878-2632  
(890) 878-5688 Fax  
(800) 282-6560 Consumer and Information Hotline

**Websites with helpful information:**

- [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov) – Agency for Health Care Administration health care data site to find licensed health care facilities and providers, information on Medicare, Medicaid, health insurance, medications, hospital and ambulatory facility data and more. To find hospice programs click on “Locate Facilities or Providers.”
- [www.floridahospices.org](http://www.floridahospices.org) - The Florida Hospice & Palliative Care Association website provides a “Find a Hospice” function with search by county and links to hospice web pages, FAQs, an overview of hospice services, the interdisciplinary team, hospice levels of care and more.
- [www.nhpco.org](http://www.nhpco.org) - The National Hospice and Palliative Care Organization, website has a “Find a Provider” function which offers searches for hospices, palliative care programs, dedicated inpatient facilities, community bereavement programs and more. Once the type of provider and state is selected, the search can continue by city, county or metropolitan area. Basic contact information will be provided and in most cases a link to the provider’s home page.

# Healthcare Facilities

## Hospital

### DESCRIPTION

A hospital means any establishment that offers services more intensive than those required for room, board, personal services and general nursing care, and offers facilities and beds for use beyond 24 hours by individuals requiring diagnosis, treatment, or care for illness, injury, deformity, infirmity, abnormality, disease or pregnancy.

Other services provided by a hospital include clinical laboratory services, diagnostic X-ray services and treatment facilities for surgery or obstetrical care or other definitive medical treatment of similar extent.

### ADMISSIONS CRITERIA

Hospitals are not to be considered as a source of referral for persons being discharged from a special needs shelter. If, however, a person's physical condition deteriorates precipitously during his or her stay in the shelter, and it is determined that the individual requires emergency medical care, shelter staff should arrange for emergency transport to the appropriate hospital.

A physician's order is required for admission to a hospital. Hospitals are required to have a policy requiring all patients be admitted on the authority of, and under the care of, a member of the organized medical staff per chapter 59A-3.252(2)(f), F.A.C.

### FUNDING RESOURCES

The cost of hospital services varies depending on the extent of services provided. Each patient is ultimately responsible for payment for services rendered. Following is a list of some funding sources for hospital services:

- Medicare
- Medicaid
- Health Maintenance Organizations (HMOs)
- Preferred Provider Organizations (PPOs)
- Private Insurance
- Private Pay

### LICENSURE INFORMATION

Each hospital's license lists the number of licensed beds and the emergency services offered. Hospitals are licensed based on four classifications of hospitals.

**Class I** - General hospitals include general acute care hospitals with an average length of stay of 25 days or less for all beds; long-term care hospitals, which meet the provisions of chapter 59A-3.065(27), F.A.C.; and rural hospitals designated under chapter 395, Part I, F.S.

**Class II** - Specialty hospitals offering the range of medical services offered by general hospitals, but restricted to a defined age or gender group of the population which includes specialty hospitals for children; and specialty hospitals for women.

**Class III** - Specialty hospitals offering a restricted range of services appropriate to the diagnosis, care, and treatment of patients with specific categories of medical or psychiatric illnesses or disorders which include specialty medical hospitals; specialty rehabilitation hospitals; specialty psychiatric hospitals, which may include beds licensed to offer intensive residential treatment programs; and specialty substance abuse hospitals, which may include beds licensed to offer intensive residential treatment programs.

**Class IV** - Specialty hospitals restricted to offering intensive residential treatment programs for children and adolescents, pursuant to section 395.002(16), F.S.

## RESOURCES

**The Agency for Health Care Administration, Hospital and Outpatient Services Unit** in the Division of Health Quality Assurance is responsible for the licensing and regulation of hospitals.

Agency for Health Care Administration  
Bureau of Health Facility Regulation  
Hospital and Outpatient Services Unit  
2727 Mahan Drive, Mail Stop #31  
Tallahassee, FL 32308  
(850) 412-4549  
(850) 922-4351 Fax

[http://ahca.myflorida.com/MCHQ/Health\\_Facility\\_Regulation/Hospital\\_Outpatient/hospital.shtml](http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Hospital_Outpatient/hospital.shtml)

**The Department of Children & Families ACCESS Florida Program** administers the Food Assistance Program (formerly Food Stamps), Temporary Cash Assistance, Optional State Supplementation, and determines eligibility for Medicaid programs. Through an Automated Community Connection to Economic Self-Sufficiency (ACCESS) and community partners, the department provides access to public assistance programs.

1-866-76ACCES (1-866-762-2237)  
[www.dcf.state.fl.us/programs/access](http://www.dcf.state.fl.us/programs/access)

**The Florida Hospital Association (FHA)** is a not-for-profit association representing all types of hospitals throughout the state. The mission of the FHA is "to promote the ability of member hospitals and healthcare systems to effectively and efficiently serve the healthcare needs of their communities."

Florida Hospital Association – Tallahassee Office  
306 East College Avenue  
Tallahassee, Florida 32301-1522  
(850) 222-9800  
(850) 561-6230 Fax  
[www.fha.org](http://www.fha.org)

Florida Hospital Association – Regional Office / Orlando  
307 Park Lake Circle  
Orlando, Florida 32803  
(407) 841-6230  
(407) 422-5948 Fax

South Florida Hospital and Healthcare Association  
Serving Palm-Beach, Broward, Miami-Dade and Monroe Counties  
6030 Hollywood Boulevard #140  
Hollywood, FL  
(954) 964-1660  
<http://sfhha.com>

**Website with helpful information:**

- [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov) – Agency for Health Care Administration health care data site to find licensed health care facilities and providers, information on Medicare, Medicaid, health insurance, medications, hospital and ambulatory facility data and more. To find hospital facilities click on “Locate Facilities or Providers.”

# Healthcare Facilities

## Nursing Home

### DESCRIPTION

A nursing home is a long-term healthcare facility that provides 24-hour care and medical treatment for people who are unable to take care of themselves. A nursing home facility is any facility which provides nursing services as defined in chapter 464, Part I, F.S., and is licensed according to chapters 400, Part II and chapter 408, Part II, F.S.

Federal regulations define a skilled nursing facility as an institution (or a distinct part of an institution) which is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care or rehabilitation services for the rehabilitation of injured, disabled or sick persons and is not primarily for the care and treatment of mental diseases.

### ADMISSIONS CRITERIA

There is no age limit for admission into a nursing home. The resident must be admitted into a nursing home under the care of a physician. Potential residents are assessed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program. CARES is a federally mandated nursing home pre-admission assessment program administered by the Department of Elder Affairs.

Each resident admitted must enter into a contract with the nursing home. The contract must include rates or charges, bed reservation and refund policies. The contract must also include a list of services and supplies available but not covered by the per diem rate of the facility or by Titles XVIII and XIX of the Social Security Act and the standard charge to the resident for each item.

### FUNDING RESOURCES

The cost of nursing home services varies by nursing home. Funding sources can include:

- Medicare
- Medicaid
- Veterans' Benefits
- Private Insurance
- Private Pay

In addition, the following special community-based programs may be available:

**Frail/Elderly HMO Waiver Program (*Miami-Dade County residents only*)** - The purpose of the frail/elderly portion of a Medicaid HMO is to provide, coordinate and manage services for the frail and elderly who need services to prevent or delay placement in a nursing home. A variety of mandatory and supportive services are available to members to achieve this goal. To be eligible for the frail/elderly program, beneficiaries must reside in Miami-Dade County, be assessed by CARES as having met nursing home level of care and be in need of a service(s) to

live in their homes or in the homes of relatives or caregivers as an alternative to being placed in a nursing home facility, be 21 years of age or older, and an Supplemental Security Income (SSI) beneficiary. Services include case management, adult day health care, adaptive equipment, medical supplies, homemaker/personal care, home health services, caregiver training, financial education, emergency alert response systems, identity bracelets, pharmaceutical management, respite, and nursing home services.

**Medicaid Waivers** - Programs that provide a variety of home and community-based services to elders who are frail, functionally impaired, and at risk of nursing home placement. The programs use Medicaid funds to help elders remain in the home or an assisted living facility. A professional case manager is assigned to each consumer. The case manager drafts a customized care plan for each consumer.

**Aged and Disabled Adult Waiver** - A waiver program that provides expanded Medicaid coverage to aged and disabled adults to enable them to safely remain in the community and avoid institutionalization. Recipients make informed choices about home and community-based services in lieu of nursing facility care.

**Assisted Living Waiver** - A waiver program that provides expanded Medicaid services to clients who are in an ALF licensed to provide extended congregate care (ECC) or limited nursing services (LNS).

**Nursing Home Diversion Waiver Program (Select Counties)** - A waiver program that provides home and community-based services to functionally impaired elderly who are at risk of nursing home placement. The Department of Elder Affairs has operational responsibility for the NHD Waiver. Individuals must meet the following criteria: be age 65 and over; dually eligible for Medicaid and Medicare; be determined by the CARES unit at the Department of Elder Affairs to meet a nursing home level of care and meet one or more established clinical criteria. Services include community mental health, dental, hearing and visual services, independent laboratory and x-ray, inpatient hospital and outpatient hospital/emergency, physician services, prescribed drugs, transportation services, adult companion, adult day health, assisted living, case management, chore, consumable medical supplies, environmental accessibility and adaptation, escort, family training, financial assessment and risk reduction, home delivered meals, homemaker, nutritional assessment and risk reduction, personal care, personal emergency response systems, respite care, occupational, physical and speech therapies, home health, and nursing facility services. To find out which counties participate contact the Department of Elder Affairs.

**Program of All-Inclusive Care for the Elderly (PACE) Waiver Program** – There are two Florida PACE locations in Miami-Dade County, one in Hillsborough County, two in the Ft Myers area (Lee County), one in Charlotte County, and one in Pinellas County. PACE provides a comprehensive range of medical and home and community-based services for individuals who would otherwise qualify for placement in a nursing home. Individuals must be age 55 and over, be determined by the CARES unit at the Department of Elder Affairs to meet nursing home level of care and meet one or more established clinical criteria, live in the PACE service area and be able to live safely in the community without being a danger to themselves or others. PACE organizations provide primary care, social, restorative and supportive services for Medicaid and Medicare eligible individuals age 55 and over who live in a PACE service area. All Medicare and Medicaid services must be available, including personal care, acute care, recreational

therapy, nutritional counseling, meals and transportation. The services also include adult day health care, home care, prescription drugs, inpatient and nursing home care.

## LICENSURE INFORMATION

Nursing homes are licensed biennially by the Agency for Health Care Administration under chapter 400, Part II, F.S. and chapter 408, Part II, F.S. There are three licensure types:

**Standard licensure** - A facility that has no class I or class II deficiencies and has corrected all class III deficiencies within the time established by the agency.

**Conditional licensure** - A facility that has one or more serious deficiencies noted during a survey or the facility failed to correct a previous deficiency. The facility is not in substantial compliance with criteria established under this part or with rules adopted by the agency.

**Inactive license** – A facility that will be temporarily unable to provide services but is reasonably expected to resume services.

## RESOURCES

**The Agency for Health Care Administration, Long Term Care Unit** in the Division of Health Quality Assurance is responsible for licensing and regulation of nursing homes, intermediate care facilities for the developmentally disabled (ICF/DD), transitional living facilities (TLF), prescribed pediatric extended care (PPEC) centers, and homes for special services (HSS).

Agency for Health Care Administration  
Bureau of Long Term Care Services, Long Term Care Unit  
2727 Mahan Drive, Mail Stop #33  
Tallahassee, FL 32308  
(850) 412-4303  
(850) 410-1512 Fax  
[http://ahca.myflorida.com/MCHQ/Long\\_Term\\_Care/LTC/index.shtml#NH](http://ahca.myflorida.com/MCHQ/Long_Term_Care/LTC/index.shtml#NH)

**The Department of Children & Families ACCESS Florida Program** administers the Food Assistance Program (formerly Food Stamps), Temporary Cash Assistance, Optional State Supplementation, and determines eligibility for Medicaid programs. Through an Automated Community Connection to Economic Self-Sufficiency (ACCESS) and community partners, the department provides access to public assistance programs.

1-866-76ACCES (1-866-762-2237)  
[www.dcf.state.fl.us/programs/access](http://www.dcf.state.fl.us/programs/access)

**The Department of Elder Affairs** is the state agency that administers human services programs for elders, information and referral services, health insurance assistance and nursing home pre-admission counseling and screening. The department also administers the Long-Term Care Ombudsman Program.

Department of Elder Affairs  
4040 Esplanade Way

Tallahassee, FL 32399  
(850) 414-2000  
(850) 414-2004 Fax  
<http://elderaffairs.state.fl.us>

**The Florida Department of Veterans' Affairs** assists Florida's veterans, families and survivors to improve their health and economic well being.

Florida Department of Veterans' Affairs  
11351 Ulmerton Road, Suite 311-K  
Largo, FL 33778-1630  
(727) 518-3202 or  
(727) 319-7440  
For information on state veterans' homes admission requirements call (727) 518-3202, Extension 5562  
[www.FloridaVets.org](http://www.FloridaVets.org)

**The Florida Association of Homes and Services for the Aging** is a nonprofit organization with the mission to represent and promote the common interests of continuing care retirement communities, assisted living facilities, nursing homes, and affordable supportive housing members through advocacy, education, leadership development and shared services to enhance their ability to serve older or disabled adults.

Florida Association of Homes and Services for the Aging  
1812 Riggins Rd.  
Tallahassee, FL 32308  
(850) 671-3700  
[www.fahsa.org](http://www.fahsa.org)

**Florida Health Care Association (FHCA)** is dedicated to providing the highest quality care for elderly, chronically ill, and disabled individuals. FHCA works to educate society and government to invest in the well-being of elderly and disabled individuals and to assure access to long term care. FHCA is committed to developing necessary and reasonable public policies which balance economic and regulatory principles to support quality care and quality of life.

Florida Health Care Association  
307 W. Park Ave.  
P. O. Box 1459  
Tallahassee, Florida 32301  
(850) 224-3907  
[www.fhca.org](http://www.fhca.org)

### **Centers for Medicare and Medicaid Services (CMS)**

Medicare Hotline - (800) MEDICARE  
Medicare and Medicaid Fraud Hotline (800) HHS-TIPS, (800) 447-8477

Note: Medicare or Medicaid beneficiaries may report suspected fraud and waste, such as inappropriate payments and overuse of services in nursing homes by calling the Fraud Hotline.

### Websites with helpful information:

- <http://apps.ahca.myflorida.com/nhcguide> - Florida's *Nursing Home Guide* (the *Guide*), part of AHCA's ongoing effort to provide information to consumers faced with difficult health care decisions. The website allows persons to search for a nursing home by geographic region or by the characteristics of the nursing homes.
- [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov) – Agency for Health Care Administration health care data site to find licensed health care facilities and providers, information on Medicare, Medicaid, health insurance, medications, hospital and ambulatory facility data and more. To find nursing homes click on “Locate Facilities or Providers.”
- [www.medicare.gov/nhcompare](http://www.medicare.gov/nhcompare) - U. S. Department of Health and Human Services, Nursing Home compare tool to provide detailed information about the past performance of every Medicare and Medicaid certified nursing home in the country.

# Community Residential Homes

## Group Home for Persons with Developmental Disabilities

### DESCRIPTION

A group home means a residential facility which provides a family living environment including supervision and care necessary to meet the physical, emotional, and social needs of its residents. The Agency for Persons with Disabilities (APD) licenses over 1,200 community residential homes throughout Florida to serve children and adults with developmental disabilities. These homes range in size and type and include foster care facilities, which serve anywhere between one to three residents and group homes, with licensed capacities between four and fifteen residents. Group homes and foster care facilities are staffed full time by direct care professionals.

Group homes and foster care facilities serve APD clients who possess a variety of behavioral, medical, physical, and cognitive impairments. Some of these homes utilize live-in caregivers while others rely upon shift staff to meet the individual and ongoing needs of the residents.

### DISCHARGE PLANNING EMERGENCY RESPONSE HOUSING ASSISTANCE

Group homes do not have special provisions for emergency temporary housing for persons being discharged from special needs shelters. Group homes may however, have some additional space for placement. APD licensing staff can assist in identifying whether this placement resource is available. For persons who are not current APD clients, information on residential housing assistance for persons who meet the criteria for placement in a group home as well as how to apply for other APD services, can be obtained from the Agency for Persons with Disabilities Area Offices' staff.

### ADMISSIONS CRITERIA

The criteria for residents served by an individual facility is determined on the basis of construction, design and use of the facility, the type of programs and services offered by the facility, the number and qualifications of the personnel of the facility, and the level of care and services needed by clients.

Residents are typically Agency for Persons with Disability clients who, per chapter 393, F.S., must possess a developmental disability of mental retardation, cerebral palsy, spina bifida, autism, Down's syndrome, or Prader-Willi syndrome.

Note: Upon prior approval by the local APD office, non-APD clients are permitted to move into APD-licensed homes as long as they do not adversely impact the health, safety, or welfare of the APD clients already living in those homes.

## FUNDING RESOURCES

**Federal Third Party Benefits** - In most cases, a portion of a resident's federal third party benefits, such as a Supplemental Security Income (SSI) check are used to cover the home's owner/operator expenses for room and board expenses.

**State General Revenue Funding** - Provided for residents who do not receive the full monthly SSI benefit amount.

**Medicaid Home and Community-Based Services Waiver Program** - State and federal funding under the Waiver program may be available for supervision and skills training for those residents who are determined to require such supports and services. Services are based on available funding. The Agency for Persons with Disabilities maintains a waitlist for waiver-funded services.

**Private Pay** - In the absence of sufficient state or federal funding, residents or their families may choose to assume the cost of residential care.

## LICENSURE INFORMATION

Group home residential facilities are licensed by the Agency for Persons with Disabilities under chapter 393 F.S.

Homes must adhere to a variety of requirements, specified in both law and administrative rule, in order to be issued and maintain an APD residential facility license. Licenses are issued for a period of one year and may be renewed on an annual basis. APD staff conduct on-site reviews of all of its licensed homes on, at least, a monthly basis to ensure compliance with all licensure requirements and standards. This monitoring function is one means to assess the health, safety and welfare of the residents.

## RESOURCES

**The Agency for Persons with Disabilities** area offices maintain a database of APD-licensed homes. Area office staff members are prepared to assist clients and family members in locating homes best equipped to meet individual needs. *See Section 7 – Directories, APD Area Offices and Map.* Note: APD will be changing to a regional structure. Contact the agency for the latest information.

Agency for Persons with Disabilities  
4030 Esplanade Way, Suite 380  
Tallahassee, FL 32399-0950  
(850) 488-4257  
<http://apd.myflorida.com>

# Community Residential Homes

## Medical Foster Care Home

### DESCRIPTION

A foster home is a licensed residential facility which provides a family living environment including supervision and care necessary to meet the physical, emotional and social needs of its residents. Section 409.175, Florida Statutes, defines a family foster home as a private residence in which children who are unattended by a parent or legal guardian are provided 24-hour care. Such homes include emergency shelter family homes and specialized foster homes for children with special needs.

A medical foster care home is a specialized foster home for individuals who are 20 years old or younger. There can be no more than three medical foster care residents living with the family who provides foster care.

Florida's Medical Foster Care (MFC) Program is a coordinated effort between the Agency for Health Care Administration's, Medicaid program; the Department of Health, Division of Children's Medical Services (CMS) network and related programs; and the Department of Children & Families, Family Safety Program. The program is designed to provide family-based care for medically complex children under the age of 21 who cannot safely receive care in their own homes. Medical foster parents are responsible for performing most of the day-to-day functions necessary for the child's care. This program is a cost-effective alternative to hospitalization; long-term, in-home private duty nursing; or skilled nursing facility placement. The Medical Foster Care Program allows a foster child with a chronic medical condition to grow and develop in a family setting in a state licensed foster home. Medical foster parents are trained and certified as Medicaid providers of personal care services for these children. One of the program's most important roles is to return the child to their birth family by training the family to care for their child's special medical needs.

### GENERAL SERVICES

The MFC Program offers many services to medical foster parents, children, and birth families. Services include a 24-hour call in system for medical support to the medical foster parents. The MFC nurse and social worker provide support and coordinate care for the children with hospitals, equipment providers, therapists, health facilities, schools, foster care staff, and families.

The MFC Program is administered by the Department of Health but is truly an interdepartmental service. Partner state agencies and privatized community-based service providers deliver services jointly to the children in this program. In each local area where the program has been established, the CMS area office or its MFC contract providers will provide day to day operation and will include staff to provide medical oversight of the program in accordance with the current program statewide operational plan. The Department of Children & Families contracted community-based care provider will provide foster care services to children and families served by the program. Staff from each of these agencies will have to communicate, collaborate and coordinate services to ensure quality services are provided to the children in medical foster care.

### **DCF Family Safety Program or Contracted/Subcontracted Provider Responsibilities:**

- Provides placement, permanency planning, reunification, adoption activities, and any other services required by chapter 39, F.S.
- Refers all foster children with medical needs to the area Children's Medical Services Children's Multidisciplinary Assessment Team for assessment and staffing as appropriate.
- Provides recruitment and retention of foster homes that participate in the program and share information with program staff regarding these homes.

### **DOH Division of Children's Medical Services or Contracted Provider Responsibilities:**

- Provides medical oversight, nursing and social work care coordination, and supervision and staffing for the program.
- Provides input to the Department of Children & Families Child Welfare and Community-Based Care licensing staff for licensing and re-licensing.

### **DISCHARGE PLANNING EMERGENCY RESPONSE HOUSING ASSISTANCE**

If a medically complex foster child is placed in a special needs shelter, it is the responsibility of the child's medical foster parent and the community-based care provider having responsibility for that child to ensure that the medical foster parent stays with the medical foster child during the child's stay in the special needs shelter and returns home with the child after discharge. At intake, the special needs shelter staff should ensure they have contact information for the medical foster parents, CMS medical foster care coordinators, and the foster care caseworker for discharge planning.

If it appears that a child in a special needs shelter has been abandoned by caregivers and/or all attempts have been made to locate a caregiver for a child, a call should be made to the Florida Abuse Hotline, (800) 96-ABUSE. The community-based care lead agency and child protective investigator will make a determination if foster care home placement is an appropriate option.

### **ADMISSIONS CRITERIA**

To be eligible for medical foster care services a child must meet the following criteria:

- Be between the ages of 0 through 20 years with a medically complex condition;
- Be in the custody of the Department of Children & Families through a court order or voluntary placement agreement;
- Be referred to the Children's Multidisciplinary Assessment Team;
- Have MFC personal care services prescribed by the MFC medical director;
- Be medically stable for care in an in-home setting;
- Have written consent granted by the parent, guardian, or court order for the Division of Children's Medical Services or its contracted agency to provide medical care;
- Be eligible for Medicaid services upon placement in a medical foster home; and
- Be eligible for MFC services as long as they remain in the medical foster home and continue to meet the criteria of medically necessity and level of reimbursement.

## FUNDING RESOURCES

**State General Revenue** - General Revenue provides funding for medical services delivered to medical foster children through the Children's Medical Services Network and for foster care services delivered by the Department of Children & Families.

**Maternal and Child Health Services Block Grant Trust Fund** – Funds are provided under this act for the delivery of health care services to mothers and children.

**Social Security Act** - Funds made available through this act provide foster care services for children who would have been eligible to receive Temporary Assistance to Needy Families had they remained in their own homes.

**Medicaid** - Funds made available through Medicaid are used to reimburse providers for all medically necessary covered services to eligible foster children.

## LICENSURE INFORMATION

The Department of Children & Families is the licensing authority. The local community-based care lead agency is responsible for the issuance of licenses to family foster homes. A license is issued for a specific location, is not transferable and is valid for one year from the date of issuance. The license authorizes the home to provide care for children placed in the home by the department or licensed child-placing agency. A particular child, a specific number of children or an age range for children may be displayed on the license in order to restrict the use of the home when the study indicates the necessity for such restrictions.

## RESOURCES

*See Section 7 – Directories, Department of Children & Families Community Based Care Lead Agencies.*

For more information, the local area office for the following agencies may be contacted:

**The Agency for Health Care Administration** provides funding to medical foster parents through Medicaid Services (Title XIX Social Security Act).

**The Department of Health**, Children's Medical Services, Division of Network and Related Programs or its contractors provide medical and psychosocial needs coordination, collaboration and 24-hour nursing care coordination to the medical foster child (chapter 391 F.S.).

**The Department of Children & Families**, Family Safety Program and its contractors provide foster care and related services, including licensing, foster parent recruitment, child placement, reunification and adoption case management services (chapters 39 and 409 F.S.).

# Discharge Planning

## Section 4 Emergency and Temporary Housing



## Emergency and Temporary Housing - Cross Reference

This table provides a brief overview of emergency and temporary housing resources included in this section of the guide. It is **not** intended to reflect **all** resources or **all** information regarding these resources. For more information including a description of the housing resource, emergency housing assistance, eligibility, funding resources and contact information refer to the narratives on the following pages.

RESOURCE	DESCRIPTION	EXAMPLE OF ASSISTANCE
Affordable Rental Housing	Often defined in terms of the income of individuals and families living in the residence. A number of Federal, State, and local affordable rental housing programs provide funding and other resources to assist low and moderate income households afford decent housing.	Rental assistance Funding and tax credits to housing providers Web-based housing locator service State Housing Initiatives Partnership (SHIP)
FEMA and Federal Partners	Federal Emergency Management Agency and Small Business Administration (SBA) offer disaster assistance and loans to eligible individuals, families and businesses where property has been damaged or destroyed.	Temporary housing; rental assistance; repair; replacement; permanent housing construction; SBA low interest disaster loans
Homeless Emergency Shelters	Any facility with the purpose to provide temporary or transitional shelter for homeless persons as a safe alternative to being on the streets.	Transitional housing Long-term supportive housing
Independent Living Communities	Designed for residents who are active and self sufficient and require no extra assistance with daily living. May be age restricted. Most funding is private pay	May offer support services as residents age May be a housing resource if person meets eligibility criteria

In keeping with Florida Statutes, the Americans with Disabilities Act, and the Fair Housing Act, a person with a disability may be allowed to bring their service animal into emergency and temporary housing alternatives. Persons should check with the facility to determine applicability and policy.

# Emergency and Temporary Housing

## Affordable Rental Housing

### DESCRIPTION

Affordable rental housing is often defined in terms of the income of individuals and families living in the residence, and the amount of that income that is used to pay for housing expenses. There are a number of federal, state and local affordable rental housing programs that provide funding and other resources to assist extremely low-income to moderate income households afford decent housing. The majority of programs are federally funded programs that provide rental assistance directly to an eligible household or provide development and operations funding and tax credits to housing providers to enable them to charge lower than market rate rents. Programs are usually administered through state and/or local governments or agencies. Agencies include the local public housing agencies that administer the HUD Section 8 Housing Choice Voucher Program, and Florida Housing Finance Corporation, which administers the Low-Income Housing Tax Credit Program for financing the development of affordable rental housing.

### DISCHARGE PLANNING EMERGENCY RESPONSE HOUSING ASSISTANCE

Florida Housing Finance Corporation (Florida Housing) provides a web-based housing locator service linking people with affordable and available rental housing throughout Florida. The website, [www.FloridaHousingSearch.org](http://www.FloridaHousingSearch.org), in English and Spanish, allows public and private landlords, including providers of critically needed affordable and special needs housing, to register their properties and units free of charge, while helping individuals and families find a property and unit that fits their needs, including accessibility. Through a partnership with the Department of Elder Affairs, the site includes separate search engines for locating assisted living facilities and adult family care homes.

Listed rental units cover the full range of dwelling types from single family homes to apartments in multifamily elder housing developments. Landlords may list rental units that are affordable to households earning up to 120 percent of the area's median income. At the end of April 2012, the website database had over 157,000 rental units statewide. On average, approximately eight percent of the total number of units in the database is available to lease. Available rental listings are updated daily.

Persons can search the website for properties with available units. Search and result features include:

- Search by city, county, street address, and/or zip code
- Number of bedrooms/bathrooms
- Telephone number for leasing agent
- Rent and rental deposit amount
- HUD Section 8 voucher acceptance
- Proximity to public transit
- Utilities included
- Target populations, such as elders and persons with disabilities

- Accessible units and accessibility features
- Map links and pictures

In addition, the website links people to other housing resources and provides helpful tools for renters such as an affordability calculator, rental checklist, and renter rights and responsibilities information.

Persons can also get assistance by calling a toll-free, bilingual (English and Spanish) search support center at (877) 428-8844. The call center may be contacted Monday-Friday 9:00 a.m. to 8:00 p.m. EST. Call center staff assist persons conduct searches and provide affordable housing resources information and referral services.

## ELIGIBILITY CRITERIA

A household's eligibility for rental assistance or rent restricted housing is normally determined on the household's income and size, as well as the area median income of the community in which they reside. The eligibility for access to rental housing or the amount a household pays for rent may also vary depending on the affordable rental housing program and/or the rental unit. Eligibility for certain affordable housing may also depend on the age, disabilities, and living status of the household members. There may also be waiting lists for rental assistance and rental units.

In order for developers to receive financing through Florida Housing, they must commit to serve certain demographics and incomes. To accomplish this, each affordable rental housing development can determine specific eligibility criteria to certify a prospective tenant as eligible under those commitments. Property owners are also required to comply with all federal, state and local requirements and the requirements of the Federal Fair Housing Act, Section 504 of the Rehabilitation Act, and Titles II and III of the Americans with Disabilities Act.

There are developments that have units set aside for specified populations. In these cases, populations are defined by state and federal laws and regulations. The following are definitions typically used in state housing programs:

**Extremely Low-Income** – Defined pursuant to section 420.0004, F.S. as one or more natural persons or a family whose total annual household income does not exceed 30 percent of the median annual adjusted gross income for households within the state. The Florida Housing Finance Corporation may adjust this amount annually by rule to provide that in lower income counties extremely low income may exceed 30 percent of area median income and that in higher income counties extremely low income may be less than 30 percent of area median income.

**Very Low income** - A household earning at or below 50 percent of area median income.

**Low-income** - A household earning at or below 80 percent of area median income.

**Moderate income** - A household earning at or below 120 percent of area median income (at or below 100 percent of median income for federal programs).

**Elderly** - Defined pursuant to section 420.503(15), F.S., as a person 62 years of age or older.

**Person with a Disability** - Defined pursuant to the Americans with Disabilities Act of 1990, Public Law 101-336. "Disability" means with respect to an individual:

- A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- A record of such an impairment; or
- Being regarded as having such impairment.

**Farm worker** - Defined pursuant to section 420.503(18), F.S., as a laborer who is employed on a seasonal, temporary or permanent basis in the planting, cultivating, harvesting, or processing of agricultural or aquacultural products and who derived at least 50 percent of her or his income in the immediately preceding 12 months from such employment.

**Homeless** - Pursuant to section 420.621(5), F.S., "Homeless," applied to an individual or "individual experiencing homelessness" means an individual who lacks a fixed, regular, and adequate nighttime residence and includes an individual who:

- (a) Is sharing the housing of other persons due to loss of housing, economic hardship, or similar reason;
- (b) Is living in a motel, hotel, travel trailer park, or camping ground due to a lack of alternative adequate accommodations;
- (c) Is living in an emergency or transitional shelter;
- (d) Has a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
- (e) Is living in a car, park, public space, abandoned building, bus or train station, or similar setting; or
- (f) Is a migratory individual who qualifies as homeless because he or she is living in circumstances described in paragraphs (a)-(e).

The terms do not refer to an individual imprisoned or otherwise detained by federal or state law or to individuals or families who are sharing housing due to cultural preferences, voluntary arrangements, or traditional networks of support. The terms include an individual who has been released from jail, prison, the juvenile justice system, the child welfare system, a mental health and developmental disability facility, a residential addiction treatment program, or a hospital, for whom no subsequent residence has been identified, and who lacks the resources and support network to obtain housing.

In accordance with Section 413.08 F.S., an individual with a disability must be allowed to bring their service animal into a rental home and has the right to be accompanied by the service animal in all areas of a public accommodation.

## FUNDING RESOURCES

**State Housing Initiatives Partnership (SHIP)** - The SHIP Program provides funding to eligible local governments (all 67 counties and 53 cities) for the implementation of affordable housing programs. Each local government determines the programs created and the process for awarding funds within its community. Individuals, nonprofit organization and for-profit developers may apply for the funds. Local SHIP offices may use funding for hurricane recovery efforts, such as emergency home repair, security deposit assistance and short term rental

assistance. It is important to contact the local SHIP administrator to learn about what is available.

Federal housing programs may also provide funding for persons seeking affordable rental housing. *See Section 6 - Public Housing Authorities.*

## RESOURCES

Florida Housing Finance Corporation  
227 N. Bronough Street, Ste 5000  
Tallahassee, FL 32301  
(850) 488-4197  
(850) 488-9809 Fax  
[www.floridahousing.org](http://www.floridahousing.org)

### Websites with helpful information:

- [http://apps.floridahousing.org/StandAlone/FHFC\\_ECM/ContentPage.aspx?PAGE=0132](http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0132) – Information on the State Housing Initiatives Partnership (SHIP) and contact information for local SHIP Program local administrators. Select, “find local SHIP offices.”
- [www.fema.gov/interim-housing-resources](http://www.fema.gov/interim-housing-resources) - FEMA Interim Housing Resources webpage that includes a link to the FEMA housing portal to help persons displaced by a disaster find a place to live.
- [www.floridahousing.org/specialneeds](http://www.floridahousing.org/specialneeds) - Florida Housing Finance Corporation website intended to serve as a comprehensive clearinghouse and portal of information about affordable housing funding programs resources that serve persons and households with special needs including persons who are elderly, physically disabled, at risk of being or are homeless, and/or have extremely low incomes.
- [www.rurdev.usda.gov/Rental\\_Assistance\\_Program.html](http://www.rurdev.usda.gov/Rental_Assistance_Program.html) - US Department of Agriculture Rural Development Rural Rental Assistance (RA) program provides an additional source of support for households with incomes too low to pay for Housing and Community Facilities Rural Rental Housing (Section 515) or Farm Labor Housing (Section 514) financed projects. *See Section 6, US Department of Agriculture.*

# Emergency and Temporary Housing

## FEMA and Federal Partners

### DESCRIPTION

The Federal Emergency Management Agency (FEMA) is part of the U.S. Department of Homeland Security. FEMA's mission is to lead the effort to prepare the nation for all hazards and effectively manage federal response and recovery efforts following any national incident. FEMA also initiates proactive mitigation activities, trains first responders and manages the National Flood Insurance Program.

FEMA, the Small Business Administration (SBA), and fifteen other federal agencies have partnered to develop a website that consolidates information about federally funded government assistance to disaster victims (*see Resources*).

### DISCHARGE PLANNING EMERGENCY RESPONSE HOUSING ASSISTANCE

Some housing assistance funds are available through the Individuals and Household Program (IHP). Additional assistance from the federal government is in the form of loans administered by the SBA.

Individuals may be eligible for disaster assistance. Assistance may be money or direct assistance to individuals, families and businesses in an area whose property has been damaged or destroyed. It is meant to help persons address necessary expenses and serious needs that cannot be met from other disaster assistance or by insurance.

Temporary housing assistance may include the following:

- **Temporary Housing** – Money available to rent a different place to live or a government provided housing unit when rental properties are not available.
- **Repair** – Money available to homeowners to repair damage to their primary residence to make the home safe, sanitary, and functional.
- **Replacement** – Money available to assist homeowner with the cost of replacing a home destroyed in a disaster.
- **Semi Permanent/Permanent Housing Construction** – Direct assistance or money for the construction of a home. This assistance occurs only in locations specified by FEMA where no other type of housing assistance is possible.

An application for assistance can be initiated in person, on the internet, or by phone. The following information needs to be available when helping someone apply for assistance: Social Security number; pre-disaster address; current contact phone number and address; insurance information; gross household income at the time of the disaster; description of losses caused by the disaster; and a bank routing number if funds are to be transferred directly to the individual's bank account.

Immediately after a disaster declaration, FEMA will set up a central field office to coordinate the recovery effort. Disaster Recovery Centers will also be available for persons to meet with FEMA representatives.

FEMA may also provide, following a state request, **Transitional Shelter Assistance** to eligible disaster survivors who are unable to return home for an extended period of time after a shelter has closed. Funds may be authorized for hotels, motels and cruise ships. Funds are subject to a state cost-share.

## ELIGIBILITY CRITERIA

To qualify for housing assistance the following criteria must be met:

- Losses must have occurred in an area declared a disaster by the President;
- Claims have been filed for insurance benefits and damage is not covered or the insurance settlement is insufficient to meet losses;
- The individual is or lives with a citizen of the United States, a non-citizen national or a qualified alien;
- The home is where the individual usually lives and where they were living at the time of the disaster; and
- The individual is not able to live in the home, cannot get to the home due to the disaster or the home requires repairs because of damage from the disaster.

## FUNDING RESOURCES

**Federal Emergency Management Agency's Individual Assistance and Households Program** - Financial assistance to repair or replace damaged and destroyed personal property that is not covered by insurance and for Repair and Temporary Housing Assistance if their pre-storm dwelling is uninhabitable.

**Section 403 of the Robert T Stafford Disaster Relieve and Emergency Assistance Act, as amended** – Funding for short-term lodging to evacuees who can not return to their homes for an extended period of time in declared disaster specific geographic areas.

**Small Business Administration Disaster Loans** - The SBA can make federally subsidized loans to qualified homeowners and businesses to repair or replace homes, personal property or businesses that sustained damages not covered by insurance. SBA provides low interest disaster loans to homeowners, renters, businesses, and private, non-profit organizations to repair or replace real estate, personal property, machinery and equipment, inventory and business assets that have been damaged or destroyed in a declared disaster.

## RESOURCES

**The Federal Emergency Management Agency (FEMA) Disaster Assistance Contacts:**

**General Assistance Information**

[www.fema.gov/assistance](http://www.fema.gov/assistance)

**Disaster Aid Hotline**

(800) 621-FEMA (3362)

(800) 462-7585 TTY

(800) 827-8112 Fax

**Technical Assistance (Online Registration)**

(800) 745-0243

(800) 827-8112 Fax

**FEMA Region IV (including Florida) General Contacts**

Federal Emergency Management Agency

3003 Chamblee Tucker Road

Atlanta, GA 30341

(770) 220-5200

(770) 220-5230 Fax

[www.fema.gov/about/contact/regioniv.shtm#1](http://www.fema.gov/about/contact/regioniv.shtm#1)

**The Small Business Administration** for information on disaster assistance loans for homes and personal property:

**SBA districts Serving Florida**

North District - Jacksonville

7825 Baymeadows Way, Suite 100B

Jacksonville, FL 32256

(904) 443-1900

[www.sba.gov/about-offices-content/2/3108](http://www.sba.gov/about-offices-content/2/3108)

South District - Miami

100 S. Biscayne Blvd - 7th Floor

Miami, FL 33131

(305) 536-5521

(305) 536-5058 Fax

[www.sba.gov/about-offices-content/2/3109](http://www.sba.gov/about-offices-content/2/3109)

**Disaster Field Operations Center – East**

101 Marietta Street NW – Suite 700

Atlanta, GA 30303

(404) 331-0333 or (800) 659-2955

(404) 331-0273 or (800) 798-3807 Fax

(404) 331-7296 TTY/TDD

[www.sba.gov/about-offices-content/4/2818](http://www.sba.gov/about-offices-content/4/2818)

**Websites with helpful information:**

- [www.DisasterAssistance.gov](http://www.DisasterAssistance.gov) – Federal government website that consolidates information from FEMA, SBA and other agencies about federally funded government assistance to disaster victims.

- [www.fema.gov/assistance/process/assistance.shtm](http://www.fema.gov/assistance/process/assistance.shtm) - FEMA webpage with information on “Disaster Assistance Available from FEMA.”
- [www.fema.gov/national-disaster-housing-strategy-resource-center](http://www.fema.gov/national-disaster-housing-strategy-resource-center) - FEMA National Disaster Housing Strategy Resource Center. Check out “**Sheltering/Housing Resources**” for information on Transitional Sheltering Assistance along with other sheltering guidance and policies.
- [www.sba.gov/category/navigation-structure/loans-grants/small-business-loans/disaster-loans](http://www.sba.gov/category/navigation-structure/loans-grants/small-business-loans/disaster-loans) - Small Business Administration webpage with general information on disaster loans.

# Emergency and Temporary Housing

## Homeless Emergency Shelters

### DESCRIPTION

The term emergency homeless shelter means any facility, the primary purpose of which is to provide temporary or transitional shelter for homeless persons in general, or for specific populations of the homeless. Most emergency homeless shelters are intended to provide a safe alternative to being on the streets, in vehicles, or other place not intended for human occupancy. The length of stay at an emergency shelter can be as short as one night, or extend for weeks based upon the shelter's operating policies. Shelters are operated by units of local government and by nonprofit organizations, including faith-based entities. Not all shelters are capable of hosting homeless families.

### GENERAL SERVICES

Emergency homeless shelters vary from facility to facility in terms of services offered beyond a place to spend the night. Most provide a food or meal service. Other services may include showers, clothing, health services, employment, education, substance abuse treatment, case management, and transportation assistance. Not all shelters operate on a 24-hour per day basis. Some are only available for nighttime use, and clients must exit the shelter in the morning.

**Transitional Housing** - A type of supportive housing used to facilitate the movement of homeless individuals and families to permanent housing. It is intended to allow homeless persons live there for up to 24 months and to receive supportive services to enable them to live more independently. Supportive services include employment, health, substance abuse, and education. Such services may be provided by the housing sponsor or be provided by other public or private entities. The maximum length of stay is set by policies established by the housing provider or sponsor. Transitional housing may shelter the homeless population in general or may be restricted to serve specific sub-populations of the homeless.

**Permanent Supportive Housing** - Long-term housing for the homeless person or family. Generally, it is community-based, private market housing designed to enable the homeless person, or family, to live as independently as possible in a permanent setting. Such housing may be combined with the provision of supportive services, similar to those provided in transitional housing. Tenancy in permanent housing is not time limited and is initiated with the execution of a lease agreement pursuant to the state landlord tenant act. Like transitional housing, permanent supportive housing may be designed for the homeless population in general or for a specific sub-population of the homeless. The linkage to supportive services may be accessed either on-site at the housing development or through community service providers.

### DISCHARGE PLANNING EMERGENCY RESPONSE HOUSING ASSISTANCE

In the event of the need to find alternative housing for persons from a special needs shelter following a disaster, emergency shelters may be considered as a resource if the individual meets the eligibility criteria and individual shelter rules and policies. Persons may also be

eligible for grants or assistance through state and federal funding resources. To effectively work on a discharge plan for homeless clients, local emergency management needs to work closely with the local homeless planning efforts and homeless coalition. Contact will need to be made with facilities in the area to learn the limits of each of the shelters and housing facilities.

## ELIGIBILITY CRITERIA

Florida has no licensing or regulatory standards to govern the development or operation of homeless shelters or housing. Each homeless housing facility sets its own rules and policies regarding its service population and the level of services offered.

To serve the homeless, a person sheltered or housed would need to be an individual who lacks a fixed, regular and adequate nighttime residence or an individual who has a primary nighttime residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations;
- An institution that provides a temporary residence for individuals intended to be institutionalized; or
- A public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings.

Note: A homeless person does not include any individual imprisoned or otherwise detained by federal or state law. *(See Section 4 - Affordable Rental Housing for the Florida Statute definition.)*

Some homeless shelters and housing operate with specific eligibility criteria. For example, some faith-based organizations require homeless persons to be drug-free and sober upon time of admission. Some of the housing assisted with federal grants is limited to chronic homeless-disabled individuals who have long-term or multiple episodes of homelessness.

## FUNDING RESOURCES

**State Housing Programs** - The following targeted homeless program helps support the development and operation of homeless emergency shelters and housing.

- **Emergency Financial Assistance for Housing** - This assistance can help homeless families with help in paying security deposits to re-enter permanent rental housing. This program also makes financial aid available to help families cover past due rent.

**Federal Housing Programs** – The following three major federal homeless housing programs are managed by the U.S. Department of Housing and Urban Development.

- **Supportive Housing Program** - Funding is provided to develop and operate supportive housing, either transitional or permanent, for homeless persons. Limited portions of this grant can be applied to cover supportive services. Priority for new projects is to serve the chronic homeless with permanent supportive housing.

- **Shelter Plus Care** - The grant provides a housing rental assistance voucher to help the homeless, with the grantee responsible for matching the federal grant with supportive services linked to the population housed. The rental assistance voucher is administered by the public housing authority.
- **Emergency Solutions Grant** - The repair of facilities to serve as emergency shelters or transitional housing, along with the operational costs, including support services, are eligible under this federal program.

## RESOURCES

The key to identifying homeless sheltering and housing resources in any given community is the local homeless assistance continuum of care plan. This plan inventories the emergency shelters, transitional housing, and permanent supportive housing that exists or is under development. The inventory gives the number of beds in the shelters or housing project and specifies if the resource is limited to a specific homeless subpopulation.

There is a state recognized lead agency for the continuum of care planning effort. Currently there are 28 continuum of care plans, covering 64 of the 67 counties. Copies of the current continuum of care plans are maintained by the lead agencies and are on file with the state Office on Homelessness, Department of Children & Families.

In addition, local homeless service inventories are maintained by 29 state-recognized local homeless coalitions. These coalitions serve all 67 counties in the state. While the supply of homeless beds has grown by 65 percent since 2001, there are still only enough beds in the inventory to accommodate just over half of the state's homeless population on any given night.

One of the functions of a coalition is to also serve as a lead agency for local homeless planning. Contact lists for both the continuum of care planning and the local homeless coalitions are maintained by the Department of Children & Families, Office on Homelessness and are available on the office's internet site.

Department of Children & Families  
 Office of Homelessness  
 (850) 922-4691  
 (850) 487-1361 Fax  
[www.dcf.state.fl.us/homelessness](http://www.dcf.state.fl.us/homelessness)

*See Section 7 – Directories, Homeless Coalitions.*

# Emergency and Temporary Housing

## Independent Living Communities

### DESCRIPTION

Independent living communities are designed for residents who are active and self sufficient. Independent housing may include everything from houses to town houses to apartments. Age restricted communities for people 55 and older are plentiful in most geographical parts of Florida. Independent living communities for persons 55 and older may also be known by such names as retirement communities, retirement homes, senior apartments, and senior housing.

### GENERAL SERVICES

Some independent living communities offer support services as residents age. In addition, Florida has about 400 housing complexes for low to moderate income elders, age 55 and older, built with funds from the U.S. Department of Housing and Urban Development (HUD). Some of these complexes offer Section 8 rent subsidies for income eligible tenants. See *Section 6 - Public Housing Authorities*.

Typically, HUD senior housing does not provide services to tenants. However, some do have service coordinators who link tenants with services such as congregate meals, housekeeping services, and emergency transportation.

**Continuing Care Retirement Communities (CCRC)** are an option for middle to upper income retirees. These 70 communities statewide, are regulated by the Office of Insurance Regulation. They charge an entrance fee and a monthly maintenance fee. Residents have access to a nursing home on campus and, in some instances, an assisted living facility if their health declines after they become a resident. Residents living in apartments or homes on campus benefit from one or more dining rooms on campus with restaurant quality meals, housekeeping services, transportation, and a variety of planned social activities and wellness programs. Some have licensed home health agencies and nurse clinics.

### DISCHARGE PLANNING EMERGENCY RESPONSE HOUSING ASSISTANCE

Prior to a disaster independent living communities offer services that might make transition during and following a disaster easier.

- Determine whether home health services or support is necessary.
- Registration with special needs shelter if a resident has a medical problem that would require special care during an emergency.
- Contact information for family member or next of kin in an emergency.
- Determine the community evacuation plans. Some are more sophisticated than others since they are not mandated by law.

In the event of the need to find alternative housing for persons from a shelter following a disaster, independent living communities may be considered as a resource if the person meets eligibility criteria.

## ELIGIBILITY CRITERIA

Independent living communities are for adults who require no extra assistance with daily activities. They must be able to live independently and without supervision. An individual with a service animal may still be considered independent. Independent living communities are not an option for individuals with debilitating illnesses or for people suffering from dementia. Depending on the community, the criteria may include age and income restrictions or criteria.

## FUNDING RESOURCES

Most funding for independent living is private pay. In some cases, Medicaid waiver payments and federal government housing subsidies are available for income eligible individuals.

Rents vary according to the location and size of the apartment, amenities, and services offered. Most accept private pay only. CCRC offers a private long-term contract providing for independent living, assisted living services, medical services, long-term care, and skilled nursing services, usually all in one location. Most care communities require an entrance fee and monthly payments. Fees can start at of \$20,000 and go to as high as \$1.89 million. Monthly payments can range from \$456 to over \$7,800. In some communities, the entrance fee may be partially refundable. Frequently three different fee schedules may be available:

- Extensive contracts that include unlimited long-term nursing care at little or no increase in the monthly fee
- Modified contracts that include a specified amount of long-term nursing care. Beyond that specified time, the individual is responsible for payments
- Fee-for-service contracts where a person pays full daily rates for long-term nursing care

## RESOURCES

Florida Department of Financial Services  
200 East Gaines Street,  
Tallahassee, FL 32399  
(850) 413-3100  
[www.fldfs.com](http://www.fldfs.com)

Florida Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, FL 32399  
(850) 413-3140  
[www.floir.com](http://www.floir.com)

LeadingAge Florida (Formerly Florida Association of Homes and Services for the Aging)  
1812 Riggins Rd.  
Tallahassee, FL 32308  
(850) 671-3700  
(850) 671-3790 Fax  
[www.leadingageflorida.org](http://www.leadingageflorida.org)

# Discharge Planning

## Section 5

### Community-Based Service Providers



## Community-Based Service Providers - Cross Reference

This table provides a brief overview of community-based service providers included in this section of the guide. It is **not** intended to reflect **all** community providers or **all** information regarding the provider. For more information including a description of discharge planning and emergency response services, licensure information, funding resources, and contact information refer to the provider narrative on the following pages.

PROVIDER	DESCRIPTION	LICENSURE
Home Health Agencies	Provides services to individuals in their home or health care facility to support and maintain the client in a non-institutional setting at their primary place of residence in the community.	Licensed and regulated by the Agency for Health Care Administration
Home Medical Equipment Provider	Sells or rents to a consumer any home medical equipment and services for the equipment. Services include instruction, selection, delivery, setup and maintenance and other related services for the equipment. Does not provide any health care to patients or clients.	Licensed and regulated by the Agency for Health Care Administration
Hospice Home Care	Provides palliative care and attends to needs of a terminally ill person at home or in a hospice operated inpatient facility. Home care includes persons living in assisted living facilities, adult family care homes, nursing homes, and private residences.	Licensed and regulated by the Agency for Health Care Administration
Nurse Registries	Organization that procures, offers, promises or attempts to secure health care related contracts for registered nurses, licensed practical nurses, certified nurse assistants, home health aides, companions, or homemakers compensated by fees as independent contractors.	Licensed and regulated by the Agency for Health Care Administration

# Community-Based Service Providers

## Home Health Agencies

### DESCRIPTION

A home health agency means an organization that provides home health services and staffing services to individuals in their homes or in health care facilities such as an assisted living facility, adult family care home, nursing home, or emergency shelter. Services provided can be skilled (primarily focused on the care and treatment of a medical condition), or non-skilled (primarily supporting activities of daily living). Home health's primary goal is the support and maintenance of a client in a non-institutionalized setting at their primary place of residence within the community. Home health agencies may be for profit or not for profit.

Each agency must have a qualified administrator, alternate administrator, director of nursing and a financial officer. All but the financial officer must be direct employees of the home health agency. The administrator and the alternate administrator must be either a licensed physician, physician's assistant, RN licensed to practice in Florida, or an individual who has at least one year of supervisory or administrative experience in home health care or in an assisted living facility, nursing home or hospital. A director of nursing must have at least one year of supervisory experience as an RN. The director of nursing is responsible for overseeing the professional nursing and home health aide delivery of services by the agency. Home health agency personnel may include RN's, LPN's, home health aides, certified nursing assistants, physical therapists, occupational therapists, respiratory therapists, speech therapists, homemakers, and companions, who are employed or under contract with the home health agency to deliver services.

### GENERAL SERVICES

Home health services means health and medical services and medical supplies furnished by the organization to an individual in their home or place of residence. Services include: nursing care; physical, occupational, speech or respiratory therapy; home health aide services; dietetics and nutrition practice and nutrition counseling; homemaker and companion services; and medical supplies. Services provided by a home health agency must be covered by an agreement between the home health agency and the patient or the patient's legal representative specifying the home health services to be provided, the rates or charges for the services paid with private funds and the sources of payment. If the patient is to receive skilled nursing care, the evaluation conducted upon admission of the patient must conclude with the decision that the patient's needs can be met by the agency. Home health agencies can also deliver services geared to assisting individuals with activities of daily living such as homemaking, bathing, chores, dressing, eating, personal hygiene and assistance with physical transfer, ambulation and assistance with administering medications. Home health can be a useful adjunct to other services and facilities allowing individuals to return to or remain independent in their homes or communities.

## DISCHARGE PLANNING AND EMERGENCY RESPONSE SERVICES

Home health agencies offering skilled services must be available 24 hours a day, 7 days a week. There must be a procedure for an on-call system for designated nursing staff to be available to directly communicate with patients. Home health agencies offering non-skilled services such as home health aide, homemaker and companion services must have a supervisor available during regular service hours which must be 8 consecutive hours between 7:00 a.m. to 6:00 p.m., Monday through Friday.

Home healthcare agencies are required to assist emergency management officials by collecting registration information for persons with special needs, establishing programs to increase awareness of the registration process and educating clients about procedures that may be necessary for their safety during disasters.

Each home health agency is required to prepare and maintain a comprehensive emergency management plan that describes how staff will respond to natural or man-made disasters. The plans must be updated annually and must include the following:

- How services will be continued to patients immediately following an emergency;
- How the same type and quantity of services will be provided to patients evacuated to special needs shelters;
- How agency staff will be notified to implement the emergency plan;
- How staff will communicate with one another and with local emergency management and county health departments in an emergency;
- How the agency will activate a back-up or contingency plan to support ongoing communication with staff and patients;
- How patients will be prioritized for continued services following an emergency;
- How the prioritized list of special needs shelter patients will be kept current and shared with local county health department or local emergency management agencies upon request;
- How patients will be contacted prior to and following an emergency;
- How written agreements with or referral to other health care providers will be implemented in the event the agency cannot provide services to its patients;
- How agency staff will assist patients with physical, mental, cognitive impairment or sensory disabilities who will need assistance with evacuation and shelter during an emergency to register with special needs registries in their county of residence;
- How agencies will assist special needs registry patients with preparation of a list of medications and equipment which must accompany the patient to the shelter; this list will be furnished to county health departments and to local emergency management agencies, upon request; and
- How agencies upon admission of a patient for services will discuss the agency's emergency procedures and inform patients about the special needs registry; documentation must be in each patient's file regarding their emergency plans including whether they will evacuate or not and whether the agency or the caregiver will continue services in the event of an emergency.

During or following an emergency, situations beyond the control of the home health agency, such as impassable roads, may interfere with the provision of services. Section 400.492(3) F.S., describes requirements during these situations and requires home health agencies to

demonstrate a good faith effort to comply with their emergency management plan for continuing care.

Following an emergency, shelter residents who were receiving services from a home health care provider may be able to receive assistance in returning to their homes. Shelter residents who were not receiving services, but may qualify for them, can be referred to a home health agency.

## LICENSURE INFORMATION

Licensure by the State of Florida, Agency for Health Care Administration is required before an organization can provide home health services (chapter 400, Part III and chapter 408, Part II, F.S.).

Home health agencies are issued licenses for a two-year period. Agencies apply to the Home Care Unit in the Bureau of Health Facility Regulation, Agency for Health Care Administration located in Tallahassee, Florida. Once licensed, the agency may make an application to enroll with Medicare and become a certified home health agency and/or make an application to enroll with Medicaid by contacting the Agency for Health Care Administration Medicaid Fiscal Agent.

Licenses are renewed every two years. Surveys are conducted in the interim by the Agency or, if accredited, by the approved accrediting organization, according to state guidelines on a pre-determined schedule. All surveys are unannounced. One of the required survey tags includes verification that the agency has an approved emergency management plan and that annual updates of the plan have been done.

## FUNDING RESOURCES

Source of payment may include:

- Medicare
- Medicaid
- Medicaid Waiver
- Private Insurance
- Private Pay

Licensed home health agencies may receive private payment from individuals, health and long-term care insurance, and/or Medicare or Medicaid if the agency is certified and/or enrolled. Home health agencies may also participate in Medicaid waivers including but not limited to the Aged and Disabled Home and Community Based Waiver, Developmental Disabilities Waiver and the Brain and Spinal Cord Waiver. The agency must first enroll in these waivers in order to receive and provide services to patients who are eligible for the Medicaid waivers.

## RESOURCES

**The Agency for Health Care Administration, Home Care Unit** in the Bureau of Health Facility Regulation is responsible for licensing and regulation of home health agencies, home medical equipment providers, homemaker companion services, nurse registries, health care services pools and hospices.

Agency for Health Care Administration  
Home Care Unit  
2727 Mahan Drive, Mail Stop #34  
Tallahassee, FL 32308  
(850) 412-4403  
(850) 922-5374 Fax

[http://ahca.myflorida.com/mchq/health\\_facility\\_regulation/Home\\_Care](http://ahca.myflorida.com/mchq/health_facility_regulation/Home_Care)

**The Department of Children & Families ACCESS Florida Program** determines eligibility for Medicaid programs. Through an Automated Community Connection to Economic Self-Sufficiency (ACCESS) and community partners, the department provides access to public assistance programs.

1-866-76ACCES (1-866-762-2237)  
[www.dcf.state.fl.us/programs/access](http://www.dcf.state.fl.us/programs/access)

**The Department of Elder Affairs** is the state agency that administers human services programs for elders, information and referral services, health insurance assistance and nursing home pre-admission counseling and screening. The department also administers the Aged and Disabled Home and Community Based Medicaid Waiver.

Department of Elder Affairs  
4040 Esplanade Way  
Tallahassee, FL 32399  
(850) 414-2000  
(850) 414-2004 Fax  
<http://elderaffairs.state.fl.us>

**The Home Care Association of Florida** provides representation, communication, and advocacy for home care providers in Florida giving them information to assist in delivering high quality, cost effective services.

Home Care Association of Florida  
1363 E. Lafayette Street, Suite A  
Tallahassee, FL 32301  
(850) 222-8967  
(850) 222-9251 Fax  
[www.homecarefla.org](http://www.homecarefla.org)

#### **Websites with helpful information:**

- [www.medicare.gov](http://www.medicare.gov) - Federal website that allows for comparison of home health agencies that provide Medicare reimbursed home health services. Compare and find addresses, telephone numbers and other important information for all Medicare certified home health agencies in Florida by clicking on the "Resource Locator."
- [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov) - Agency for Health Care Administration health care data site to find licensed health care facilities and providers, information on Medicare, Medicaid, health insurance, medications, hospital and ambulatory facility data and more. To find home health agencies click on "Locate Facilities or Providers."

# Community-Based Service Providers

## Home Medical Equipment Provider

### DESCRIPTION

A home medical equipment provider is a business that sells or rents to a consumer (a) any home medical equipment and services for the equipment; or (b) home medical equipment that requires any home medical equipment services. They do not provide any health care to patients or clients. Home medical equipment services are consumer instruction, including selection, delivery, setup and maintenance of the equipment and other related services for the equipment in the consumer's home or temporary place of residence. Each agency must have a general manager and have trained personnel to coordinate order fulfillment and schedule timely equipment delivery and servicing.

### GENERAL SERVICES

The type of equipment offered by a home medical equipment provider varies. Each licensed provider selects the type of equipment it will offer. Home medical equipment includes oxygen and related respiratory equipment, customized wheelchairs and related seating and positioning, and the following:

- Apnea monitors enteral feeding pumps, infusion pumps, portable home dialysis equipment, and ventilator equipment and supplies for all related equipment. All of the equipment referenced in this bullet, plus oxygen equipment and related respiratory equipment, is considered as life-supporting or life-sustaining equipment.
- Continuous positive airway pressure machines, all electro-stimulation equipment such as bone, muscle and transcutaneous electrical nerve stimulators, hospital beds, intermittent positive pressure breathing machines, motorized scooters, nebulizers, passive motion devices, patient lifts, phototherapy (billirubin) light with photometer, pressure ulcer care equipment, specialty prescribed cribs (child safety), suction machines, trapeze equipment, ventilator equipment (that is non-life supporting), wheelchairs, and walkers. All of the equipment referenced in this bullet, including the custom wheelchairs and seating, is considered non-life-supporting equipment.

Life-supporting or life-sustaining equipment is provided based upon physician orders including orders for medically necessary back-up equipment and supplies.

Services for all home medical equipment must be based upon the current recommended manufacturers' standards. The services are consumer instruction, including selection, delivery, setup and maintenance of the equipment, and other related services for the equipment in the consumer's home or temporary place of residence.

Services may be provided for non-life-supporting or life-sustaining equipment during regular business hours. Requests for consumer instruction or any needed repair shall be responded to by telephone within the same working day. The consumer may bring to the provider's place of business any small equipment item requiring consumer instruction or repair.

## DISCHARGE PLANNING AND EMERGENCY RESPONSE SERVICES

Home medical equipment providers offering life-supporting or life-sustaining equipment must be available 24 hours a day 7 days a week. Emergency service requests for such equipment must be responded to with a telephone call, within 30 minutes. Back up equipment service, due to equipment failure or power outages must be provided at the consumer's home within two hours or less.

Home medical equipment providers are required to assist emergency management agencies by collecting registration information for persons with special needs, establishing programs to increase awareness of the registration process and educating clients about procedures that may be necessary for their safety during disasters.

Each home medical equipment provider is required to prepare and maintain a comprehensive emergency management plan, which provides for continuing home medical equipment services for life supporting or life sustaining equipment during an emergency. The plan is to be updated annually and must include the following:

- The means by which the home medical equipment provider will continue to provide equipment to perform the same type and quantity of services to its clients who evacuate to special needs shelters; and
- The means by which the home medical equipment provider establishes and maintains an effective response to emergencies and disasters, including plans for:
  - Notification of staff when emergency response measures are initiated
  - Communication between staff members, county health departments and local emergency management agencies, which includes provisions for a backup communications system
  - Identification of resources necessary to continue essential equipment services or referrals to other organizations subject to written agreement
  - Contacting and prioritizing clients in need of continued medical equipment services and supplies

Each home medical equipment provider shall maintain a current prioritized list of clients who need continued services during an emergency. The list shall indicate the means by which services will be continued for each client in the event of an emergency or disaster; whether the client is to be transported to a special needs shelter; and whether the client has life-supporting or life-sustaining equipment, including the specific type of equipment and related supplies. The list shall be furnished to county health departments and local emergency management agencies upon request.

## LICENSURE INFORMATION

Licensure by Florida's Agency for Health Care Administration is required before an organization can provide home medical equipment.

Home medical equipment providers are issued licenses for a two year period. Providers apply to the Home Care Unit in the Bureau of Health Facility Regulation, Agency for Health Care Administration.

Licenses are renewed every two years. Surveys are conducted in the interim according to state guidelines on a pre-determined schedule and are all unannounced.

## FUNDING RESOURCES

Licensed home medical equipment providers may receive private payment from individuals, health insurance, and Medicare or Medicaid if the agency is enrolled as a durable medical equipment supplier with the Medicare fiscal intermediary or Medicaid.

## RESOURCES

**The Agency for Health Care Administration, Home Care Unit** in the Bureau of Health Facility Regulation is responsible for licensing and regulation of home health agencies, home medical equipment providers, homemaker and companion services, nurse registries, health care services pools and hospices.

Agency for Health Care Administration  
Home Care Unit  
2727 Mahan Drive, Mail Stop #34  
Tallahassee, FL 32308  
(850) 412-4403  
(850) 922-5374 Fax  
[http://ahca.myflorida.com/mchq/health\\_facility\\_regulation/Home\\_Care](http://ahca.myflorida.com/mchq/health_facility_regulation/Home_Care)

**The Department of Children & Families ACCESS Florida Program** determines eligibility for Medicaid programs. Through an Automated Community Connection to Economic Self-Sufficiency (ACCESS) and community partners, the department provides access to public assistance programs.

1-866-76ACCES (1-866-762-2237)  
[www.dcf.state.fl.us/programs/access](http://www.dcf.state.fl.us/programs/access)

**The Department of Elder Affairs** is the state agency that administers human services programs for elders, information and referral services, health insurance assistance and nursing home pre-admission counseling and screening. The department also administers the Aged and Disabled Home and Community Based Medicaid Waiver.

Department of Elder Affairs  
4040 Esplanade Way  
Tallahassee, FL 32399  
(850) 414-2000  
(850) 414-2004 Fax  
<http://elderaffairs.state.fl.us>

**Florida Association of Medical Equipment Services** assists Florida medical equipment providers with timely legislative activity updates, quality education workshops and conferences, newsletter and training tools and manuals.

Florida Association of Medical Equipment Services  
2805 8<sup>th</sup> Avenue West  
Bradenton, FL 34205  
(407) 895-5573 or (941) 746-7824  
(941) 746-7824 Fax (call before faxing)  
[www.famesonline.com](http://www.famesonline.com)

**Website with helpful information:**

- [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov) - Agency for Health Care Administration health care data site to find licensed health care facilities and providers, information on Medicare, Medicaid, health insurance, medications, hospital and ambulatory facility data and more. To find home medical equipment providers click on “Locate Facilities or Providers.”

# Community-Based Service Providers

## Hospice Home Care

### DESCRIPTION

Hospice is a program that provides palliative care and attends to the needs of a terminally ill person at the person's home or in a hospice operated inpatient facility. Home care includes individuals living in assisted living facilities (ALF), adult family care homes (AFCH), and nursing homes, as well as private residences. In Florida home care may also be provided in hospice owned residential units.

A hospice licensed in Florida may be either for profit or not-for-profit. A hospice's holistic approach to care deals with the physical, emotional, intellectual, and spiritual concerns of the patient and family. Hospice care is centered on the patient's and family's needs.

### GENERAL SERVICES

Services are provided by an interdisciplinary team of which the patient, family and the patients attending physician are integral parts. General services include nursing visits as needed; social workers to assist with coordination of community resources, as well as providing emotional and psychosocial support; hospice aides to assist with personal care; chaplains to provide spiritual support; volunteers to assist with transportation, running errands, providing companionship and respite for caregivers and; homemakers to provide light housekeeping and meal preparation. Ancillary services to assist a person remain as independent as possible for as long as possible may include physical and occupational therapy, speech therapy, massage therapy and dietary consultation. Some hospices provide music therapy, art therapy and pet therapy. The hospice Medical Director is available, as needed, to assume temporary medical oversight.

### DISCHARGE PLANNING AND EMERGENCY RESPONSE SERVICES

Hospice offers services 24 hours a day, 7 days a week. An on-call service is available evenings, weekend and holidays. Hospice nurses, social workers and chaplains are available to make visits to the place of residence in the event of an emergency. In the event of a crisis, which could be the result of a caregiver's inability or unwillingness to continue to provide skilled care, continuous care to achieve palliation or management of acute medical symptoms may be required. Continuous care is only furnished during brief periods of crisis and must be predominantly nursing care. Continuous care is appropriate until pain and acute medical symptoms have been successfully managed or it is determined that the patient requires inpatient services. The hospice's medical director is available to intervene in emergency situations when the patient's attending physician is unavailable.

Hospice is required to assist emergency management agencies by collecting registration information for persons with special needs, establishing programs to increase awareness of the registration process and educating clients about procedures that may be necessary for their safety during disasters.

Each hospice provider is required to prepare and maintain a comprehensive emergency management plan that provides for continuing hospice services in the event of an emergency. The plan must be updated annually and must include the means by which the provider will continue to provide staff to ensure the same type and quantity of services provided to patients who evacuate special needs shelters.

If a hospice patient becomes displaced due to damage of the home or because of a lack of power, etc., the hospice team would provide assistance in attempting to secure temporary housing. Hospice programs with freestanding inpatient facilities and residential units routinely shelter hospice homecare patients during times of emergency. *See Section 3 - Hospice Inpatient Facility and Residential Unit.*

If a client in a shelter is diagnosed as terminally ill, a referral can be made and an assessment for hospice services will be completed (usually within 24 hours). If admitted, an interdisciplinary team will be assigned and will attempt to facilitate transfer from the shelter or to arrange for increased services.

In the wake of a disaster many hospices make grief and loss services available to anyone in the community and are typically available to provide support groups on site, as well as one-on-one support.

#### ELIGIBILITY CRITERIA

Hospice offers predominantly home care services to individuals with a life-limiting illness and a prognosis of six months or less if the disease runs its normal course. Two physicians (typically the patient's attending physician and the hospice medical director) must certify this prognosis. Some organizations are dually licensed as hospices and home health agencies. These offer both hospice services (prognosis of six months or less) and home health services that specialize in providing palliative care (prognosis not a condition of eligibility).

ALF and AFCH residents who become hospice patients are not held to the same standards of independence as other ALF/AFCH residents. *See Section 3 - Hospice Inpatient Facility and Residential Unit.*

#### LICENSURE INFORMATION

Hospices are licensed by the Agency for Healthcare Administration.

#### FUNDING RESOURCES

**Hospice Medicare Benefit (HMB)** - For individuals eligible for Medicare Part A. The HMB reimburses hospices on a per diem basis to cover the cost of all services listed under General Services above. Additionally, the per diem covers all medications related to the terminal diagnosis, durable medical equipment and medical supplies. The per diem rate also includes laboratory and x-ray services related to the recipient's terminal illness and as specified in the plan of care. The HMB per diem provides coverage for four levels of care: routine home care, continuous care, inpatient respite care and general inpatient care related to the hospice diagnosis. Individuals may continue to access their regular Medicare benefits for medical needs unrelated to the hospice/terminal diagnosis. Hospices receive the per diem as payment in full.

**Hospice Medicaid Benefit** - This benefit mirrors the Hospice Medicare Benefit in every respect except that eligibility is based on financial need. If a nursing facility resident's room and board is being paid by Medicaid and the resident is eligible for Medicare Part A, that individual is considered dually eligible for both Medicare and Medicaid hospice benefits. Hospice Medicaid will pay the hospice for the cost of the nursing facility room and board and the Hospice Medicare per diem will cover the cost of general services, medications, durable medical equipment and medical supplies.

**Private Pay** - Individual health insurance may cover all or part of core services. Most hospices have already established contractual arrangements with insurance carriers. Coverage for hospice services by private insurance carriers varies from all-inclusive to reimbursement for visits made.

If there are no reimbursement sources, a financial assessment may be completed and costs identified on a sliding scale. No one is denied services because of inability to pay.

## RESOURCES

**The Agency for Healthcare Administration**, Division of Health Quality Assurance is responsible for licensing and regulation of hospices.

Bureau of Health Facility Regulation  
Home Care Unit  
2727 Mahan Drive, Mail Stop 34  
Tallahassee, FL 32308  
(850) 412-4403  
(850) 922-5374 Fax  
[http://ahca.myflorida.com/mchq/health\\_facility\\_regulation/Home\\_Care](http://ahca.myflorida.com/mchq/health_facility_regulation/Home_Care)

**The Department of Children & Families ACCESS Florida Program** determines eligibility for Medicaid programs. Through an Automated Community Connection to Economic Self-Sufficiency (ACCESS) and community partners, the department provides access to public assistance programs.

1-866-76ACCESS (1-866-762-2237)  
[www.dcf.state.fl.us/programs/access](http://www.dcf.state.fl.us/programs/access)

**The Department of Elder Affairs** has rulemaking authority for hospices.

Department of Elder Affairs  
4040 Esplanade Way  
Tallahassee, FL 32399  
(850) 414-2000  
(850) 414-2006 Fax  
<http://elderaffairs.state.fl.us>

**The Florida Hospice & Palliative Care Association** has a hotline for calls related to information about the hospice benefit, access to hospice care, or quality of care concerns.

Florida Hospice & Palliative Care Association  
2000 Apalachee Parkway Suite 200  
Tallahassee, FL 32301  
(850) 878-2632  
(890) 878-5688 Fax;  
(800) 282-6560 Consumer and Information Hotline

**Websites with helpful information:**

- [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov) - Agency for Health Care Administration health care data site to find licensed health care facilities and providers, information on Medicare, Medicaid, health insurance, medications, hospital and ambulatory facility data and more. To find hospice providers click on “Locate Facilities or Providers.”
- [www.floridahospices.org](http://www.floridahospices.org) – The Florida Hospice & Palliative Care Association website provides a “Find a Hospice” function with search by county and links to hospice web pages, FAQs, an overview of hospice services, the interdisciplinary team, hospice levels of care and more.
- [www.nhpco.org](http://www.nhpco.org) - The National Hospice and Palliative Care Organization website has a “Find a Provider” function which offers searches for hospices, palliative care programs, dedicated inpatient facilities, community bereavement programs and more. Once the type of provider and state is selected, the search can continue by city, county or metropolitan area. Basic contact information will be provided and in most cases a link to the provider’s home page.

# Community-Based Service Providers

## Nurse Registries

### DESCRIPTION

A Nurse Registry is an organization that procures, offers, promises or attempts to secure health care related contracts for registered nurses, licensed practical nurses, certified nursing assistants, home health aides, companions or homemakers, who are compensated by fees as independent contractors, including, but not limited to, contracts for the provision of services to patients and contracts to provide private duty or staffing services to health care facilities. Nurse registries may be for profit or not-for-profit.

### GENERAL SERVICES

Private care services are health and medical services furnished by the qualified independent contractors to an individual in his/her home or place of residence. Services include nursing care, personal care, home health aide, homemaker and companion services. If the patient is to receive skilled nursing care, the evaluation conducted upon admission of the patient must conclude with the decision that the patient's needs can be met by the independent contractor. Independent contractors referred by registries can also deliver services geared to assisting individuals with activities of daily living such as bathing, homemaking, chores, dressing, eating, personal hygiene and assistance with physical transfer, ambulation and assistance with administering medications.

### DISCHARGE PLANNING AND EMERGENCY RESPONSE SERVICES

Nurse registries referring skilled nursing caregivers must be available 24 hours a day, 7 days a week. There must be a procedure for an on call system for designated nursing personnel to be available to directly communicate with patients. Registries offering non-skilled caregivers such as home health aide, homemaker and companion services must be available during regular service hours which must be 8 consecutive hours between 7:00 a.m. and 6:00 p.m., Monday through Friday.

Nurse Registries are required to assist emergency management agencies by collecting registration information for persons with special needs, establishing programs to increase awareness of the registration process and educating patients about procedures that may be necessary for their safety during disasters.

Each nurse registry is required to prepare and maintain a comprehensive emergency management plan that describes how they will respond to natural or man-made disasters. The plans must be updated annually and must include the following:

- How services will be continued to patients immediately following an emergency;
- How the same type and quantity of services will be provided to patients evacuated to special needs shelters;
- How registry administrative staff and the independent contractors will be notified to implement the emergency plan;

- How administrative staff will communicate with one another and with local emergency management and county health departments in an emergency;
- How the registry will activate a back-up or contingency plan to support ongoing communication with administrative staff, independent contractors, and patients;
- How patients will be prioritized for continued services following an emergency;
- How the prioritized list of special needs shelter patients will be kept current and shared with local county health department or local emergency management agencies upon request;
- How patients will be contacted prior to and following an emergency;
- How written agreements with or referral to other health care providers will be implemented in the event the registry cannot provide services to its patients;
- How registry administrative staff will assist patients with physical, mental, cognitive impairment or sensory disabilities who will need assistance with evacuation and shelter during an emergency to register with special needs registries in their county of residence; and
- How agencies upon admission of a patient for services will discuss the registry's emergency procedures and inform patients about the special needs registry; documentation must be in each patient's file regarding emergency plans including whether the patient will evacuate or not and whether the registry or the caregiver will continue services in the event of an emergency.

During or following an emergency, situations beyond the control of the nurse registry or the independent contractor, such as impassable roads, may interfere with the provision of services. Section 400.506(16)(d), F.S., describes requirements during these situations and requires nurse registries to demonstrate a good faith effort to comply with their emergency management plan for continuing services.

#### LICENSURE INFORMATION

Licensure by Florida's Agency for Health Care Administration is required before an organization can provide nurse registry services, (Chapter 400 Part III applicable sections; section 400.506, and chapter 408 Part II, F.S.).

Nurse registries are issued licenses for a two year period. Agencies apply to the Home Care Unit in the Bureau of Health Facility Regulation, Agency for Health Care Administration located in Tallahassee, Florida.

Licenses are renewed every two years. Surveys are conducted in the interim according to state guidelines on a pre-determined schedule and are all unannounced. One of the required survey tags includes verification that the registry has an approved emergency management plan and that annual updates of the plan have been done.

#### FUNDING RESOURCES

Source of payment may include Medicaid waiver, private insurance, personal funds, or a combination of these.

Licensed nurse registries and the independent contractors may receive private payment from individuals and from health and long-term care insurance. Nurse registries may also participate

in Medicaid waivers, including but not limited to, the Aged and Disabled Home and Community Based Waiver, Developmental Disabilities Waiver and the Brain and Spinal Cord Waiver. The registry must first enroll in these waivers in order to receive and provide services to patients who are eligible for the Medicaid waivers.

## RESOURCES

**The Agency for Health Care Administration, Home Care Unit** in the Bureau of Health Facility Regulation is responsible for licensing and regulation of home health agencies, home medical equipment providers, homemaker companion services, nurse registries, health care services pools and hospices.

Agency for Health Care Administration

Home Care Unit

2727 Mahan Drive, Mail Stop #34

Tallahassee, FL 32308

(850) 412-4403

(850) 922-5374 Fax

[http://ahca.myflorida.com/mchq/health\\_facility\\_regulation/Home\\_Care](http://ahca.myflorida.com/mchq/health_facility_regulation/Home_Care)

**The Department of Children & Families ACCESS Florida Program** determines eligibility for Medicaid programs. Through an Automated Community Connection to Economic Self-Sufficiency (ACCESS) and community partners, the department provides access to public assistance programs.

1-866-76ACCES (1-866-762-2237)

[www.dcf.state.fl.us/programs/access](http://www.dcf.state.fl.us/programs/access)

**The Department of Elder Affairs** is the state agency that administers human services programs for elders, information and referral services, health insurance assistance and nursing home pre-admission counseling and screening. The department also administers the Aged and Disabled Home and Community Based Medicaid Waiver.

Department of Elder Affairs

4040 Esplanade Way

Tallahassee, FL 32399

(850) 414-2000

(850) 414-2004 Fax

<http://elderaffairs.state.fl.us>

**The Home Care Association of Florida** provides representation, communication, and advocacy for home care providers in Florida giving them information to assist in delivering high quality, cost effective services.

Home Care Association of Florida

1363 E. Lafayette Street, Suite A

Tallahassee, FL 32301

(850) 222-8967

(850) 222-9251 Fax

[www.homecarefla.org](http://www.homecarefla.org)

**Website with helpful information:**

- [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov) – Agency for Health Care Administration health care data site to find licensed health care facilities and providers, information on Medicare, Medicaid, health insurance, medications, hospital and ambulatory facility data and more. To find home nurse registry providers click on “Locate Facilities or Providers.”



# Discharge Planning

## Section 6

### Local, State, and Federal Discharge Planning Resources



## Local, State, and Federal Discharge Planning Resources - Cross Reference

This table provides a brief overview of local, state, and federal agencies included in this section of the guide. It is **not** intended to reflect **all** agencies or **all** information regarding the agency. For more information including a description of the agency, general and emergency response services, eligibility criteria, statutory authority, and agency contact information refer to the agency narrative on the following pages.

AGENCY	SERVICES	CONTACT/ INFORMATION
Agency for Health Care Administration	License, regulate managed care plans and health care facilities; Oversee and regulate provision of services to eligible Medicaid recipients; Publish health care data and statistics	<a href="http://ahca.myflorida.com">http://ahca.myflorida.com</a>
Agency for Persons with Disabilities	Assist persons who have developmental disabilities and their families. May provide funding for supports and services	<a href="http://apd.myflorida.com">http://apd.myflorida.com</a>
Department of Children & Families	Access to public assistance programs; Family Safety; Adult and Mental Health Services	<a href="http://www.dcf.state.fl.us">www.dcf.state.fl.us</a>
Department of Elder Affairs	Administer and oversee community-based programs for elders and caregivers	<a href="http://elderaffairs.state.fl.us">http://elderaffairs.state.fl.us</a>
Department of Health	Public health services to promote & protect health & safety; Control Communicable disease; Prepare for and respond to public health hazards	<a href="http://www.doh.state.fl.us">www.doh.state.fl.us</a>
Department of Veterans Affairs	Help veterans and families access Federal and State benefits and assistance	<a href="http://www.floridavets.org">www.floridavets.org</a>
Florida Division of Emergency Management	Preparedness, response, recovery, and mitigation of and from natural and man-made disasters	<a href="http://www.floridadisaster.org">www.floridadisaster.org</a>
Area Agencies on Aging	Advocate, plan, coordinate and fund system of elder support services in the community	<a href="http://elderaffairs.state.fl.us/doea/aaa.php">http://elderaffairs.state.fl.us/doea/aaa.php</a>
Centers for Independent Living	Assist persons with disabilities who want to live independently in the community	<a href="http://www.rehabworks.org/IL">www.rehabworks.org/IL</a>
Florida Housing Finance Corporation	Administer programs to help low income Floridians obtain safe, affordable housing	<a href="http://www.floridahousing.org">www.floridahousing.org</a>
Public Housing Authorities	Provide affordable housing assistance to low income individuals and families	<a href="http://www.hud.gov/offices/pih/programs/ph">www.hud.gov/offices/pih/programs/ph</a>
Other Resource Agencies	Alzheimer's Organizations	1-800-96-Elder
	American Red Cross	<a href="http://www.redcross.org">www.redcross.org</a>
	Florida Alliance of Information & Referral Services	<a href="http://www.flairs.org">www.flairs.org</a>
	Salvation Army	<a href="http://disaster.salvationarmyusa.org">http://disaster.salvationarmyusa.org</a>
	US Department of Agriculture Rural Development	<a href="http://www.rurdev.usda.gov">www.rurdev.usda.gov</a>
	US Department of Housing and Urban Development	<a href="http://www.hud.gov">www.hud.gov</a>
	US Department of Veterans Affairs	<a href="http://www.va.gov">www.va.gov</a>
Volunteer and Faith-Based Community Support Agencies	<a href="http://www.volunteerflorida.org/emergencymanagement">www.volunteerflorida.org/emergencymanagement</a>	

# Local, State, and Federal Discharge Planning Resources

## Agency for Health Care Administration

### DESCRIPTION

The Agency for Health Care Administration was established in 1992 to locate the state's health financing, regulatory and planning activities in one organization. It is the chief health policy and planning entity for the state.

The Agency for Health Care Administration's (Agency) mission is to achieve better health care for all Floridians. The Agency provides an emergency status tracking system to assist the Department of Health, the Department of Elder Affairs and ESF-8 with placement of displaced individuals from communities throughout Florida. This Emergency Status System (ESS) provides information on available beds offered by the Agency's licensed facilities and collects and provides impact and assistance information on facilities affected by natural or man-made disasters. Use of this system prior to and during emergency events is mandatory for all 24-hour care facilities including nursing homes, hospitals, residential treatment facilities, residential treatment centers for children and adolescents, crisis stabilization units, short term residential treatment centers (including therapeutic group homes), transitional living facilities, adult family care homes, assisted living facilities, and homes for special services. In addition, the Agency for Persons with Disabilities is in the process of adding foster homes, large and small group homes, and residential habilitation centers to ESS.

### GENERAL SERVICES

The major roles and responsibilities of the Agency are to:

- License and regulate managed care plans, and health care facilities and agencies;
- Oversee and regulate the provision of services to eligible Medicaid recipients; and
- Publish health care data and statistics.

The Agency is also responsible for the investigation of consumer complaints related to health care facilities; the implementation of the certificate of need program; the operation of the Florida Center for Health Information and Policy Analysis; the administration of the contracts with the Florida Healthy Kids Corporation; and other duties prescribed by statute or agreement.

### EMERGENCY RESPONSE SERVICES

The Agency is a supporting partner to the Department of Health, Emergency Support Function 8 (ESF-8) Health and Medical. As a participant at the ESF-8, the Agency staffs the State Emergency Operations Center when requested by the Secretary during a disaster.

The Agency maintains an online data system, ESS, which enables health care providers to report disaster-related information including emergency contact information, power and generator status, census and available beds, impacts such as structural damage, and evacuation status. ESS helps the Agency collect information and monitor the condition of health care services when power and phone services are interrupted by hurricanes or other disasters.

ESS users include regulated facilities that provide residential or 24-hour care. If providers cannot access the internet during this time, data may be entered by designated facility representatives outside an affected area or information can be relayed through Agency staff or other partners for entry into the system. ESS is used to report information to internal and external partners including the EOC, provider associations and the federal Centers for Medicare and Medicaid Services. ESS access is also available to staff of ESF-8, related provider associations and state agency partners. Access to specific health care facility bed availability is updated at least daily and generally more frequently during emergency activities, easily accessible in ESS and a valuable resource in special need shelter discharge planning. Additional information about ESS and enrollment is available at the Agency's website at <http://ahca.myflorida.com>, by searching on the term "Emergency Resources."

#### ELIGIBILITY CRITERIA

Residents and individuals residing in, or being admitted to any of the Agency's licensed facilities and agencies, must comply with the admission criteria and continued residency criteria (if applicable) as mandated by regulatory requirements. During an emergency, residential healthcare facilities are allowed to exceed their licensed bed capacity. However, after the fifteenth day, the facilities must contact the Agency for extended approval to continue to operate over the licensed capacity of the facility.

#### STATUTORY AUTHORITY

Section 20.42, F.S., creates the Agency for Health Care Administration.

All licensed healthcare facilities are subject to chapter 408, Part II, F.S., effective October 1, 2006.

Among the facilities regulated by the Agency, the following statutory authorities apply to facilities that may be of interest for special need shelter discharge planning:

- Short Term Residential Treatment Facilities, Residential Treatment Facilities, Residential Treatment Centers for Children and Adolescents, and Crisis Stabilization Units – Chapter 394, F.S.
- Hospitals, Ambulatory Surgery Centers, and Mobile Surgical Facilities – Chapter 395, F.S.
- Nursing Homes, Home Health Agencies, Nurse Registries, Companion or Homemaker Services Providers, Hospices, Homes for Special Services, Transitional Living Facilities, Prescribed Pediatric Extended Care Centers, Home Medical Equipment Providers, Intermediate Care Facilities for the Developmentally Disabled, Health Care Services Pools, and Health Care Clinics - Chapter 400, F.S.
- Assisted Living Facilities, Adult Family Care Homes, and Adult Day Care Centers – Chapter 429, F.S.

## AGENCY CONTACTS

Agency for Health Care Administration  
2727 Mahan Drive  
Tallahassee, FL 32308  
<http://ahca.myflorida.com>

### Agency for Health Care Administration Licensure Units:

Hospital and Outpatient Services Unit (850) 412-4549  
Includes hospitals, crisis stabilization units, residential treatment facilities, short-term residential treatment facilities, and residential treatment centers for children and adolescents (including therapeutic group homes)

Long-Term Care Unit (850) 412-4303  
Includes nursing homes, intermediate care facilities of the developmentally disabled, and transitional living facilities

Assisted Living Unit (850) 412-4304  
Includes assisted living facilities and adult family care homes

Home Care Unit (850) 412-4403  
Includes inpatient/residential hospices

Laboratory Licensure Unit (850) 412-4500  
Includes end-stage renal disease centers

### Websites with helpful information:

- <http://ess.myflorida.com> – Agency for Healthcare Administration web-based system for emergency services resources including reporting and tracking health care facility status before, during, and after an emergency.
- <http://apps.ahca.myflorida.com/nhcguide> - Florida's *Nursing Home Guide* (the *Guide*), part of the Agency for Health Care Administrations ongoing effort to provide information to consumers faced with difficult health care decisions. The website allows persons to search for a nursing home by geographic region or by the characteristics of the nursing homes.
- [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov) – Agency for Health Care Administration health care data site to find licensed health care facilities and providers, information on Medicare, Medicaid, health insurance, medications, hospital and ambulatory facility data and more.

# Local, State, and Federal Discharge Planning Resources

## Agency for Persons with Disabilities

### DESCRIPTION

The primary mission of the Agency for Persons with Disabilities (APD) is to support persons with developmental disabilities in living, learning, and working in all aspects of community life.

### GENERAL SERVICES

The Agency for Persons with Disabilities assists persons with developmental disabilities and their families. It also provides assistance to identify the needs of persons with developmental disabilities and funding to purchase supports and services for active agency clients who meet eligibility criteria. Supports and services include those that make it easier for the person to live, work, and play in places they choose. APD can arrange for a support coordinator to assist in identifying needed supports and services and, in conjunction with the person with developmental disabilities, develop a plan to assist. Service availability is based on available funding to the agency. The agency maintains a waitlist for waiver funded services.

### EMERGENCY RESPONSE SERVICES

There are no special provisions for emergency response for persons being discharged from special needs shelters. To find out what services may be available for persons who are current APD clients, or information on assisting persons who meet eligibility requirements and might qualify for assistance, contact should be made with the Agency for Persons with Disability or the local APD Office.

### ELIGIBILITY CRITERIA

To receive services, a person must live in Florida and be diagnosed with a developmental disability before the age of 18. Chapter 393, F.S., defines developmental disabilities as spina bifida, autism, cerebral palsy, Prader-Willi syndrome, Down's syndrome, and mental retardation.

### STATUTORY AUTHORITY

Section 20.197, F.S.  
Chapter 393, F.S.  
Section 624.916 F.S.

### AGENCY CONTACTS

Agency for Persons with Disabilities  
4030 Esplanade Way, Suite 380  
Tallahassee, FL 32399-0950  
(850) 488-4257  
<http://apd.myflorida.com> See Section 7 – Directories, APD Area Offices and Map

# Local, State, and Federal Discharge Planning Resources

## Department of Children & Families

### DESCRIPTION

The mission of the Department of Children & Families (DCF) is to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. Several department programs and services are particularly related to disaster planning and services. These programs include economic and self sufficiency services, family safety, adult services, and mental health services.

### GENERAL SERVICES

**The Access Florida Program** provides access to public assistance programs through an Automated Community Connection to Economic Self-Sufficiency and community partners.

**The Family Safety Program** conducts, supervises, and administers a program for dependent children and their families. The major roles and responsibilities of the Office of Family Safety are to:

- Support state and private programs that help child victims of abuse and neglect
- Support and promote the adoption of foster children
- Provide Child Protective Investigations by Department of Children & Families staff personnel or through contracts with Sheriffs' offices
- Work with Department of Health to provide medical foster homes to medically complex children

**Adult Services' Adult Protective Investigators** investigate reports of suspected abuse, neglect, exploitation, and self-neglect of vulnerable adults which are accepted by the Florida Abuse Hotline. Adult services counselors can provide needed placement in a licensed assisted living facility or adult family care home for eligible adults ages 18 and over. Adult services counselors provide in-home services to current disabled adult clients age 18 to 59.

**Mental Health Services** are targeted for individuals with severe and persistent mental illnesses. The Department of Children & Families provides both community and residential services. The specific program components are adult services, children's mental health services, and the Sexually Violent Predator Program. DCF contracts with community mental health agencies and other organizations to provide:

- Assessment
- Crisis support/Emergency Services
- Day Care Services
- Outpatient Services
- Intensive Case Management Services
- Residential Services
- Employment
- Multi-disciplinary treatment services

## EMERGENCY RESPONSE SERVICES

**The Food for Florida Disaster Food Stamp Program** is available in designated counties upon approval from the U.S. Department of Agriculture, Food and Nutrition Services. This program provides food assistance benefits to families who are not usually eligible for food stamp benefits and who have been negatively impacted by the affects of a disaster. Individuals and families who are eligible for the program receive a one-time benefit amount based on family size.

**The Emergency Financial Assistance for Housing Program** provides a one-time payment of up to \$400 to families who meet income and other eligibility criteria and are totally without shelter or face the loss of shelter because of nonpayment of rent or mortgage. The program also helps those families who have had household disasters such as fire, flood, or other accidents.

In the event assistance is needed in discharging medically complex children from a special needs shelter, the Office of Family Safety with the Community Based Care Lead Agencies and the Department of Health can provide medical foster homes to medically complex children requiring such care.

## ELIGIBILITY CRITERIA

Eligibility requirements vary by program or service. For specific information or to determine eligibility contact the Department of Children & Families, ACCESS Florida Program.

General program requirements for disaster food stamp assistance are that the household must have been living in the disaster area at the time of the disaster and must have experienced damage or destruction to their home or self employment property, or a delay, reduction, or loss of income, loss of food, or had additional disaster related expenses for the household. The household's take home income (received or expected to be received during the benefit period) plus money available from checking or savings accounts, minus a deduction for disaster-related expenses, must be under the disaster gross income limit.

## STATUTORY AUTHORITY

Section 20.19, F.S. - Creates the Department of Children & Families  
Section 414.31, F.S. - Family Self Sufficiency  
Sections 409.145, 409.175, F.S. - Social and Economic Assistance  
Chapter 391, F.S. - Children's Medical Services  
Chapter 394, F.S. - Mental Health

## AGENCY CONTACTS

Department of Children & Families  
1317 Winewood Boulevard  
Building 1 Room 202  
Tallahassee, FL 32399-0700  
(850) 487-1111  
(850) 922-2993 Fax

Emergency Financial Assistance for Housing Program  
(877) 891-6445 Toll Free

ACCESS Florida Program  
(866) 76ACCESS (866-762-2237) Toll Free  
[www.dcf.state.fl.us/programs/access](http://www.dcf.state.fl.us/programs/access)

**Website with helpful information:**

- [www.dcf.state.fl.us/programs/access/fff](http://www.dcf.state.fl.us/programs/access/fff) - In the event of a disaster such as a hurricane, the Department of Children & Families will provide updated information about the Food for Florida Program.

# Local, State, and Federal Discharge Planning Resources

## Department of Elder Affairs

### DESCRIPTION

The Florida Department of Elder Affairs is designated as the primary state agency responsible for administering human services programs for the elderly and for developing policy recommendations for long-term care. Its mission is, "To foster an environment that promotes well-being for Florida's elders and enables them to remain in their homes and communities."

### GENERAL SERVICES

The department provides community-based care to help elders age with dignity, purpose, and independence. Working with community-based organizations elders and their caregivers are provided services and information on how to live healthy lives. The majority of programs administered by the department are privatized with services provided primarily by not-for-profit agencies and local governments. The state contracts with Area Agencies on Aging (AAA), which are mandated by the federal government under the Older Americans Act. The Area Agencies on Aging are responsible for ensuring the availability of services to all elders in Florida. *See Section 6 - Area Agencies on Aging.*

The department administers and oversees a variety of programs such as long-term care initiatives; Consumer Directed Care; Medicaid Home and Community-Based Assisted Living for the Frail Elderly and Aged and Disabled Adult waivers; Community Care for the Elderly; Home Care for the Elderly, and Older Americans Act programs.

For a description of all programs and services see the department's Summary of Programs and Services available at <http://elderaffairs.state.fl.us/doea/pubs/sops.html>.

### EMERGENCY RESPONSE SERVICES

Two department programs that can have a significant impact or role during discharge planning are the Comprehensive Assessment and Review for Long-Term Care Services (CARES) and the Long-Term Care Ombudsman Program (LTCOP).

**CARES** is Florida's federally mandated pre-admission screening program for nursing home applicants. CARES staff perform client assessments to: identify long-term care needs; establish level of care (medical eligibility for nursing facility care); and recommend the least restrictive, most appropriate placement. CARES provides the following services and activities:

- Medical eligibility for the Medicaid Institutional Care Program (ICP)
- Medical eligibility for several Medicaid waivers providing community services
- Screening (maintain or conduct) all individuals entering nursing homes to determine if they have a serious mental illness or developmental disability which warrants further evaluation and determination before admittance

- Medical assessment for residents in nursing facilities entering court ordered receivership
- Medical utilization review of Medicaid nursing home residents for continuing eligibility

During disasters, CARES staffs special-needs shelters, disaster-recovery centers, and emergency management centers. CARES roles and responsibilities during discharge planning are described in the Multiagency Discharge Planning Response Team Standard Operation Procedures. See *Section 2 – Multiagency Special Needs Shelter Discharge Planning Response Teams*.

The LTCOP program is a statewide, volunteer-based program of 18 local district councils which protect, defend, and advocate on behalf of long-term care facility residents. Ombudsmen identify, investigate, and resolve complaints made by, or on behalf of, residents. Volunteers investigate complaints and devise ways to resolve concerns by, or on behalf of, residents of long-term care facilities. Following a disaster, ombudsmen can assist special needs shelter clients by:

- Helping to locate alternate housing and long-term care facilities
- Providing post discharge visits to clients discharged to long-term care facilities to ensure that health, safety, welfare, human, and civil rights are protected
- Serving as a liaison between the clients and governmental and non-governmental agencies such as the Department of Elder Affairs, Department of Health, and the Area Agency on Aging

During and following a disaster Area Agencies on Aging are a resource for local advocacy, information, referral and assistance. In preparation for an emergency, the Department of Elder Affairs may exercise authority over an Area Agency on Aging or sub-recipient to implement preparedness activities. In the event of a declared disaster or emergency, the Department of Elder Affairs may exercise authority over an Area Agency on Aging or sub-recipient to implement emergency relief measures and activities.

The Secretary of the Department of Elder Affairs is statutorily authorized to convene, at any time that he or she deems appropriate and necessary, or when requested by local emergency management officials, a multiagency special needs shelter discharge planning team to assist local areas severely impacted by a natural or man-made disaster that requires the use of special needs shelters.” See *Appendix – Section 381.0303, F.S.*

## ELIGIBILITY CRITERIA

Eligibility requirements vary by program or service. For specific information, contact the department or see the Summary of Programs and Services at <http://elderaffairs.state.fl.us/doea/pubs/sops.html>.

Note: There are no eligibility criteria for information and referral services.

## STATUTORY AUTHORITY

Section 20.41 and Chapter 430, F.S.

CARES: 42 Code of Federal Regulations (CFR) 456; 42 CFR 483.100-483.138 Subpart C; Title XIX of the Social Security Act of 1965; Chapter 59G F.A.C.; Sections 409.912(13)(a), 430.205(5)(j), F.S.

LTCOP: Title VII of the Older Americans Act, 42 United States Code 3001 et. seq. as amended by Public Law 106-501; Part I, Chapter 400, F.S.

## AGENCY CONTACTS

Florida Department of Elder Affairs  
4040 Esplanade Way  
Tallahassee, FL 32399-7000  
(850) 414-2000  
(850) 414-2004 Fax  
<http://elderaffairs.state.fl.us>

Elder Helpline for information regarding elder services and activities and link to local counties.  
(800) 96-ELDER (35337) Toll Free

CARES Central Office Tallahassee – (850) 414-2164

CARES Region 1 (PSAs 1, 2A, 2B, 3A, 4A, 4B)  
4161 Carmicheal Avenue, Suite 101  
Jacksonville, FL 32207  
(904) 391-3923

CARES Region 2 (PSAs 3B, 5A, 5B, 6A, 6B, 7B)  
200 North Kentucky Avenue, Suite 302  
Lakeland, FL 33801  
(863) 413-2312

CARES Region 3 (PSAs 7A, 8, 9A, 9B, 10, 11A, 11B)  
4400 N Congress Avenue, Suite 102  
West Palm Beach, FL 33407  
(561) 840-3158

*See Section 7 – Directories, CARES, LTCOP and Area Agencies on Aging Offices and Maps.*

# Local, State, and Federal Discharge Planning Resources

## Department of Health

### DESCRIPTION

The Florida Department of Health's (DOH) mission, as outlined in Florida Statutes, is to protect and promote the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties. This mission includes identifying, diagnosing, and conducting surveillance of diseases and health conditions in the state; implementing interventions that prevent or limit the impact or spread of diseases and health conditions; collecting, managing, and analyzing vital statistics and other health data; maintaining and coordinating preparedness for and responses to public health emergencies in the state; providing or ensuring the provision of quality health care and related services; regulating environmental activities that have a direct impact on public health; and regulating health practitioners.

### GENERAL SERVICES

As specified in the Department of Health 2011-2012 Resource Manual, the major responsibilities of the department are to:

- Prevent and treat infectious diseases of public health significance
- Provide a coordinated system of care for children with special health care needs
- Monitor and regulate activities to prevent disease of environmental origin
- Improve access to basic prevention, acute and chronic disease health care for children and adults who have difficulty obtaining this care
- Evaluate, license and discipline health care practitioners
- Prevent and reduce tobacco use within communities
- Ensure EMS providers, personnel, and trauma centers meet standards of care
- Place health care providers in medically underserved areas
- Provide accurate, timely and cost effective medical Disability and Medically Needy determinations

### EMERGENCY RESPONSE SERVICES

**The Division of Emergency Preparedness and Community Support** comprises the Bureau of Emergency Preparedness & Response, Bureau of Radiation Prevention & Control, Bureau of Public Health Pharmacy, Bureau of Public Health Laboratories, and Bureau of Emergency Medical Oversight. Through the collaborative efforts of these entities and grant funding from the Hospital Preparedness Program under the Assistant Secretary for Preparedness and Response (ASPR) and the Centers for Disease Control and Prevention (CDC), the division's primary focus is to prepare Florida for a potential catastrophic event, natural or man-made, that may threaten the health of citizens and compromise the ability to deliver needed health care services.

Managing and coordinating emergency preparedness and disaster response includes investigating and controlling the spread of disease; coordinating the availability and staffing of special needs shelters; supporting patient evacuation; ensuring the safety of food and drugs;

providing critical incident stress debriefings; and providing surveillance and control of radiological, chemical, biological, and other environmental hazards. From training emergency medical personnel to ensuring hospitals have the necessary equipment to handle mass triage and treatment, the Division of Emergency Preparedness and Community Support encompasses the continuum of disaster preparedness and response from a health care perspective.

**Bureau of Preparedness and Response (BPR)** is responsible for coordinating all planning and preparedness activities for the public health and medical systems in Florida. This includes information sharing, strategic planning and implementation, community preparedness, pre-hospital, hospital and fatality management medical surge, medical logistics, grants management, and ESF-8 response.

The bureau is responsible for coordinating public health preparedness initiatives for effective disaster response. State activities related to sheltering and recovery include:

- Managing ESF-8 staffing and logistics resources for missions
- Meeting the needs of special medical and vulnerable populations
- Administering the statewide Special Needs Shelter Program and supporting activation, and staffing

**Local County Health Departments (CHD)** work closely with the department to provide the best possible care to Florida's vulnerable population. During a disaster CHDs are an important part of a community system for emergency preparedness planning and response.

County health departments provide most of the public health services in Florida. Services are provided through a partnership between the state, district offices, and the counties. Most services are available at no charge or a small fee based upon income. Pursuant to section 381.0303 (2)(b), F.S., "County health departments shall, in conjunction with the local emergency management agencies, have the lead responsibility for coordination of the recruitment of health care practitioners to staff local special needs shelters. County health departments shall assign their employees to work in special needs shelters when those employees are needed to protect the health and safety of persons with special needs. County governments shall assist the department with non-medical staffing and the operation of special needs shelters. The local health department and emergency management agency shall coordinate these efforts to ensure appropriate staffing in special needs shelters." Locally, the county health department is the lead agency regarding staffing special needs shelters as part of the Florida Division of Emergency Management, ESF-8 (Health and Medical).

## Eligibility Criteria

All Florida residents and visitors are eligible for comprehensive health services in the event of a natural, biological, or man-made disaster. For Special Need Shelter eligibility criteria see *Section 1 – Mass Care Sheltering, Special Needs Shelters*.

## STATUTORY AUTHORITY

Chapters 252 and 381, F.S.  
The Federal Response Plan for Public Law 93-288  
State of Florida Comprehensive Emergency Management Plan  
Chapter 64-3, Florida Administrative Code

## AGENCY CONTACTS

Department of Health  
2585 Merchants Row Boulevard  
Tallahassee, FL 32399  
(850) 245-4444  
[www.doh.state.fl.us](http://www.doh.state.fl.us)

Division of Emergency Medical Operations  
(850) 245-4440  
[www.doh.state.fl.us/demo](http://www.doh.state.fl.us/demo)

Bureau of Preparedness and Response  
(850) 245-4040  
[www.doh.state.fl.us/demo/bpr](http://www.doh.state.fl.us/demo/bpr)

**ESF-8 PLANNING**    Coordinator: (850) 410-1823  
                                 Situation Status Room: (850) 488-0147  
                                 (850) 488-9054 Fax  
                                 [Stateesf8\\_planning@doh.state.fl.us](mailto:Stateesf8_planning@doh.state.fl.us)

**ESF-8 SPECIAL NEEDS SHELTERS (SpNS)**  
(850) 245-4040  
(850) 245-4580 Fax

### **County Health Departments**

A list and link to local County Health Departments can be found at  
[www.doh.state.fl.us/chdsitelist.htm](http://www.doh.state.fl.us/chdsitelist.htm).

*See Section 7 – Directories: Special Needs Shelter Consultants’ Map and County Health Departments.*

# Local, State, and Federal Discharge Planning Resources

## Department of Veterans' Affairs

### DESCRIPTION

The Florida Department of Veterans' Affairs (FDVA) is a state agency responsible for assisting, without charge, Florida's more than 1.6 million veterans, their families and survivors in improving their health and economic well-being through quality benefit information, advocacy, and education.

### GENERAL SERVICES

FDVA helps veterans and their families access earned federal and state benefits and assistance. The department operates six state veterans' nursing homes and one assisted living facility. Veterans' assistance is available at the St. Petersburg VA Regional Office, as well as through a network of veterans claims examiners located at select VA medical centers and outpatient clinics throughout the state. Florida also has a network of county veteran service offices to assist local veterans.

### EMERGENCY RESPONSE SERVICES

The Florida Department of Veterans' Affairs role in emergency response is that of a holder of information, coordinator of services to veterans and provider of limited skilled nursing beds. The department's state performance measure is a 90 percent fill rate during each 30-day month. FDVA routinely exceeds that percentage. This achievement results in limited beds available. FDVA does not admit veterans into federal facilities, but can make a request on behalf of the veteran.

As a result of past hurricane seasons, the FDVA has developed an operational response capability that includes extensive preparations for and recovery from such storms. Veterans' claims examiners enter affected areas after each storm providing assistance and counseling to veterans affected by the storms.

### ELIGIBILITY CRITERIA

Basic admission requirement for all state veterans' homes in Florida include an honorable discharge, Florida residency for one year prior to admission, and certification of need of assisted living or skilled nursing care as determined by a VA physician.

Legislation passed during the 2006 session amends section 296.36 F.S., authorizing the executive director of the Department of Veterans' Affairs to waive the residency requirement for admittance to a state veterans' nursing home for an otherwise eligible veteran who is a disaster evacuee of a state under a declared state of emergency.

### STATUTORY AUTHORITY

Section 20.37, F.S. - Creates the Department of Veterans' Affairs

Chapter 292, F.S. - Veterans' Affairs; Service Officers  
Chapter 295, F.S. - Laws Relating to Veterans: General Provisions  
Chapter 296, F.S. - Veterans' Homes  
    Part I Veterans' Domiciliary Home of Florida Act (Sections 296.01-296.17)  
    Part II Veterans' Nursing Home of Florida Act (Sections 296.31-296.41)

## AGENCY CONTACTS

Florida Department of Veterans' Affairs  
11351 Ulmerton Road, Suite 311-K  
Largo, FL 33778-1630  
(727) 518-3202 or  
(727) 319-7440  
[www.FloridaVets.org](http://www.FloridaVets.org)

For information on state veterans' homes admission requirements  
(727) 518-3202, Extension 5562

A list of contacts including Benefits and Assistance Offices and County Veteran Services Officers can be found at: [www.FloridaVets.org](http://www.FloridaVets.org)

*See Section 7 – Directories, Veterans' Affairs Statewide Contacts.*

# Local, State, and Federal Discharge Planning Resources

## Florida Division of Emergency Management

### DESCRIPTION

The mission of the Florida Division of Emergency Management is to ensure that Florida is prepared to respond to emergencies, recover from them, and mitigate against their impacts.

Since July 1, 2006, the Division of Emergency Management is a direct reporting entity to the Executive Office of the Governor.

### GENERAL SERVICES

The Division of Emergency Management plans for and responds to natural and man-made disasters, ranging from floods and hurricanes to incidents involving hazardous materials or nuclear power. The division prepares and implements a statewide *Comprehensive Emergency Management Plan*, and routinely conducts extensive exercises to test state and county emergency response capabilities. The division provides the following additional services:

- Serves as liaison with federal and local agencies on emergencies of all kinds
- Provides technical assistance to local governments in preparing emergency plans and procedures
- Conducts damage assessment surveys after a disaster and advises Governor on declaring an emergency and seeking federal relief funds
- Maintains a primary Emergency Operations Center in Tallahassee
- Operates the State Warning Point, state emergency communications center
- Operates several mitigation programs

### EMERGENCY RESPONSE SERVICES

The Division of Emergency Management encompasses preparedness, response, recovery, and mitigation of and from natural or man-made disasters. Once a state emergency is declared by the Governor, all agencies operate under the State Emergency Response Team (SERT). The SERT is established as an advisory body to coordinate emergency response functions during the declared state of emergency. The SERT is comprised of 18 Emergency Support Functions (ESFs) which support the State Coordinating Officer during emergency activation. During disaster response and recovery operations, mission requests for assistance come into the State Emergency Operations Center and are assigned to the appropriate ESF. Through this operations mechanism everyone can be informed and have the ability to receive and collect pertinent information to fulfill their mission assignment.

Missions relating to special needs and/or special needs shelters are tasked to ESF-8 (Health and Medical) with the Department of Health as the lead agency. Other ESF's may assist with support to ESF-8. For example ESF-11 (Food and Water) can provide water and ice to an existing special needs shelter that requests it. Another example would be a request such as a generator to support a special needs shelter, although ESF-8 would act as the lead agency, this request would be supported by the logistics section.

If unmet needs arise at the local level relating to life, safety, or the protection of property and the county is unable to assist, a mission request can be submitted in EM Constellation. The mission is then assigned to the Section or Branch with the resources to assist. For example the Human Services Branch consists of Mass Care, (ESF-6), Volunteers and Donations (ESF-15), Food and Water (ESF-11), and Animal and Agriculture (ESF-17).

Persons needing long term housing assistance can apply for assistance through the Federal Emergency Management Agency's Individual Assistance and Households Program. This program provides financial assistance to repair or replace damaged and destroyed personal property that is not covered by insurance and for Repair and Temporary Housing Assistance if their pre-storm dwelling is uninhabitable. If needed, Disaster Recovery Centers will open where individuals can apply. Persons can also register online at [fema.gov](http://fema.gov). Volunteers can be requested through ESF-15 if an individual needs assistance to maneuver through the process. *See Section 4 - Federal Emergency Management Agency.*

Although the Division of Emergency Management does not provide direct housing related assistance to individuals, the department's website provides links to external sites that may be able to provide information on housing resources and assistance.

#### ELIGIBILITY CRITERIA

There are no eligibility criteria for emergency disaster response services although services provided in the Recovery phase may have to meet funding source eligibility criteria. Individual assistance programs or grants such as those offered by FEMA would have their own established criteria.

#### STATUTORY AUTHORITY

Section 20.18 (2)(a), F.S.  
Chapter 252, F.S.

#### AGENCY CONTACTS

Florida Division of Emergency Management  
2555 Shumard Oak Blvd.  
Tallahassee, FL 32399-2100  
(850) 413-9900  
Director's Office  
(850) 413-9969  
(850) 488-1016 Fax

#### Websites with helpful information:

- [www.floridadisaster.org](http://www.floridadisaster.org) - For information from the Division of Emergency Management and a description of all Emergency Support Functions (ESF)
- [www.floridadisaster.org/County\\_EM/county\\_list.htm#](http://www.floridadisaster.org/County_EM/county_list.htm#) - For a directory of local county emergency management offices. Contact information is also included in *Section 7* of this guide.

- [www.floridadisaster.org/fl\\_county\\_em.asp](http://www.floridadisaster.org/fl_county_em.asp) - For a link to county emergency management websites.
- [www.floridadisaster.org/disability/snshelterlist.html](http://www.floridadisaster.org/disability/snshelterlist.html) - For a link to county Special Needs Registries
- [www.floridadisaster.org/shelters/summary.htm](http://www.floridadisaster.org/shelters/summary.htm) - For a list of currently open general and special needs shelters in the state

# Local, State, and Federal Discharge Planning Resources

## Area Agencies on Aging

### DESCRIPTION

An Area Agency on Aging (AAA) is a designated not-for-profit entity that advocates, plans, coordinates, and funds a system of elder support services in its respective Planning and Service Area. The mission of Area Agencies on Aging is to make it easier for older persons to live independently in the comfort of their own surroundings. An Area Agency on Aging serves as both the advocate and the visible focal point in the planning and service area to foster the development of comprehensive and coordinated service systems to serve older individuals, (section 430.203, F.S.). Area Agencies on Aging administer funds locally and contract with a variety of provider agencies to offer a wide array of services designed to address the needs of elders. Area Agencies on Aging operate Aging and Disability Resource Centers (ADRCs)/ Aging Resource Centers (ARCs).

### GENERAL SERVICES

In accordance with Florida Statutes and the federal Older Americans Act, Area Agencies on Aging ensure a coordinated and integrated provision of long-term care services to elders and ensure that prevention and early intervention services are provided. Area Agencies on Aging plan, coordinate and offer services that help elders remain in their home and in the community. Area Agencies on Aging also coordinate the provision of comprehensive care by helping elders and their families navigate the local community system of services. Area Agencies on Aging help elders access the network of community-based service providers including lead agencies, Alzheimer's Disease Initiative providers, senior centers, and other service providers and vendors. Services are available in the community through the Older Americans Act and other federal, state and local programs. Services funded through Area Agencies on Aging include:

- Congregate and Home Delivered Meals
- Senior Center Activities and Adult Day Care
- Case Management
- Transportation
- Homemaker and Personal Care
- Legal Assistance
- Minor Home Repair
- Alzheimer's Respite
- Information and Referral

The primary functions of the ADRC/ARC are to:

- Provide information and referral services
- Ensure that eligibility determinations are done properly and efficiently
- Triage clients who require assistance
- Manage the availability of financial resources for certain key long-term care programs targeted for elders to ensure financial viability and stability
- Manage the waiting list for various programs
- Help individuals access benefits and services

## EMERGENCY RESPONSE SERVICES

Area Agencies on Aging can provide quick response in a local disaster. Disaster Coordinators are provided to access, inform, and organize communications between the Department of Elder Affairs, community service providers, and local government. During the preparation and response phases, Area Agencies on Aging help reestablish and maintain community and home based services by procuring assistance and materials for service providers. Following a disaster, Area Agencies on Aging work with the Department of Elder Affairs and local special needs shelters to provide assistance for elders needing to be discharged.

## ELIGIBILITY CRITERIA

Eligibility requirements including age, income and frailty level vary by program, service or funding source. Under the Older Americans Act, all persons age 60 or older, regardless of income, are eligible for some services, although priority is given to those who are in greatest need. For specific eligibility information, contact the local Area Agency on Aging.

## STATUTORY AUTHORITY

Section 20.41, F.S.

Chapter 430, F.S.

Older Americans Act of 1965 as amended, Title 42, Chapter 35 U.S. Code

## AGENCY CONTACTS

*See Section 7 – Directories, Area Agencies on Aging Map and Offices.*

### **Websites with helpful information:**

- [http://elderaffairs.state.fl.us/doea/elder\\_helpline.php](http://elderaffairs.state.fl.us/doea/elder_helpline.php) - List of Elder Helplines that provide information regarding elder services and activities within each Florida County. The helpline can also be reached by calling toll free (800) 96-ELDER (35337).
- [www.agingresourcecentersofflorida.org](http://www.agingresourcecentersofflorida.org) – Florida Association of Area Agencies on Aging webpage with links to Florida’s Aging and Disability Resource Centers. The association shares data, plans advocacy activities, designs coordinated aging programs. The eleven partner organizations work closely with the Florida Department of Elder Affairs.
- [www.eldercare.gov](http://www.eldercare.gov) - The Elder Locator is a public service of the U.S. Administration on Aging. It connects older Americans and their caregivers with sources of information on services. The site provides links to local Area Agencies on Aging and community-based organizations.

# Local, State, and Federal Discharge Planning Resources

## Centers for Independent Living

### DESCRIPTION

Centers for independent living are 501(c)(3) private, not-for-profit, non-residential agencies that assist persons with disabilities who wish to live independent, community-based, self directed and productive lives.

The Florida Department of Education, Division of Vocational Rehabilitation, administers the Independent Living Program for the state of Florida. The program is implemented on the local level by a network of centers for independent living (CILs). Centers for independent living are funded by a combination of federal, state, and private funding.

### GENERAL SERVICES

The four core services provided by all CILs are:

**Information and Referral** – The CILs are a clearinghouse of information for consumers.

**Independent Living Skills** – The CILs assist consumers with skill development in areas such as money management, goal setting, accessing transportation, and finding and using assistive technology, employment readiness, and social skills.

**Peer Mentoring and Networking** – The CILs offer peer support/mentoring in group settings and for individuals who share like disabilities to support each other with information and experiences.

**Advocacy** – The CILs assist consumers in areas of individual and systems advocacy skills. The centers also educate consumers and the community regarding roles and responsibilities under the Americans with Disabilities Act.

Each CIL also offers unique services tailored to the needs of its community including, but not limited to: home modifications, equipment loans and repair, computer skills training, recreational activities, and community events. Fifty-one percent of the staff and boards of CILs are persons with disabilities. Persons with disabilities play significant roles in the decision-making responsibilities of the centers.

### EMERGENCY RESPONSE SERVICES

Although the CILs do not typically provide housing directly, they may be available to assist with referrals to housing resources and other services necessary to facilitate the discharge of persons with disabilities from shelters.

### ELIGIBILITY CRITERIA

CIL services are available to individuals of all ages and disabilities.

## STATUTORY AUTHORITY

Section 413.393, F.S.

## AGENCY CONTACTS

The Department of Education  
Division of Vocational Rehabilitation – Independent Living Program  
2002 Old Saint Augustine Road, Building A  
Tallahassee, Florida 32301-4862  
(850) 245-3338  
(800) 451-4327 (Voice/TDD) Toll Free  
[www.rehabworks.org/IL](http://www.rehabworks.org/IL) for a directory of Centers for Independent Living

**The Florida Independent Living Council (FILC)** - A statewide council established by federal mandate and Florida Statute. It consists of 15 voting members, appointed by the Governor. Other members include ex-officio representatives of the Division of Vocational Rehabilitation and Blind Services. In compliance with state law, a majority of the voting members are persons with disabilities. Additional representatives are from Centers for Independent Living, advocacy groups, other consumer or independent living organizations and various state agencies impacted by Title VII of The Rehabilitation Act. FILC's purpose is to promote independent living opportunities for persons with disabilities throughout the state of Florida. This includes the promotion of a direct service philosophy that is consumer controlled and directed.

Florida Independent Living Council  
1416 North Adams Street  
Tallahassee, FL 32303  
(850) 488-5624 (Voice/TTY)  
(877) 822-1993 Toll free  
(850) 488-5881 Fax  
[www.flailc.org](http://www.flailc.org)

**The Florida Association of Centers for Independent Living (FACIL)** - A capacity building advocacy organization that provides support and resource development for 15 centers for independent living throughout Florida.

Florida Association of Centers for Independent Living  
325 John Knox Road  
Building C, Suite 132  
Tallahassee, FL 32303  
(850) 575-6004  
(866) 575-6004 Toll free  
(850) 575-6093 Fax  
<http://floridacils.org>

# Local, State, and Federal Discharge Planning Resources

## Florida Housing Finance Corporation

### DESCRIPTION

The Florida Housing Finance Corporation (Florida Housing) administers a number of multifamily, single family and special programs that help low-income Floridians obtain safe, decent, affordable housing that might otherwise be unavailable to them. Florida Housing's programs are designed to finance the development of affordable housing by for-profit and nonprofit developers. Florida Housing offers a First Time Homebuyer Program that can be accessed by individuals through participating lenders. Florida Housing also distributes funding to local governments for the development of homeownership and multifamily programs that are made available to individuals and developers within each local jurisdiction.

### GENERAL SERVICES

#### Rental Housing Programs (all provide financing to developers)

- Multifamily Mortgage Revenue Bond
- Low Income Housing Tax Credits
- State Apartment Incentive Loan
- Elderly Housing Community Loan
- Florida Affordable Housing Guarantee
- Home Investment Partnerships

#### Homeownership programs

- First Time Homebuyer Program
- Homeownership Pool Program
- Down payment assistance Programs -Homeownership Assistance Program, HOME Down Payment Assistance, Homeownership Assistance for Moderate Income, and Three Percent Cash Assistance
- Mortgage Credit Certificate Program

#### Special Programs

- Predevelopment Loan Program
- State Housing Initiatives Partnership (Also known as SHIP)
- Demonstration Loans and the Affordable Housing Catalyst Program
- Affordable Housing Locator

### EMERGENCY RESPONSE SERVICES

In response to each year's hurricane season, the legislature may allocate funding for various hurricane housing recovery programs. These programs are for new construction and rehabilitation of housing that was destroyed, but generally targeted to long term recovery rather than emergency assistance. Some programs are administered by Florida Housing, while some

funding is distributed to the local governments. The funds are primarily for use by nonprofit and for profit developers, however, individuals are eligible for locally administered funding. Information on current disaster relief initiatives can be searched for on the Florida Housing Finance Corporation website.

#### ELIGIBILITY CRITERIA

Individual programs may have specific eligibility criteria. See descriptions for individual programs or contact the Florida Housing Finance Corporation.

#### STATUTORY AUTHORITY

Section 420.504, F.S.

#### AGENCY CONTACTS

Florida Housing Finance Corporation  
227 N. Bronough Street, Ste 5000  
Tallahassee, FL 32301  
(850) 488-4197  
(850) 488-9809 Fax  
[www.floridahousing.org](http://www.floridahousing.org)

#### Website with helpful information:

- [www.floridahousing.org/AboutUs](http://www.floridahousing.org/AboutUs) - Provides a description of Florida Housing Finance Corporation initiatives. Click on “Summary of FHFC Programs” for a description of affordable housing programs.

# Local, State, and Federal Discharge Planning Resources

## Public Housing Authorities

### DESCRIPTION

Florida's public housing authorities (PHA) provide affordable housing assistance to low and extremely low income individuals and families. Services are provided predominately through the U.S. Department of Housing and Urban Development's (HUD) Public and Indian Housing, public housing and housing choice voucher programs. A few local housing authorities have elderly-dedicated housing and assisted living facilities. There are income and other eligibility criteria, as well as waiting lists in many areas.

### GENERAL SERVICES

Public housing authorities provide a variety of services including: housing, housing assistance, and assistance with utilities for tenants. Other services offered by some agencies include homeownership planning, job training, hot meals, transportation, drug prevention, child care, credit counseling, family counseling, life skills training, and elderly services.

Public housing authorities can provide information and assistance for The Housing Choice Voucher Program (Section 8). This is a federal program to assist low-income families, elders, and persons with disabilities rent safe, decent, and affordable housing in a community.

### EMERGENCY RESPONSE SERVICES

Persons being discharged from a shelter may be able to benefit from or access general services, or through HUD hurricane recovery resources that may be available following an event. Contact should be made with the local public housing authority to determine what assistance or services may be available.

### Eligibility Criteria

Eligibility for public housing is determined by: Annual gross income; whether the person qualifies as elderly, a person with a disability, or as a family; and U.S. citizenship or eligible immigration status. If eligible, the housing agency checks references. PHAs deny admission to any applicant whose habits and practices may be expected to have a detrimental effect on other tenants or on the project's environment.

PHAs use income limits developed by HUD based upon the median income for the county or metropolitan area. Income limits vary by location. The local PHA can provide requirements for income levels for the specific area and family size.

Eligibility for a housing voucher is determined by the PHA based on the total annual gross income and family size and is limited to U.S. citizens and specified categories of non-citizens who have eligible immigration status. By law, a PHA must provide 75 percent of its vouchers to applicants whose incomes do not exceed 30 percent of the area median income.

During the application process, the PHA collects and verifies information on family income, assets, and family composition. Information is used to determine program eligibility and the amount of the housing assistance payment. If the PHA is unable to immediately assist eligible individuals or family, they will be placed on a waiting list.

#### STATUTORY AUTHORITY

Florida's public housing agencies known as public "Housing Authorities" are authorized and operate under chapter 421, F.S., and through obligations under their Annual Contributions Contract with the U.S. Department of Housing and Urban Development, subject to the U.S. Housing Act of 1937.

#### AGENCY CONTACTS AND Resources

**The U.S. Department of Housing and Urban Development** provides a variety of rental assistance programs to persons with low incomes.

[www.hud.gov](http://www.hud.gov)

**The Florida Association of Housing and Redevelopment Officials** provides a means of exchanging information for the purpose of improving low income and affordable housing and community services. Officials work together to ensure that Florida citizens have clean, safe and sanitary housing.

Florida Association of Housing and Redevelopment Officials  
Post Office Box 14629  
Tallahassee, FL 32317-4629  
(850) 222-6000; (850) 222-6002 Fax  
[www.fahro.org](http://www.fahro.org)

*See Section 7 – Directories, Public Housing Authorities.*

Note: Persons in counties that have no Public Housing Authority can try a neighboring county or can contact the Florida Housing Finance Corporation.

# Local, State, and Federal Discharge Planning Resources

## Other Resource Agencies

### ALZHEIMER'S ORGANIZATIONS

Local Alzheimer's organizations and service providers are located throughout the state and provide assistance and services to caregivers and patients suffering from Alzheimer's disease or other dementia related disorders. Dementia is a clinical term used to describe a group of brain disorders that disrupt and impair cognitive functions (e.g. thinking, memory, judgment, personality, mood, and social functioning). Immediate disaster relief services provided by these organizations may include case management, nurse consulting services, information and referral for appropriate dementia specific community resources including facility placement, caregiver support, counseling, and crisis and help lines. Additional community-based resources and services available to patients and families through these organizations in a long-term disaster relief plan may include dementia specific adult day care, in-home and facility based respite, and education and training programs for the caregiver.

Information on these types of providers can usually be found through the Department of Elder Affairs Elder Helpline at (800) 96-ELDER. Information and local service providers can also be found on the Alzheimer's Online Caregiver Support website at <http://alzonline.php.ufl.edu>. The Alzonline website provides a statewide, Internet-based, support and information network for caregivers of individuals with dementia. Click on "Find services in your local area."

### AMERICAN RED CROSS CHAPTERS

The American Red Cross was chartered by Congress in 1905 to "carry on a system of national and international relief in time of peace and apply the same in mitigating the sufferings caused by pestilence, famine, fire, floods, and other great national calamities and to devise and carry on measures for preventing the same." Red Cross disaster relief focuses on meeting a person's immediate emergency disaster caused needs. The Red Cross may provide shelter, food, and health and mental health services. In addition assistance is given to persons affected by disasters to enable them to resume normal daily activities. The Red Cross also feeds emergency workers, handles inquiries from family members outside the disaster area, provides blood and blood products to disaster victims, and helps persons access other available resources. Red Cross Chapters are required to respond with services within two hours of being notified. To find out what services may be available during or following a specific disaster, contact should be made with the local Red Cross Chapter. See *Section 7 – Directories, American Red Cross Regions*.

General information can also be found at: [www.redcross.org](http://www.redcross.org).

### FLORIDA ALLIANCE OF INFORMATION AND REFERRAL SERVICES

An Affiliate of the national Alliance of Information and Referral Systems (I&R), the mission of FLAIRS is to strengthen the health and human service information and referral provider network in the State of Florida through advocacy, coordination, and education. FLAIRS, is a statewide association of agencies and individuals, committed to the provision of quality information and referral services. Members include representatives from general I&R's: specialized I&R's such

as elder helplines, child care resource, and referral providers; crisis hotlines; and others who provide information services. The organization provides links to community resources through statewide Information and Referral Helplines, the Florida 211 Network, and an online search for services in every Florida county. Information and links to services can be found at [www.flairs.org](http://www.flairs.org)

## SALVATION ARMY

The Robert T. Stafford Emergency and Disaster Assistance Act, names the Salvation Army as a national relief and disaster assistance organization. As a national first responder, the Salvation Army provides assistance to meet the basic needs of survivors and first responders affected by a disaster. Services vary based on the magnitude of the disaster and the community situation. Immediate assistance and long-term recovery help can be provided. Disaster services include: on-site assistance to disaster workers; mass feeding; individual feeding; emergency shelters; comfort stations; distribution of clothing, food, relief supplies, and any other necessary items; and spiritual care. When necessary, the Salvation Army provides shelter in a facility identified by local emergency management personnel. Shelters may be established and maintained in Salvation Army facilities or other sites.

In Florida, the Salvation Army as part of its disaster relief equipment has mobile feeding canteens and mobile kitchens, transport and cargo trailers, supply trucks, personal support units, shower units, tents, cots, blankets, clean-up kits, and a mobile command center.

For specific information on how the Salvation Army can assist, contact the local Salvation Army. To find a Salvation Army Center in Florida go to: [www.salvationarmyflorida.org](http://www.salvationarmyflorida.org) or contact the Florida Division Headquarters.

Salvation Army – Florida Divisional Headquarters  
5631 Van Dyke Road  
Lutz, Florida 33558  
(813) 383-5624 (Disaster Department)  
(813) 962-4098 Fax

General information on the Salvation Army's disaster services can also be found at <http://disaster.salvationarmyusa.org>.

## U.S. DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT

The USDA Rural Development, Housing and Community Facilities Programs (HCFP) help rural communities and individuals by providing loans and grants for housing and community facilities. Funding is provided for single family homes, apartments for low-income persons or the elderly, housing for farm laborers, childcare centers, fire and police stations, hospitals, libraries, nursing homes, schools, and much more. In partnership with non-profits, Indian tribes, state and federal government agencies, and local communities, HCFP creates packages of technical assistance and loan and grant funds to assist rural communities and individuals. USDA grant and loan programs can also provide financial assistance to make health and hazard modifications and repairs to homes. For information on HCFP and other USDA rural development programs and opportunities go to: [www.rurdev.usda.gov/ProgramsAndOpportunities.html](http://www.rurdev.usda.gov/ProgramsAndOpportunities.html) and [www.rurdev.usda.gov/LP\\_Subject\\_HousingAndCommunityAssistance.html](http://www.rurdev.usda.gov/LP_Subject_HousingAndCommunityAssistance.html).

To find a local rural development service center go to:  
<http://offices.sc.egov.usda.gov/locator/app?state=us&agency=rd> or contact the Florida state office:

U.S. Department of Agriculture Rural Development – Florida Office  
4440 NW 25 Place  
Gainesville, FL 32614  
(352) 338-3402  
(352) 338-3405  
[www.rurdev.usda.gov/FLHome.html](http://www.rurdev.usda.gov/FLHome.html)

## U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

The U.S. Department of Housing and Urban Development (HUD) provides a variety of rental assistance programs, such as the Housing Choice Voucher Program, for persons with low incomes. In addition, HUD funds housing counseling agencies throughout the state that can provide advice on buying a home, renting, defaults, foreclosures, credit issues, reverse mortgages, and homelessness. For more information, or to locate an approved housing counseling agency visit: [www.hud.gov](http://www.hud.gov). HUD provides a variety of disaster resources. Under the National Response Framework, the Federal Emergency management Agency (FEMA) and the Small Business Administration (SBA) offer initial recovery assistance with HUD responsible for long-term housing support. For information on HUD Disaster Resources including Mortgage Assistance, Public and Indian Housing, Community Development and Housing Assistance, and other resources go to [www.hud.gov/info/disasterresources\\_dev.cfm](http://www.hud.gov/info/disasterresources_dev.cfm). See Also Section 4 – FEMA and Federal Partners and Section 6 - Public Housing Authorities.

## U.S. DEPARTMENT OF VETERANS AFFAIRS

The U.S. Department of Veterans Affairs (VA) is responsible for veterans' health care and benefits. Among its services, VA offers a wide array of special program designed to help homeless veterans. A toll free national VA homeless hotline has been established at 1-877-424-3838. More information on these services can be found at: [www.va.gov](http://www.va.gov) and <http://nchv.org>.

## VOLUNTEER AND FAITH-BASED COMMUNITY SUPPORT AGENCIES

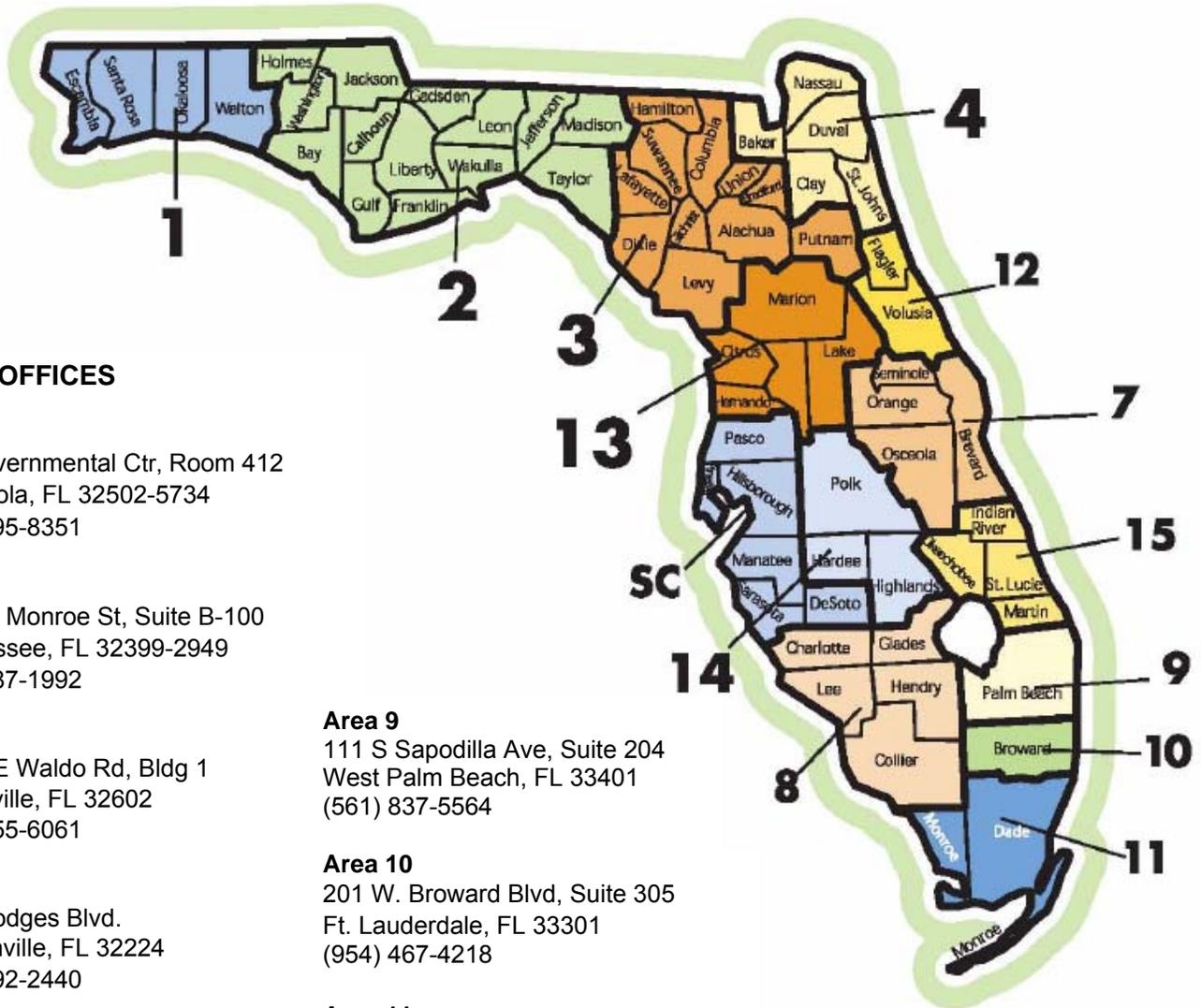
During or following a disaster, many local community volunteer or faith-based groups offer food, shelter, clothing or other emergency assistance. According to FEMA's Disaster Housing Strategy [Annex #2](#), "faith-based and community organizations serve a vital role at the local, State, tribal and national levels by performing essential service missions in times of need. They provide sheltering, emergency feeding, disaster case management and coordination of resources during long-term recovery. Faith-based and community organizations may also provide leadership and coordination of service delivery for various types and sizes of disasters, both declared and non-declared, for a wide range of populations including persons with special needs." Early discharge planning should include finding out what agencies and faith-based organizations participate in disaster response and recovery. For a link to ESF-15 (Volunteers and Donations) support agencies go to:  
[www.volunteerflorida.org/emergencymanagement/supportagencies.html](http://www.volunteerflorida.org/emergencymanagement/supportagencies.html).

# Discharge Planning

## Section 7 Directories



## Agency for Persons with Disabilities



### AREA OFFICES

#### Area 1

160 Governmental Ctr, Room 412  
Pensacola, FL 32502-5734  
(850) 595-8351

#### Area 2

2639 N. Monroe St, Suite B-100  
Tallahassee, FL 32399-2949  
(850) 487-1992

#### Area 3

1621 NE Waldo Rd, Bldg 1  
Gainesville, FL 32602  
(352) 955-6061

#### Area 4

3631 Hodges Blvd.  
Jacksonville, FL 32224  
(904) 992-2440

#### Suncoast Region (SC)

1313 North Tampa St, Suite 515  
Tampa, FL 33602  
(813) 233-4300

#### Area 7

400 W Robinson St, Suite S430  
Orlando, FL 32801  
(407) 245-0440

#### Area 8

2295 Victoria Ave  
Ft. Myers, FL 33906  
(239) 338-1370

#### Area 9

111 S Sapodilla Ave, Suite 204  
West Palm Beach, FL 33401  
(561) 837-5564

#### Area 10

201 W. Broward Blvd, Suite 305  
Ft. Lauderdale, FL 33301  
(954) 467-4218

#### Area 11

401 NW 2nd Ave, Suite South-811  
Miami, FL 33128  
(305) 349-1478

#### Area 12

210 N Palmetto Ave, Suite  
312  
Daytona Beach, FL 32114  
(386) 947-4026

#### Area 13

1601 W Gulf Atlantic Hwy  
Wildwood, FL 34785  
(352) 330-2749

#### Area 14

200 N Kentucky Ave. Suite 422  
Lakeland, FL 33801  
(863) 413-3360

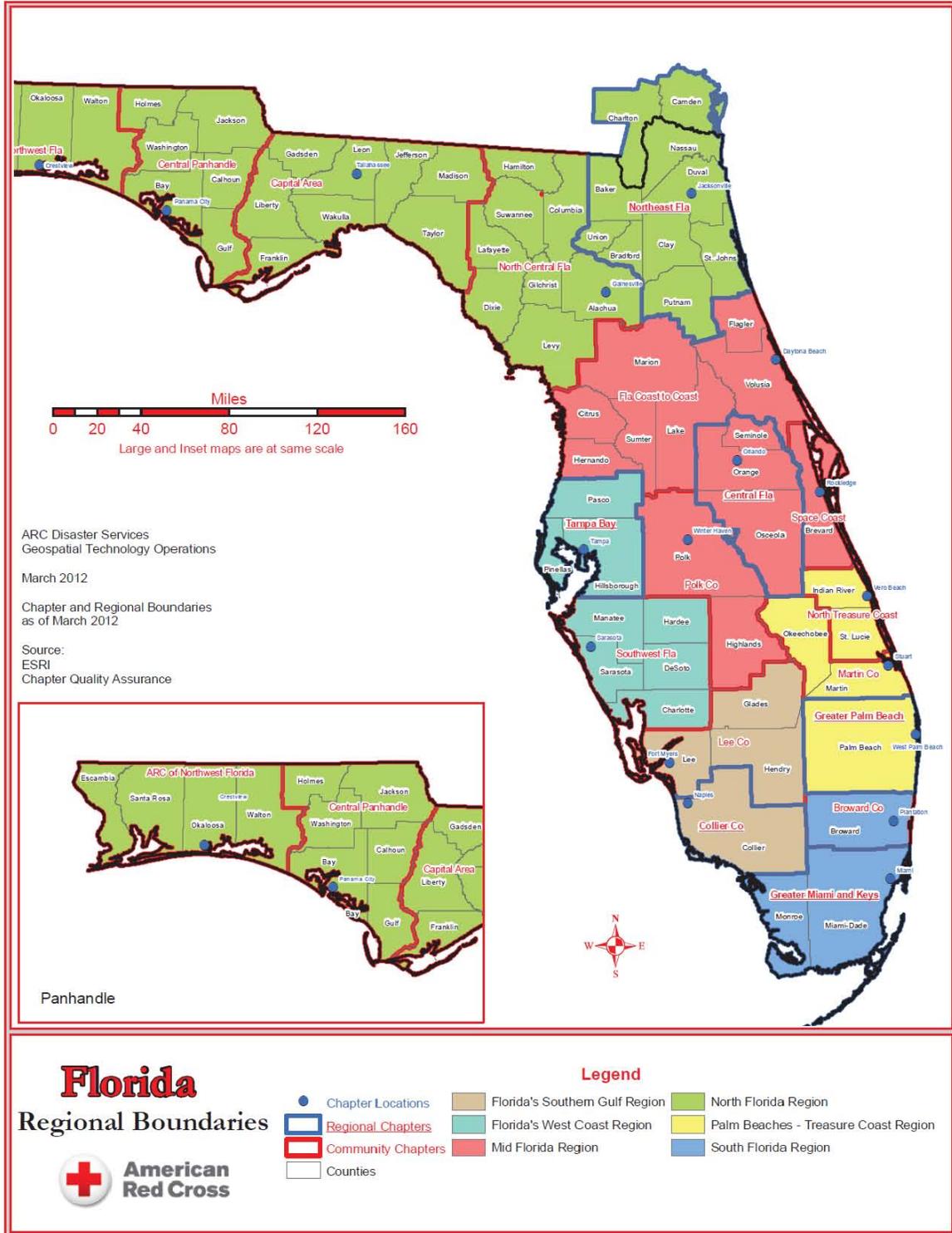
#### Area 15

337 N US Hwy 1, Suite 328  
Ft. Pierce, FL 34950  
(772) 468-4080  
(352) 330-2749

Note: APD will be changing to a regional structure. Contact the agency for the latest information.

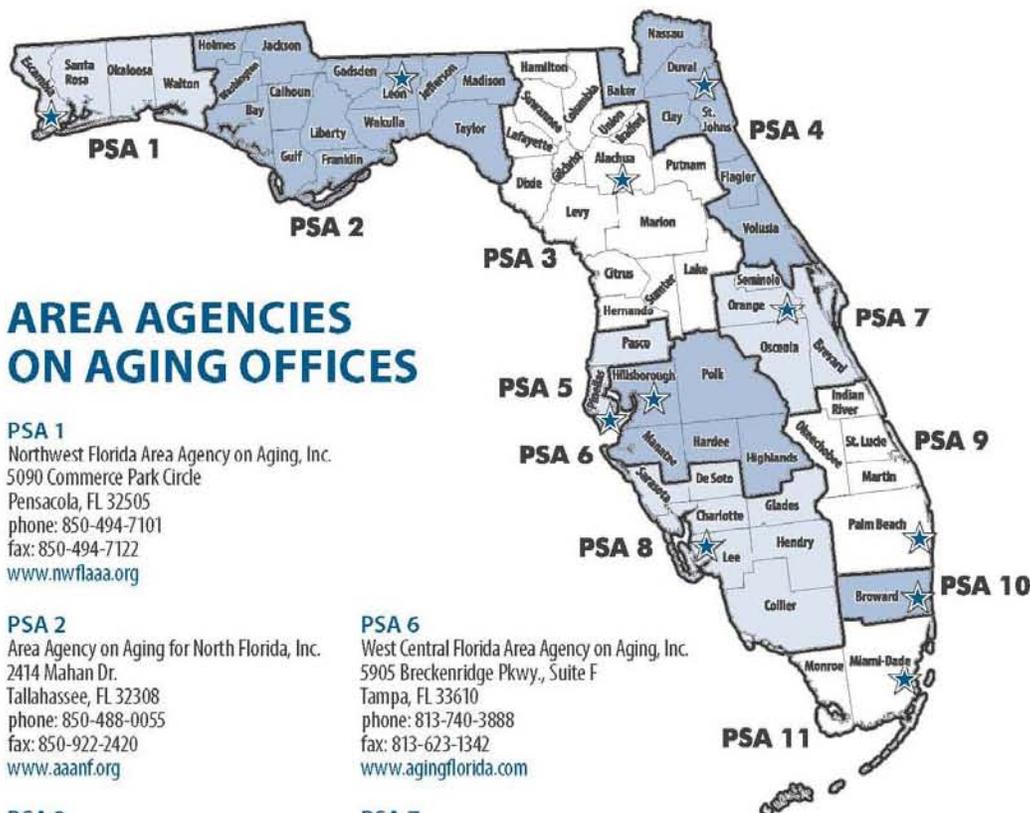
## American Red Cross Regions

This map provides a list of Florida's local American Red Cross Regions as described in *Section 6 – Other Resources*. See the next page for a directory of the Regions



<b>American Red Cross Florida Regions</b>
<b>North Florida Region</b>
<b>Northeast Florida Chapter</b>
751 Riverside Avenue, Jacksonville, FL 32204 Phone: 904-358-8091; Fax: 904-475-1329 <a href="http://www.nefloridaredcross.org">www.nefloridaredcross.org</a>
<b>North Central Florida Chapter</b>
1724 Northeast 2nd Street, Gainesville, FL 32609 Phone: 352-376-4669; Fax: 352-376-4267 <a href="http://www.redcrossncfc.org">www.redcrossncfc.org</a>
<b>Capital Area Chapter</b>
1115 Easterwood Drive, Tallahassee, FL 32311 Phone: 850-878-6080; Fax: 850-878-3441 <a href="http://www.tallyredcross.org">www.tallyredcross.org</a>
<b>Central Panhandle Chapter</b>
430 East 15th Street, Panama City, FL 32405 Phone: 850-763-6587; Fax: 850-785-3995 <a href="http://www.redcrosspanamacity.org">www.redcrosspanamacity.org</a>
<b>Northwest Florida Chapter</b>
1741 North Palafox Street, Pensacola, FL 32051 Phone: 850-432-7601; Fax: 850-432-0315 <a href="http://www.floridaredcross.org">www.floridaredcross.org</a>
<b>Mid-Florida Region</b>
5 North Bumby Ave, Orlando, FL 32803 Phone: 407-894-4141; Fax: 407-894-6951 <a href="http://www.midfloridaredcross.org">www.midfloridaredcross.org</a>
<b>West Florida Region</b>
3310 West Main Street, Tampa, FL 33607 Phone: 813-348-4820; Fax: 813-348-4830 <a href="http://www.flwestcoast.org">www.flwestcoast.org</a>
<b>Palm Beaches – Treasure Coast Region</b>
825 Fern Street, West Palm Beach, FL 33401 Phone: 561-833-7711; Fax: 561-833-8771 <a href="http://www.redcross-pbc.org">www.redcross-pbc.org</a>
<b>Florida’s Southern Gulf Region</b>
2610 Northbrooke Plaza Drive, Naples, FL, 34119 Phone: 941-596-6868; Fax: 941-596-6923 <a href="http://www.gulfcoastredcross.org">www.gulfcoastredcross.org</a>
<b>South Florida Region</b>
335 Southwest 27th Avenue, Miami, FL 33135 Phone: 305-644-1200; Fax: 305-644-7308 <a href="http://www.southfloridaredcross.org">www.southfloridaredcross.org</a>

## DOEA - Area Agency on Aging



### AREA AGENCIES ON AGING OFFICES

**PSA 1**  
Northwest Florida Area Agency on Aging, Inc.  
5090 Commerce Park Circle  
Pensacola, FL 32505  
phone: 850-494-7101  
fax: 850-494-7122  
[www.nwflaaa.org](http://www.nwflaaa.org)

**PSA 2**  
Area Agency on Aging for North Florida, Inc.  
2414 Mahan Dr.  
Tallahassee, FL 32308  
phone: 850-488-0055  
fax: 850-922-2420  
[www.aaanf.org](http://www.aaanf.org)

**PSA 3**  
Elder Options  
Mid Florida Area Agency on Aging, Inc.  
5700 SW 34th St., Suite 222  
Gainesville, FL 32608  
phone: 352-378-6649  
fax: 352-378-1256  
[www.agingresources.org](http://www.agingresources.org)

**PSA 4**  
ElderSource, The Area Agency on Aging of Northeast Florida  
4160 Woodcock Dr., 2nd Floor  
Jacksonville, FL 32207  
phone: 904-391-6600  
fax: 904-391-6601  
[www.myeldersource.org](http://www.myeldersource.org)

**PSA 5**  
Area Agency on Aging of Pasco-Pinellas, Inc.  
9887 4th St. N., Suite 100  
St. Petersburg, FL 33702  
phone: 727-570-9696  
fax: 727-570-5098  
[www.agingcarefl.org](http://www.agingcarefl.org)

**PSA 6**  
West Central Florida Area Agency on Aging, Inc.  
5905 Breckenridge Pkwy., Suite F  
Tampa, FL 33610  
phone: 813-740-3888  
fax: 813-623-1342  
[www.agingflorida.com](http://www.agingflorida.com)

**PSA 7**  
Senior Resource Alliance, Area Agency on Aging of Central Florida, Inc.  
988 Woodcock Rd., Suite 200  
Orlando, FL 32803  
phone: 407-514-1800  
fax: 407-228-1835  
[www.seniorresourcealliance.org](http://www.seniorresourcealliance.org)

**PSA 8**  
Area Agency on Agency of Southwest Florida  
15201 North Cleveland Ave., Suite 1100  
North Fort Myers, FL 33903  
phone: 239-652-6900  
fax: 239-652-6999  
[www.aaaswfl.org](http://www.aaaswfl.org)

**PSA 9**  
Area Agency on Aging of Palm Beach/Treasure Coast  
4400 N. Congress Ave.  
West Palm Beach, FL 33407  
phone: 561-684-5885  
fax: 561-214-8678  
[www.youragingresourcecenter.org](http://www.youragingresourcecenter.org)

**PSA 10**  
Aging & Disability Resource Center of Broward County, Inc.  
5300 Hiatus Rd.  
Sunrise, FL 33351  
phone: 954-745-9567  
fax: 954-745-9584  
[www.adrcbroward.org](http://www.adrcbroward.org)

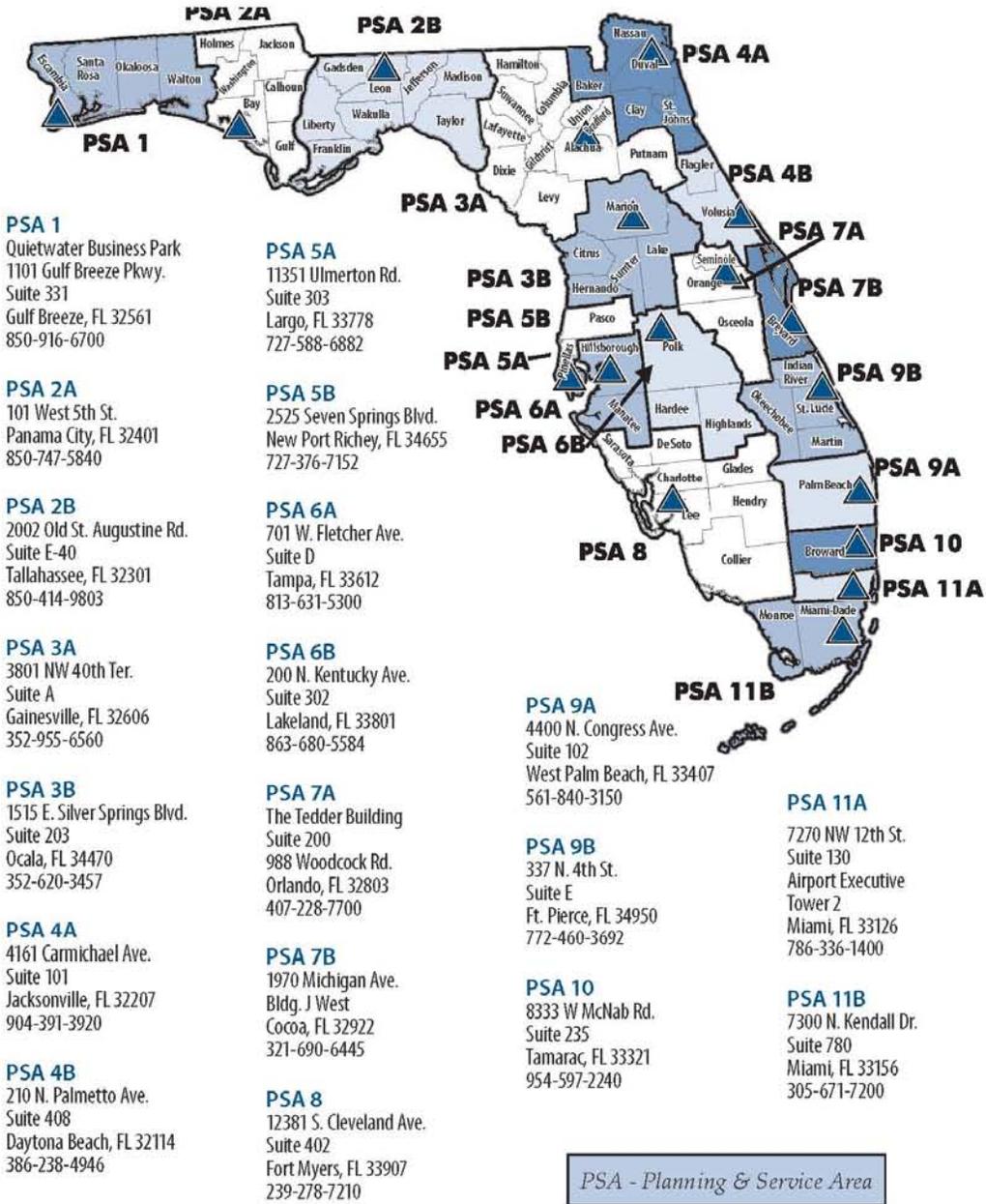
**PSA 11**  
Alliance for Aging, Inc.  
760 NW 107th Ave.  
Suite 214, 2nd Floor  
Miami, FL 33172  
phone: 305-670-6500  
fax: 305-670-6516  
[www.allianceforaging.org](http://www.allianceforaging.org)

PSA - Planning & Service Area

DOEA Summary of Programs and Services

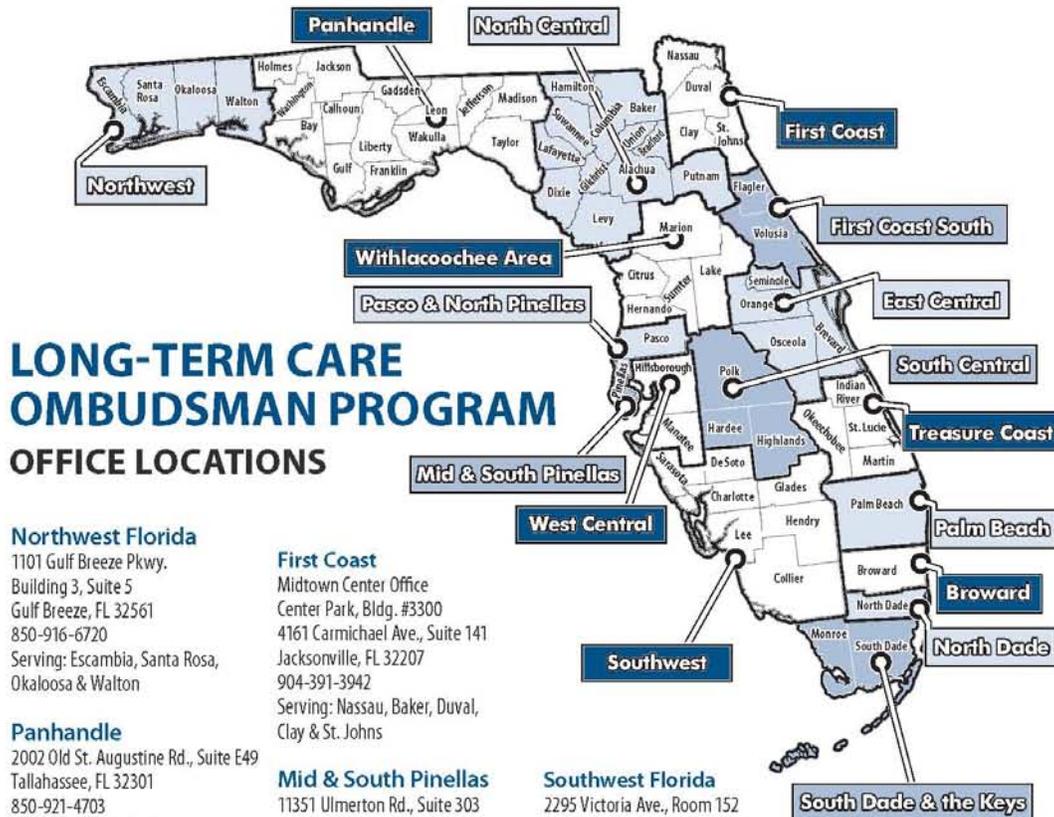
DOEA - CARES

**COMPREHENSIVE ASSESSMENT & REVIEW FOR LONG-TERM CARE SERVICES (CARES) OFFICES**



DOEA Summary of Programs and Services

## DOEA - Long-Term Care Ombudsman Program



### LONG-TERM CARE OMBUDSMAN PROGRAM OFFICE LOCATIONS

#### Northwest Florida

1101 Gulf Breeze Pkwy.  
Building 3, Suite 5  
Gulf Breeze, FL 32561  
850-916-6720  
Serving: Escambia, Santa Rosa, Okaloosa & Walton

#### Panhandle

2002 Old St. Augustine Rd., Suite E49  
Tallahassee, FL 32301  
850-921-4703  
Serving: Holmes, Jackson, Washington, Bay, Calhoun, Gadsden, Liberty, Gulf, Franklin, Leon, Madison, Taylor, Jefferson & Wakulla

#### North Central Florida

141407 N.W. Highway 441  
Alachua, FL 32615  
386-418-2106  
Serving: Hamilton, Suwanee, Columbia, Lafayette, Dixie, Levy, Union, Putnam, Alachua, Bradford & Gilchrist

#### Withlacoochee Area

1515 E. Silver Springs Blvd., Suite 203  
Ocala, FL 34470  
352-620-3088  
Serving: Marion, Citrus, Hernando, Sumter & Lake

#### First Coast South

210 N Palmetto, Suite 403  
Daytona Beach, FL 32114  
386-226-7846  
Serving: Volusia & Flagler

#### First Coast

Midtown Center Office  
Center Park, Bldg. #3300  
4161 Carmichael Ave., Suite 141  
Jacksonville, FL 32207  
904-391-3942  
Serving: Nassau, Baker, Duval, Clay & St. Johns

#### Mid & South Pinellas

11351 Ulmerton Rd., Suite 303  
Largo, FL 33778  
727-588-6912  
Serving: Mid & South Pinellas (South of Belleair Rd. in Clearwater)

#### Pasco & North Pinellas

2523 Seven Springs Blvd.  
New Port Richey, FL 34655  
727-376-2788  
Serving: Pasco & North Pinellas (North of Belleair Rd. in Clearwater)

#### West Central Florida

701 W. Fletcher Ave., Suite C  
Tampa, FL 33612  
813-558-5591  
Serving: Hillsborough & Manatee

#### East Central Florida

988 Woodcock Rd., Suite 198  
Orlando, FL 32803  
407-228-7752  
Serving: Orange, Seminole, Brevard & Osceola

#### Southwest Florida

2295 Victoria Ave., Room 152  
Ft. Myers, FL 33901  
239-338-2563  
Serving: Sarasota, Desoto, Charlotte, Glades, Lee, Hendry & Collier

#### Palm Beach County

111 S. Sapodilla Ave., #125 A-B-C  
West Palm Beach, FL 33401  
561-837-5038  
Serving: Palm Beach

#### Treasure Coast

1903 S 25th St., Suite 100  
Ft. Pierce, FL 34947  
772-595-1385  
Serving: Martin, St. Lucie, Indian River & Okeechobee

#### Broward County

8333 W. McNabb Rd., Suite 231  
Tamarac, FL 33321  
954-597-2266  
Serving: Broward

#### South Dade & the Keys

#### South Dade & the Keys

7300 N. Kendall Drive, Suite 780  
Miami, FL 33156  
305-671-7245  
Serving: Monroe & S. Miami Dade (South of Flagler St., All SE & SW Addresses)

#### North Dade

7270 NW 12th St., Suite 520  
Miami, FL 33126  
786-336-1418  
Serving: N. Miami Dade, (North of Flagler Street, All of Hialeah & NE and NW Addresses)

#### South Central Florida

200 N Kentucky Avenue, #224  
Lakeland, FL 33801  
863-413-2764  
Serving: Polk, Highland & Hardee

DOEA Summary of Programs and Services

## County Emergency Management Offices

This table provides a list of County Emergency Management Offices as described in *Section 1 – Mass Care Sheltering, Special Needs Shelter Program*.

The Florida Division of Emergency Management website provides contact information and links to county emergency management offices at:

[www.floridadisaster.org/County\\_EM/ASP/county.asp](http://www.floridadisaster.org/County_EM/ASP/county.asp).

Rev 5/11/1212

COUNTY	ADDRESS	PHONE NUMBER
<b>Alachua</b>	P.O. Box 5038 1100 SE 27 <sup>th</sup> Street Gainesville, FL 32641	(352) 264-6510 (352) 264-6565 Fax
<b>Baker</b>	1 Sheriff's Office Drive Macclenny, FL 32063	(904) 259-6111 (904) 259-6114 Fax
<b>Bay</b>	700 Highway 2300 Southport, FL 32409	(850) 248-6040 (850) 248-6059 Fax
<b>Bradford</b>	945-B North Temple Avenue Starke, FL 32091	(904) 966-6336 or (904) 966-6337 (904) 966-6169 Fax
<b>Brevard</b>	1746 Cedar Street Rockledge, FL 32955	(321) 637-6670 (321) 633-1738 Fax
<b>Broward</b>	201 NW 84 <sup>th</sup> Avenue Plantation, FL 33324	(954) 831-3900 (954) 382-5805 Fax
<b>Calhoun</b>	20859 Central Avenue East, Room G-40 Blountstown, FL 32424	(850) 674-8075 (850) 674-4667 Fax
<b>Charlotte</b>	26571 Airport Road Punta Gorda, FL 33982	(941) 833-4000 (941) 833-4081 Fax
<b>Citrus</b>	3549 Saunders Way Lecanto, FL 34461	(352) 746-6555 (352) 527-2100 Fax
<b>Clay</b>	P.O. Box 1366 2519 State Road 16 West Green Cove Springs, FL 32043	(904) 541-2768 (904) 529-2782 Fax
<b>Collier</b>	8075 Lely Cultural Parkway, Suite 445 Naples, FL 34113	(239) 252-3600
<b>Columbia</b>	263 NW Lake City Avenue Lake City, FL 32056	(386) 758-1125 (386) 752-9644 Fax
<b>DeSoto</b>	2200 NE Roan Street Arcadia, FL 34266	(863) 993-4831 (863) 993-4840 Fax
<b>Dixie</b>	17600 SE Hwy US 19 Cross City, FL 32628	(352) 498-1240 x 2231 (352) 498-1244 Fax
<b>Duval</b>	515 N Julia Street Jacksonville, FL 32202	(904) 630-2472 (904) 891-7404 Fax
<b>Escambia</b>	6575 North W Street Pensacola, FL 32505	(850) 471-6409 (850) 471-6455 Fax
<b>Flagler</b>	1769 E Moody Boulevard Bunnell, FL 32110	(386) 313-4246 (386) 313-4299 Fax
<b>Franklin</b>	28 Airport Road Apalachicola, FL 32320	(850) 653-8977 (850) 653-3643 Fax

<b>COUNTY</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
<b>Gadsden</b>	339 East Jefferson Street Quincy, FL 32351	(850) 875-8642 (850) 875-8643 Fax
<b>Gilchrist</b>	3250 North US Highway 129 Bell, FL 32619	(386) 935-5400 (386) 935-0294 Fax
<b>Glades</b>	P.O. Box 68 500 Avenue J Moore Haven, FL 33471	(863) 946-6020 (863) 946-1091 Fax
<b>Gulf</b>	1000 Cecil G. Costin, Sr. Boulevard, Bldg. 500 Port St. Joe, FL 32456	(850) 229-9110 (850) 229-9115 Fax
<b>Hamilton</b>	1133 US Highway 41 Northwest Jasper, FL 32052	(386) 792-6647 (386) 792-6648 Fax
<b>Hardee</b>	404 West Orange Street Wauchula, FL 33873	(863) 773-6373 (863) 773-9390 Fax
<b>Hendry</b>	P.O. Box 2340 4425 West SR 80 LaBelle, FL 33975	(863) 612-4700 (863) 674-4040 Fax
<b>Hernando</b>	18900 Cortez Boulevard Brooksville, FL 34601	(352) 754-4083 (352) 754-4090 Fax
<b>Highlands</b>	6850 George Boulevard Sebring, FL 33870	(863) 385-1112 (863) 402-7404 Fax
<b>Hillsborough</b>	2711 East Hanna Avenue Tampa, FL 33610	(813) 236-3800 (813) 272-6878 Fax
<b>Holmes</b>	1001 East Highway 90 Bonifay, FL 32425	(850) 547-1112 (850) 547-7002 Fax
<b>Indian River</b>	4225 43 <sup>rd</sup> Avenue Vero Beach, FL 32967	(772) 226-3859 (772) 567-9323 Fax
<b>Jackson</b>	2819 Panhandle Road Marianna, FL 32446	(850) 482-9678 or (850) 718-0007 (850) 482-9683 Fax
<b>Jefferson</b>	169 Industrial Park Boulevard Monticello, FL 32344	(850) 342-0211 (850) 342-0214 Fax
<b>Lafayette</b>	120 West Main Street Mayo, FL 32066	(386) 294-1950 (386) 294-2846 Fax
<b>Lake</b>	P.O. Box 7800 315 West Main Street Tavares, FL 34778	(352) 343-9420 (352) 343-9728 Fax
<b>Lee</b>	2665 Ortiz Avenue Fort Myers, FL 33905	(239) 533-3622 (239) 482-2605 Fax
<b>Leon</b>	535 Appleyard Drive Tallahassee, FL 32304	(850) 488-5921 (850) 487-3770 Fax
<b>Levy</b>	P.O. Box 221 9010 NE 79 <sup>th</sup> Avenue Bronson, FL 32621	(352) 486-5213 (352) 486-5152 Fax
<b>Liberty</b>	10979 NW Spring Street Bristol, FL 32321	(850) 643-2339 (850) 643-3499 Fax
<b>Madison</b>	1083 SW Harvey Greene Drive Madison, FL 32340	(850) 973-3698 (850) 973-6880 Fax

<b>COUNTY</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
<b>Manatee</b>	2101 47 <sup>th</sup> Terrace East Bradenton, FL 34206	(941) 749-3500 (941) 749-3576 Fax
<b>Marion</b>	P.O. Box 1987 692 NW 30 <sup>th</sup> Avenue Ocala, FL 34474	(352) 369-8185 (352) 369-8101 Fax
<b>Martin</b>	800 Monterrey Road Stuart, FL 34994	(772) 219-4942 (772) 286-7626 Fax
<b>Miami-Dade</b>	9300 NW 41 <sup>st</sup> Street Miami, FL 33178	(305) 468-5400 (305) 468-5401 Fax
<b>Monroe</b>	490 63 <sup>rd</sup> Street, Ocean Suite 150 Marathon, FL 33050	(305) 289-6065 (305) 289-6333 Fax
<b>Nassau</b>	77150 Citizens Circle Yulee, FL 32097	(904) 548-4980 (904) 491-3628 Fax
<b>Okaloosa</b>	90 College Boulevard East Niceville, FL 32578	(850) 651-7150 (850) 651-7170 Fax
<b>Okeechobee</b>	499 NW 5 <sup>th</sup> Avenue Okeechobee, FL 34972	(863) 763-3212 (863) 763-1569 Fax
<b>Orange</b>	6590 Armory Court Winter Park, FL 32792	(407) 836-9140 (407) 836-9147 Fax
<b>Osceola</b>	2586 Partin Settlement Road Kissimmee, FL 34744	(407) 742-9000 (407) 742-9021 Fax
<b>Palm Beach</b>	20 South Military Trail West Palm Beach, FL 33415	(561) 712-6321 (561) 712-6464 Fax
<b>Pasco</b>	8744 Government Drive, Building A New Port Richey, FL 34654	(727) 847-8137 (727) 847-8004 Fax
<b>Pinellas</b>	400 S Fort Harrison Avenue Clearwater, FL 33756	(727) 464-5550 (727) 464-4024 Fax
<b>Polk</b>	1890 Jim Keene Boulevard Winter Haven, FL 33880	(863) 534-5605 (863) 534-5647 Fax
<b>Putnam</b>	410 S State Rd 19 Palatka, FL 32177	(386) 329- 0379 (386) 329-0897 Fax
<b>Santa Rosa</b>	4499 Pine Forest Road Milton, FL 32583	(850) 983-5360 (850) 983-5352 Fax
<b>Sarasota</b>	1660 Ringling Boulevard, 6 <sup>th</sup> Floor Sarasota, FL 34236	(941) 861-5495 (941) 861-5501 Fax
<b>Seminole</b>	150 Bush Boulevard Sanford, FL 32773	(407) 665-5017 (407) 665-5036 Fax
<b>Seminole Tribe of Florida</b>	6300 Stirling Road Hollywood, FL 33024	(863) 983-2150 (954) 989-1597 Fax
<b>St. Johns</b>	100 EOC Drive St. Augustine, FL 32092	(904) 824-5550 (904) 824-9920 Fax
<b>St. Lucie</b>	15305 W Midway Road Fort Pierce, FL 34945	(772) 462-8100 (772) 462-1774 Fax
<b>Sumter</b>	7375 Powell Road Wildwood, FL 34785	(352) 569-1661 (352) 689-4401 Fax

<b>COUNTY</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
<b>Suwannee</b>	617 Ontario Ave SW, Suite 200 Live Oak, FL 32064	(386) 364-3405 (386) 362-0584 Fax
<b>Taylor</b>	201 East Green Street Perry, FL 32347	(850) 838-3500 x 7 (850) 838-3501 Fax
<b>Union</b>	58 NW 1 <sup>st</sup> Street Lake Butler, FL 32054	(386) 496-4300 (386) 496-3226 Fax
<b>Volusia</b>	49 Keyton Avenue Daytona Beach, FL 32124	(386) 254-1500 x 1505 (386) 248-1742 Fax
<b>Wakulla</b>	15 Oak Street Crawfordville, FL 32327	(850) 926-0861 (850) 926-8027 Fax
<b>Walton</b>	752 Triple G Road DeFuniak Springs, FL 32433	(850) 892-8065 (850) 892-8366 Fax
<b>Washington</b>	2300 Pioneer Road Chipley, FL 32428	(850) 638-6203 (850) 638-6316 Fax

## County Health Departments

This table provides a list of county health departments as described in *Section 6 – Department of Health*.

The Department of Health website provides links to individual county health departments at: [www.doh.state.fl.us/chdsitelist.htm](http://www.doh.state.fl.us/chdsitelist.htm). County health departments may have more than one location. Call or check their website for additional addresses.

Rev 4/30/12

COUNTY	ADDRESS	PHONE NUMBER
<b>Alachua</b>	P.O. Box 5849 224 SE 24 <sup>th</sup> Street Gainesville, FL 32641	(352) 334-7900 (352) 955-6428 Fax
<b>Baker</b>	480 W Lowder Street Macclenny, FL 32063	(904) 259-6291 x 2230 (904) 259-1950 Fax
<b>Bay</b>	597 W 11 <sup>th</sup> Street Panama City, FL 32401	(805) 872-4720 x 1122 (850) 872-4824 Fax
<b>Bradford</b>	1801 N Temple Avenue Starke, FL 32091	(904) 964-7732 (904) 964-3024 Fax
<b>Brevard</b>	2575 N Courtenay Parkway Merritt Island, FL 32953	(321) 454-7111 (321) 454-7115 Fax
<b>Broward</b>	780 SW 24 <sup>th</sup> Street Ft. Lauderdale, FL 33315	(954) 467-4705 (954) 760-7798 Fax
<b>Calhoun</b>	19611 SR 20 West Blountstown, FL 32424	(850) 674-5645 (850) 674-5420 Fax
<b>Charlotte</b>	514 E Grace Street Punta Gorda, FL 33950	(941) 624-7200 (941) 624-7202 Fax
<b>Citrus</b>	3700 W Sovereign Path Lecanto, FL 34461	(352) 527-0068 x 261 (352) 620-7565 Fax
<b>Clay</b>	P.O. Box 578 301 S West Street Green Cove Springs, FL 32043	(904) 529-2801 (904) 529-2803 Fax
<b>Collier</b>	P.O. Box 429 3339 Tamiami Trail East Suite 145, Building. H Naples, FL 34112	(239) 252-8200 (239) 252-2552 Fax
<b>Columbia</b>	217 NE Franklin Street Lake City, FL 32055	(386) 758-1068 (386) 758-3900 Fax
<b>DeSoto</b>	34 S Baldwin Avenue Arcadia, FL 34266	(863) 993-4601 (863) 993-4606
<b>Dixie</b>	149 NE 241 <sup>st</sup> Street Cross City, FL 32628	(352) 498-1360 (352) 498-1363 Fax
<b>Duval</b>	900 University Boulevard North Jacksonville, FL 32211	(904) 253-1000 (904) 632-5338 Fax
<b>Escambia</b>	1295 W Fairfield Drive Pensacola, FL 32501	(850) 595-6500 (850) 595-6745 Fax
<b>Flagler</b>	301 Dr. Carter Boulevard Bunnell, FL 32110	(386) 437-7350 (386) 437-7353 Fax

<b>COUNTY</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
<b>Franklin</b>	139 12 <sup>th</sup> Street Apalachicola, FL 32320	(850) 653-2111 (850) 653-9896 Fax
<b>Gadsden</b>	P.O. Box 1000 278 LaSalle LeFall Drive Quincy, FL 32353	(850) 875-7200 x 325 (850) 627-9134 Fax
<b>Gilchrist</b>	119 NE 1 <sup>st</sup> Street Trenton, FL 32693	(352) 463-3120 (352) 463-3425 Fax
<b>Glades</b>	P.O. Box 489 998 Highway 27 Moore Haven, FL 33471	(863) 946-0707 (863) 946-3097 Fax
<b>Gulf</b>	2475 Garrison Ave Port St. Joe, FL 32456	(850) 227-1276 (850) 227-1766 Fax
<b>Hamilton</b>	P.O. Box 267 209 SE Central Avenue Jasper, FL 32052	(386) 792-1414 (386) 792-2352 Fax
<b>Hardee</b>	115 K.D. Revell Road Wauchula, FL 33873	(863) 773-4161 (863) 773-0978 Fax
<b>Hendry</b>	PO Box 70 1140 Pratt Boulevard LaBelle, FL 33975	(863) 674-4056 x 108 (863) 674-4605 Fax
<b>Hernando</b>	15470 Flight Path Drive Brooksville, FL 34601	(352) 540-6800 (352) 754-4132 Fax
<b>Highlands</b>	7205 S George Boulevard Sebring, FL 33875	(863) 386-6040 (863) 382-9482 Fax
<b>Hillsborough</b>	1105 E Kennedy Boulevard Tampa, FL 33602	(813) 307-8000 (813) 272-6984 Fax
<b>Holmes</b>	P.O. Box 337 603 Scenic Circle Bonifay, FL 32425	(850) 547-8500 (850) 547-8515 Fax
<b>Indian River</b>	1900 27 <sup>th</sup> Street Vero Beach, FL 32960	(772) 794-7400 (772) 794-7453 Fax
<b>Jackson</b>	4979 Healthy Way Marianna, FL 32446	(850) 526-2412 (850) 482-9978 Fax
<b>Jefferson</b>	1255 W Washington Street Monticello, FL 32344	(850) 342-0170 (850) 342-0257 Fax
<b>Lafayette</b>	P.O. Box 1806 140 SW Virginia Circle Mayo, FL 32066	(386) 294-1321 (386) 294-3876 Fax
<b>Lake</b>	16140 US Highway 441 Eustis, FL 32726	(352) 589-6424 (352) 589-6492 Fax
<b>Lee</b>	3920 Michigan Avenue Ft. Myers, FL 33916	(239) 332-9501 (239) 332-9656 Fax
<b>Leon</b>	P.O. Box 2745 2965 Municipal Way Tallahassee, FL 32316	(850) 606-8150 (850) 487-7954 Fax
<b>Levy</b>	66 W Main Street Bronson, FL 32621	(352) 486-5300 (352) 486-5307 Fax

COUNTY	ADDRESS	PHONE NUMBER
<b>Liberty</b>	P.O. Box 489 12832 N Central Avenue Bristol, FL 32321	(850) 643-2415 (850) 643-5689 Fax
<b>Madison</b>	218 SW 3 <sup>rd</sup> Avenue Madison, FL 32340	(850) 973-5000 (850) 973-5007 Fax
<b>Manatee</b>	410 6 <sup>th</sup> Avenue, East Bradenton, FL 34208	(941) 748-0747 x 1222 (941) 714-7282 Fax
<b>Marion</b>	P.O. Box 2408 1801 SE 32 <sup>nd</sup> Avenue Ocala, FL 34478	(352) 629-0137 (352) 694-1613 Fax
<b>Martin</b>	3441 SE Willoughby Boulevard Stuart, FL 34994	(772) 221-4000 (772) 221-4990 Fax
<b>Miami-Dade</b>	1350 NW 14 <sup>th</sup> Street Miami, FL 33125	(305) 324-2400
<b>Monroe</b>	P.O. Box 6193 1100 Simonton Street Key West, FL 33041	(305) 293-7534 (305) 293-7535 Fax
<b>Nassau</b>	P.O. Box 517 30 S 4 <sup>th</sup> Street Fernandina Beach, FL 32035	(904) 548-1800 (904) 277-7286 Fax
<b>Okaloosa</b>	221 Hospital Drive Northeast Ft. Walton, FL 32548	(850) 833-9240 (850) 833-9252 Fax
<b>Okeechobee</b>	1728 NW 9 <sup>th</sup> Avenue Okeechobee, FL 34973	(863) 462-5819 (863) 462-5219 Fax
<b>Orange</b>	6101 Lake Ellenor Drive Orlando, FL 32809	(407) 858-1400 (407) 858-5514 Fax
<b>Osceola</b>	P.O. Box 450309 1875 Boggy Creek Road Kissimmee, FL 34745	(407) 343-2000 (407) 343-2084 Fax
<b>Palm Beach</b>	P.O. Box 29 800 Clematis Street West Palm Beach, FL 33402	(561) 840-4500 (561) 837-5197 Fax
<b>Pasco</b>	10841 Little Road New Port Richey, FL 34654	(727) 861-5250
<b>Pinellas</b>	205 Dr. M.L. King Street North St. Petersburg, FL 33701	(727) 824-6900 (727) 820-4275 Fax
<b>Polk</b>	1290 Golfview Avenue Bartow, FL 33830	(863) 519-7900 x 1002 (863) 534-0293
<b>Putnam</b>	2801 Kennedy Street Palatka, FL 32177	(386) 326-3200 (386) 326-3350 Fax
<b>Santa Rosa</b>	P.O. Box 929 5527 Stewart Street Milton, FL 32572	(850) 983-5200 (850) 983-5215 Fax
<b>Sarasota</b>	P.O. Box 2658 Sarasota, FL 34230	(941) 861-2900 (941) 861-2828 Fax
<b>Seminole</b>	400 W Airport Boulevard Sanford, FL 32773	(407) 665-3000 (407) 665-3259 Fax

<b>COUNTY</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
<b>St. Johns</b>	1955 US 1 South, Suite 100 St. Augustine, FL 32086	(904) 825-5055 (904) 823-4062 Fax
<b>St. Lucie</b>	5150 NW Milner Drive Port St. Lucie, FL 34983	(772) 462-3800 (772) 873-4941 Fax
<b>Sumter</b>	P.O. Box 98 415 East Noble Avenue Bushnell, FL 33513	(352) 569-3102 (352) 568-0930 Fax
<b>Suwannee</b>	P.O. Drawer 6030 915 Nobles Ferry Road Live Oak, FL 32060	(386) 362-2708 (386) 362-6301 Fax
<b>Taylor</b>	1215 N Peacock Avenue Perry, FL 32347	(850) 584-5087 x 174 (850) 584-8653 Fax
<b>Union</b>	495 E Main Street Lake Butler, FL 32054	(386) 496-3211 (386-496-1599 Fax
<b>Volusia</b>	1845 Holsonback Drive Daytona Beach, FL 32117	(386) 274-0614 (386) 274-0612 Fax
<b>Wakulla</b>	48 Oak Street Crawfordville, FL 32327	(850) 926-0400 (850) 926-1938 Fax
<b>Walton</b>	362 State Highway 83 DeFuniak Springs, FL 32433	(850) 892-8015 (850) 892-8457 Fax
<b>Washington</b>	P.O. Box 648 1338 South Boulevard Chipley, FL 32428	(850) 638-6240 (850) 638-6244 Fax

## Department of Children & Families Community-Based Care Lead Agencies

This table provides a list of DCF Community-Based Care Lead Agencies as described in *Section 3 – Medical Foster Care Homes*.

The Department of Children & Families provides information about Community-Based Care Lead Agencies as well as a map, directory and link to local agencies at: [www.dcf.state.fl.us/cbc](http://www.dcf.state.fl.us/cbc).

Rev 6/12/12

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER
<b>Alachua</b>	Partnership for Strong Families 5950 NW 1 <sup>st</sup> Place Gainesville, FL 32607	(352) 244-1500
<b>Baker</b>	Kids First of Florida 1726 Kingsley Avenue, Suite C-2 Orange Park, FL 32073	(904) 278-5644 x2005
<b>Bay</b>	Big Bend Community Based Care, Inc 525 North Martin Luther King Boulevard Tallahassee, FL 32301	(850) 410-1020
<b>Bradford</b>	Partnership for Strong Families 5950 NW 1 <sup>st</sup> Place Gainesville, FL 32607	(352) 244-1500
<b>Brevard</b>	Brevard Family Partnership 2301 West Eau Gallie Boulevard, Suite 104 Melbourne, FL 32935	(321) 752-4650
<b>Broward</b>	ChildNet, Inc. 313 North State Road 7 Plantation, FL 33317	(954) 414-6000
<b>Calhoun</b>	Big Bend Community Based Care, Inc. 525 North Martin Luther King Boulevard Tallahassee, FL 32301	(850) 410-1020
<b>Charlotte</b>	Children’s Network of Southwest Florida 2232 Altamont Avenue Fort Myers, FL 33901	(239) 226-1524
<b>Citrus</b>	Kids Central, Inc. 2117 Southwest Highway 484 Ocala, FL 34473	(352) 873-6332
<b>Clay</b>	Kids First of Florida 1726 Kingsley Avenue, Suite C-2 Orange Park, FL 32073	(904) 278-5644 x2005
<b>Collier</b>	Children’s Network of Southwest Florida 2232 Altamont Avenue Fort Myers, FL 33901	(239) 226-1524
<b>Columbia</b>	Partnership for Strong Families 5950 NW 1 <sup>st</sup> Place Gainesville, FL 32607	(352) 244-1500
<b>DeSoto</b>	Sarasota Family YMCA, Inc One South School Avenue, Suite 301 Sarasota, FL 34237	(941) 951-2916

<b>COUNTY</b>	<b>AGENCY NAME/ADDRESS</b>	<b>PHONE NUMBER</b>
<b>Dixie</b>	Partnership for Strong Families 5950 NW 1 <sup>st</sup> Place Gainesville, FL 32607	(352) 244-1500
<b>Duval</b>	Family Support Services of North Florida, Inc. 4057 Carmichael Avenue, Building 3000, Suite 101 Jacksonville, FL 32207	(904) 421-5800
<b>Escambia</b>	Families First Network 1221 West Lakeview Avenue Pensacola, FL 32501	(850) 595-2343
<b>Flagler</b>	Community Partnership for Children 160 North Beach Street Daytona Beach, FL 32114	(386) 238-4900
<b>Franklin</b>	Big Bend Community Based Care, Inc. 525 North Martin Luther King Boulevard Tallahassee, FL 32301	(850) 410-1020
<b>Gadsden</b>	Big Bend Community Based Care, Inc. 525 North Martin Luther King Boulevard Tallahassee, FL 32301	(850) 410-1020
<b>Gilchrist</b>	Partnership for Strong Families 5950 NW 1 <sup>st</sup> Place Gainesville, FL 32607	(352) 244-1500
<b>Glades</b>	Children's Network of Southwest Florida 2232 Altamont Avenue Fort Myers, FL 33901	(239) 226-1524
<b>Gulf</b>	Big Bend Community Based Care, Inc. 525 North Martin Luther King Boulevard Tallahassee, FL 32301	(850) 410-1020
<b>Hamilton</b>	Partnership for Strong Families 5950 NW 1 <sup>st</sup> Place Gainesville, FL 32607	(352) 244-1500
<b>Hardee</b>	Heartland For Children 1239 East Main Street Bartow, FL 33831	(863) 519-8900 x201
<b>Hendry</b>	Children's Network of Southwest Florida 2232 Altamont Avenue Fort Myers, FL 33901	(239) 226-1524
<b>Hernando</b>	Kids Central, Inc. 2117 Southwest Highway 484 Ocala, FL 34473	(352) 873-6332
<b>Highlands</b>	Heartland For Children 1239 East Main Street Bartow, FL 33831	(863) 519-8900 x201
<b>Hillsborough</b>	Hillsborough Kids, Inc 9309 North Florida Avenue, Suite 107 Tampa, FL 33612	(813) 225-1105 x102

<b>COUNTY</b>	<b>AGENCY NAME/ADDRESS</b>	<b>PHONE NUMBER</b>
<b>Holmes</b>	Big Bend Community Based Care, Inc. 525 North Martin Luther King Boulevard Tallahassee, FL 32301	(850) 410-1020
<b>Indian River</b>	United For Families, Inc. 10570 South Federal Highway, Suite 300 Port St. Lucie, FL 34952	(772) 398-2920 x315
<b>Jackson</b>	Big Bend Community Based Care, Inc. 525 North Martin Luther King Boulevard Tallahassee, FL 32301	(850) 410-1020
<b>Jefferson</b>	Big Bend Community Based Care, Inc. 525 North Martin Luther King Boulevard Tallahassee, FL 32301	(850) 410-1020
<b>Lafayette</b>	Partnership for Strong Families 5950 NW 1 <sup>st</sup> Place Gainesville, FL 32607	(352) 244-1500
<b>Lake</b>	Kids Central, Inc. 2117 Southwest Highway 484 Ocala, FL 34473	(352) 873-6332
<b>Lee</b>	Children's Network of Southwest Florida 2232 Altamont Avenue Fort Myers, FL 33901	(239) 226-1524
<b>Leon</b>	Big Bend Community Based Care, Inc. 525 North Martin Luther King Boulevard Tallahassee, FL 32301	(850) 410-1020
<b>Levy</b>	Partnership for Strong Families 5950 NW 1 <sup>st</sup> Place Gainesville, FL 32607	(352) 244-1500
<b>Liberty</b>	Big Bend Community Based Care, Inc. 525 North Martin Luther King Boulevard Tallahassee, FL 32301	(850) 410-1020
<b>Madison</b>	Partnership for Strong Families 5950 NW 1 <sup>st</sup> Place Gainesville, FL 32607	(352) 244-1500
<b>Manatee</b>	Sarasota Family YMCA, Inc. One South School Avenue, Suite 301 Sarasota, FL 34237	(941) 951-2916
<b>Marion</b>	Kids Central, Inc. 2117 Southwest Highway 484 Ocala, FL 34473	(352) 873-6332
<b>Martin</b>	United For Families, Inc. 10570 South Federal Highway, Suite 300 Port St. Lucie, FL 34952	(772) 398-2920 x315
<b>Miami-Dade</b>	Our Kids of Miami-Dade/Monroe, Inc. 401 Northwest 2 <sup>nd</sup> Avenue, Suite S-212 Miami, FL 33128	(305) 455-6000

<b>COUNTY</b>	<b>AGENCY NAME/ADDRESS</b>	<b>PHONE NUMBER</b>
<b>Monroe</b>	Our Kids of Miami-Dade/Monroe, Inc. 401 Northwest 2 <sup>nd</sup> Avenue, Suite S-212 Miami, FL 33128	(305) 455-6000
<b>Nassau</b>	Family Support Services of North Florida, Inc. 4057 Carmichael Avenue, Bldg 3000, Suite 101 Jacksonville, FL 32207	(904) 421-5800
<b>Okaloosa</b>	Families First Network 1221 West Lakeview Avenue Pensacola, FL 32501	(850) 595-2343
<b>Okeechobee</b>	United For Families, Inc. 10570 South Federal Highway, Suite 300 Port St. Lucie, FL 34952	(772) 398-2920 x315
<b>Orange</b>	Community Based Care of Central Florida 4001 Pelee Street Orlando, FL 32825	(321) 441-2060
<b>Osceola</b>	Community Based Care of Central Florida 4001 Pelee Street Orlando, FL 32825	(321) 441-2060
<b>Palm Beach</b>	Child and Family Connections, Inc. 4100 Okeechobee Blvd West Palm Beach, FL 33409	(561) 352-2500
<b>Pasco</b>	Eckerd Community Alternatives 100 N Starcrest Drive Clearwater, FL 33765	(727) 456-0600
<b>Pinellas</b>	Eckerd Community Alternatives 100 N Starcrest Drive Clearwater, FL 33765	(727) 456-0600
<b>Polk</b>	Heartland For Children 1239 East Main Street Bartow, FL 33831	(863) 519-8900 x201
<b>Putnam</b>	Community Partnership for Children 160 North Beach Street Daytona Beach, FL 32114	(386) 238-4900
<b>Santa Rosa</b>	Families First Network 1221 West Lakeview Avenue Pensacola, FL 32501	(850) 595-2343
<b>Sarasota</b>	Sarasota Family YMCA, Inc. One South School Avenue, Suite 301 Sarasota, FL 34237	(941) 951-2916
<b>Seminole</b>	Community Based Care of Central Florida 4001 Pelee Street Orlando, FL 32825	(321) 441-2060
<b>St. Johns</b>	St. Johns County Board of County Commissioners Family Integrity Program 1955 U.S. 1 South, Suite B-6 St. Augustine, FL 32086	(904) 209-6080

<b>COUNTY</b>	<b>AGENCY NAME/ADDRESS</b>	<b>PHONE NUMBER</b>
<b>St. Lucie</b>	United For Families, Inc. 10570 South Federal Highway, Suite 300 Port St. Lucie, FL 34952	(772) 398-2920 x315
<b>Sumter</b>	Kids Central, Inc. 2117 Southwest Highway 284 Ocala, FL 34473	(352) 873-6332
<b>Suwannee</b>	Partnership for Strong Families 5950 NW 1 <sup>st</sup> Place Gainesville, FL 32607	(352) 244-1500
<b>Taylor</b>	Partnership for Strong Families 5950 NW 1 <sup>st</sup> Place Gainesville, FL 32607	(352) 244-1500
<b>Union</b>	Partnership for Strong Families 5950 NW 1 <sup>st</sup> Place Gainesville, FL 32607	(352) 244-1500
<b>Volusia</b>	Community Partnership for Children 160 North Beach Street Daytona Beach, FL 32114	(386) 238-4900
<b>Wakulla</b>	Big Bend Community Based Care, Inc. 525 North Martin Luther King Boulevard Tallahassee, FL 32301	(850) 410-1020
<b>Walton</b>	Families First Network 1221 West Lakeview Avenue Pensacola, FL 32501	(850) 595-2343
<b>Washington</b>	Big Bend Community Based Care, Inc. 525 North Martin Luther King Boulevard Tallahassee, FL 32301	(850) 410-1020

## Homeless Coalitions

### State Recognized

The first table provides a list of Department of Children & Families State Recognized Homeless Coalitions as described in *Section 4 – Homeless Emergency Shelters*. One of the functions of a coalition is to also serve as a lead agency for local homeless planning. Some counties have other Homeless Coalitions. These coalitions, included in the second table, may be a resource but are not recognized and funded by DCF to carry out the duties of a local homeless coalition.

The Department of Children & Families website provides a list of coalitions at: [www.dcf.state.fl.us/programs/homelessness](http://www.dcf.state.fl.us/programs/homelessness). (Local Community Providers of Service)

Rev 6/19/12

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER
<b>Statewide Coalition</b>	Florida Coalition for the Homeless P.O. Box 3764 Tallahassee, FL 32315 <a href="http://www.fchonline.org">www.fchonline.org</a>	(877) 205-0021
<b>Alachua</b>	Alachua County Coalition for the Homeless & Hungry 703 North East 1st Street Gainesville, FL 32601 <a href="http://www.acchh.org">www.acchh.org</a>	(352) 372-2549 or (352) 373-4097 Fax
<b>Baker</b>	No Coalition Serving	
<b>Bay</b>	Homeless & Hunger Coalition of Northwest Florida P.O. Box 549 Panama City, FL 32402 <a href="http://www.nwfloridahomeless.org">www.nwfloridahomeless.org</a>	(850) 319-6683 or (850) 785-2174 (850) 781-1701 Fax
<b>Bradford</b>	Alachua County Coalition for the Homeless & Hungry 703 North East 1st Street Gainesville, FL 32601 <a href="http://www.acchh.org">www.acchh.org</a>	(352) 372-2549 (352) 373-4097 Fax
<b>Brevard</b>	Brevard County Housing and Human Services Dept. 2725 Judge Fran Jamieson Way, Bldg. B, Suite 106 Viera, FL 32940 No website address at this time	(321) 633-2076 (321) 633-2026 Fax
<b>Broward</b>	Broward County Homeless Initiative 115 So. Andrews Ave. Ft. Lauderdale, FL 33301	(954) 357-6101 (954) 357-5521 Fax
<b>Calhoun</b>	Homeless & Hunger Coalition of Northwest Florida P.O. Box 549 Panama City, FL 32402	(850) 319-6683 or (850) 785-2174 (850) 215-9003 Fax
<b>Charlotte</b>	Charlotte County Homeless Coalition P.O. Box 380157 Murdock, FL 33938 <a href="http://www.cchomelesscoalition.org">www.cchomelesscoalition.org</a>	(941) 627-4313 (941) 627-9648 Fax
<b>Citrus</b>	See Other Homeless Coalitions	

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER
<b>Clay</b>	Emergency Services & Homeless Coalition of Jacksonville 4495 – 304 Roosevelt Boulevard, #322 Jacksonville, FL 32210 <a href="http://www.eshcnet.org">www.eshcnet.org</a>	(904) 619-3732 (866) 371-8637 Fax
<b>Collier</b>	Collier County Hunger & Homeless Coalition P.O. Box 9202 Naples, FL 34101 <a href="http://www.collierhomelesscoalition.org">www.collierhomelesscoalition.org</a>	(239) 263-9363 (239) 263-6058 Fax
<b>Columbia</b>	United Way of Suwannee Valley 325 North East Hernando Avenue, Suite 102 Lake City, FL 32055 <a href="http://www.unitedwaysuwanneevalley.org">www.unitedwaysuwanneevalley.org</a>	(386) 752-5604 (386) 752-0105 Fax
<b>DeSoto</b>	Highlands County Coalition P.O. Box 1359 Avon Park, FL 33826	(863) 452-1079 (863) 452-2347 Fax
<b>Dixie</b>	No Coalition Serving	
<b>Duval</b>	Emergency Services & Homeless Coalition of Jacksonville 4495 – 304 Roosevelt Boulevard, #322 Jacksonville, FL 32210 <a href="http://www.eshcnet.org">www.eshcnet.org</a>	(904) 619-3732 (866) 371-8637 Fax
<b>Escambia</b>	EscaRosa Coalition on the Homeless P.O. Box 17222 Pensacola, FL 32522 <a href="http://www.ecoh.org">www.ecoh.org</a>	(850) 436-4646 (850) 436-4656 Fax
<b>Flagler</b>	Volusia/Flagler County Coalition for the Homeless P.O. Box 6498 Daytona Beach, FL 32122 <a href="http://www.VFCCH.org">www.VFCCH.org</a>	(386) 258-1855 (386) 258-1854 Fax
<b>Franklin</b>	Big Bend Homeless Coalition 2729 West Pensacola Street Tallahassee, FL 32304 <a href="http://www.bigbendhc.org">www.bigbendhc.org</a>	(850) 205-6022 (850) 577-0586 Fax
<b>Gadsden</b>	Big Bend Homeless Coalition 2729 West Pensacola Street Tallahassee, FL 32304 <a href="http://www.bigbendhc.org">www.bigbendhc.org</a>	(850) 205-6022 (850) 577-0586 Fax
<b>Gilchrist</b>	Alachua County Coalition for the Homeless & Hungry P.O. Box 5494 Gainesville, FL 32627 <a href="http://www.acchh.org">www.acchh.org</a>	(352) 372-2549 (352) 373-4097 Fax
<b>Glades</b>	Highlands County Coalition for the Homeless P.O. Box 1359 Avon Park, FL 33826 No website address at this time	(863) 452-1086 (863) 452-2347 Fax

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER
<b>Gulf</b>	Homeless & Hunger Coalition of Northwest Florida P.O. Box 549 Panama City, FL 32402 <a href="http://www.nwfloridahomeless.org">www.nwfloridahomeless.org</a>	(850) 785-2174 or (850) 319-6683 (850) 785-1701 Fax
<b>Hamilton</b>	United Way of Suwannee Valley 325 North East Hernando Avenue, Suite 102 Lake City, FL 32055 <a href="http://www.unitedwaysuwanneevalley.org">www.unitedwaysuwanneevalley.org</a>	(386) 752-5604 (386) 752-0105 Fax
<b>Hardee</b>	Highlands County Coalition for the Homeless P.O. Box 1359 Avon Park, FL 33826 No website address at this time	(863) 452-1086 (863) 452-2347 Fax
<b>Hendry</b>	Highlands County Coalition for the Homeless P.O. Box 1359 Avon Park, FL 33826 No website address at this time	(863) 452-1086 (863) 452-2347 Fax
<b>Hernando</b>	Mid-Florida Homeless Coalition P.O. Box 3031 Inverness, FL 34451 No website address at this time	(352) 860-2308 (352) 726-3280 Fax
<b>Highlands</b>	Highlands County Coalition for the Homeless P.O. Box 1359 Avon Park, FL 33826 No website address at this time	(863) 452-1086 (863) 452-2347 Fax
<b>Hillsborough</b>	Homeless Coalition of Hillsborough County, Inc. P.O. Box 360191 Tampa, FL 33673 <a href="http://www.homelessofhc.org">www.homelessofhc.org</a>	(813) 223-6115 (813) 223-6178 Fax
<b>Holmes</b>	Homeless & Hunger Coalition of Northwest Florida P.O. Box 549 Panama City, FL 32402 <a href="http://www.nwfloridahomeless.org">www.nwfloridahomeless.org</a>	(850) 319-6683 or (850) 785 -2174 (850) 785- 1701 Fax
<b>Indian River</b>	Treasure Coast Homeless Services Council, Inc. 2525 St. Lucie Avenue Vero Beach, FL 32960 <a href="http://www.tchelpspot.org">www.tchelpspot.org</a>	(772) 778-4234 or (772) 567-7790 X 103 (772) 567-5991 Fax
<b>Jackson</b>	Homeless & Hunger Coalition of Northwest Florida P.O. Box 549 Panama City, FL 32402 <a href="http://www.nwfloridahomeless.org">www.nwfloridahomeless.org</a>	(850) 319-6683 or (850) 785-2174 (850) 785-1701 Fax
<b>Jefferson</b>	Big Bend Homeless Coalition 2729 West Pensacola Street Tallahassee, FL 32304 <a href="http://www.bigbendhc.org">www.bigbendhc.org</a>	(850) 205-6022 (850) 577-0586 Fax

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER
<b>Lafayette</b>	United Way of Suwannee Valley 325 North East Hernando Avenue, Suite 102 Lake City, FL 32055 <a href="http://www.unitedwaysuwanneevalley.org">www.unitedwaysuwanneevalley.org</a>	(386) 752-5604 (386) 752-0105 Fax
<b>Lake</b>	Mid-Florida Homeless Coalition P.O. Box 3031 Inverness, FL 34451 No website address at this time	(352) 860-2308 (352) 726-3280 Fax
<b>Lee</b>	Lee County Department of Human Services 2440 Thompson Street Fort Myers, FL 33901 <a href="http://www.leehomeless.org">www.leehomeless.org</a>	(239) 533-7958 (239) 652-7960 Fax
<b>Leon</b>	Big Bend Homeless Coalition 2729 West Pensacola Street Tallahassee, FL 32304 <a href="http://www.bigbendhc.org">www.bigbendhc.org</a>	(850) 205-6022 (850) 577-0586 Fax
<b>Levy</b>	Alachua County Coalition for the Homeless & Hungry P.O. Box 5494 Gainesville, FL 32627 <a href="http://www.acchh.org">www.acchh.org</a>	(352) 372-2549 (352) 373-4097 Fax
<b>Liberty</b>	Big Bend Homeless Coalition 2729 West Pensacola Street Tallahassee, FL 32304 <a href="http://www.bigbendhc.org">www.bigbendhc.org</a>	(850) 205-6022 (850) 577-0586 Fax
<b>Madison</b>	United Way of Suwannee Valley 325 North East Hernando Avenue, Suite 102 Lake City, FL 32055 <a href="http://www.unitedwaysuwanneevalley.org">www.unitedwaysuwanneevalley.org</a>	(386) 752-5604 (386) 752-0105 Fax
<b>Manatee</b>	Suncoast Partnership to End Homelessness 1750 17 <sup>th</sup> Street Sarasota, FL 34234 <a href="http://www.suncoastpartnership.org">www.suncoastpartnership.org</a>	(941) 955-8987 (941) 365-4368 Fax
<b>Marion</b>	Marion County Homeless Council P.O. Box 162 Ocala, FL 34478 <a href="http://www.mchcfl.org">www.mchcfl.org</a>	(352) 732-1380 (352) 622-2915
<b>Martin</b>	Treasure Coast Homeless Services Council, Inc. 2525 St. Lucie Avenue Vero Beach, FL 32960 <a href="http://www.tchelpspot.org">www.tchelpspot.org</a>	(772) 778-4234 or (772) 567-7790 X 103 (772) 567-5991 Fax
<b>Miami-Dade</b>	Miami-Dade County Homeless Trust 111 North West 1 <sup>st</sup> Street, Suite 27-310 Miami, FL 33128 <a href="http://www.miamidade.gov/homeless">www.miamidade.gov/homeless</a>	(305) 375-1490 (305) 375-2722 Fax

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER
<b>Monroe</b>	Southernmost Homeless Assistance League P.O. Box 2990 Key West, FL 33045 No website address at this time	(305) 292-4404 (305) 292-4404 Fax
<b>Nassau</b>	Emergency Services & Homeless Coalition of Jacksonville 4495 – 304 Roosevelt Blvd., #322 Jacksonville, FL 32210 <a href="http://www.eshcnet.org">www.eshcnet.org</a>	(904) 619-3732 (866) 371-8637 Fax
<b>Okaloosa</b>	Okaloosa/Walton Homeless Continuum of Care 203 Cloverdale Blvd. Ft. Walton Beach, FL 32547 <a href="http://www.okaloosawaltonhomeless.org">www.okaloosawaltonhomeless.org</a>	(850) 409-3070 (850) 226-7673 Fax
<b>Okeechobee</b>	Treasure Coast Homeless Services Council, Inc. 2525 St. Lucie Avenue Vero Beach, FL 32960 <a href="http://www.tchelpspot.org">www.tchelpspot.org</a>	(772) 778-4234 or (772) 567-7790 X 103 (772) 567-5991 Fax
<b>Orange</b>	Homeless Services Network of Central Florida P.O. Box 547068 Orlando, FL 32854 <a href="http://www.hsncl.org">www.hsncl.org</a>	(407) 893-0133 (407) 893-5299 Fax
<b>Osceola</b>	Homeless Services Network of Central Florida P.O. Box 547068 Orlando, FL 32854 <a href="http://www.hsncl.org">www.hsncl.org</a>	(407) 893-0133 (407) 893-5299 Fax
<b>Palm Beach</b>	Palm Beach County Human Services 810 Datura Street West Palm Beach, FL 33401	(561) 355-4778 (561) 355-4801 Fax
<b>Pasco</b>	Pasco County 5640 Main Street New Port Richey, FL 34652	(727) 834-3445 (727) 834-3450 Fax
<b>Pinellas</b>	Pinellas County Coalition for the Homeless 5180 62 <sup>nd</sup> Avenue North Pinellas Park, FL 33781 <a href="http://www.pinellashomeless.org">www.pinellashomeless.org</a>	(727) 528-5762 (727) 528-5764 Fax
<b>Polk</b>	Homeless Coalition of Polk County 1820 S. Florida Ave. Lakeland, FL 33803 <a href="http://www.polkhomeless.org">www.polkhomeless.org</a>	(863) 687-8386 (863) 802-1436 Fax
<b>Putnam</b>	Alachua County Coalition for the Homeless & Hungry P.O. Box 5494 Gainesville, FL 32627 <a href="http://www.acchh.org">www.acchh.org</a>	(352) 372-2549 (352) 373-4097 Fax
<b>Santa Rosa</b>	EscaRosa Coalition on the Homeless P.O. Box 17222 Pensacola, FL 32522 <a href="http://www.ecoh.org">www.ecoh.org</a>	(850) 436-4646 (850) 436-4656 Fax

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER
<b>Sarasota</b>	Suncoast Partnership to End Homelessness 1750 17 <sup>th</sup> Street Sarasota, FL 34234 <a href="http://www.suncoastpartnership.org">www.suncoastpartnership.org</a>	(941) 955-8987 (941) 365-4368 Fax
<b>Seminole</b>	Homeless Services Network of Central FL P.O. Box 547068 Orlando, FL 32854 <a href="http://www.hsncfl.org">www.hsncfl.org</a>	(407) 893-0133 (407) 893-5299 Fax
<b>St. Johns</b>	Emergency Services & Homeless Coalition of St. Johns County, Inc. P.O. Box 3422 St. Augustine, FL 32085 No website address at this time	(904) 824-6623 (904) 824-6361 Fax
<b>St. Lucie</b>	Treasure Coast Homeless Services Council, Inc. 2525 St. Lucie Avenue Vero Beach, FL 32960 <a href="http://www.tchelpspot.org">www.tchelpspot.org</a>	(772) 778-4234 or (772) 567-7790 X 103 (772) 567-5991 Fax
<b>Sumter</b>	Mid-Florida Homeless Coalition P.O. Box 3031 Inverness, FL 34451 No website address at this time	(352) 860-2308 (352) 726-3280 Fax
<b>Suwannee</b>	United Way of Suwannee Valley 325 North East Hernando Avenue, Suite 102 Lake City, FL 32055 <a href="http://www.unitedwaysuwanneevalley.org">www.unitedwaysuwanneevalley.org</a>	(386) 752-5604 (386) 752-0105 Fax
<b>Taylor</b>	Big Bend Homeless Coalition 2729 W. Pensacola Tallahassee, FL 32304 <a href="http://www.bigbendhc.org">www.bigbendhc.org</a>	(850) 205-6022 (850) 577-0586 Fax
<b>Union</b>	No Coalition Serving	
<b>Volusia</b>	Volusia/Flagler County Coalition for the Homeless P.O. Box 6498 Daytona Beach, FL 32122 <a href="http://www.VFCCH.org">www.VFCCH.org</a>	(386) 258-1855 (386) 258-1854 Fax
<b>Wakulla</b>	Big Bend Homeless Coalition 2729 West Pensacola Street Tallahassee, FL 32304 <a href="http://www.bigbendhc.org">www.bigbendhc.org</a>	(850) 205-6022 (850) 577-0586 Fax
<b>Walton</b>	Okaloosa/Walton Homeless Continuum of Care 203 Cloverdale Blvd. Ft. Walton Beach, FL 32547 <a href="http://www.okaloosawaltonhomeless.org">www.okaloosawaltonhomeless.org</a>	(850) 409-3070 (850) 226-7673 Fax
<b>Washington</b>	Homeless & Hunger Coalition of Northwest Florida P.O. Box 549 Panama City, FL 32402 <a href="http://www.nwfloridahomeless.org">www.nwfloridahomeless.org</a>	(850) 785-2174 (850) 319-6683 (850) 785-1701 Fax

### Other Homeless Coalitions

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER
<b>Bradford</b>	Panaroma Homeless Coalition 1001 North Oak Street Starke, FL 32091	(904) 713-1368 (904) 964-6192 Fax
<b>Citrus</b>	Hunger and Homeless Coalition of Citrus County P.O. Box 447 Homosassa Sprints, FL 34447	(352) 628-4357
<b>Desoto</b>	Desoto County Homeless Coalition P.O. Box 271 Arcadia, FL 34265 <a href="http://www.dchc.wordpress.com">www.dchc.wordpress.com</a>	(863) 491-5683 (863) 491-5683 Fax (call before faxing)
<b>Glades Hendry</b>	Hendry/Glades Homeless Coalition 117 Ft. Thompson LaBelle, FL 37935	(863) 675-5297
<b>Manatee</b>	Community Coalition on Homelessness 701 17 Avenue West Bradenton, FL 34205 <a href="http://www.cchomeless.com">www.cchomeless.com</a>	(941) 747-1509 (941) 567-6149 Fax
<b>City of Miami</b>	Miami Coalition for the Homeless 3550 Biscayne Boulevard, Suite 610 Miami, FL 33137	(305) 571-8101 (305) 571-8157 Fax
<b>Nassau</b>	Coalition for the Homeless of Nassau County Fernandina Beach, FL 32034	(904) 491-3816
<b>Okaloosa</b>	Okaloosa Coalition on the Homeless 8-B Bobolink Street Ft. Walton Beach, FL 32549	(850) 243-5648 (850) 244-5717 Fax
<b>Orange</b>	Coalition for the Homeless of Central Florida 639 West Central Boulevard Orlando, FL 32801	(407) 426-1250 (407) 426-1269 Fax

## Public Housing Authorities

This table provides a list of Public Housing Authorities (PHA) as described in *Section 6 – Public Housing Authorities*. Some PHAs own and operate low-rent program units, some only administer Section 8 or housing choice vouchers, some do both (see *Type*). HUD maintains the most recent official list of PHAs at [www.hud.gov/offices/pih/pha/contacts/states/fl.cfm](http://www.hud.gov/offices/pih/pha/contacts/states/fl.cfm).

\*Persons in counties with no public Housing Authority can try a neighboring county or can contact the Florida Housing Finance Corporation [www.floridahousing.org](http://www.floridahousing.org).

Current as of 4/3/12

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER	TYPE
<b>Alachua</b>	Alachua County Housing Authority 703 Northeast 1 <sup>st</sup> Street Gainesville, FL 32601	(352) 372-2549	Both
	Gainesville Housing Authority 1900 4 <sup>th</sup> Street Gainesville, FL 32641	(352) 872-5502	Both
<b>Baker</b>	Baker County Housing Assistance Program c/o Macclenny Housing Authority 402 Stansell Avenue Macclenny, FL 32063	(904) 259-3287	Section 8
	Macclenny Housing Authority 402 Stansell Avenue Macclenny, FL 32063	(904) 259-6881	Low Rent
<b>Bay</b>	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
	Panama City Housing Authority 804 East 15 <sup>th</sup> Street Panama City, FL 32405	(850) 769-2358	Both
	Springfield Housing Authority 3806 East 8 <sup>th</sup> Street Panama City, FL 32401	(850) 769-1596	Both
<b>Bradford</b>	No Public Housing Authority*		
<b>Brevard</b>	Housing Authority of Brevard County (also manages the Melbourne Housing Authority) 1401 Guava Avenue Melbourne, FL 32935	(321) 775-1592	Both
	Housing Authority of the City of Cocoa 828 Stone Street Cocoa, FL 32922	(321) 636-8535	Both
	Housing Authority of the City of Titusville 524 South Hopkins Avenue Titusville, FL 32796	(321) 267-4204	Both
	Melbourne Housing Authority 4000 North Riverside Drive Satellite Beach, FL 32937	(321) 775-1592	Low Rent

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER	TYPE
<b>Broward</b>	Broward County Housing Authority 4780 North State Road 7 Lauderdale Lakes, FL 33319	(954) 739-1114	Both
	Dania Beach Housing Authority 715 West Dania Beach Boulevard Dania Beach, FL 33004	(954) 920-9662	Both
	Deerfield Beach 533 S Dixie Highway, Suite 201 Deerfield Beach, FL 33441	(954) 425-8449	Both
	Hollywood Housing Authority 7350 North Davie Road Extension Hollywood, FL 33024	(954) 989-4691	Both
	Housing Authority of the City of Ft. Lauderdale 437 Southwest 4 <sup>th</sup> Avenue Ft. Lauderdale, FL 33315	(954) 525-6444	Both
	Housing Authority of Pompano Beach 321 West Atlantic Boulevard Pompano Beach, FL 33060	(954) 785-7200	Both
<b>Calhoun</b>	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
<b>Charlotte</b>	Punta Gorda Housing Authority 340 Gulf Breeze Avenue Punta Gorda, FL 33950	(941) 639-4344	Both
<b>Citrus</b>	Citrus County Housing Services 2804 West Marc Knighton Ct, Key#12 Lecanto, FL 34461	(352) 527-7528	Section 8
<b>Clay</b>	Housing Authority of the City of Green Cove Springs 321 Walnut Street Green Cove Springs, FL 32043	(904) 529-2218	Section 8
<b>Collier</b>	Collier County Housing Authority 1800 Farm Worker Way Immokalee, FL 34142	(239) 657-3649	Section 8
<b>Columbia</b>	Columbia County Housing Authority 498 Southwest Juniper Way Lake City, FL 32025	(386) 752-4227	Low Rent
	Housing Authority of the City of Live Oak 406 Webb Drive Northeast Live Oak, FL 32064	(386) 362-2123	Low Rent
<b>DeSoto</b>	City of Arcadia Housing Authority 7 Booker T Washington Road Arcadia, FL 34266	(863) 494-4343	Low Rent
<b>Dixie</b>	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER	TYPE
<b>Duval</b>	Jacksonville Housing Authority 1300 Broad Street Jacksonville, FL 32202	(904) 630-3810	Both
<b>Escambia</b>	Area Housing Commission 1920 West Garden Street Pensacola, FL 32501	(850) 438-8561	Low Rent
	Pensacola City Housing Commission, Pensacola / Escambia Housing 420 W Chase Street Pensacola, FL 32501	(850) 858-0350	Section 8
	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
<b>Flagler</b>	Flagler County Housing Authority 414 Bacher Street Bunnell, FL 32110	(386) 437-3221	Both
<b>Franklin</b>	Housing Authority of the City of Apalachicola 141 15 <sup>th</sup> Street Apalachicola, FL 32329	(850) 653-9304	Low Rent
	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
<b>Gadsden</b>	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
<b>Gilchrist</b>	Gilchrist County Housing Authority 611 South Pine Street Bronson, FL 32621	(352) 486-5420	Low Rent
<b>Glades</b>	No Public Housing Authority*		
<b>Gulf</b>	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
<b>Hamilton</b>	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
<b>Hardee</b>	No Public Housing Authority*		
<b>Hendry</b>	Hendry County Housing Authority P.O. Box 2340 LaBelle, FL 33975	(863) 675-5356	Section 8
<b>Hernando</b>	Brooksville Housing Authority 800 Continental Drive Brooksville, FL 34601	(352) 796-6547	Low Rent
	Hernando County Housing Authority 1661 Blaise Drive Brooksville, FL 34601	(352) 754-4160	Section 8

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER	TYPE
<b>Highlands</b>	Avon Park Housing Authority 21 Tulane Drive Avon Park, FL 33825	(863) 452-4432	Both
<b>Hillsborough</b>	Mulberry Housing Authority 200 Northwest 3 Avenue Mulberry, FL 33860	(813) 752-0569	Low Rent
	Plant City Housing Authority 1306 Larrick Lane Plant City, FL 33563	(813) 752-0569	Both
	Tampa Housing Authority 1529 West Main Street Tampa, FL 33607	(813) 253-0551	Both
<b>Holmes</b>	Holmes County Housing Authority 107 East Montana Avenue, Unit A Bonifay, FL 32425	(850) 547-1111	Section 8
	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
<b>Indian River</b>	Indian River County Housing Authority 1028 20 <sup>th</sup> Place, Suite C Vero Beach, FL 32960	(772) 770-5012	Section 8
<b>Jackson</b>	Marianna Housing Authority 2912 Albert Street Marianna, FL 32448	(850) 482-3512	Both
	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
<b>Jefferson</b>	Jefferson County Grants Administration 445 W Palmer Mill Road Monticello, FL 32345	(850) 877-1908	Section 8
	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
<b>Lafayette</b>	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
<b>Lake</b>	Eustis Housing Authority 1000 Wall Street #60 Eustis, FL 32726	(352) 357-4851	Low Rent
	Lake County Housing Agency 1300 South Duncan Drive, Building E Tavares, FL 32778	(352) 742-6540	Section 8
<b>Lee</b>	Housing Authority of the City of Ft. Myers 4224 Renaissance Preserve Way Fort Myers, FL 33916	(239) 344-3220	Both

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER	TYPE
<b>Lee</b>	Lee County Housing Authority 14170 Warner Circle North Fort Myers, FL 33903	(239) 997-6688	Both
<b>Leon</b>	Tallahassee Housing Authority 2940 Grady Road Tallahassee, FL 32312	(850) 385-6126	Both
	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
<b>Levy</b>	Levy County Housing Authority 611 South Pine Street Bronson, FL 32621	(352) 486-5420	Both
<b>Liberty</b>	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
<b>Madison</b>	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
<b>Manatee</b>	Bradenton Housing Authority 2002 9 <sup>th</sup> Avenue East Bradenton, FL 34208	(941) 748-5568	Both
	Manatee County Housing Authority 5631 11 <sup>th</sup> Street East Bradenton, FL 34203	(941) 756-3974	Both
<b>Marion</b>	Ocala Housing Authority 1629 NW 4 <sup>th</sup> Street Ocala, FL 34475	(352) 369-2636	Both
<b>Martin</b>	Stuart Housing Authority 611 Church Street Stuart, FL 34994	(772) 287-0496	Both
<b>Miami-Dade</b>	Carrfour Supportive Housing 1398 SW 1 Street 12 <sup>th</sup> Floor Miami, FL 33135	(305) 371-8300	Section 8
	City of Miami 444 Southwest 2 Avenue 2 <sup>nd</sup> Floor Miami, FL 33130	(305) 416-2080	Section 8
	Hialeah Housing Authority 75 East 6 <sup>th</sup> Street Hialeah, FL 33010	(305) 888-9744	Both
	Homestead Housing Authority 29355 South Federal Highway Homestead, FL 33030	(305) 247-0639	Section 8
	Miami Beach Housing Authority 200 Alton Road Miami Beach, FL 33139	(305) 532-6401	Both

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER	TYPE
<b>Miami-Dade</b>	Miami-Dade Housing Agency 701 NW 1 <sup>st</sup> Court 16 Floor Miami, FL 33136	(786) 469-4106	Both
<b>Monroe</b>	Key West Housing Authority / Monroe County Housing Authority 1400 Kennedy Drive Key West, FL 33040	(305) 296-5621	Both
<b>Nassau</b>	Housing Authority of the City of Fernandina Beach 1300 Hickory Street Fernandina Beach, FL 32034	(904) 261-5051	Both
<b>Okaloosa</b>	Crestview Housing Authority 371 West Hickory Avenue Crestview, FL 32536	(850) 682-2413	Both
	Fort Walton Beach Housing Authority 27 Robinwood Drive Southwest Fort Walton Beach, FL 32548	(850) 243-3224	Both
	Niceville Housing Authority 500 Boyd Circle Niceville, FL 32578	(850) 678-7816	Low Rent
	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
<b>Okeechobee</b>	No Public Housing Authority*		
<b>Orange</b>	Orange County Housing & Community Development 525 East South Street Orlando, FL 32801	(407) 836-5150	Section 8
	Orlando Housing Authority 390 North Bumby Avenue Orlando, FL 32803	(407) 895-3300	Both
	Winter Park Housing Authority 718 Margaret Square Winter Park, FL 32789	(407) 645-2869	Low Rent
<b>Osceola</b>	Osceola County Housing Authority 330 North Beamont Avenue Kissimmee, FL 34741	(407) 742-8400	Section 8
<b>Palm Beach</b>	Boca Raton Housing Authority 2333-A West Glades Road Boca Raton, FL 33431	(561) 206-6200	Both
	Delray Beach Housing Authority 82 Northwest 5 <sup>th</sup> Avenue Delray Beach, FL 33444	(561) 272-6766	Both
	Housing Partnership, Inc. 2001 West Blue Heron Boulevard Riviera Beach, FL 33404	(561) 841-3500	Section 8

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER	TYPE
<b>Palm Beach</b>	Pahokee Housing Authority 465 Friend Terrace Pahokee, FL 33476	(561) 924-5565	Both
	Palm Beach County Housing Authority 3432 West 45 <sup>th</sup> Street West Palm Beach, FL 33407	(561) 684-2160	Both
	Riviera Beach Housing Authority 2014 West 17 <sup>th</sup> Court Riviera Beach, FL 33404	(561) 845-7450	Low Rent
	West Palm Beach Housing Authority 1715 Division Avenue West Palm Beach, FL 33407	(561) 655-8530	Both
<b>Pasco</b>	Pasco County Housing Authority 14517 7 <sup>th</sup> Street Dade City, FL 33523	(352) 567-0848	Both
<b>Pinellas</b>	Boley Centers 445 31 <sup>st</sup> Street, North Saint Petersburg, FL 33713	(727) 821-4819	Section 8
	Clearwater Housing Authority 908 Cleveland Street Clearwater, FL 33755	(727) 461-5777	Both
	Dunedin Housing Authority 888 Executive Center Drive West, Suite 100 St. Petersburg, FL 33705	(727) 323-3171	Low Rent
	Pinellas County Housing Authority 11479 Ulmerton Road Largo, FL 33778	(727) 443-7684	Both
	Saint Petersburg Housing Authority 2001 Gandy Boulevard North Saint Petersburg, FL 33702	(727) 323-3171	Both
	Tarpon Springs Housing Authority 500 South Walton Street Tarpon Springs, FL 34689	(727) 937-4411	Low Rent
<b>Polk</b>	City of Winter Haven / Winter Haven Housing Authority 2670 Avenue C Southwest Winter Haven, FL 33883	(863) 294-7369	Both
	Haines City Housing Assistance 502 East Hinson Avenue Haines City, FL 33844	(863) 421-3680	Both
	Housing Authority of Bartow 1060 South Woodlawn Avenue Bartow, FL 33830	(863) 533-6311	Both
	Lake Wales Housing Authority 10 West Sessoms Avenue Lake Wales, FL 33853	(863) 676-7414	Both

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER	TYPE
Polk	Lakeland Housing Authority 430 Hartsell Avenue Lakeland, FL 33815	(863) 687-2911	Both
	Polk County Housing Authority 1290 Golfview Avenue, Suite 167 Drawer HS-04 Bartow, FL 33831	(863) 534-5240	Section 8
Putnam	Palatka Housing Authority 400 North 15 <sup>th</sup> Street Palatka, FL 32178	(386) 329-0132	Both
Santa Rosa	Milton/Santa Rosa Housing 5668 Byrom Street Milton, FL 32570	(850) 623-8216	Both
	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
Sarasota	Sarasota Housing Authority 40 South Pinapple Avenue, Suite 200 Sarasota, FL 34236	(941) 361-6210	Both
	Venice Housing Authority 312 East Venice Avenue, Suite 208 Venice, FL 34285	(941) 488-3526	Low Rent
Seminole	City of Sanford Housing Authority 94 Castle Brewer Court Sanford, FL 32772	(407) 323-3150	Both
	Seminole County Housing Authority 662 Academy Place Oviedo, FL 32765	(407) 365-3621	Both
St. Johns	No Public Housing Authority*		
St. Lucie	Fort Pierce Housing Authority 511 Orange Avenue Fort Pierce, FL 34950	(772) 461-7281	Both
Sumter	Sumter County Department of Housing 910 North Main Street, Suite 308 Bushnell, FL 33513	(352) 569-1515	Section 8
Suwannee	Suwannee County Housing Authority 611 South Pine Street Bronson, FL 32621	(352) 486-5420	Low Rent
Taylor	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
Union	Union County Housing Authority 715 West Main Street Lake Butler, FL 32054	(386) 496-2047	Low Rent
Volusia	Daytona Beach Housing Authority 211 North Ridgewood Avenue, Suite 200 Daytona Beach, FL 32114	(386) 253-5653	Both

COUNTY	AGENCY NAME/ADDRESS	PHONE NUMBER	TYPE
<b>Volusia</b>	Deland Housing Authority 1450 South Woodland Boulevard, Suite 200A Deland, FL 32720	(386) 736-1696	Both
	New Smyrna Beach Housing 1101 South Dixie Freeway New Smyrna Beach, FL 32168	(386) 428-8171	Both
	Ormond Beach Housing Authority 100 New Britain Avenue Ormond Beach, FL 32174	(386) 677-2069	Both
	Volusia County Community Services Dept 110 West Rich Avenue Deland, FL 32720	(386) 740-5112	Section 8
<b>Wakulla</b>	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
	Wakulla County Housing 3093 Crawfordville Highway Crawfordville, FL 32327	(850) 877-1908	Section 8
<b>Walton</b>	Defuniak Springs Housing Authority 120 Oerting Drive Defuniak Springs, FL 32435	(850) 892-2823	Low Rent
	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
	Walton County Housing 312 College Avenue, Unit D Defuniak Springs, FL 32435	(850) 892-8185	Section 8
<b>Washington</b>	Chipley Housing Authority 1370 Old Bonifay Road Chipley, FL 32428	(850) 638-0134	Low Rent
	NW Florida Regional Housing Authority 5302 Brown Street Graceville, FL 32440	(850) 263-5303	Both
	Washington County 302 North Oklahoma Street Bonifay, FL 32425	(850) 547-3680	Section 8

## Salvation Army Florida Division Locations

This table provides a list of Salvation Army locations as described in *Section 6 – Other Resource Agencies*.

For specific information on how the Salvation Army can assist contact the Florida Division or go to [www.salvationarmyflorida.org](http://www.salvationarmyflorida.org).

Rev 6/18/12

COUNTY	ADDRESS	PHONE NUMBER
<b>FL Divisional Headquarters Hillsborough</b>	5631 Van Dyke Road Lutz, FL 33558	(813) 383-5624
<b>FI Division Disaster Warehouse Hillsborough</b>	930 E. 139 <sup>th</sup> Ave Tampa, Florida 33613	(813) 903-0944
<b>Alachua</b>	Gainesville Corps 639 E. University Avenue Gainesville, FL 32601	(352) 376-1743
<b>Baker</b>	NE Florida Area Command 328 N Ocean Street Jacksonville, FL 32202	(904) 301-4875
<b>Bay</b>	Panama City Corps 2601 N. Highway 77 Lynn Haven, FL 32444	(850) 769-5250
<b>Bradford</b>	Gainesville Corps 639 E. University Avenue Gainesville, FL 32601	(352) 376-1743
<b>Brevard</b>	Melbourne Corps 1080 S. Hickory Street Melbourne, FL 32901	(321) 724-0565
	N Central Brevard Cocoa 1218 W Main Street Titusville, FL 32796	(321) 632-6060
	N Central Brevard Titusville 1218 W Main Street Titusville, FL 32796	(321) 269-3110
<b>Broward</b>	Ft. Lauderdale Area Command 1445 W Broward Boulevard Ft. Lauderdale, FL 33312	(954) 524-6995
	Ft. Lauderdale Corps 100 SW 9th Avenue Ft. Lauderdale, FL 33312	(954) 712-2460
<b>Calhoun</b>	Panama City Corps 2601 N. Highway 77 Lynn Haven, FL 32444	(850) 769-5250

<b>COUNTY</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
<b>Charlotte</b>	Port Charlotte Corps 2120 Loveland Boulevard Port Charlotte, FL 33980	(941) 629-3170
<b>Citrus</b>	Citrus County Corps 3975 W. Grover Cleveland Boulevard Homosassa, FL 34446	(352) 621-5532
<b>Clay</b>	Clay County Corps 2795 County Road 220 Middleburg, FL 32068	(904) 276-6677
<b>Collier</b>	Naples Area Coordinate 3180 Estey Avenue Naples, FL 34104	(239) 775-9447
<b>Columbia</b>	Gainesville Corps 639 E. University Avenue Gainesville, FL 32601	(352) 376-1743
<b>DeSoto</b>	Port Charlotte Corps 2120 Loveland Boulevard Port Charlotte, FL 33980	(941) 629-3170
<b>Dixie</b>	Gainesville Corps 639 E. University Avenue Gainesville, FL 32601	(352) 376-1743
<b>Duval</b>	Jacksonville Citadel Corps 15 E Church Street Jacksonville, FL 32202	(904) 366-9222
	NE Florida Area Command 328 N Ocean Street Jacksonville, FL 32202	(904) 301-4875
<b>Escambia</b>	Pensacola Corps 1501 North Q Street Pensacola, FL 32505	(850) 432-1501
<b>Flagler</b>	Daytona Beach Corps 1555 L.P.G.A. Blvd. Daytona Beach, FL 32117	(386) 236-2020
<b>Franklin</b>	Panama City Corps 2601 N. Highway 77 Lynn Haven, FL 32444	(850) 769-5250
<b>Gadsden</b>	Tallahassee Corps 5016 W. Tennessee Street Tallahassee, FL 32304	(850) 222-3255
<b>Gilchrist</b>	Gainesville Corps 639 E. University Avenue Gainesville, FL 32601	(352) 376-1743
<b>Glades</b>	Fort Myers Corps 10291 McGregor Boulevard Ft. Myers, FL 339219	(239) 278-1551
<b>Gulf</b>	Panama City Corps 2601 N. Highway 77 Lynn Haven, FL 32444	(850) 769-5250

<b>COUNTY</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
<b>Hamilton</b>	Gainesville Corps 639 E. University Avenue Gainesville, FL 32601	(352) 376-1743
<b>Hardee</b>	Sebring Corps 120 N Ridgewood Avenue Sebring, FL 33870	(863) 385-7548
<b>Hendry</b>	Fort Myers Corps 10291 McGregor Boulevard Ft. Myers, FL 339219	(239) 278-1551
<b>Hernando</b>	Hernando County Corps 15464 Cortez Boulevard Brooksville, FL 34613	(352) 796-1186
<b>Highlands</b>	Sebring Corps 120 N Ridgewood Avenue Sebring, FL 33870	(863) 385-7548
<b>Hillsborough</b>	South Hillsborough County Corps 7409 Highway 301, Suite 200 Riverview, FL 33578	(813) 672-8139
	Tampa Area Command 1603 N Florida Avenue Tampa, FL 33602	(813) 226-0055
	Tampa Corps 1100 W Sligh Avenue Tampa, FL 33604	(813) 223-3781
<b>Holmes</b>	Panama City Corps 2601 N. Highway 77 Lynn Haven, FL 32444	(850) 769-5250
<b>Indian River</b>	Vero Beach Corps 2655 5 <sup>th</sup> Street, SW Vero Beach, FL 32962	(772) 978-0265
<b>Jackson</b>	Panama City Corps 2601 N. Highway 77 Lynn Haven, FL 32444	(850) 769-5250
<b>Jefferson</b>	Tallahassee Corps 5016 W. Tennessee Street Tallahassee, FL 32304	(850) 222-3255
<b>Lafayette</b>	Gainesville Corps 639 E. University Avenue Gainesville, FL 32601	(352) 376-1743
<b>Lake</b>	Leesburg Corps 2105 W Main Street Leesburg, FL 34748	(352) 365-2540
<b>Lee</b>	Fort Myers Corps 10291 McGregor Boulevard Ft. Myers, FL 339219	(239) 278-1551
<b>Leon</b>	Tallahassee Corps 5016 W. Tennessee Street Tallahassee, FL 32304	(850) 222-3255

<b>COUNTY</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
<b>Levy</b>	Gainesville Corps 639 E. University Avenue Gainesville, FL 32601	(352) 376-1743
<b>Liberty</b>	Tallahassee Corps 5016 W. Tennessee Street Tallahassee, FL 32304	(850) 222-3255
<b>Madison</b>	North Central Florida Outpost 881 SW 1 Federal Road Greenville, FL 32331	(850) 948-2119
<b>Manatee</b>	Bradenton Area Coordinate 1204 14 <sup>th</sup> Street Bradenton, FL 34203	(941) 748-5110
	Bradenton Corps 5328 24 <sup>th</sup> Street East (No Mail) Bradenton, FL 34203	(941) 755-3128
<b>Marion</b>	Ocala Corps 2901 NE 14th Street Ocala, FL 34470	(352) 629-2004
<b>Martin</b>	Stuart Corps 821 SE M. L. King, Jr. Boulevard Stuart, FL 34994	(772) 288-1471
<b>Miami-Dade</b>	Miami Area Command 1907 NW 38th Street Miami, FL 33142	(305) 637-6700
	Miami Citadel 901 W Flagler Street Miami, FL 33130	(305) 545-9164
	Miami Edison 359-361 NW 67th Street Miami, FL 33150	(305) 757-1509
	Miami Hialeah 7450 W. Fourth Avenue Miami, FL 33014	(305) 557-0981
	Miami Sunset 8445 SW 72 <sup>nd</sup> Avenue Miami, FL 33143	(305) 270-9373
<b>Monroe</b>	Key West Corps 1920 Flagler Avenue Key West, FL 33040	(305) 294-5611
<b>Nassau</b>	NE Florida Area Command 328 N Ocean Street Jacksonville, FL 32202	(904) 301-4875
<b>Okaloosa</b>	Fort Walton Corps 425 Mary Ester Cut-Off Ft. Walton Beach, FL 32548	(850) 243-4531
<b>Okeechobee</b>	St Lucie Corps 3629 S US Highway 1 Ft. Pierce, FL 34982	(904) 824-6880

<b>COUNTY</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
<b>Orange</b>	Orlando Area Command 416 W Colonial Drive Orlando, FL 32804	(407) 423-8581
	Orlando Corps 440 W Colonial Drive Orlando, FL 32804	(407) 423-8581
<b>Osceola</b>	Kissimmee Corps 4477 W Vine Street Kissimmee, FL 34746	(407) 396-0080
<b>Palm Beach</b>	Boca Raton Corps 300 SW Second Avenue Boca Raton, FL 33432	(561) 391-1344
	Lake Worth Corps 4051 Kirk Road Lake Worth, FL 33461	(561) 968-8189
	West Palm Beach Area Command 2100 Palm Beach Lakes Boulevard West Palm Beach, FL 33409	(561) 686-3530
	West Palm Beach Corps 2122 Palm Beach Lakes Boulevard West Palm Beach, FL 33409	(561) 686-3530
<b>Pasco</b>	Pasco County Corps 7745 Ridge Road Port Richey, FL 34668	(727) 815-8539
<b>Pinellas</b>	Clearwater Corps 1625 N. Belcher Road Clearwater, FL 33765	(727) 725-9777
	St. Petersburg Area Command 340 14th Avenue South St. Petersburg, FL 33701	(727) 550-8080
	St. Petersburg Corps 3800 9th Avenue North St. Petersburg, FL 33713	(727) 550-8080
	St. Petersburg Downtown Corps 1400 4th Street South St. Petersburg, FL 33701	(727) 323-2222
<b>Polk</b>	Lakeland Corps 2620 Kathleen Road Lakeland, FL 33810	(863) 853-2214
	Winter Haven Corps 1898 Highway 17 North Winter Haven, FL 33881	(863) 294-7493
<b>Putnam</b>	Clay County Corps 2795 County Road 220 Middleburg, FL 32068	(904) 276-6677
<b>Santa Rosa</b>	Pensacola Corps 1501 North Q Street Pensacola, FL 32505	(850) 432-1501

<b>COUNTY</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
<b>Sarasota</b>	Sarasota Area Command 1400 Tenth Street Sarasota, FL 34236	(941) 954-4673
	Sarasota Corps 2926 Hyde Park Street Sarasota, FL 34239	(941) 364-8846
	Venice Corps 1051 Albee Farm Road Venice, FL 34285	(941) 484-6227
<b>Seminole</b>	Sanford Corps 700 W 24 <sup>th</sup> Street Sanford, FL 32771	(407) 322-2642
<b>St. Johns</b>	St Augustine Corps 1850 State Road 207 St. Augustine, FL 32086	(904) 824-6880
<b>St. Lucie</b>	St Lucie Corps 3629 S US Highway 1 Ft. Pierce, FL 34982	(772) 464-4846
<b>Sumter</b>	Leesburg Corps 2105 W Main Street Leesburg, FL 34748	(352) 365-2540
<b>Suwannee</b>	Gainesville Corps 639 E. University Avenue Gainesville, FL 32601	(352) 376-1743
<b>Taylor</b>	North Central Florida Outpost 881 SW 1 Federal Road Greenville, FL 32331	(850) 948-2119
<b>Union</b>	Gainesville Corps 639 E. University Avenue Gainesville, FL 32601	(352) 376-1743
<b>Volusia</b>	West Volusia Corps 1240 S. High Street Deland, FL 32720	(386) 738-2406
<b>Wakulla</b>	Tallahassee Corps 5016 W. Tennessee Street Tallahassee, FL 32304	(850) 222-3255
<b>Walton</b>	Fort Walton Corps 425 Mary Ester Cut-Off Ft. Walton Beach, FL 32548	(850) 243-4531
<b>Washington</b>	Panama City Corps 2601 N. Highway 77 Lynn Haven, FL 32444	(850) 769-5250

## Veterans' Affairs Statewide Contacts

This table provides a list of the Florida Department of Veterans' Affairs statewide contacts as described in *Section 6 – Department of Veterans' Affairs*.

The Department of Veterans' Affairs website provides a list of Veterans' Homes, Benefits and Assistance Offices, and Medical Facilities at: [www.FloridaVets.org](http://www.FloridaVets.org). A list of County Veteran Service Offices can be found at: <http://www.floridavets.org/organization/where.asp>

Rev 5/18/12

COUNTY	ADDRESS	PHONE NUMBER
<b>State Veterans' Homes</b>		
<b>Bay</b>	Clifford Chester Sims State Veterans' Nursing Home 4419 Tram Road Springfield, FL 32404	(850) 747-5401
<b>Broward</b>	Alexander "Sandy" Nininger State Veterans' Nursing Home 8401 West Cypress Drive Pembroke Pines, FL 33025	(954) 985-4824
<b>Charlotte</b>	Douglas Jacobson State Veterans' Nursing Home 21281 Grayton Terrace Port Charlotte, FL 33954	(941) 613-0919
<b>Columbia</b>	Robert H. Jenkins Jr. Veterans' Domiciliary Home 751 Southeast Sycamore Terrace Lake City, FL 32025	(386) 758-0600
<b>Pasco</b>	Baldomero Lopez State Veterans' Nursing Home 6919 Parkway Boulevard Land O' Lakes, FL 34639	(813) 558-5000
<b>St. Johns</b>	Clyde E. Lassen State Veterans' Nursing Home 4650 State Road 16 St. Augustine, FL 32092	(904) 940-2193
<b>Volusia</b>	Emory L. Bennett State Veterans' Nursing Home 1920 Mason Avenue Daytona Beach, FL 32117	(386) 274-3460
<b>FDVA at Locations Other than Veterans' Homes</b>		
<b>Alachua</b>	FDVA Field Office USDVA Medical Center Gainesville 1601 Southwest Archer Road Room D-162 Gainesville, FL 32608-1197	(352) 374-6029
<b>Bay</b>	FDVA Field Office (Limited Hours) Panama City VA Clinic Naval Support Activity Building 387, 101 Vernon Avenue Panama City Beach, FL 32407	(850) 234-4177

COUNTY	ADDRESS	PHONE NUMBER
<b>Brevard</b>	FDVA Field Office USDVA Outpatient Clinic Viera 2900 Veterans' Way Suite A700 Viera, FL 32904	(321) 637-3693
<b>Broward</b>	FDVA Field Office Broward County VAOPC 9800 W Commercial Sunrise, FL 33351	(954) 625-8727
<b>Columbia</b>	FDVA Field Office USDVA Medical Center Lake City 619 South Marion Street Room A-163 Lake City, FL 32025	(386) 755-3016 x2070
<b>Duval</b>	FDVA Field Office USDVA Outpatient Clinic Jacksonville 1833 Boulevard Street Jacksonville, FL 32206	(904) 232-2751 x3005
<b>Escambia</b>	FDVA Field Office USDVA Outpatient Clinic Pensacola 100 Veterans Way Pensacola, FL 32507	(850) 912-2051
<b>Hillsborough</b>	FDVA Field Office USDVA Medical Center Tampa 13000 Bruce B. Downs Boulevard Bldg #19 Tampa, FL 33612	(813) 972-2000 x6589
<b>Lee</b>	FDVA Field Office USDVA Outpatient Clinic Ft. Myers 3033 Winkler Avenue, Suite 746 Fort Myers, FL 33916	(239) 939-3939 x6331
<b>Leon</b>	FDVA Tallahassee Annex The Capitol, Room 2105 400 South Monroe Street Tallahassee, FL 32399-0001	(850) 487-1533
	FDVA Field Office USDVA Outpatient Clinic Tallahassee 1607 St. James Court #220 Tallahassee, FL 32308	(850) 878-0191 x2032
<b>Miami-Dade</b>	FDVA Field Office USDVA Medical Center Miami 1201 Northwest 16 <sup>th</sup> Street Room A-213 Miami, FL 33125	(305) 325-3325
<b>Okaloosa</b>	FDVA Field Office VAOPC Eglin AFB 100 Veterans Way, Room 108 Eglin AFB, FL 32542	(850) 609-2765

<b>COUNTY</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
<b>Orange</b>	FDVA Field Office USDVA Outpatient Clinic Orlando 5201 Raymond Street Orlando, FL 32803	(407) 599-1386
<b>Palm Beach</b>	FDVA Field Office USDVA Medical Center West Palm Beach 7305 North Military Trail Building 10, Room 113 West Palm Beach, FL 33410-6400	(561) 422-8204
<b>Pasco</b>	FDVA Field Office USDVA Outpatient Clinic New Port Richey 9912 Little Road, Room D116 New Port Richey, FL 34654	(727) 869-4227
<b>Pinellas</b>	Division of Administration 11351 Ulmerton Road Suite 311K Largo, FL 33778-1630	(727) 518-3202
	FDVA Bureau of Claims VA Regional Office 9500 Bay Pines Boulevard Room 214 Bay Pines, FL 33708	(727) 319-7400
	FDVA Field Office USDVA Medical Center Bay Pines 10000 Bay Pines Boulevard Building 22, Room 117 Bay Pines, FL 33744-5005	(727) 398-6661 x5489
<b>Volusia</b>	FDVA Field Office USDVA Outpatient Clinic Daytona Beach 551 National Healthcare Drive Daytona Beach, FL 32114	(386) 323-7500 x30122

# Discharge Planning

## Appendix



## **Florida's Emergency Support Functions**

All State agencies and volunteer organizations, that comprise the State Emergency Response Team, are grouped into 18 Emergency Support Functions (ESF) to carry out coordination and completion of assigned missions. These functions represent specific response activities common to all disasters. Each Emergency Support Function is comprised of one or more primary agencies serving as the lead and several other agencies and organizations providing support. For a description of each of these functions and a list of assigned agencies go to: <http://www.floridadisaster.org/EMTOOLS/esf.htm>

**ESF 1 - Transportation**

**ESF 2 - Communications**

**ESF 3 - Public Works**

**ESF 4 - Firefighting**

**ESF 5 – Info and Planning**

**ESF 6 - Mass Care**

**ESF 7 – Unified logistics**

**ESF 8 - Health & Medical**

**ESF 9 - Search & Rescue**

**ESF 10 – Hazmat**

**ESF 11 - Food & Water**

**ESF 12 - Energy**

**ESF 13 - Military Support**

**ESF 14 – Public Information**

**ESF 15 - Volunteers & Donations**

**ESF 16 - Law Enforcement**

**ESF 17 - Animal Services**

**ESF 18 – Business, Industry and Economic Stabilization**

## Florida Administrative Code Rule Chapter 64-3 Special Needs Shelter

[FAC 64-3](#) – Link to Florida Administrative Code for the latest updates [www.flrules.org](http://www.flrules.org)

64-3.010	Definitions
64-3.020	Eligibility Criteria for Special Needs Shelters
64-3.030	Guidelines for Special Needs Shelter Staffing Levels
64-3.040	Definition of Special Needs Shelter Supplies and Equipment
64-3.050	Special Needs Shelter Registration
64-3.060	Addressing the Needs of Families
64-3.070	Pre-event Planning Activities
64-3.080	Service Reimbursement

### **64-3.010 Definitions.**

For the purpose of this rule chapter, the words and phrases listed below are defined in the following manner:

(1) A “person with special needs” means someone, who during periods of evacuation or emergency, requires sheltering assistance, due to physical impairment, mental impairment, cognitive impairment, or sensory disabilities.

(2) “Backup generator power” means a system to provide electricity during a power failure sufficient to support life sustaining equipment for the anticipated demand upon the Special Needs Shelter.

(3) “Basic first aid” means emergency treatment administered to an injured or sick person before professional medical care is available.

(4) “Caregiver” means an individual who is familiar with the unique medical and other daily care requirements of the person with special needs, is able to provide the care necessary to maintain the health of the person with special needs and has been identified by the person with special needs to be his or her caregiver.

(5) “Emergency” is defined in Section 252.34(3), F.S.

(6) “Evacuation” means any mandatory or voluntary order to vacate homes or businesses under Chapter 252, F.S.

(7) “General Population Shelters” means shelters activated during a sheltering event not dedicated to persons with special needs.

(8) “Pre-event” means before the sheltering event.

(9) “Sheltering Event” means any event in which shelters are activated under Chapter 252, F.S.

(10) “Special needs shelters” means locations that are, in whole or in part, designated under Chapter 252, F.S., to provide shelter and services to persons with special needs who have no other option for sheltering. These shelters are designated to have back-up generator power. Special needs shelter services are to minimize deterioration of pre-event levels of health.

*Specific Authority 381.0303(6)(a) FS. Law Implemented 381.0303(6)(a) FS. History—New 11-21-07.*

### **64-3.020 Eligibility Criteria for Special Needs Shelters.**

(1) A person shall be eligible for access to a special needs shelter if:

(a) They are a person with special needs;

(b) Their care needs exceed basic first aid provided at General Population Shelters; and

(c) Their impairments or disabilities:

## Appendix 2 - Legislation

1. Are medically stable; and
2. Do not exceed the capacity, staffing and equipment of the special need shelter to minimize deterioration of their pre-event level of health.

(2) Special needs shelter may choose to accept persons with care needs that exceed the criteria stated in subsection (1).

(3) Determination as to the capacity (either in skills or assets) of the special needs shelter is made by the local emergency management agency and the county health department or their designees.

*Specific Authority 381.0303(6)(a) FS. Law Implemented 381.0303(6)(a) FS. History—New 11-21-07.*

### **64-3.030 Guidelines for Special Needs Shelter Staffing Levels.**

(1) The following is a guideline for special needs shelter staffing:

(a) Each special needs shelter should be staffed at a minimum with one registered nurse or advanced registered nurse practitioner on every shift during the sheltering event.

(b) The special needs shelter may be additionally staffed with one or more licensed medical practitioners per 20 persons with special needs per shift during the sheltering event.

(c) The special needs shelter may be additionally staffed with one or more persons not falling under paragraph (a) or (b) per 20 persons with special needs per shift during the sheltering event.

(2) Staffing levels may require adjustment as the sheltering event progresses, the overall health status of persons with special needs changes, or the availability of caregivers and other volunteers changes.

*Specific Authority 381.0303(6)(c) FS. Law Implemented 381.0303(6)(c) FS. History—New 11-21-07.*

### **64-3.040 Definition of Special Needs Shelter Supplies and Equipment.**

(1) Special needs shelter supplies and equipment are the items necessary to provide services in a special needs shelter during an evacuation or emergency to minimize deterioration of the person's pre-event levels of health.

(2) The person with special needs or his or her home medical equipment provider will be required to ensure all life sustaining or life supporting equipment is available for that person at the special needs shelter in accordance with Sections 400.925(13) and 400.934(20)(a)1., F.S.

*Specific Authority 381.0303(6)(d) FS. Law Implemented 381.0303(6)(d) FS. History—New 11-21-07.*

### **64-3.050 Special Needs Shelter Registration.**

(1) Those required by Section 252.355(1), F.S., to register a person with special needs for access to the special needs shelter shall gather the following information on the person with special needs:

(a) Full name.

(b) Phone number and street address including the city and zip code.

(c) Height and weight.

(d) Primary language.

(e) Emergency contact information for a local and non-local emergency point of contact including the name, relationship, and phone number.

(f) Residence type and living situation, whether alone or with a relative or caregiver.

## Appendix 2 - Legislation

(g) Any type of medical dependence on electricity, such as oxygen concentrator, nebulizer, feeding pump, continuous positive airway pressure equipment, suction equipment, or medication requiring refrigeration.

(h) Any type of medical dependence on oxygen, including the type, rate, and mode of administration.

(i) Any assistance required with medications.

(j) Any cognitive impairment, mental health problems, psychiatric, or personality disorder such as Alzheimer's disease, dementia, obsessive compulsive disorder, autism, conduct disorder, anxiety, or depression.

(k) Any sensory loss or impairment and any related assistive device.

(l) Any mobility impairment and any related assistive device.

(m) Any use of a trained service animal.

(n) Any type of incontinence.

(o) Any dependence on dialysis.

(p) Name and contact information for any other medical support providers, such as home health agency, hospice, nurse registry, home medical equipment provider, and dialysis center.

(q) A list of all medical conditions.

(r) A list of all medications.

(s) Any transportation needs.

(2) The registry application information collected under subsection (1) shall be provided at least annually by the local emergency management agency to the agency with the responsibility for the management of care in the special needs shelter.

(3) The county health department or the agency with the responsibility for the management of care in the special needs shelter shall review the registry application information to determine if the applicant is appropriate to place in the special needs shelter during an evacuation or emergency. The county emergency management agency will be notified of the determination.

(4) The application information of all persons with special needs who are on the county emergency management agency's special needs shelter list shall be provided to the county health department or the agency with the responsibility for the management of care in the special needs shelter immediately prior to a sheltering event.

(5) Persons with special needs who are unregistered, but who arrive at the special needs shelter during a sheltering event, will be assessed at the activated special needs shelter point of intake, and assessed for appropriate shelter placement, consistent with subsection 64-3.020(1), F.A.C., criteria.

*Specific Authority 381.0303(6)(e) FS. Law Implemented 381.0303(6)(e) FS. History—New 11-21-07.*

### **64-3.060 Addressing the Needs of Families.**

(1) The caregiver of a person with special needs who is eligible for admission to a special needs shelter, and all persons for whom he or she is the caregiver, shall be allowed to shelter together in the special needs shelter.

(2) A person with special needs, who is also responsible for the care of individuals without special needs, shall be allowed to shelter in the special needs shelter with the persons for whom he or she is the caregiver.

*Specific Authority 381.0303(6)(f) FS. Law Implemented 381.0303(6)(f) FS. History—New 11-21-07.*

**64-3.070 Pre-event Planning Activities.**

The local emergency management agency shall be the lead agency in the coordination of integrated and comprehensive special needs shelter planning in cooperation with the county health department. The county health department will seek to include the participation of, Children's Medical Services, hospitals, nursing homes, assisted living facilities, home health agencies, hospice providers, nurse registries, home medical equipment providers, oxygen providers, dialysis centers, and other health and medical emergency preparedness stakeholders in the pre-event planning activities to enhance the safety and well-being of persons with special needs before, during, and after a disaster.

*Specific Authority 381.0303(6)(g) FS. Law Implemented 381.0303(6)(g) FS. History—New 11-21-07.*

**64-3.080 Service Reimbursement.**

(1) Health care practitioners shall make reimbursement requests for services rendered under Section 381.0303(3)(a)1., F.S., consistent with Section 381.0303(3)(b), F.S., using the DOH form # DH 1989, 12/06, "Vendor Invoice for Special Needs Health Care Practitioner", which is incorporated by reference. This document is available from the Department of Health, Bureau of Finance and Accounting, 4052 Bald Cypress Way, Bin # B01, Tallahassee, FL 32399-1729.

(2) Vendors shall make reimbursement requests for services rendered under Section 381.0303(3)(a)2., F.S., consistent with Section 381.0303(3)(b), F.S., using DOH form # DH 1990, 12/06, "Vendor Invoice for Services Rendered to Special Needs Clients Placed by the Multiagency Special Needs Shelter Discharge Planning Team", which is incorporated by reference. This document is available from the Department of Health, Bureau of Finance and Accounting, 4052 Bald Cypress Way, Bin # B01, Tallahassee, FL 32399-1729. Vendor reimbursement for nursing home and hospitals shall be at the Medicaid rate in effect as referenced in Rules 59G-6.010 and 59G-6.020, F.A.C. Vendors not subject to Medicaid rate reimbursement shall receive the rate for services not exceeding the billed amount the facility received 30 or more days prior to the date of request for placement.

*Specific Authority 381.0303(3)(a)2.; 381.0303(6)(b) FS. Law Implemented 381.0303(3)(a)2., 381.0303(3)(b), 381.0303(6)(b) FS. History—New 11-21-07.*

## Florida Statutes – Chapter 252 Emergency Management

Link to Online Sunshine for the latest Florida Statutes [www.leg.state.fl.us/Statutes](http://www.leg.state.fl.us/Statutes)

### **252.355 Registry of persons with special needs; notice.--**

(1) In order to meet the special needs of persons who would need assistance during evacuations and sheltering because of physical, mental, cognitive impairment, or sensory disabilities, each local emergency management agency in the state shall maintain a registry of persons with special needs located within the jurisdiction of the local agency. The registration shall identify those persons in need of assistance and plan for resource allocation to meet those identified needs. To assist the local emergency management agency in identifying such persons, home health agencies, hospices, nurse registries, home medical equipment providers, the Department of Children and Family Services, Department of Health, Agency for Health Care Administration, Department of Education, Agency for Persons with Disabilities, and Department of Elderly Affairs shall provide registration information to all of their special needs clients and to all persons with special needs who receive services. The registry shall be updated annually. The registration program shall give persons with special needs the option of preauthorizing emergency response personnel to enter their homes during search and rescue operations if necessary to assure their safety and welfare following disasters.

(2) The division shall be the designated lead agency responsible for community education and outreach to the public, including special needs clients, regarding registration and special needs shelters and general information regarding shelter stays.

(3) A person with special needs must be allowed to bring his or her service animal into a special needs shelter in accordance with s. 413.08.

(4)(a) On or before May 31 of each year each electric utility in the state shall annually notify residential customers in its service area of the availability of the registration program available through their local emergency management agency by:

1. An initial notification upon the activation of new residential service with the electric utility, followed by one annual notification between January 1 and May 31; or
2. Two separate annual notifications between January 1 and May 31.

(b) The notification may be made by any available means, including, but not limited to, written, electronic, or verbal notification, and may be made concurrently with any other notification to residential customers required by law or rule.

(5) All records, data, information, correspondence, and communications relating to the registration of persons with special needs as provided in subsection (1) are confidential and exempt from the provisions of s. 119.07(1), except that such information shall be available to other emergency response agencies, as determined by the local emergency management director. Local law enforcement agencies shall be given complete shelter roster information upon request.

## Appendix 2 - Legislation

(6) All appropriate agencies and community-based service providers, including home health care providers, hospices, nurse registries, and home medical equipment providers, shall assist emergency management agencies by collecting registration information for persons with special needs as part of program intake processes, establishing programs to increase the awareness of the registration process, and educating clients about the procedures that may be necessary for their safety during disasters. Clients of state or federally funded service programs with physical, mental, cognitive impairment, or sensory disabilities who need assistance in evacuating, or when in shelters, must register as persons with special needs.

History.—ss. 1, 2, 3, 4, ch. 80-191; s. 18, ch. 83-334; s. 1, ch. 89-184; s. 85, ch. 90-360; s. 15, ch. 93-211; s. 107, ch. 96-406; s. 46, ch. 99-8; s. 10, ch. 2000-140; s. 16, ch. 2006-71; s. 100, ch. 2011-142.

## Florida Statutes – Chapter 252 Emergency Management

### **252.356 Emergency and disaster planning provisions to assist persons with disabilities or limitations.--**

State agencies that contract with providers for the care of persons with disabilities or limitations that make such persons dependent upon the care of others shall include emergency and disaster planning provisions in such contracts at the time the contracts are initiated or upon renewal. These provisions shall include, but shall not be limited to:

- (1) The designation of an emergency coordinating officer.
- (2) A procedure to contact, prior to or immediately following an emergency or disaster, all persons, on a priority basis, who need assistance and sheltering during evacuations because of physical, mental, or sensory disabilities and whose care is provided under the contract.
- (3) A procedure to help persons who would need assistance and sheltering during evacuations because of physical, mental, or sensory disabilities register with the local emergency management agency as provided in s. 252.355.
- (4) A procedure to dispatch the emergency coordinating officer or other staff members to special needs shelters to assist clients with special needs, if necessary.
- (5) A procedure for providing the essential services the organization currently provides to special needs clients in preparation for, and during and following, a disaster.

History.--s. 21, ch. 2000-140.

## Florida Statutes – Chapter 381 Public Health: General Provisions

### 381.0303 Special needs shelters

(1) PURPOSE.—The purpose of this section is to provide for the operation and closure of special needs shelters and to designate the Department of Health, through its county health departments, as the lead agency for coordination of the recruitment of health care practitioners, as defined in s. 456.001(4), to staff special needs shelters in times of emergency or disaster and to provide resources to the department to carry out this responsibility. However, nothing in this section prohibits a county health department from entering into an agreement with a local emergency management agency to assume the lead responsibility for recruiting health care practitioners.

(2) SPECIAL NEEDS SHELTER PLAN; STAFFING; STATE AGENCY ASSISTANCE.—If funds have been appropriated to support disaster coordinator positions in county health departments:

(a) The department shall assume lead responsibility for the coordination of local medical and health care providers, the American Red Cross, and other interested parties in developing a plan for the staffing and medical management of special needs shelters. The local Children's Medical Services offices shall assume lead responsibility for the coordination of local medical and health care providers, the American Red Cross, and other interested parties in developing a plan for the staffing and medical management of pediatric special needs shelters. Plans must conform to the local comprehensive emergency management plan.

(b) County health departments shall, in conjunction with the local emergency management agencies, have the lead responsibility for coordination of the recruitment of health care practitioners to staff local special needs shelters. County health departments shall assign their employees to work in special needs shelters when those employees are needed to protect the health and safety of persons with special needs. County governments shall assist the department with nonmedical staffing and the operation of special needs shelters. The local health department and emergency management agency shall coordinate these efforts to ensure appropriate staffing in special needs shelters.

(c) The appropriate county health department, Children's Medical Services office, and local emergency management agency shall jointly decide who has responsibility for medical supervision in each special needs shelter.

(d) Local emergency management agencies shall be responsible for the designation and operation of special needs shelters during times of emergency or disaster and the closure of the facilities following an emergency or disaster. The local health department and emergency management agency shall coordinate these efforts to ensure the appropriate designation and operation of special needs shelters. County health departments shall assist the local emergency management agency with regard to the management of medical services in special needs shelters.

(e) The Secretary of Elderly Affairs, or his or her designee, shall convene, at any time that he or she deems appropriate and necessary, a multiagency special needs shelter discharge planning team to assist local areas that are severely impacted by a natural or manmade disaster that requires the use of special needs shelters. Multiagency special needs shelter discharge

## Appendix 2 - Legislation

planning teams shall provide assistance to local emergency management agencies with the continued operation or closure of the shelters, as well as with the discharge of special needs clients to alternate facilities if necessary. Local emergency management agencies may request the assistance of a multiagency special needs shelter discharge planning team by alerting statewide emergency management officials of the necessity for additional assistance in their area. The Secretary of Elderly Affairs is encouraged to proactively work with other state agencies prior to any natural disasters for which warnings are provided to ensure that multiagency special needs shelter discharge planning teams are ready to assemble and deploy rapidly upon a determination by state emergency management officials that a disaster area requires additional assistance. The Secretary of Elderly Affairs may call upon any state agency or office to provide staff to assist a multiagency special needs shelter discharge planning team. Unless the secretary determines that the nature or circumstances surrounding the disaster do not warrant participation from a particular agency's staff, each multiagency special needs shelter discharge planning team shall include at least one representative from each of the following state agencies:

1. Department of Elderly Affairs.
2. Department of Health.
3. Department of Children and Family Services.
4. Department of Veterans' Affairs.
5. Division of Emergency Management.
6. Agency for Health Care Administration.
7. Agency for Persons with Disabilities.

### (3) REIMBURSEMENT TO HEALTH CARE PRACTITIONERS AND FACILITIES.—

(a) The department shall, upon request, reimburse in accordance with paragraph (b):

1. Health care practitioners, as defined in s. 456.001, provided the practitioner is not providing care to a patient under an existing contract, and emergency medical technicians and paramedics licensed under chapter 401 for medical care provided at the request of the department in special needs shelters or at other locations during times of emergency or a declared disaster. Reimbursement for health care practitioners, except for physicians licensed under chapter 458 or chapter 459, shall be based on the average hourly rate that such practitioners were paid according to the most recent survey of Florida hospitals conducted by the Florida Hospital Association or other nationally recognized or state-recognized data source.

2. Health care facilities, such as hospitals, nursing homes, assisted living facilities, and community residential homes, if, upon closure of a special needs shelter, a multiagency special needs shelter discharge planning team determines that it is necessary to discharge persons with special needs to other health care facilities. The receiving facilities are eligible for reimbursement for services provided to the individuals for up to 90 days. A facility must show proof of a written request from a representative of an agency serving on the multiagency special needs shelter discharge planning team that the individual for whom the facility is seeking reimbursement for services rendered was referred to that facility from a special needs shelter. The department shall specify by rule which expenses are reimbursable and the rate of reimbursement for each service.

## Appendix 2 - Legislation

(b) Reimbursement is subject to the availability of federal funds and shall be requested on forms prepared by the department. If a Presidential Disaster Declaration has been issued, the department shall request federal reimbursement of eligible expenditures. The department may not provide reimbursement to facilities under this subsection for services provided to a person with special needs if, during the period of time in which the services were provided, the individual was enrolled in another state-funded program, such as Medicaid or another similar program, was covered under a policy of health insurance as defined in s. 624.603, or was a member of a health maintenance organization or prepaid health clinic as defined in chapter 641, which would otherwise pay for the same services. Travel expense and per diem costs shall be reimbursed pursuant to s. 112.061.

(4) HEALTH CARE PRACTITIONER REGISTRY.—The department may use the registries established in ss. 401.273 and 456.38 when health care practitioners are needed to staff special needs shelters or to assist with other disaster-related activities.

(5) SPECIAL NEEDS SHELTER INTERAGENCY COMMITTEE.—The State Surgeon General may establish a special needs shelter interagency committee and serve as, or appoint a designee to serve as, the committee's chair. The department shall provide any necessary staff and resources to support the committee in the performance of its duties. The committee shall address and resolve problems related to special needs shelters not addressed in the state comprehensive emergency medical plan and shall consult on the planning and operation of special needs shelters.

(a) The committee shall:

1. Develop, negotiate, and regularly review any necessary interagency agreements.
2. Undertake other such activities as the department deems necessary to facilitate the implementation of this section.
3. Submit recommendations to the Legislature as necessary.

(b) The special needs shelter interagency committee shall be composed of representatives of emergency management, health, medical, and social services organizations. Membership shall include, but shall not be limited to, representatives of the Departments of Health, Children and Family Services, Elderly Affairs, and Education; the Agency for Health Care Administration; the Division of Emergency Management; the Florida Medical Association; the Florida Osteopathic Medical Association; Associated Home Health Industries of Florida, Inc.; the Florida Nurses Association; the Florida Health Care Association; the Florida Assisted Living Affiliation; the Florida Hospital Association; the Florida Statutory Teaching Hospital Council; the Florida Association of Homes for the Aging; the Florida Emergency Preparedness Association; the American Red Cross; Florida Hospices and Palliative Care, Inc.; the Association of Community Hospitals and Health Systems; the Florida Association of Health Maintenance Organizations; the Florida League of Health Systems; the Private Care Association; the Salvation Army; the Florida Association of Aging Services Providers; the AARP; and the Florida Renal Coalition.

(c) Meetings of the committee shall be held in Tallahassee, and members of the committee shall serve at the expense of the agencies or organizations they represent. The committee shall make every effort to use teleconference or videoconference capabilities in order to ensure statewide input and participation.

## Appendix 2 - Legislation

6) RULES -- The department has the authority to adopt rules necessary to implement this section. Rules shall include:

(a) The definition of a “person with special needs,” including eligibility criteria for individuals with physical, mental, cognitive impairment, or sensory disabilities and the services a person with special needs can expect to receive in a special needs shelter.

(b) The process for special needs shelter health care practitioners and facility reimbursement for services provided in a disaster.

(c) Guidelines for special needs shelter staffing levels to provide services.

(d) The definition of and standards for special needs shelter supplies and equipment, including durable medical equipment.

(e) Standards for the special needs shelter registration process, including guidelines for addressing the needs of unregistered persons in need of a special needs shelter.

(f) Standards for addressing the needs of families where only one dependent is eligible for admission to a special needs shelter and the needs of adults with special needs who are caregivers for individuals without special needs.

(g) The requirement of the county health departments to seek the participation of hospitals, nursing homes, assisted living facilities, home health agencies, hospice providers, nurse registries, home medical equipment providers, dialysis centers, and other health and medical emergency preparedness stakeholders in pre-event planning activities.

(7) EMERGENCY MANAGEMENT PLANS.—The submission of emergency management plans to county health departments by home health agencies, nurse registries, hospice programs, and home medical equipment providers is conditional upon receipt of an appropriation by the department to establish disaster coordinator positions in county health departments unless the State Surgeon General and a local county commission jointly determine to require that such plans be submitted based on a determination that there is a special need to protect public health in the local area during an emergency.

History.—s. 11, ch. 2000-140; s. 20, ch. 2001-62; s. 49, ch. 2005-152; s. 20, ch. 2006-71; s. 18, ch. 2008-6; s. 267, ch. 2011-142.

## Appendix 3 - Glossary of Acronyms

### Glossary of Acronyms

Following is a list of acronyms used in this guide as well as commonly used acronyms and terminology in Florida Emergency Management. For a comprehensive list of acronyms, abbreviations, and terms from FEMA go to [www.fema.gov/plan/prepare/faat.shtm](http://www.fema.gov/plan/prepare/faat.shtm).

Acronym/Term	Meaning
AAA	Area Agency on Aging
ACCESS	Automated Community Connection to Economic Self-Sufficiency
ACS	Assistive Care Service
ADA	Americans with Disabilities Act
ADCC	Adult Day Care Centers
AFCH	Adult Family Care Home
AHCA	Agency for Health Care Administration
ALF	Assisted Living Facility
APD	Agency for Persons with Disabilities
ARC	American Red Cross
ARES	Amateur Radio Emergency Service
ARF	(Federal) Action Request Form
ARRL	American Radio Relay League
ASPR	Assistant Secretary for Preparedness and Response
Base Camp	Base Camps are temporary facilities located near the disaster area to accommodate emergency workers who are needed in response and recovery efforts.
BOAF	Building Officials Association of Florida
CAN	Coordinated Assistance Network
CAP	Civil Air Patrol
CARES	Comprehensive Assessment and Review for Long-Term Care Services
CBZ	Coastal Building Zone
CCCL	Coastal Construction Control Line
CCRC	Continuing Care Retirement Communities
CDBG	Community Development Block Grant
CDC	Centers for Disease Control and Prevention
CDR	Christian Disaster Response
CEM	Certified Emergency Manager
CEMP	Comprehensive Emergency Management Plan  Plan developed and maintained by the Florida Division of Emergency Management or by an agency or facility. It provides for an emergency management system including a broad range of preparedness, response, recovery and mitigation responsibilities. The primary purpose is to outline roles, responsibilities and appropriate actions taken as the result of an emergency or disaster.
CEO	Chief Executive Officer
CEOC	County Emergency Operations Center

## Appendix 3 - Glossary of Acronyms

<b>Acronym/Term</b>	<b>Meaning</b>
CERT	Community Emergency Response Team
CFM	Certified Floodplain Manager
CISD	Critical Incident Stress Debriefing Health and safety measures set forth by emergency responders' during and after the incident.
CHD	County Health Department
CHHA	Coastal High Hazard Area
CIL	Centers for Independent Living
COG	Continuity of Government
CoM	Consequence Management The response to a disaster which focuses on alleviating damage, loss, hardship, or suffering. States have primary responsibility to respond to the consequences of terrorism, with federal assistance as needed. The Federal Emergency Management Agency (FEMA) is the lead federal agency for consequence management. Health care providers, hospitals, and public health agencies are all involved in this process.
Comfort Station	Comfort stations are staged at or near the disaster scene to provide food, water, ice and cleaning supplies. The Comfort Station is designed to be mobilized and flexible enough in order to provide vital services to disaster victims. If needed, comfort stations can include portable showers, toilets, tents and phone banks.
COOP	Continuity of Operations
County Emergency Management	Local government entity created in accordance with the provisions of 252.31-252.60, F.S., to discharge emergency management responsibilities for a local community.
CMS	Centers for Medicare & Medicaid Services
CMS	Children's Medical Services
CPA	Closest Point of Approach
CR	County Road
CrM	Crisis Management The law enforcement response. It focuses on the criminal aspects of the incident. The Federal Bureau of Investigation (FBI) is the lead federal agency for crisis management.
CRS	Community Rating System
DAB&T	Division of Alcoholic Beverages & Tobacco
DAC	Disaster Application Center
DACS	Florida Department of Agriculture and Consumer Services
DBPR	Department of Business and Professional Regulation
DCA	Florida Department of Community Affairs
DCF	Florida Department of Children & Families

### Appendix 3 - Glossary of Acronyms

Acronym/Term	Meaning
DCAHT	Disaster Community Health Assessment Teams Groups of health and social service professionals, who are organized, trained, and prepared to activate as a unit in a disaster response as first line responders within their own community. The recommended team configuration is a public health nurse, a mental health professional (if available), an environmental health specialist, and a team coordinator.
DCO	Defense Coordinating Officer
DEM	Florida Division of Emergency Management
DEP	Florida Department of Environmental Protection
DEST	(FBI-Coordinated Interagency) Domestic Emergency Support Team
DFO	Disaster Field Office
DFS	Florida Department of Financial Services
DFSP	Disaster Food Stamp Program
DHS	Department of Homeland Security
DHSMV	Department of Highway Safety and Motor Vehicles
Disaster	Any natural, technological, or civil emergency that causes damage of sufficient severity and magnitude to result in a declaration of a state of emergency by a county, the Governor, or the President of the US.
Disaster, Catastrophic	A disaster that will require massive state and federal assistance, including immediate military involvement.
Disaster, Major	A disaster that will likely exceed local capabilities and require a broad range of state and federal assistance.
Disaster, Minor	A disaster that is likely to be within the response capabilities of local government and will result in only a minimal need for state or federal assistance.
DMA	Department of Military Affairs
DMAT	Disaster Medical Assistance Team A group of individuals providing: 1. Minimal health and medical care, transfer and referral services at the point of a disaster, or 2. Health and medical services at transfer points and reception sites associated with client evacuation.
DMORT	Disaster Mortuary Response Team A group of individuals providing expertise and personnel to recover, identify, and process the bodies of deceased victims.
DMS	Florida Department of Management Services
DOC	Florida Department of Corrections
DOD	Department of Defense
DOE	Florida Department of Education
DOE	U.S. Department of Energy
DOEA	Florida Department of Elder Affairs
DOH	Florida Department of Health
DOT	Department of Transportation

## Appendix 3 - Glossary of Acronyms

<b>Acronym/Term</b>	<b>Meaning</b>
DRC	Disaster Resistant Community
DRI	Development of Regional Impact
DRO	Disaster Recovery Operations
DRM	Disaster Recovery Manager
DSCO	Deputy State Coordinating Officer
DSR	Damage Survey Report
DST	Damage Survey Team
DUA	Disaster Unemployment Assistance
EAS	Emergency Alert System
ECC	Extended Congregate Care
ECCS	Emergency Command and Control System
ECO	Emergency Coordinating Officer
EDICS	Emergency Deployable Interoperable Communications System
EMA	Emergency Management Agency
EMAC	Emergency Management Assistance Compact
EMC	Emergency Management Coordinator
Emergency	Any occasion, circumstance, or instance for which state assistance is required to supplement local efforts to save lives, protect public health and property.
EMI	Emergency Management Institute
EMPA	Emergency Management and Preparedness Assistance Trust Fund
EMS	Emergency Medical Services Statewide system that enables state residents and visitor to receive the highest quality and judicious emergency medical care.
EMT	Emergency Medical Technician
EMTC	Emergency Management Training Center
ENC	Emergency News Center
EO	Emergency Operations
EOC	Emergency Operations Center Physical location for coordinated emergency activities. The State EOC (SEOC) is in Tallahassee, Florida.
EOF	Emergency Operations Facility
EOG	Executive Office of the Governor
EOU	Emergency Operations Unit
EPA	Environmental Protection Agency
EPZ	Emergency Planning Zone
ERP	Environmental Response Plan
ERT	Emergency Response Team
ERV	Emergency Response Vehicle
ESATCOM	Emergency Satellite Communications System

## Appendix 3 - Glossary of Acronyms

Acronym/Term	Meaning
ESF	<p>Emergency Support Function</p> <p>A functional area of response activity established to facilitate the delivery of state assistance required during the immediate response phase of a disaster to save lives, protect property and public health, and to maintain public safety.</p>
ESF-8	<p>Emergency Support Function 8</p> <p>Health and medical services function. The Department of Health has the lead role in response activities and oversees the emergency management functions of preparedness, recovery, mitigation, and response with all agencies and organizations that carry out health or medical services.</p>
ESS	Economic Self Sufficiency
ESS	Emergency Status System
ETIS	Evacuation Transportation Information System
FAB	Florida Association of Broadcasters
FAC	Florida Administrative Code
FACA	Florida Animal Control Association
FACIL	Florida Association of Centers for Independent Living
FALA	Florida Assisted Living Association - Also known as Florida Assisted Living Affiliation
FCO	Federal Coordinating Officer
FDLE	Florida Department of Law Enforcement
FDVA	Florida Department of Veterans' Affairs
FEIL	Florida Emergency Information Line
FEMA	<p>Federal Emergency Management Agency</p> <p>Independent agency of the federal government, reporting to the President. Its mission is to reduce loss of life and property and protect the nation's critical infrastructure from all types of hazards through a comprehensive, risk-based, emergency management program of mitigation, preparedness, response, and recovery.</p>
FEMORS	<p>Florida Emergency Mortuary Operations Response Team</p> <p>A group of Florida individuals providing expertise and personnel to recover, identify, and process bodies of deceased victims of a disaster or catastrophic incident.</p>
FEPA	Florida Emergency Preparedness Association
FFCA	Florida Fire Chiefs Association
FG&FWFC	Florida Game & Fresh Water Fish Commission
FHA	Florida Hospital Association
FHBA	Florida Home Builders Association
FHCA	Florida Health Care Association
FHP	Florida Highway Patrol
FHPCA	Florida Hospice & Palliative Care Association

## Appendix 3 - Glossary of Acronyms

<b>Acronym/Term</b>	<b>Meaning</b>
FHWA	Federal Highway Administration
FIC	Florida Insurance Commission
FILC	Florida Independent Living Council
FIMA	Federal Insurance and Mitigation Administration
FIND	Florida Interfaith Networking in Disaster
FIRM	Florida Insurance Rate Map
Flash Report	Late breaking news related to an event
FLNG	Florida National Guard
FLNG-MSCA	Florida National Guard Operation Plan for Military Support to Civil Authorities
FMAP	Florida Mitigation Assistance Program
FmHA	Farmer's Home Administration
FMHO	Federal Hazard Mitigation Officer
FMP	Florida Marine Patrol
FNARS	Federal National Radio System
FNATS	Federal National Teletype System
FNAVS	Federal National Voice System
FPEM	Florida Professional Emergency Manager
FRCC	Florida Reliability Coordinating Council
FRP	Federal Response Plan
F.S.	Florida Statute
F-SERT	Forward-State Emergency Response Team
FWUA	Florida Windstorm Underwriting Association
GIS	Geographic Information System
HAvBED	National Hospital Available Beds for Emergencies and Disasters System
HAZMAT	Hazardous Material
HAZMIY	Hazardous Mitigation
HCD	Housing and Community Development
HCG	Health Coordinating Group
HEICS	Hospital Emergency Incident Command System
HES	Hurricane Evacuation Study
HIPAA	Health Insurance Portability and Accountability Act
HLS	Hurricane Local Statement
HLT	Hurricane Liaison Team
HMB	Hospice Medicare Benefit
HMGP	Hazardous Mitigation Grant Program
HMO	Hazardous Mitigation Officer
HSO	Human Services Officer
HSS	Homes for Special Services
HUD	U.S. Department of Housing and Urban Development
I&R	Information and Referral

## Appendix 3 - Glossary of Acronyms

<b>Acronym/Term</b>	<b>Meaning</b>
IA	Individual Assistance
IAO	Individual Assistance Officer
ICF/DD	Intermediate Care Facilities for the Developmentally Disabled
ICP	Institutional Care Program
ICS	Incident Command System A formal management structure used to ensure command, control, and coordination of an emergency response with facilities, equipment and supplies, personnel, official procedures, and a communications network planned and organized to achieve common objectives.
ICT	Incident Command Team
IEMAC	Integrated Emergency Management Course
ILC	Independent Living Center
IMS	Incident Management System
IPU	Information Processing Unit
IPZ	Ingestion Pathway Zone
IRC	Information Resource Commission
IST	Incident Support Team
JCC	Joint Coordination Center
JCE	Joint Coordinating Element
JIC	Joint Information Center
JMT	Joint Management Team
JOC	Joint Operations Center
KI	Potassium Iodide
LEOC	Local Emergency Operations Center
LEPC	Local Emergency Planning Committee
LGR	Local Government Radio
LHMO	Local Hazard Mitigation Officers
LMH	Limited Mental Health
LMS	Local Mitigation Strategy
LNS	Limited Nursing Services
LOEM	Local Office of Emergency Management Central clearinghouse for information collection and coordination of response and recovery resources within a local community or county.
LTCOP	Long-Term Care Ombudsman Program
LTR	Long-Term Redevelopment
LSA	Logistical Staging Area A point to classify, store, issue, and transport humanitarian relief personnel, equipment, and supplies during a disaster or catastrophic event.

## Appendix 3 - Glossary of Acronyms

Acronym/Term	Meaning
MAA	Mutual Aid Agreement A written voluntary cooperative agreement or request for operational assistance among two or more agencies that permits cooperation, assistance, and enforcement across jurisdictional lines.
MAC	Mutual Aid Communication
MARS	Mutual Aid Resource System
MECC	Mobile Emergency Communications Center
MEOW	Maximum Envelope of Wind/Water
MERS	Mobile Emergency Communications Center
MFC	Medical Foster Care Program
MIC	Meteorologist in Charge
Mitigation	Preparatory actions prior to another event that reduce or eliminate anticipated hazards or risks.
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRSA	Methycillin Resistant Staph Aureous
MSU	Medical Support Unit
NASA	National Aeronautics and Space Administration
NAWAS	National Warning System
NCP	National Contingency Plan
NDMS	National Disaster Medical System
NECC	National Emergency Coordination Center
NEMA	National Emergency Management Association
NFIP	National Flood Insurance Program
NGB	National Guard Bureau
NHC	National Hurricane Center
NHD	Nursing Home Diversion
NIMS	National Incident Management System
NOAA	National Oceanic Atmospheric Administration
NOI	Notice of Interest
NRC	Nuclear Regulatory Commission
NRCS	Natural Resources Conservation Service
NRP	National Response Plan
NSEP	National Security Emergency Preparedness
NTC	National Tele-registration Center
NWS	National Weather Service
ODP	Office for Domestic Preparedness The Office for Domestic Preparedness (ODP) is the principal component of the Department of Homeland Security responsible for preparing the United States for acts of terrorism.
OIR	Florida Office of Insurance Regulation

### Appendix 3 - Glossary of Acronyms

<b>Acronym/Term</b>	<b>Meaning</b>
OPB	Office of Planning and Budgeting
OSC	On Scene Coordination
OSS	Optional State Supplementation
PACE	Program of All-Inclusive Care for the Elderly
PAG	Protective Action Guide
PA	Public Assistance
PAO	Public Assistance Officer
PDA	Preliminary Damage Assessment
PDAT	Preliminary Damage Assessment Team
PDM	Pre-Disaster Mitigation Process
PHA	Public Housing Authorities
PHP	Public Health Preparedness
PIO	Public Information Officer
POC	Point of Contact
PPEC	Prescribed Pediatric Extended Care
Preparedness	Preparatory actions before an event.
Primary Agency	Department or agency assigned primary responsibility to manage and coordinate a specific ESF.
PSA	Public Service Announcement
PSC	Public Service Commission
PSN	People with Special Needs
RAC	Regional Assistance Committee
RACES	Radio Amateur Civil Emergency Service
RAG	Reliability Assessment Group
RC	Recovery Center
RDSTF	Regional Domestic Security Task Force Detects and prevents potential terrorist threats by collecting and disseminating intelligence and investigative information, promotes ongoing security vulnerability assessments to protect critical infrastructure, and provides domestic security training and equipment for police officers, public safety first responders, and disaster response team members in the region. There are seven RDSTFs in Florida: Tallahassee, Pensacola, Jacksonville, Orlando, Tampa Bay, Fort Myers, and Miami.
Recovery	Actions to rebuild systems after an incident or event.
REM	Roentgen Equivalent Man A unit that measures the effects of ionizing radiation on humans.
RERA	Regional Emergency Response Advisor Assigned to a health department in each of the 7 Regional Domestic Security Task Force regions these personnel can initiate response actions on their own or be deployed to a disaster site where they validate local needs for the state office, and assist the county emergency management with the overall response.

### Appendix 3 - Glossary of Acronyms

Acronym/Term	Meaning
RIAI	Rapid Impact Assessment Instrument A survey tool used to assess and record the immediate needs of an impacted area.
RIAT	Rapid Impact Assessment Team A survey tool used to assess and record the immediate needs of an impacted area.
RIC	Reconstruction Information Center
Risk Communication	Communication of information regarding a risk so that the receiver of the information can make an informed decision on what they need to do regarding the risk.
ROC	Regional Operations Center
RPC	Regional Planning Council
RPM	Resource Planning Management
RRC	Regional Relief Center
RRT	Rapid Response Team
SA	Salvation Army
SAR	Search and Rescue
SART	State Agricultural Response Team
SBA	Small Business Administration
SCAT	Staff Coordination and Assessment Team
SCO	State Coordinating Officer
SEOC	State Emergency Operations Center Central clearinghouse for disaster related information including requests for and deployment of assistance.
SERC	State Emergency Response Commission
SERP	State Emergency Response Plan
SERT	State Emergency Response Team Comprised of the emergency coordinating officers empowered to use the resources of their respective agencies to implement emergency response and recovery functions.
SFHHA	South Florida Hospital and Healthcare Association
SFRT	Shelter Feasibility Review Team
SHIP	State Housing Initiatives Partnership
SHMART	State Hazard Mitigation and Recovery Team
SHO	State Health Office
SHOESOC	State Health Office Emergency Support Operations Center
SITREP or SitRep	Situation Report Information that has occurred in a previous operational period.
SLB	Senior Leadership Briefing
SLOSH Model	Sea, Lake, Overland Surges from Hurricanes
SMAA	State Mutual Aid Agreement

### Appendix 3 - Glossary of Acronyms

<b>Acronym/Term</b>	<b>Meaning</b>
SMO	State Mitigation Officer
SNAG	Special Needs Advisory Group
SNS	Strategic National Stockpile Some Florida disasters may rapidly deplete the state inventory of critical pharmaceuticals, medical supplies, and equipment. The Strategic National Stockpile (SNS) is designed to augment the state inventory. It contains large quantities of pharmaceutical medicines, antidotes, medical supplies, and equipment required to respond to a wide range of anticipated problems associated with a chemical and biological incident or event.
SNTF	Special Needs Task Force
SOG	Standard Operating Guideline
SOP	Standard Operating Procedure
SOP-MMR	Standard Operating Procedure for Mass Migration Response
SpNS	Special Needs Shelter
SQM	State Quarter Master
SR	State Road
SSI	Supplemental Security Income
Staging Areas	A temporary location within the vicinity of an incident used to distribute supplies, equipment, and medical personnel.
STARC	State Area Command
Support Agency	Department or agency designated to assist a specific primary agency with available resources, capabilities, or expertise in support of ESF response operations under the coordination of the primary agency.
SWP	State Warning Point Division of Emergency Management that receives and transmits messages and information to personnel regarding all types of disasters and catastrophic events.
Syndromic Surveillance	Applies to surveillance using health-related data that precede diagnosis and signals a sufficient probability of case or an outbreak to warrant further public health response.
TAG	Technical Advisory Group
TAG-EOC	Technical Advisory Group Emergency Operations Center
TAOS Model	The Arbiter of Storms Software
TARU	Technical Advisory Response Unit
TCP	Traffic Control Point
TLF	Transitional Living Facilities
TMA	Telecommunications Management Agency
UOU	Unit of Use Unit-of-use products are packaged in their most frequently dispensed prescription sizes, sealed with child-resistant closures, and sized to accept the dispensing label.
USACOE	United States Army Corps of Engineers
USAR	Urban Search and Rescue

## Appendix 3 - Glossary of Acronyms

Acronym/Term	Meaning
USCG	United States Coast Guard
USDA	U.S. Department of Agriculture
USDVA	U.S. Department of Veterans Affairs
USGS	United States Geological Service
VA	Veterans Administration
VHF	Very High Frequency
VOAD	Voluntary Organizations Active in Disasters
WARS	Weekly Activity Report System
WATS	Wide Area Telephone Service
WCM	Warning Coordination Meteorologist
WMD	Water Management District
WMD	Weapon of Mass Destruction
WMD	Any device, material, or substance used in a manner with intent to cause death or serious injury to persons or significant damage to property.
WSO	Wealth Service Officer

### Resources for Vulnerable Populations

Persons leaving a shelter or temporary location following an emergency or disaster may need additional supports to safely return to and remain in their community. Thank you to the Florida Assisted Living Association for sharing their “**Quick Resource List by Agency or Service.**” This list may help discharge planners link persons to available information and support services.

Rev June 2012

Agency or Service	Description / Contact Information
<b>AARP</b>	A nonprofit organization dedicated to helping older Americans achieve lives of independence, dignity, and purpose. <b>888-687-2277</b> or <a href="http://www.aarp.org">www.aarp.org</a> . <b>Florida AARP 866-595-7678</b>
<b>Abuse Hotline</b>	A 24 hour on-call system, operated by the Department of Children & Families, through which the abuse, neglect or exploitation of an elderly or disabled individual must be reported in accordance with Florida statutory requirements. Callers may remain anonymous. <b>800-962-2873</b>
<b>Adult Day Care</b>	A structured activity program for frail or disabled individuals who need a supervised, protective environment during daytime hours. Adult day care facilities are licensed and regulated by the Agency for Health Care Administration: <b>850-412-4304</b>
<b>Adult Family-Care Homes</b>	A single family home in which room, board, supervision and personal care services are provided to five or fewer adult residents. Information about AFCHs can be obtained at the Agency for Health Care Administration, which licenses and regulates AFCHs: <b>850-412-4304</b>
<b>Adult Services</b>	This division of the Department of Children & Families is responsible for Protective Services for the Elderly, the Community Care for Disabled Adults, and the Home Care for Disabled Adults programs. <b>850-488-2881</b> To locate district contact information go to <a href="http://www.dcf.state.fl.us/programs/aps/">http://www.dcf.state.fl.us/programs/aps/</a>
<b>Advocacy Center for Persons with Disabilities</b>	Serves as a problem solving resource for disabled persons. <b>800-342-0823</b> or <a href="http://www.advocacycenter.org">www.advocacycenter.org</a>
<b>Agency for Health Care Administration (AHCA)</b>	This is the state agency responsible for the inspection, regulation, and licensing of health care facilities. <b>888-419-3456</b> or <a href="http://ahca.myflorida.com">http://ahca.myflorida.com</a>
<b>Agency for Persons with Disabilities</b>	Assists people who have developmental disabilities and their families as well as provide assistance to identify their needs and funding sources. <b>850-273-2273</b> or <a href="http://www.apd.myflorida.com">www.apd.myflorida.com</a>

Appendix 4 – Resources for Vulnerable Populations

Agency or Service	Description / Contact Information
<b>AIDS Hotline</b>	Provides education, information and referral about Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS): <b>800-232-4636</b> or <a href="http://www.cdc.gov/hiv">www.cdc.gov/hiv</a>
<b>Alzheimer's Disease &amp; Related Disorders Association</b>	Also called "ADRDA" or the Alzheimer's Association, has chapters located in most cities. They offer many free and low cost pamphlets, books and materials which discuss Alzheimer's Disease and topics related to care. The local chapter members and/or staff usually are great resources when you need help with a problem. Support groups are often available for caregivers. Contact the Alzheimer's Association. <b>800-272-3900</b> or <a href="http://www.alz.org">www.alz.org</a>
<b>American Cancer Society</b>	An organization which provides local transportation, information, counseling and medical equipment for cancer patients. Cancer Response system <b>800-227-2345</b> or <a href="http://www.cancer.org">www.cancer.org</a>
<b>American Council of the Blind</b>	An organization which seeks to improve the living conditions of people who are blind and those with visual impairments. <b>800-424-8666</b> or <a href="http://www.acb.org">www.acb.org</a>
<b>American Diabetes Association</b>	An organization working to prevent and cure diabetes and to improve the lives of all people affected by diabetes. <b>800-342-2383</b> or <a href="http://www.diabetes.org">www.diabetes.org</a>
<b>American Foundation for the Blind</b>	A national nonprofit organization whose mission is to enable people who are blind or visually impaired to achieve equality of access and opportunity that will ensure freedom of choice in their lives. <b>800-232-5463</b> or <a href="http://www.afb.org">www.afb.org</a>
<b>American Health Assistance Foundation</b>	Funds scientific research on age-related and degenerative disease, educates the public about these diseases, provides financial assistance to Alzheimer's disease patients and their caregivers, and funds the Alzheimer's Family Relief Program. <b>800-437-2423</b> or <a href="http://www.ahaf.org">www.ahaf.org</a>
<b>American Heart Association</b>	A volunteer health organization that funds research and sponsors public education programs to reduce disability and death from cardiovascular disease and stroke. <b>800-242-8721</b> or <a href="http://www.americanheart.org">www.americanheart.org</a>
<b>American Lung Association</b>	A volunteer organization whose goal is to fight lung disease and promote lung health through education, research, and advocacy: <b>800-548-8252</b> or <a href="http://www.lungusa.org">www.lungusa.org</a>

Appendix 4 – Resources for Vulnerable Populations

Agency or Service	Description / Contact Information
<b>American Parkinson's Disease Association</b>	A volunteer organization that funds research to find a cure for Parkinson's disease, educates the public about the illness, and offers assistance to patients and their families: <b>800-223-2732</b> or <a href="http://www.apdaparkinson.org">www.apdaparkinson.org</a>
<b>American Red Cross</b>	Offers health education programs, blood services, disaster relief, and emergency services to the Armed Forces. <b>202-737-8300</b> or <a href="http://www.redcross.org">www.redcross.org</a>
<b>American Society on Aging</b>	A nonprofit, membership organization that informs the public and health professionals about issues affecting the quality of life for older people and promotes innovative approaches to meet these needs. <b>800-537-9728</b> or <a href="http://www.asaging.org">www.asaging.org</a>
<b>American Tinnitus Association</b>	A volunteer organization that supports research to find a cure for tinnitus (consistent ringing or buzzing in the ears or inside the head) and distributes information to the public about this disorder, which is found most often in people 55 years of age and older. <b>800-634-8978</b> or <a href="http://www.ata.org">www.ata.org</a>
<b>Area Agency on Aging (AAA)</b>	An agency which plans and administers programs funded through federal, state, and/or local funds for persons over the age of 60. Services are contracted through local agencies such as Councils on Aging and may include home health maintenance services, transportation, housekeeping, congregate meals, home delivered meals, day care, etc. Services are contracted through local agencies, and targeted to those in the greatest social and economic need. Call the Department of Elder Affairs for the AAA in your area. <b>800-963-5337</b> or <a href="http://www.elderaffairs.state.fl.us/doea/aaa.php">http://www.elderaffairs.state.fl.us/doea/aaa.php</a>
<b>Arthritis Foundation</b>	A nonprofit, volunteer organization that supports research to find a cure for and ways to prevent all forms of arthritis and seeks to improve the quality of life for people for arthritis. <b>800-283-7800</b> or <a href="http://www.arthritis.org">www.arthritis.org</a>
<b>Assisted Living Facilities (ALF)</b>	A facility designed to provide personal care services in the least restrictive and most home-like environment. They can range in size from one resident to several hundred and may offer a wide variety of personal and nursing services designed specifically to meet an individual's personal needs. Regulated by AHCA. <b>850-412-4304</b>
<b>Assisted Living Facility Associations</b>	In Florida there are 3 associations which represent assisted living facilities: Florida Assisted Living Association (FALA): <b>850-383-1159</b> , <a href="http://www.falausea.com">www.falausea.com</a> ; Leading Age Florida (formerly Florida Association of Homes & Services for the Aging): <b>850-671-3700</b> , <a href="http://www.leadingageflorida.org">www.leadingageflorida.org</a> ; Florida Health Care Association (FHCA): <b>850-224-3907</b> or <a href="http://www.fhca.org">www.fhca.org</a>

Appendix 4 – Resources for Vulnerable Populations

Agency or Service	Description / Contact Information
<b>Better Hearing Institute</b>	A nonprofit, educational organization established to provide the general public with information on hearing loss and to encourage the use of available resources and assistance. <b>209-449-1100</b> or <a href="http://www.betterhearing.org">www.betterhearing.org</a>
<b>B'nai B'rith</b>	The world's oldest and largest Jewish service organization, engages in community service, Jewish education and public advocacy. The Caring Network is a fee-for-service program that offers information, referrals, and advice to older persons and their families throughout the U.S. <b>888-388-4224</b> or <a href="http://www.bnaibrith.org">www.bnaibrith.org</a>
<b>Cancer Information Service</b>	A service provided by the National Cancer Institute which provides accurate, up-to-date information about cancer and cancer related resources in local areas. Spanish-speaking staff are available. <b>800-422-6237</b> or <a href="http://cis.nci.nih.gov">http://cis.nci.nih.gov</a>
<b>Catholic Charities U.S.A.</b>	A social services organization that offers assistance to people of all ages with a broad range of social problems and needs. <b>703-549-1390</b> or <a href="http://www.catholiccharitiesusa.org">www.catholiccharitiesusa.org</a>
<b>Catholic Golden Age</b>	Sponsors charitable work and offers religious worship opportunities for older people. <b>800-836-5699</b> or <a href="http://www.catholicgoldenage.org">www.catholicgoldenage.org</a>
<b>Children of Aging Parents</b>	A nonprofit organization that provides information and emotional support to caregivers of older people. <b>800-227-7294</b> or <a href="http://www.caps4caregivers.org">www.caps4caregivers.org</a>
<b>Comprehensive Assessment &amp; Review for Long-Term Care Services (CARES)</b>	A federally mandated pre-admission screening program for nursing home applicants implemented by the Department of Elder Affairs. The program also performs pre-screening assessments for ALF Medicaid waiver applicants. There is a CARES office in each of the department's 11 planning and service areas. <b>850-414-2000</b> or <a href="http://www.elderaffairs.state.fl.us/english/cares.php">www.elderaffairs.state.fl.us/english/cares.php</a>
<b>Consumer Information Helpline</b>	The Division of Consumer Services in the Florida Department of Agriculture & Consumer Services is the state's clearinghouse for consumer complaints. <b>800-435-7352</b>
<b>Continuing Care Retirement Communities</b>	An arrangement whereby the resident and community enter in an agreement effective for the life of the resident which provides a range of residential settings depending on the needs of the resident: from independent apartment living units, to ALFs, to skilled nursing beds. CCRCs are regulated by the Department of Financial Services. <b>850-413-3030</b> or <a href="http://www.floir.com">www.floir.com</a>

Appendix 4 – Resources for Vulnerable Populations

Agency or Service	Description / Contact Information
<b>County Health Department</b>	Part of the Department of Health, each county health department is responsible for carrying out local health department safety/sanitation and food hygiene inspections: <a href="http://www.doh.state.fl.us/chdsitelist.htm">www.doh.state.fl.us/chdsitelist.htm</a>
<b>Department of Children &amp; Families</b>	This department administers the state’s financial assistance programs including placement services, mental health services, developmental services, optional state supplementation, and protective services. <b>850-487-1111</b> or <a href="http://www.state.fl.us/cf_web">www.state.fl.us/cf_web</a>
<b>Department of Elder Affairs</b>	Florida’s state agency whose mission is to foster an environment that promotes well-being for Florida’s elders and enables them to remain in their homes and communities. DOEA also serves as the rule writing authority for ALFs & AFCHs: <b>850-414-2000</b> or <a href="http://www.elderaffairs.state.fl.us">www.elderaffairs.state.fl.us</a>
<b>Department of Financial Services Consumer Helpline</b>	Takes complaints and provides information regarding automobile, property, life, health insurance, etc.; and insurance agents and carriers. <b>800-342-2762</b> or <a href="http://www.fdfs.com/">www.fdfs.com/</a>
<b>Department of Health</b>	This state department is the administrative center for the county health departments, and for the health practitioner boards responsible for the regulation of health care professionals: <b>850-425-4444</b> or <a href="http://www.doh.state.fl.us">www.doh.state.fl.us</a>
<b>Department of Veterans Affairs</b>	The Federal government agency that provides benefits to veterans of military service and their dependents. Florida also has its own Department of Veterans Affairs. <b>Federal 800-827-1000; Florida 850-487-1533</b> or <a href="http://www.floridavets.org">www.floridavets.org</a>
<b>Developmental Services</b>	A program administered by the Department of Children and Families, responsible for support coordination, advocacy, subcontracting services and supports for persons with developmental disabilities. Services include medical, dental, respite, supported living, supported employment, recreation, guardian advocate, residential services, social services, specialized therapies, transportation, training, day services. <b>850-488-4257</b> or <a href="http://www.apd.myflorida.com">www.apd.myflorida.com</a>
<b>Division of Blind Services</b>	A state-operated program which provides diagnostic services, transportation to medical appointments, counseling, guidance and in-service education to blind or visually impaired persons. <b>800-342-1828</b>
<b>Economic Self-Sufficiency</b>	Located in the Department of Children & Families, this unit determines the financial eligibility for supplemental payments for eligible nursing home, adult family-care home and assisted living facilities residents as well as eligibility for the medically needy program. <b>850-487-1111</b>

Appendix 4 – Resources for Vulnerable Populations

Agency or Service	Description / Contact Information
<b>Eldercare Locator</b>	A nationwide directory assistance services designed to help older persons and caregivers locate local support resources for aging Americans. <b>800-677-1116</b>
<b>Elder Helpline</b>	Florida's referral system for anyone seeking information or services related to elders. <b>800-963-5337</b> or <a href="http://www.agingresourcecentersofflora.org/resource_dir.html">www.agingresourcecentersofflora.org/resource_dir.html</a>
<b>Epilepsy Foundation of America</b>	A national volunteer health organization dedicated to the prevention an cure of seizure disorders, alleviation of their effects, and promotion of optimal quality of life for people who have these disorders. <b>800-332-1000</b> or <a href="http://www.efa.org">www.efa.org</a>
<b>Florida Alliance of Assistive Services &amp; Technology</b>	This nonprofit organization educates the public about assistive devices and helps increase access to them. <b>888-788-9216</b> or <a href="http://www.faast.org">www.faast.org</a>
<b>Florida Association for Retarded Citizens</b>	Provides referrals, services and advocacy for developmentally disabled persons from birth to death: <b>800-226-1155</b> or <a href="http://www.arcflorida.org">www.arcflorida.org</a>
<b>Florida Bar Elderly Referral Panel</b>	Refers persons to a participating attorney by location and specialty. <b>800-342-8011</b>
<b>Florida Council on Aging</b>	A statewide network of professionals in aging dedicated to enhancing the quality of life for all older persons, their families and their communities through advocacy, information-sharing and education. <b>850-222-8877</b> or <a href="http://www.fcoa.org">www.fcoa.org</a>
<b>Florida Developmental Disabilities Council</b>	Funds innovative projects, and advocates for policy positions which will enhance the quality of life of the developmentally disabled. <b>800-580-7801, 850-488-4180</b> or <a href="http://www.fddc.org">www.fddc.org</a>
<b>Florida Dietetic Association</b>	Represents Florida dieticians, nutritionists, dietetic technicians; publishes <i>The Handbook of Medical Nutrition Therapy: The Florida Diet Manuel</i> . <b>850-386-8850</b> or <a href="http://www.eatrightflorida.org">www.eatrightflorida.org</a>
<b>Florida Hospice &amp; Palliative Care Association</b>	The hospice association representing hospices in Florida. <b>800-282-6560</b> or <a href="http://www.floridahospices.org">www.floridahospices.org</a>
<b>Florida Life Care Residents Association (FLICRA)</b>	Consumer group composed of residents of continuing care retirement communities in Florida. <b>850-906-9314</b> or <a href="http://www.flicra.com">www.flicra.com</a>

Appendix 4 – Resources for Vulnerable Populations

Agency or Service	Description / Contact Information
<b>Florida Relay Services</b>	Provides telephone communication between people who use a Telecommunications Device for the Deaf (TDD) and people who use standard telephones. <b>800-955-8770</b> or <a href="http://www.ftri.org">www.ftri.org</a>
<b>Florida Tele-communications Relay</b>	Offers a statewide equipment distribution program that provides specialized telecommunications devices, free of charge, to deaf, hard of hearing, speech and dual sensory impaired residents of Florida. <b>800-222-3448</b>
<b>Gray Panthers</b>	An advocacy and education organization working for social change by addressing issues such as national health care, housing, environment, education, and peace. <b>800-280-5362</b> or <a href="http://www.graypanthers.org">www.graypanthers.org</a>
<b>Health Care Consumer Hotline</b>	A consumer hotline in the Agency for Health Care Administration which receives complaints regarding health care facilities and practitioners. <b>888-419-3456</b>
<b>Hear Now</b>	A nonprofit organization providing free hearing aids to qualifying individuals. <b>800-648-4327</b> or <a href="http://www.sotheworldmayhear.org">www.sotheworldmayhear.org</a>
<b>Hearing Aid Helpline</b>	Offers information to the public on hearing loss, hearing aids, and how to locate a qualified hearing aid specialist. <b>800-521-5247</b>
<b>Help for Incontinent People</b>	A patient advocacy group that works to reeducate the public and health professionals about the prevalence, diagnosis, and treatment of urinary incontinence. <b>800-252-3337</b>
<b>Home Health Agencies</b>	Services provided in the homes of elderly or disabled persons by nonprofit or for-profit agencies including nursing care, home health aides, homemaker services, and various rehabilitation therapies. Home health agencies are licensed and regulated by the Agency for Health Care Administration. <b>850-412-4403</b>
<b>Hospice</b>	A program of services provided to a terminally ill person in their place of residence which involves a professional team who is concerned with the physical, social, psychological, and financial well-being of the patient and family. Hospices are licensed and regulated by the Agency for Health Care Administration. <b>850-412-4403</b>
<b>Insurance Consumer Helpline</b>	A nationwide toll-free consumer information service that provides a range of information about insurance questions such as life, auto, home, business and health insurance such as Medicare supplemental insurance. <b>800-942-4242</b>
<b>International Tremor Foundation</b>	An international nonprofit membership organization established to provide patient services and education and support research in tremor disorders. <b>800-457-6676</b>

Appendix 4 – Resources for Vulnerable Populations

Agency or Service	Description / Contact Information
<b>Legal Hotline for Older Floridians</b>	Operated by the American Association of Retired Persons (AARP), provides legal issues counseling and referral service by telephone to older Floridians. <b>305-576-5997</b> or <b>305-573-5800 fax</b>
<b>Leukemia Society of America</b>	Local chapters of the Society offer financial assistance to patients with leukemia and sponsor support groups for patients and family members. <b>800-955-4572</b>
<b>Library Services of the Blind &amp; Physically Handicapped</b>	Provides books in Braille, talking books, and other learning aids for blind or visually impaired individuals. <b>888-657-7323</b>
<b>Long-Term Care Ombudsman Program</b>	This federally mandated program is responsible for investigating and resolving complaints made by or on behalf of residents of nursing homes, assisted living facilities, and adult family-care homes. Ombudsmen volunteers maintain a presence in Florida's long-term care facilities by investigating and resolving residents' concerns, conducting annual administrative assessments, and offering in-service trainings on resident rights and education about the programs mission to protect the health, safety, welfare, and rights of long-term care facility residents. All services are free and confidential. <b>Florida: 888-831-0404 or 850-414-2323</b>
<b>Lupus Foundation of America</b>	Local chapters of the Foundation offer emotional support, encouragement, and information to patients and their families about this chronic inflammatory disease. <b>800-558-0121; Spanish 800-558-0231</b> or <a href="http://www.lupus.org">www.lupus.org</a>
<b>Medic Alert</b>	A worldwide nonprofit organization dedicated to providing personal medical information to protect and save lives. <b>888-633-4298</b> or <a href="http://www.medialert.org">www.medialert.org</a>
<b>Medicaid</b>	The state/federal program that provides health coverage for selected categories of people with low incomes. The Department of Children and Families Services, Office of Economic Self Sufficiency, determines Medicaid recipient eligibility. The Agency for Health Care Administration develops and carries out policies related to the Medicaid program. AHCA contracts with a fiscal agent that processes claims and enrolls non-institutional providers. <b>AHCA 850-488-3560</b>
<b>Medicare</b>	A national health insurance plan for persons 65 or older or disabled. <b>Medicare Hotline: 800-633-4227</b>

Appendix 4 – Resources for Vulnerable Populations

Agency or Service	Description / Contact Information
<b>Mental Health &amp; Substance Abuse</b>	The program administered by the Department of Children and Families. Addresses the needs of individuals who have serious mental illness and/or who experience behavioral and emotional disturbances. <b>888-419-3456</b> or <b>850-922-7703</b>
<b>National Association for Hispanic Elderly</b>	Works to ensure that older Hispanic citizens are included in all social service programs for older Americans. <b>215-765-9040</b>
<b>National Center for Vision &amp; Aging</b>	A division of The Lighthouse, Inc. promotes the interests of older people with, or at risk of incurring, a visual impairment. <b>800-334-5497</b>
<b>National Committee to Preserve Social Security &amp; Medicare</b>	An advocacy and education organization, dedicated to protecting and enhancing Federal programs vital to seniors' health and economic well-being: Senior Flash Hotline <b>800-966-1935</b> or <a href="http://www.ncpssm.org">www.ncpssm.org</a>
<b>National Council on Aging</b>	Promotes research, advocacy, information, coalition building, etc. related to elder issues. <b>800-662-2620</b> or <a href="http://www.ncoa.org">www.ncoa.org</a>
<b>National Eye Care Project</b>	Provides referrals to local volunteer ophthalmologists for no-cost eye exams and care for eligible persons age 65 and older. <b>800-222-3937</b>
<b>National Hospice &amp; Palliative Care Organization</b>	Promotes quality care for terminally ill patients and provides information about hospice services available in the U.S. Hospices provide medical care for dying patients, as well as counseling and supportive services for the patient and family members. <b>800-658-8898</b> or <a href="http://www.nhpco.org">www.nhpco.org</a>
<b>National Institute of Neurological Disorders &amp; Stroke</b>	Part of the National Institute of Health, this is the Federal Government's principal agency for research on the causes, prevention, detection, and treatment of neurological diseases and stroke. <b>800-352-9424</b> or <a href="http://www.ninds.nih.gov">www.ninds.nih.gov</a>
<b>National Institute on Aging</b>	Part of the National Institutes of Health, this is the principal agency for conducting and supporting biomedical, social, and behavioral research related to aging processes and the disease and special problems of older people. <b>800-222-2225, 301-496-1752</b> or <a href="http://www.nia.nih.gov">www.nia.nih.gov</a>
<b>National Institute on Deafness &amp; Other Communication Disorders</b>	Part of the National Institutes of Health, this is the Federal government's principal agency for research and research training on normal mechanisms as well as disease and disorders for hearing, balance, smell, taste, voice, speech, and language. <b>800-241-1044</b> or <a href="http://www.nidcd.nih.gov">www.nidcd.nih.gov</a>

Appendix 4 – Resources for Vulnerable Populations

Agency or Service	Description / Contact Information
<b>National Kidney Foundation</b>	A nonprofit organization that promotes the prevention, treatment, and cure of kidney disease. <b>800-622-9010</b> or <a href="http://www.kidney.org">www.kidney.org</a>
<b>National Mental Health Information Center</b>	Established by the National Mental Health Association to meet the needs of the general public, consumers of mental health services and their families, and other concerned individuals. <b>800-789-2647</b> or <a href="http://www.mentalhealth.samhsa.gov">www.mentalhealth.samhsa.gov</a>
<b>National Multiple Sclerosis Society</b>	A nonprofit organization dedicated to the prevention, treatment, and cure of multiple Sclerosis (MS) and to improving the quality of life for people with MS and their families. <b>800-344-4867</b> or <a href="http://www.nmss.org">www.nmss.org</a>
<b>National Osteoporosis Foundation</b>	A volunteer health agency dedicated to reducing the widespread incidence of osteoporosis. <b>800-231-4222, 202-223-2226</b> or <a href="http://www.nof.org">www.nof.org</a>
<b>National Psoriasis Foundation</b>	A health organization supported primarily by people who have psoriasis to sponsor research and education programs for people with psoriasis and the general public and conducting programs to lessen the impact of psoriasis in daily life. <b>800-723-9166</b> or <a href="http://www.psoriasis.org">www.psoriasis.org</a>
<b>Older Women’s League (OWL)</b>	A national organization addressing the special concerns and needs of women as they age. <b>800-825-3695</b> or <a href="http://www.owl-national.org">www.owl-national.org</a>
<b>Prevent Blindness America</b>	Works to preserve sight and prevent blindness by sponsoring community services, offering education programs, and funding research. <b>800-331-2020</b> or <a href="http://www.preventblindness.org">www.preventblindness.org</a>
<b>Radon Program</b>	The state Radon program, which establishes radon measurement protocols, is located in the Department of Health. <b>800-543-8279</b>
<b>Retirement Housing Council</b>	An industry association representing Florida’s proprietary retirement housing communities, their developers, managers, residents, and affiliated businesses. <a href="http://www.floridaretirement.com">www.floridaretirement.com</a>
<b>SeniorNet</b>	A national nonprofit educational organization founded to teach computer skills to older adults and to provide a means for older adults to access information and to form friendships within an online network community. <b>571-203-7100</b> or <a href="http://www.seniornet.org">www.seniornet.org</a>
<b>Seniors vs. Crime</b>	Formed in 1989 by the Attorney General and the American Association of Retired Persons, the program uses retired citizens not only to educate Floridians on consumer fraud but also to help in some consumer investigations. In addition, the volunteers regularly conduct seminars on how seniors can protect themselves from becoming crime victims. <b>800-203-3099</b> or <a href="http://www.seniorsvscrime.com">www.seniorsvscrime.com</a>

Appendix 4 – Resources for Vulnerable Populations

Agency or Service	Description / Contact Information
<b>Serving Health Insurance Needs of Elders (SHINE)</b>	A statewide network of trained volunteer counselors that provides the only source of free one-on-one, personal and confidential Medicare-related counseling assistance for Florida's Medicare beneficiaries, their families, and caregivers. The Department of Elder Affairs SHINE program is part of the national State Health Insurance Assistance Program (SHIP). <b>800-963-5337</b> <a href="http://www.floridashine.org">www.floridashine.org</a>
<b>Simon Foundation</b>	A nonprofit education organization that provides information about urinary and bowel incontinence to health professionals and the general public. <b>800-237-4666</b> or <a href="http://www.simonfoundation.org">www.simonfoundation.org</a>
<b>Skin Cancer Foundation</b>	A nonprofit public information organization that works to educate the public about the importance of detecting and treating skin cancer as early as possible. <b>800-754-6490</b> or <a href="http://www.skincancer.org">www.skincancer.org</a>
<b>Social Security Administration</b>	The Federal government agency responsible for the Social Security retirement, survivor's benefits, and disability insurance program, as well as the Supplemental Security Income (SSI) program. <b>800-772-1213</b> or <a href="http://www.ssa.gov">www.ssa.gov</a>
<b>State Human Rights Advocacy Center (SHRAC)</b>	Investigates allegations of violation of human rights, particularly for the mentally ill and disabled persons under 60 years old. <b>850-488-6173</b>
<b>Vision Council of America</b>	An organization dedicated to serving as a credible source of news and information on the health aspects of vision care. <b>866-826-0290</b> or <a href="http://www.thevisioncouncil.org">www.thevisioncouncil.org</a>
<b>Visiting Nurse Association of America</b>	Community-based and community-supported nonprofit home health care providers that provide quality care to all people, regardless of ability to pay. <b>202-384-1420</b> or <a href="http://www.vnaa.org">www.vnaa.org</a>
<b>U.S. Postal Inspection Service</b>	Responds to complaints from persons who have received fraudulent mail or been defrauded through the postal system. <b>800-372-8347</b> or <a href="https://postalinspectors.uspis.gov">https://postalinspectors.uspis.gov</a>

## Crosswalk of Agency Contact Information

This Appendix contains a compilation of agency information listed in the Guide under the headings of “Resources” and “Agency Contacts.”

### Agency for Health Care Administration

Agency for Health Care Administration  
2727 Mahan Drive  
Tallahassee, FL 32308  
<http://ahca.myflorida.com>

**Agency for Health Care Administration, Assisted Living Unit** in the Division of Health Quality Assurance is responsible for licensing and regulation of assisted living facilities, adult family care homes, and adult day care centers.

Agency for Health Care Administration  
Bureau of Health Facility Regulation  
Assisted Living Unit  
2727 Mahan Drive, Mail Stop #30  
Tallahassee, FL 32308  
(850) 412-4304  
(850) 922-1984 Fax  
[http://ahca.myflorida.com/mchq/Long\\_Term\\_Care/Assisted\\_living](http://ahca.myflorida.com/mchq/Long_Term_Care/Assisted_living)

**Agency for Health Care Administration, Home Care Unit** in the Division of Health Quality Assurance is responsible for licensing and regulation of home health agencies, home medical equipment providers, homemaker companion services, nurse registries, health care services pools, and hospices.

Agency for Health Care Administration  
Bureau of Health Facility Regulation  
Home Care Unit  
2727 Mahan Drive, Mail Stop #34  
Tallahassee, FL 32308  
(850) 412-4403  
(850) 922-5374 Fax  
[http://ahca.myflorida.com/mchq/health\\_facility\\_regulation/Home\\_Care](http://ahca.myflorida.com/mchq/health_facility_regulation/Home_Care)

**Agency for Health Care Administration, Hospital and Outpatient Services Unit** in the Division of Health Quality Assurance is responsible for the licensing and regulation of hospitals, crisis stabilization units, residential treatment facilities, and short-term residential treatment units

Agency for Health Care Administration  
Bureau of Health Facility Regulation  
Hospital and Outpatient Services Unit  
2727 Mahan Drive, Mail Stop #31  
Tallahassee, FL 32308  
(850) 412-4549  
(850) 922-4351 Fax  
[http://ahca.myflorida.com/MCHQ/Health\\_Facility\\_Regulation/Hospital\\_Outpatient](http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/Hospital_Outpatient)

## Appendix 5 – Crosswalk of Agency Contact Information

**Agency for Health Care Administration, Long Term Care Unit** in the Division of Health Quality Assurance is responsible for licensing and regulation of nursing homes, intermediate care facilities for the developmentally disabled (ICF/DD), transitional living facilities (TLF), prescribed pediatric extended care (PPEC) centers, and homes for special services (HSS).

Agency for Health Care Administration  
Bureau of Health Facility Regulation  
Long Term Care Unit  
2727 Mahan Drive, Mail Stop #33  
Tallahassee, FL 32308  
(850) 412-4303  
(850) 410-1512 Fax  
[http://ahca.myflorida.com/MCHQ/Long\\_Term\\_Care/LTC](http://ahca.myflorida.com/MCHQ/Long_Term_Care/LTC)

**Agency for Health Care Administration Laboratory Licensure Unit** in the Division of Health Facility Regulation administers licensing programs for clinical laboratories, drug-free workplace laboratories, multiphasic health testing centers, and organ, tissue and eye procurement organizations. The unit also administers the federally regulated end-stage renal disease dialysis facilities.

Agency for Health Care Administration  
Bureau of Health Facility Regulation  
Laboratory Licensure Unit  
2727 Mahan Drive, Mail Stop #32  
Tallahassee, FL 32308  
(850) 412-4500  
(850) 410-1511 Fax  
[http://ahca.myflorida.com/mchq/health\\_facility\\_regulation/Laboratory\\_Licensure](http://ahca.myflorida.com/mchq/health_facility_regulation/Laboratory_Licensure)

**Agency for Persons with Disabilities (APD)** assists persons who have developmental disabilities and their families. Area Offices maintain a database of APD-licensed homes. Area office staff members are prepared to assist clients and family members in locating homes best equipped to meet individual needs. Note: APD will be changing to a regional structure. Contact the agency for the latest information.

Agency for Persons with Disabilities  
4030 Esplanade Way, Suite 380  
Tallahassee, FL 32399-0950  
(850) 488-4257  
<http://apd.myflorida.com>

**Centers for Medicare and Medicaid Services (CMS)** plays an important role in ensuring continuity of health care services for those affected by natural disasters, extreme weather, and emergencies.

Medicare Hotline - (800) MEDICARE  
Medicare and Medicaid Fraud Hotline (800) HHS-TIPS, (800) 447-8477, [www.cms.gov](http://www.cms.gov)  
Emergency Information for people with Medicare and Medicaid [www.cms.gov/About-CMS/Agency-Information/Emergency](http://www.cms.gov/About-CMS/Agency-Information/Emergency)

## Appendix 5 – Crosswalk of Agency Contact Information

**Department of Children & Families** protects the vulnerable, promotes strong and economically self-sufficient families, and advances personal and family recovery and resiliency.

Department of Children & Families  
1317 Winewood Boulevard  
Building 1 Room 202  
Tallahassee, FL 32399-0700  
(850) 487-1111  
(850) 922-2993 Fax  
[www.dcf.state.fl.us](http://www.dcf.state.fl.us)

**Department of Children & Families ACCESS Florida Program** administers the Food Assistance Program (formerly Food Stamps), Temporary Cash Assistance, Optional State Supplementation, and determines eligibility for Medicaid programs. Through an Automated Community Connection to Economic Self-Sufficiency (ACCESS) and community partners, the department provides access to public assistance programs.

ACCESS Florida Program  
(866) 76ACCESS (866-762-2237) Toll Free  
[www.dcf.state.fl.us/programs/access](http://www.dcf.state.fl.us/programs/access)

**Department of Children & Families Office of Homelessness** maintains contact lists for the continuum of care planning and the local homeless coalitions.

Department of Children & Families  
Office of Homelessness  
(850) 922-4691  
(850) 487-1361 Fax  
[www.dcf.state.fl.us/homelessness](http://www.dcf.state.fl.us/homelessness)

**Emergency Financial Assistance for Housing Program**  
(877) 891-6445 Toll Free

**Department of Education, Division of Vocational Rehabilitation** administers the Independent Living Program for Florida.

The Department of Education  
Division of Vocational Rehabilitation – Independent Living Program  
2002 Old Saint Augustine Road, Building A  
Tallahassee, Florida 32301-4862  
(850) 245-3338  
(800) 451-4327 (Voice/TDD) Toll Free  
[www.rehabworks.org/IL](http://www.rehabworks.org/IL) for a directory of Centers for Independent Living

**Department of Elder Affairs** administers human services programs for elders, information and referral services, health insurance assistance and nursing home pre-admission counseling and screening. The department also administers the Aged and Disabled Home and Community Based Medicaid Waiver.

Department of Elder Affairs  
4040 Esplanade Way  
Tallahassee, FL 32399

## Appendix 5 – Crosswalk of Agency Contact Information

(850) 414-2000  
(850) 414-2004 Fax  
<http://elderaffairs.state.fl.us>

**Department of Health** protects and promotes the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties. This includes identifying, diagnosing, and conducting surveillance of diseases and health conditions as well as preparing for and responding to natural disasters, terrorism, and other public health hazards.

Department of Health  
2585 Merchants Row Boulevard  
Tallahassee, FL 32399  
(850) 245-4444  
[www.doh.state.fl.us](http://www.doh.state.fl.us)

Division of Emergency Medical Operations  
(850) 245-4440  
[www.doh.state.fl.us/demo](http://www.doh.state.fl.us/demo)

Bureau of Preparedness and Response  
(850) 245-4040  
[www.doh.state.fl.us/demo/BPR](http://www.doh.state.fl.us/demo/BPR)

ESF-8 PLANNING     Coordinator: (850) 410-1823  
                                 Situation Status Room: (850) 488-0147  
                                 (850) 488-9054 Fax  
                                 Statesesf8\_planning@doh.state.fl.us

ESF-8 SPECIAL NEEDS SHELTERS (SpNS)  
(850) 245-4040  
(850) 245-4580 Fax

County Health Departments  
A list and link to local County Health Departments can be found at  
[www.doh.state.fl.us/chdsitelist.htm](http://www.doh.state.fl.us/chdsitelist.htm)

### **Federal Emergency Management Agency (FEMA) Disaster Assistance**

#### **General Assistance Information**

[www.fema.gov/assistance](http://www.fema.gov/assistance)

#### **Disaster Aid Hotline**

(800) 621-FEMA (3362)  
(800) 462-7585 TDD/TTY to use the Federal Relay Service.  
(800) 827-8112 Fax

#### **Technical Assistance (Online Registration)**

(800) 745-0243  
(800) 827-8112 Fax

## Appendix 5 – Crosswalk of Agency Contact Information

### **FEMA Region IV (including Florida) General Contacts**

Federal Emergency Management Agency

3003 Chamblee Tucker Road

Atlanta, GA 30341

(770) 220-5200

(770) 220-5230 Fax

[www.fema.gov/about/contact/regioniv.shtm#1](http://www.fema.gov/about/contact/regioniv.shtm#1)

**Florida Assisted Living Association (FALA)**, also known as the Florida Assisted Living Affiliation is a professional organization representing the owners and operators of assisted living communities.

Florida Assisted Living Association

1922 Miccosukee Road

Tallahassee, FL 32308

(850) 383-1159

[www.falausea.com](http://www.falausea.com)

**Florida Association of Centers for Independent Living (FACIL)** - A capacity building advocacy organization that provides support and resource development for 15 Centers for Independent Living (CILs) throughout Florida.

Florida Association of Centers for Independent Living

325 John Knox Road

Building C, Suite 132

Tallahassee, FL 32303

(850) 575-6004

(866) 575-6004 Toll free

(850) 575-6093 Fax

<http://floridacils.org>

**Florida Association of Housing and Redevelopment Officials** provides a means of exchanging information for the purpose of improving low income and affordable housing and community services.

Florida Association of Housing and Redevelopment Officials

Post Office Box 14629

Tallahassee, FL 32317-4629

(850) 222-6000

(850) 222-6002 Fax

[www.fahro.org](http://www.fahro.org)

**Florida Association of Medical Equipment Services** assists Florida medical equipment providers with timely legislative activity updates, quality education workshops and conferences, newsletter and training tools and manuals.

Florida Association of Medical Equipment Services

2805 8<sup>th</sup> Avenue West

Bradenton, FL 34205

(407) 895-5573 or (941) 746-7824

(941) 746-7824 Fax (call before faxing)

[www.famesonline.com](http://www.famesonline.com)

## Appendix 5 – Crosswalk of Agency Contact Information

**Florida Department of Veterans' Affairs** assists Florida's veterans, families and survivors to improve their health and economic well being.

Florida Department of Veterans' Affairs  
11351 Ulmerton Road, Suite 311-K  
Largo, FL 33778-1630  
(727) 518-3202 or  
(727) 319-7440  
[www.FloridaVets.org](http://www.FloridaVets.org)

For information on state veterans' homes admission requirements call (727) 518-3202, Extension 5562

A list of contacts including Benefits and Assistance Offices and County Veteran Services Officers can be found at: [www.FloridaVets.org](http://www.FloridaVets.org)

**Florida Division of Emergency Management** is a direct reporting entity to the Executive Office of the Governor. The division has the mission to ensure that Florida is prepared to respond to emergencies, recover from them, and mitigate against their impacts.

Florida Division of Emergency Management  
2555 Shumard Oak Blvd.  
Tallahassee, FL 32399-2100  
(850) 413-9900  
Director's Office - (850) 413-9969  
(850) 488-1016 Fax  
[www.floridadisaster.org](http://www.floridadisaster.org)

**Florida Health Care Association** works to educate society and government to invest in the well-being of elderly and disabled individuals and to assure access to long-term care. FHCA is committed to developing necessary and reasonable public policies which balance economic and regulatory principles to support quality care and quality of life.

Florida Health Care Association  
307 W. Park Ave.  
P. O. Box 1459  
Tallahassee, Florida 32301  
(850) 224-3907  
[www.fhca.org](http://www.fhca.org)

**Florida Hospice & Palliative Care Association** has a hotline for calls related to information about the hospice benefit, access to hospice care, or quality of care concerns.

Florida Hospice & Palliative Care Association  
2000 Apalachee Parkway, Suite 200  
Tallahassee, FL 32301  
(850) 878-2632  
(890) 878-5688 Fax  
(800) 282-6560 Consumer and Information Hotline  
[www.floridahospices.org](http://www.floridahospices.org)

## Appendix 5 – Crosswalk of Agency Contact Information

**Florida Hospital Association (FHA)** is a not-for-profit association representing all types of hospitals throughout the state. The mission of the FHA is "to promote the ability of member hospitals and healthcare systems to effectively and efficiently serve the healthcare needs of their communities."

Florida Hospital Association – Tallahassee Office  
306 East College Avenue  
Tallahassee, Florida 32301-1522  
(850) 222-9800  
(850) 561-6230 Fax  
[www.fha.org](http://www.fha.org)

Florida Hospital Association – Regional Office / Orlando  
307 Park Lake Circle  
Orlando, Florida 32803  
(407) 841-6230  
(407) 422-5948 Fax

South Florida Hospital and Healthcare Association  
Serving Palm-Beach, Broward, Miami-Dade and Monroe Counties  
6030 Hollywood Boulevard #140  
Hollywood, FL  
(954) 964-1660  
<http://sfhha.com>

**Florida Housing Finance Corporation** administers a number of multifamily, single family and special programs that help low-income Floridians obtain safe, affordable housing.

Florida Housing Finance Corporation  
227 N. Bronough Street, Ste 5000  
Tallahassee, FL 32301  
(850) 488-4197  
(850) 488-9809 Fax  
[www.floridahousing.org](http://www.floridahousing.org)

**Florida Independent Living Council (FILC)** is a statewide council established by federal mandate and Florida Statute to promote independent living opportunities for persons with disabilities throughout the state of Florida.

Florida Independent Living Council  
1416 North Adams Street  
Tallahassee, FL 32303  
(850) 488-5624 (Voice/TTY)  
(877) 822-1993 Toll free  
(850) 488-5881 Fax  
[www.flailc.org](http://www.flailc.org)

**Florida Office of Insurance Regulation** regulates Continuing Care Retirement Communities.

Office of Insurance Regulation  
200 East Gaines Street

## Appendix 5 – Crosswalk of Agency Contact Information

Tallahassee, FL 32399  
(850) 413-3140  
[www.floir.com](http://www.floir.com)

**Home Care Association of Florida** provides representation, communication, and advocacy for home care providers in Florida giving them information to assist in delivering high quality, cost effective services.

Home Care Association of Florida  
1363 E. Lafayette Street, Suite A  
Tallahassee, FL 32301  
(850) 222-8967  
(850) 222-9251 Fax  
[www.homecarefla.org](http://www.homecarefla.org)

**LeadingAge Florida** (Formerly Florida Association of Homes and Services for the Aging) is a not-for-profit corporation that represents the continuum of care for seniors. The organization promotes practices that support, enable, and empower people to live fully as they age.

LeadingAge Florida  
1812 Riggins Rd.  
Tallahassee, FL 32308  
(850) 671-3700  
[www.leadingageflorida.org](http://www.leadingageflorida.org)

**Salvation Army** provides relief and disaster assistance to individuals and first responders.

Salvation Army – Florida Divisional Headquarters  
5631 Van Dyke Road  
Lutz, Florida 33558  
(813) 383-5624  
(813) 962-4098 Fax  
[www.salvationarmyflorida.org](http://www.salvationarmyflorida.org) (to find a center in Florida)

**Small Business Administration** provides information on disaster assistance loans for homes and personal property:

SBA districts Serving Florida  
North District - Jacksonville  
7825 Baymeadows Way, Suite 100B  
Jacksonville, FL 32256  
(904) 443-1900  
[www.sba.gov/about-offices-content/2/3108](http://www.sba.gov/about-offices-content/2/3108)  
South District - Miami  
100 S. Biscayne Blvd - 7th Floor  
Miami, FL 33131  
(305) 536-5521  
(305) 536-5058 Fax  
[www.sba.gov/about-offices-content/2/3109](http://www.sba.gov/about-offices-content/2/3109)

## Appendix 5 – Crosswalk of Agency Contact Information

Disaster Assistance Customer Service Center  
[www.sba.gov/about-offices-content/4/2817](http://www.sba.gov/about-offices-content/4/2817)

Disaster Field Operations Center – East  
101 Marietta Street NW – Suite 700  
Atlanta, GA 30303  
(404) 331-0333 or (800) 659-2955  
(404) 331-0273 or (800) 798-3807 Fax  
(404) 331-7296 TTY/TDD  
[www.sba.gov/about-offices-content/4/2818](http://www.sba.gov/about-offices-content/4/2818)

**U.S. Department of Housing and Urban Development** provides a variety of rental assistance programs to persons with low incomes.

[www.hud.gov](http://www.hud.gov)

## Crosswalk of Websites with Helpful Information

This Appendix contains a compilation of websites listed in the Guide under the resource heading, “Websites with Helpful Information.”

- <http://apps.ahca.myflorida.com/nhcguide> - Florida’s *Nursing Home Guide* (the *Guide*), part of AHCA's ongoing effort to provide information to consumers faced with difficult health care decisions. The website allows persons to search for a nursing home by geographic region or by the characteristics of the nursing homes.
- [http://elderaffairs.state.fl.us/doea/elder\\_helpline.php](http://elderaffairs.state.fl.us/doea/elder_helpline.php) - Department of Elder Affairs webpage with a list of Elder Helplines that provide information regarding elder services and activities within each Florida County. The helpline can also be reached by calling toll free (800) 96-ELDER (35337).
- <http://ess.myflorida.com> – Agency for Health Care Administration web-based system for emergency services resources including reporting and tracking health care facility status before, during, and after an emergency.
- [www.agingresourcecentersofflorida.org](http://www.agingresourcecentersofflorida.org) – Florida Association of Area Agencies on Aging webpage with links to Florida’s Aging and Disability Resource Centers. The association shares data, plans advocacy activities, designs coordinated aging programs. The eleven partner organizations work closely with the Florida Department of Elder Affairs.
- [www.dcf.state.fl.us/programs/access/fff](http://www.dcf.state.fl.us/programs/access/fff) - In the event of a disaster such as a hurricane, the Department of Children & Families will provide updated information about the Food for Florida Program.
- [www.DisasterAssistance.gov](http://www.DisasterAssistance.gov) – Federal government website that consolidates information from FEMA, SBA and other agencies about federally funded government assistance to disaster victims.
- [www.eldercare.gov](http://www.eldercare.gov) - The Elder Locator is a public service of the U.S. Administration on Aging. It connects older Americans and their caregivers with sources of information on services. The site provides links to local Area Agencies on Aging and community-based organizations.
- [www.fema.gov/assistance/process/assistance.shtm](http://www.fema.gov/assistance/process/assistance.shtm) - FEMA webpage with information on “Disaster Assistance Available from FEMA.”
- [www.fema.gov/interim-housing-resources](http://www.fema.gov/interim-housing-resources) - FEMA Interim Housing Resources webpage that includes a link to the FEMA housing portal to help persons displaced by a disaster find a place to live.
- [www.fema.gov/national-disaster-housing-strategy-resource-center](http://www.fema.gov/national-disaster-housing-strategy-resource-center) - FEMA National Disaster Housing Strategy Resource Center. Check out “**Sheltering/Housing Resources**” for information on Transitional Sheltering Assistance along with other sheltering guidance and policies.

## Appendix 6 – Crosswalk of Websites with Helpful Information

- [www.floridadisaster.org](http://www.floridadisaster.org) – Website with information from the Division of Emergency Management and a description of all Emergency Support Functions (ESF).
- [www.floridadisaster.org/County\\_EM/county\\_list.htm#](http://www.floridadisaster.org/County_EM/county_list.htm#) - Florida Disaster webpage with a directory of local county emergency management offices.
- [www.floridadisaster.org/disability/snshelterlist.html](http://www.floridadisaster.org/disability/snshelterlist.html) - For a link to county Special Needs Registries
- [www.floridadisaster.org/fl\\_county\\_em.asp](http://www.floridadisaster.org/fl_county_em.asp) - Florida Disaster web page with links to county emergency management websites.
- [www.floridahealthfinder.gov](http://www.floridahealthfinder.gov) – Agency for Health Care Administration health care data site to find licensed health care facilities and providers, information on Medicare, Medicaid, health insurance, medications, hospital and ambulatory facility data and more. Click on “Locate Facilities or Providers.”
- [www.floridahospices.org](http://www.floridahospices.org) - The Florida Hospice & Palliative Care Association website provides a “Find a Hospice” function with search by county and links to hospice web pages, FAQs, an overview of hospice services, the interdisciplinary team, hospice levels of care and more.
- [www.floridahousing.org/AboutUs](http://www.floridahousing.org/AboutUs) - Florida Housing Finance Corporation webpage that provides a description of Florida Housing Finance Corporation initiatives. Click on “Summary of FHFC Programs” for a description of affordable housing programs.
- [www.floridahousing.org/NR/ronlyres/419C3DE6-2F66-4A20-A1B9-DD7969034D03/0/fhfcprogramssummary.pdf](http://www.floridahousing.org/NR/ronlyres/419C3DE6-2F66-4A20-A1B9-DD7969034D03/0/fhfcprogramssummary.pdf) - Website document that provides a description of Florida Housing Finance Corporation affordable housing programs.
- [www.floridahousing.org/specialneeds](http://www.floridahousing.org/specialneeds) - Florida Housing Finance Corporation website intended to serve as a comprehensive clearinghouse and portal of information about affordable housing funding programs resources that serve persons and households with special needs including persons who are elderly, physically disabled, at risk of being or are homeless, and/or have extremely low incomes.
- [www.floridahousingsearch.org](http://www.floridahousingsearch.org) - Florida Housing Finance Corporation web-based housing locator service linking people with affordable and available rental housing. Through a partnership with Florida Department of Elder Affairs, the site includes search engines for locating assisted living facilities and adult family care homes in Florida.
- [www.floridaservicedogs.net](http://www.floridaservicedogs.net) - A non-profit corporation that provides education, advocacy, and professionally trained service animals to qualified persons.
- [www.medicare.gov](http://www.medicare.gov) - Federal website that allows you to find facilities and providers such as home health agencies that provide Medicare reimbursed home health services. Compare and find addresses, telephone numbers and other important information for Medicare certified agencies and providers in Florida by clicking on the “Resource Locator.”

## Appendix 6 – Crosswalk of Websites with Helpful Information

- [www.medicare.gov/nhcompare](http://www.medicare.gov/nhcompare) - U. S. Department of Health and Human Services, Nursing Home compare tool to provide detailed information about the past performance of every Medicare and Medicaid certified nursing home in the country.
- [www.nhpco.org](http://www.nhpco.org) - The National Hospice and Palliative Care Organization, website has a “Find a Provider” function which offers searches for hospices, palliative care programs, dedicated inpatient facilities, community bereavement programs and more. Once the type of provider and state is selected, the search can continue by city, county or metropolitan area. Basic contact information will be provided and in most cases a link to the provider’s home page.
- [www.rurdev.usda.gov/Rental\\_Assistance\\_Program.html](http://www.rurdev.usda.gov/Rental_Assistance_Program.html) - US Department of Agriculture Rural Development Rural Rental Assistance (RA) program provides an additional source of support for households with incomes too low to pay for Housing and Community Facilities Rural Rental Housing (Section 515) or Farm Labor Housing (Section 514) financed projects.
- [www.sba.gov/category/navigation-structure/loans-grants/small-business-loans/disaster-loans](http://www.sba.gov/category/navigation-structure/loans-grants/small-business-loans/disaster-loans) - Small Business Administration webpage with general information on disaster loans.



# Discharge Planning

## Discharge Planning Forms



## Discharge Planning Forms

This section contains forms and sample documents that can assist counties in implementing and expediting discharge arrangements. Copies of forms and samples are included without headers or footers for printing convenience. Forms included in this document have been verified as of June 2012 but are subject to change. Whenever possible, agencies or websites should be used to confirm the latest versions, instructions, or other required information.

### **AHCA Form 1823 Resident Health Assessment for Assisted Living Facilities (ALF)**

**October 2010** - Rule 58A-5.0181F.A.C. requires that individuals admitted to a facility must be examined by a physician or advanced registered nurse practitioner and information must be reported on this form. Electronic copies of the form can be obtained at

[http://ahca.myflorida.com/MCHQ/Long\\_Term\\_Care/Assisted\\_living/pdf/AHCA\\_Form\\_1823.pdf](http://ahca.myflorida.com/MCHQ/Long_Term_Care/Assisted_living/pdf/AHCA_Form_1823.pdf)  
or [http://ahca.myflorida.com/mchq/long\\_term\\_care/Assisted\\_living/alf.shtml](http://ahca.myflorida.com/mchq/long_term_care/Assisted_living/alf.shtml)

### **AHCA Form 3110-1023 (AFCH-1110) 01/08 Resident Health Assessment for Adult Family-Care Homes (AFCH)**

- Rule 58A-14.0061 F.A.C. requires that prior to admission to an AFCH, the individual must be examined by a healthcare provider and information must be reported on this form. Electronic copies of the form can be obtained at

[http://ahca.myflorida.com/MCHQ/Long\\_Term\\_Care/Assisted\\_living/afc/Res\\_Health\\_Assmnt.pdf](http://ahca.myflorida.com/MCHQ/Long_Term_Care/Assisted_living/afc/Res_Health_Assmnt.pdf)  
or [http://ahca.myflorida.com/MCHQ/Long\\_Term\\_Care/Assisted\\_living/afc.shtml](http://ahca.myflorida.com/MCHQ/Long_Term_Care/Assisted_living/afc.shtml).

### **AHCA MEDFSERV-3008 Form, May 2009 – Medical Certification for Nursing Facility / Home- and Community-Based Services Form**

(Replaces Patient Transfer and Continuity of Care Form) – This form is required to determine medical eligibility for Medicaid Waiver programs. An electronic copy of the form and its instructions can be obtained at

[http://elderaffairs.state.fl.us/english/cares\\_3008ppp.php](http://elderaffairs.state.fl.us/english/cares_3008ppp.php).

### **CF-AA 2515 Certification of Enrollment Status Home and Community Based Services (HCBS) 10/2005**

– This form is used by Home and Community-Based Services waiver case managers to inform the Department of Children & Families eligibility specialist of an applicant/recipient's enrollment status in the Medicaid waiver and to advise of any change in living arrangement. The ACCESS Florida Program must receive this form prior to approval of the requested HCBS Medicaid waiver program. Electronic copies of the form can be obtained at [www.dcf.state.fl.us/publications](http://www.dcf.state.fl.us/publications).

### **CF-ES 1006 Alternate Care Certification Optional State Supplementation 10/05**

– This form is used in the Optional State Supplementation (OSS) program to certify the appropriateness of placement in an assisted living facility, adult family care home, and mental health residential treatment facility when an individual is applying for OSS payment to aid in covering the cost of care. The form is also used as the client/provider payment agreement. This form is completed by the client's primary case manager employed by or under contract to Adult Services, Substance Abuse and Mental Health or Developmental Services. This includes Area Agency on Aging lead agency staff. ESS must receive this form prior to approval of OSS payment. Electronic copies of the form can be obtained at [www.dcf.state.fl.us/publications](http://www.dcf.state.fl.us/publications).

**CF-ES 2337 Access Florida Application 11/2011** – This Department of Children & Families form is used to apply for public assistance programs and benefits. Access Florida is the state's public assistance service delivery system that provides an **Automated Community Connection to Economic Self-Sufficiency**. The form may be completed on the internet at

[www.myflorida.com/accessflorida](http://www.myflorida.com/accessflorida) or printed and submitted by mail or fax. Electronic copies of the form in English, Spanish and Creole along with Rights & Responsibilities and HIPAA Statement can be obtained at [www.dcf.state.fl.us/publications](http://www.dcf.state.fl.us/publications).

**DOEA Form 590 Discharge Planning Tool for Rapid Needs Evaluation Updated July 24, 2008** – This assessment tool developed by the Department of Elder Affairs is used to assist discharge planners determine and evaluate a clients relocation plan following the shelter closing and to determine if the special needs client needs assistance in obtaining services to develop an alternate relocation plan. Electronic copies of the form can be obtained at <http://elderaffairs.state.fl.us/english/disaster.php>.

**DOEA Form 590 Discharge Planning Tool for Rapid Needs Evaluation Procedures Updated May, 2012** – Instructions for completing the Discharge Planning Tool for Rapid Needs Evaluation assessment tool. Electronic copies of the instructions can be obtained at <http://elderaffairs.state.fl.us/english/disaster.php>.

**DOEA Form 701A, September 2008 Prioritization Form** – This form is used by the Department of Elder Affairs to prioritize applicants who have not begun to receive services. Applicants can be prioritized by greatest need to be assessed and to receive needed services. A Priority Score is produced. Electronic copies of the form and instructions can be obtained at <http://elderaffairs.state.fl.us/doea/publications.php#assessments>.

**DOEA Form 701B, September 2008 Assessment Instrument** – This form, used by the Department of Elder Affairs, is the full assessment used at initiation of services, at reassessment, to assess and update significant change in the consumer's situation, or to obtain demographics. It can be used to prioritize consumers who have not begun to receive services. Both a Risk Score and a Priority Score are produced. Electronic copies of the form and instructions can be obtained at <http://elderaffairs.state.fl.us/doea/publications.php#assessments>.

**FEMA Form 009-0-3 Declaration and Release** – This is a U.S. Department of Homeland Security, Federal Emergency Management Agency form. The form is used to verify that a member of the household is a citizen, non-citizen national or qualified alien of the United States. This form may be required in order to be eligible to receive FEMA Disaster Assistance. The form, dated August 2010, replaces all previous FEMA form 90-69B and is scheduled to expire August 31, 2013. For more information on applying for FEMA assistance, go to <http://www.fema.gov/assistance>

**HIPAA Sample Authorization to use or Disclose Health Information Form** – This is a *sample* form that can be used to authorize the use or disclosure of health information in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Administrative Simplification provisions of HIPAA address the security and privacy of health data. Detailed information on the HIPAA Privacy rule can be found on the U.S. Department of Health and Human Services, Office for Civil Rights website, [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa). A direct link to the Office for Civil Rights Decision Tool for Disclosures for Emergency Preparedness is at: [www.hhs.gov/ocr/hipaa/decisiontool](http://www.hhs.gov/ocr/hipaa/decisiontool). For information on the Florida Department of Health HIPAA privacy practices for individuals who receive care from the agency go to [www.doh.state.fl.us/planning\\_eval/HIPAA](http://www.doh.state.fl.us/planning_eval/HIPAA)



**RESIDENT HEALTH ASSESSMENT for ASSISTED LIVING FACILITIES**

TO BE COMPLETED BY FACILITY:  
Resident's Name \_\_\_\_\_ DOB: \_\_\_\_\_

**INSTRUCTIONS TO LICENSED HEALTH CARE PROVIDERS: *AFTER COMPLETION OF ALL ITEMS IN SECTIONS 1 AND 2 OF THIS FORM (pages 1 through 4), PLEASE RETURN TO:***

FACILITY NAME: \_\_\_\_\_

FACILITY ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

**SECTION 1: HEALTH ASSESSMENT (*MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER BY MEANS OF A FACE-TO-FACE EXAMINATION WITH THE RESIDENT.*)**

Known Allergies:	Height:	Weight:
Medical history and diagnoses:		
Physical or sensory limitations:		
Cognitive or behavioral status:		
Nursing/treatment/therapy service requirements:		
Special precautions:		

TO BE COMPLETED BY FACILITY:

Resident's Name \_\_\_\_\_ DOB: \_\_\_\_\_

**SECTION 1: HEALTH ASSESSMENT (MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER BY MEANS OF A FACE-TO-FACE EXAMINATION WITH THE RESIDENT.)**

A. To what extent does the individual need supervision or assistance with the following?

Key | I = Independent | S = Needs Supervision | A = Needs Assistance

Indicate by a checkmark (✓) in the appropriate column below the extent to which the individuals is able to perform each of the activities of daily living. If "needs supervision" or "needs assistance" is indicated, please explain the extent and type of supervision or assistance needed in the comments column.\*

ACTIVITIES OF DAILY LIVING	I	S*	A*	COMMENTS*
Ambulation				
Bathing				
Dressing				
Eating				
Self Care (grooming)				
Toileting				
Transferring				

B. Special Diet Instructions

Regular       Calorie Controlled       No Added Salt       Low Fat/Low Cholesterol

Other, please describe: \_\_\_\_\_

C. Does the individual have any of the following conditions/requirements? If yes, please include an explanation in the comments column.

STATUS	YES/NO (Y/N)	COMMENTS
1. A communicable disease, which could be transmitted to other residents or staff?		
2. Bedridden?		
3. Any stage 2, 3, or 4 pressure sores?		
4. Pose a danger to self or others?		
5. Require 24-hour nursing or psychiatric care?		

D. In your professional opinion, can this individual's needs be met in an assisted living facility, which is not a medical, nursing or psychiatric facility? Yes  No

Comments (Use additional page if necessary):

<b>TO BE COMPLETED BY FACILITY:</b> Resident's Name _____ DOB: _____
---

**SECTION 2-A: SELF-CARE AND GENERAL OVERSIGHT ASSESSMENT (MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER BY MEANS OF A FACE-TO-FACE EXAMINATION WITH THE RESIDENT.)**

**A. ABILITY TO PERFORM SELF-CARE TASKS:**

Indicate by a checkmark (✓) in the appropriate column below the extent to which the individuals is able to perform each of the listed self-care tasks. If "needs supervision" or "needs assistance" is indicated, please explain the extent and type of supervision or assistance necessary in the comments column.\*

**KEY:** I = Independent | S = Needs Supervision | A = Needs Assistance

TASKS	I	S*	A*	COMMENTS*
Preparing Meals				
Shopping				
Making Phone Calls				
Handling Personal Affairs				
Handling Financial Affairs				
Other				

**B. GENERAL OVERSIGHT:**

Indicate by a checkmark (✓) in the appropriate column below the extent to which the individual needs general oversight. If other, please explain in the comments column\*.

**KEY:** I = Independent | W = Weekly | D = Daily | O\* = Other

TASKS	I	W	D	O*	COMMENTS*
Observing Wellbeing					
Observing Whereabouts					
Reminders for Important Tasks					
Other					

**C. ADDITIONAL COMMENTS/OBSERVATIONS (Use additional page if necessary):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>TO BE COMPLETED BY FACILITY:</b> Resident's Name _____ DOB: _____
---

**SECTION 2-B: SELF-CARE AND GENERAL OVERSIGHT ASSESSMENT—MEDICATIONS (MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER BY MEANS OF A FACE-TO-FACE EXAMINATION WITH THE RESIDENT.)**

**A. Please list all current medications prescribed below (additional pages may be attached):**

	MEDICATION	DOSAGE	DIRECTIONS FOR USE	ROUTE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

**B. Does the individual need help with taking his or her medications (meds)?** Yes \_\_\_ No \_\_\_. If yes, please place a checkmark (✓) in front of the appropriate box below:

Needs Assistance with Self-Administration of Medications	Needs Medication Administration
--	---------------------------------

**C. ADDITIONAL COMMENTS/OBSERVATIONS** (Use additional page if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: MEDICAL CERTIFICATION IS INCOMPLETE WITHOUT THE FOLLOWING INFORMATION:**

NAME OF EXAMINER (Please Print): \_\_\_\_\_

SIGNATURE OF EXAMINER: \_\_\_\_\_

MEDICAL LICENSE #: \_\_\_\_\_

ADDRESS OF EXAMINER: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

TITLE OF EXAMINER (Please check the appropriate box):

	MD		DO		ARNP		PA
--	----	--	----	--	------	--	----

DATE OF EXAMINATION: \_\_\_\_\_

TO BE COMPLETED BY FACILITY:  
 Resident's Name \_\_\_\_\_ DOB: \_\_\_\_\_

**SECTION 3: SERVICES OFFERED OR ARRANGED BY THE FACILITY FOR THE RESIDENT (*MUST BE COMPLETED BY THE ALF ADMINISTRATOR OR DESIGNEE.*)**

**Note: This section must be completed for all residents based on needs identified in Sections 1 and 2 of this form, or electronic documentation, which at a minimum includes the elements below, except for residents receiving the following:**

- (a) Extended congregate care services (ECC) in a facility holding an ECC license; or
- (b) Services under a community living support plan in a facility holding a limited mental health license; or
- (c) Medicaid assistive care services; or
- (d) Medicaid waiver services.

#	(Column 1) Needs Identified from Sections 1 & 2	(Column 2) Service Needed	(Column 3) Service Frequency & Duration	(Column 4) Service Provider Name	(Column 5) Date Service Began
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

**NAME OF ADMINISTRATOR OR DESIGNEE:**  
 (Please Print) \_\_\_\_\_

**SIGNATURE OF ADMINISTRATOR OR DESIGNEE:** \_\_\_\_\_

**DATE OF SIGNATURE:** \_\_\_\_\_





**RESIDENT HEALTH ASSESSMENT FOR ADULT FAMILY-CARE HOMES (AFCH)**

NAME:	D.O.B.
KNOWN ALLERGIES:	HEIGHT:                      WEIGHT:
<b>HEALTH ASSESSMENT</b>	
Medical history and diagnoses:	
Physical or sensory limitations:	
Cognitive or behavioral status:	
Nursing/treatment/therapy service requirements:	
Special precautions:	

**A To what extent does the individual need supervision or assistance with the following? Please check appropriate areas below. ↓**

- |  |  |  |   |
|--|--|--|---|
| <b>AMBULATION:</b><br><input type="checkbox"/> Independent<br><input type="checkbox"/> Needs Supervision<br><input type="checkbox"/> Needs Assistance<br><input type="checkbox"/> Needs Total Help | <b>BATHING:</b><br><input type="checkbox"/> Independent<br><input type="checkbox"/> Needs Supervision<br><input type="checkbox"/> Needs Assistance<br><input type="checkbox"/> Needs Total Help  | <b>DRESSING:</b><br><input type="checkbox"/> Independent<br><input type="checkbox"/> Needs Supervision<br><input type="checkbox"/> Needs Assistance<br><input type="checkbox"/> Needs Total Help     | <b>TOILETING:</b><br><input type="checkbox"/> Independent<br><input type="checkbox"/> Needs Supervision<br><input type="checkbox"/> Needs Assistance<br><input type="checkbox"/> Incontinence<br><input type="checkbox"/> Catheter Care<br><input type="checkbox"/> Ostomy Assistance |
| <b>EATING:</b><br><input type="checkbox"/> Independent<br><input type="checkbox"/> Needs Supervision<br><input type="checkbox"/> Needs Assistance<br><input type="checkbox"/> Tube Feeding         | <b>GROOMING:</b><br><input type="checkbox"/> Independent<br><input type="checkbox"/> Needs Supervision<br><input type="checkbox"/> Needs Assistance<br><input type="checkbox"/> Needs Total Help | <b>TRANSFERRING:</b><br><input type="checkbox"/> Independent<br><input type="checkbox"/> Needs Supervision<br><input type="checkbox"/> Needs Assistance<br><input type="checkbox"/> Needs Total Help |   |

Comments (Use additional page if necessary): \_\_\_\_\_

**B To what extent is the individual able to perform other self-care tasks such as preparing meals, shopping, or making phone calls? Please check the appropriate box below. ↓**

- Independent   
  Needs Supervision   
  Needs Assistance   
  Needs Total Assistance

Comments (Use additional page if necessary): \_\_\_\_\_

**C To what extent does the individual need general oversight such as observing the individual's well-being and whereabouts and reminding the individual of important tasks? Please check the appropriate box below. ↓**

- Independent   
  Weekly Oversight   
  Daily Oversight   
  Other: Please describe below.

Comments (Use additional page if necessary): \_\_\_\_\_



**D** Does the individual require special diet instructions? Please check the appropriate box below. ↓

Regular  
  Diabetic Diet  
  No Added Salt  
  Low Fat  
  Low Cholesterol  
  Other: Please describe below:

**E** Please list all current medications prescribed below (additional pages may be attached). ↓

	MEDICATION	DOSAGE	DIRECTIONS FOR USE	ROUTE
1.				
2.				
3.				
4.				
5.				
6.				

Does the individual need help with medications? \_\_\_\_ YES \_\_\_\_ NO. If yes, please describe:

**F** Does the individual have any of the following conditions or requirements? Please check appropriate boxes below. ↓

	YES	NO	COMMENTS
A communicable disease which could be transmitted to other residents or staff?			
Bedridden?			
Any stage 2, 3, or 4 pressure sores?			
Pose a danger to self or others?			
Require 24-hour nursing care?			
Require 24-hour psychiatric supervision?			

**G** In your professional opinion, can this individual's needs be met in a residential facility (Adult Family Care Home) that is not a medical, nursing or psychiatric facility? \_\_\_\_ YES \_\_\_\_ NO  
 Comments (Use additional page if necessary):

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

**H** In your professional opinion, based on this individual's medical profile, can this individual be left without supervision at the adult family care home for up to two hours per twenty-four (24) hour period without compromising his or her health, safety, security or well-being?  
 \_\_\_\_ YES \_\_\_\_ NO Comments (Use additional page if necessary):

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



NAME OF EXAMINER (Please Print): \_\_\_\_\_

SIGNATURE OF EXAMINER: \_\_\_\_\_

MEDICAL LICENSE #: \_\_\_\_\_

ADDRESS OF EXAMINER: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

TITLE OF EXAMINER (Please check the appropriate box:  MD  DO  ARNP  PA

DATE OF EXAMINATION: \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM TO: ↓**

AFCH PROVIDER NAME:	ADDRESS:	TELEPHONE #:	CONTACT PERSON:



**(A) FACILITY INFORMATION**

Facility From \_\_\_\_\_  
 Admission Date \_\_\_\_\_ Discharge Date \_\_\_\_\_  
 Facility To \_\_\_\_\_

**(B) DEMOGRAPHIC INFORMATION**

Individual's DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
 Individual's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_  
 Individual's Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Nearest Relative/Health Care Surrogate \_\_\_\_\_ Phone Number \_\_\_\_\_

**PHYSICIAN INFORMATION**

Name \_\_\_\_\_  
 Will you care for individual in NF?  Yes  No  
 If no, referred to \_\_\_\_\_  
 Principal Diagnosis \_\_\_\_\_  
 Secondary Diagnosis \_\_\_\_\_  
 Discharge Diagnosis \_\_\_\_\_  
 (Problem List may be attached)  
 Surgery Performed & Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Allergy/Drug Sensitivity \_\_\_\_\_

**MEDICATION AND TREATMENT ORDERS (copies may be attached)**

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

**(C) PREAMISSION SCREENING FOR MENTAL ILLNESS/MENTAL RETARDATION**

*(Complete for admission to NF only)*  
 1. Is dementia the primary diagnosis?  Yes  No  
 2. Is there an indication of, or diagnosis of mental retardation (MR), or has the individual received MR services within the last 2 years?  Yes  No  
 3. Is there an indication of, or diagnosis of serious mental illness (MI), such as (check all that apply)  
 Schizophrenia  Panic or severe anxiety disorder  
 Mood disorder  Personality disorder  
 Somatoform disorder  Other psychotic or mental disorder leading to chronic disability  
 Paranoia  
 4. Has the individual received MI services within the past two years?  Yes  No  
 5. Is the individual a danger to self or others? *(please attach explanation)*  Yes  No  
 6. Is the individual on any medication for the treatment of a serious mental illness or psychiatric diagnosis?  Yes  No  
 7. If yes, is the MI or psychiatric diagnosis controlled with medication?  Yes  No  
 8. Is the individual being admitted from a hospital after receiving acute inpatient care?  Yes  No  
 9. Does the individual require nursing facility services for the condition for which he/she received care in the hospital?  Yes  No  
 10. Has the physician certified the individual is likely to require less than 30 days of nursing facility services?  Yes  No

**(D) ADDITIONAL ORDERS (Orders may be attached)**

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

**(E) HISTORY & PHYSICAL AND LABS**

1. PHYSICAL EXAM (History & Physical may be attached)  
 Head Ears Eyes Nose & Throat (HEENT) \_\_\_\_\_  
 Neck \_\_\_\_\_  
 Cardiopulmonary \_\_\_\_\_  
 Abdomen \_\_\_\_\_  
 GU \_\_\_\_\_  
 Rectal \_\_\_\_\_  
 Extremities \_\_\_\_\_  
 Neurological \_\_\_\_\_  
 Other \_\_\_\_\_  
 Free from communicable diseases  Yes  No  
 2. LABORATORY FINDINGS (Reports may be attached)  
 TB Test  Yes  No Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Results \_\_\_\_\_  
 Chest X-Ray  Yes  No Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Results \_\_\_\_\_

**(F) IMMUNIZATIONS GIVEN**

Pneumococcal Vaccine Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Influenza Vaccine Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Tetanus and Diphtheria Vaccine Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Herpes Zoster Vaccine Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**(G) PHYSICAL THERAPY (Attach Orders)**

New Referral  Continuation of Therapy  
**FREQUENCY OF THERAPY INSTRUCTIONS**  
 Stretching  Coordinating Activities  Progress bed to wheelchair  
 Passive Range of Motion (ROM)  Non-weight bearing  Recovery to full function  
 Active assistive  Partial weight bearing  Wheelchair independent  
 Active  Full weight bearing  Complete ambulation  
 Progressive resistive Sensation Impaired:  Yes  No  
 PRECAUTIONS Restrict Activity:  Yes  No  
 Cardiac  
 Other \_\_\_\_\_  
**ADDITIONAL THERAPIES (Attach Orders)**  
 Occupational Therapy  Respiratory Therapy  
 Speech Therapy  Other \_\_\_\_\_

**(H) TREATMENT AND EQUIPMENT NEEDS (Attach Orders)**

Catheter Care  Diabetic Care  
 Changing Feeding Tube  Monitor Blood Sugar/Frequency \_\_\_\_\_  
 Dressing Changes  Administer Insulin  
 Ostomy Care  Tube Feeding  
 Wound Care  Oxygen *(Select from below)*  
 Suctioning  PRN  
 Trach Care  Continuous @L/min \_\_\_\_\_  
 Instructions \_\_\_\_\_

**(I) SPECIAL DIET ORDERS (Orders may be attached)**

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

**(J) TYPE OF CARE RECOMMENDED (MUST BE COMPLETED AND SIGNED)**

*Check one*  
 Skilled Nursing Extended Care Facility (ECF), Duration \_\_\_\_\_  
 Intermediate Care: Duration \_\_\_\_\_ Admission Date to Nursing Facility \_\_\_\_/\_\_\_\_/\_\_\_\_  
 I certify that this individual requires ECF Nursing Facility Care for the condition for which he/she received care during hospitalization.  
 I certify that this individual is in need of Medicaid Waiver Services in lieu of Institutional placement.

Rehab Potential (check one)  Good  Fair  Poor

Print Physician's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax \_\_\_\_\_  
 Email Contact Address \_\_\_\_\_

Effective Date of Medical Condition \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Signature and Date Required \_\_\_\_\_

**FOR ONLINE APPLICANT USE ONLY**  
 IF APPLYING FOR MEDICAID, PLEASE INCLUDE DCF  
 ACCESS CONFIRMATION NUMBER BELOW:

**ADLs ARE AT TIME  
OF NF ADMISSION**

INDIVIDUAL'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

<b>(K) VISION</b> (w/glasses if used)	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Fair	<input type="checkbox"/> 3. Poor <input type="checkbox"/> 4. Blind	<b>AMBULATION</b>	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. With assistive device <input type="checkbox"/> 3. With supervision	<input type="checkbox"/> 4. Requires assistance* <input type="checkbox"/> 5. Total help <input type="checkbox"/> 6. Bed bound
<b>HEARING</b> (w/aid if used)	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Fair	<input type="checkbox"/> 3. Poor <input type="checkbox"/> 4. Deaf	<b>ENDURANCE</b>	<input type="checkbox"/> 1. Tolerates distance (250 feet sustained activity) <input type="checkbox"/> 2. Needs intermittent rest <input type="checkbox"/> 4. No tolerance <input type="checkbox"/> 3. Rarely tolerates short activities	
<b>SPEECH</b>	<input type="checkbox"/> 1. Good <input type="checkbox"/> 2. Fair <input type="checkbox"/> 3. Poor	<input type="checkbox"/> 4. Gestures or signs <input type="checkbox"/> 5. Unable to speak	<b>TRANSFER</b>	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. With assistive device <input type="checkbox"/> 3. With supervision	<input type="checkbox"/> 4. Requires assistance* <input type="checkbox"/> 5. Bed bound
<b>COMMUNI- CATION</b>	<input type="checkbox"/> 1. Transmits messages/receives information <input type="checkbox"/> 2. Limited ability <input type="checkbox"/> 3. Nearly or totally unable		<b>WHEELCHAIR USE</b>	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. Assistance with difficult maneuvering	<input type="checkbox"/> 3. Wheels a few feet <input type="checkbox"/> 4. Unable <input type="checkbox"/> N/A
<b>MENTAL AND BEHAVIOR STATUS</b>	<input type="checkbox"/> 1. Alert <input type="checkbox"/> 2. Confused <input type="checkbox"/> 3. Disoriented <input type="checkbox"/> 4. Comatose	<input type="checkbox"/> 5. Aggressive <input type="checkbox"/> 6. Disruptive <input type="checkbox"/> 7. Apathetic <input type="checkbox"/> 8. Wanders	<b>TOILETING</b>	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. With assistive devices <input type="checkbox"/> 3. With supervision <input type="checkbox"/> 4. Requires assistance <input type="checkbox"/> 5. Total assistance	<input type="checkbox"/> A- Bathroom <input type="checkbox"/> B - Bedside commode <input type="checkbox"/> C- Bedpan
<b>SKIN CONDITION</b>	<input type="checkbox"/> 1. Intact <input type="checkbox"/> 2. Dry/Fatigue <input type="checkbox"/> 3. Irritations (rash) <input type="checkbox"/> 4. Open Wound	<input type="checkbox"/> 5. Decubitus Site: _____ Stage: _____ Size: _____	<b>BLADDER CONTROL</b>	<input type="checkbox"/> 1. Continent <input type="checkbox"/> 2. Occasional incontinence - once/week or less <input type="checkbox"/> 3. Frequent incontinence - up to once a day <input type="checkbox"/> 4. Total incontinence <input type="checkbox"/> 5. Catheter - indwelling	
<b>DRESSING</b>	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. Supervision <input type="checkbox"/> 3. Requires assistance* <input type="checkbox"/> 4. Has to be dressed		<b>BOWEL CONTROL</b>	<input type="checkbox"/> 1. Continent <input type="checkbox"/> 2. Occasional incontinence-once/week or less <input type="checkbox"/> 3. Frequent incontinence - up to once a day <input type="checkbox"/> 4. Total incontinence <input type="checkbox"/> 5. Ostomy	
<b>BATHING</b>	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. Supervision <input type="checkbox"/> 3. Requires assistance* <input type="checkbox"/> 4. Is bathed	<input type="checkbox"/> A- Tub <input type="checkbox"/> B - Shower <input type="checkbox"/> C- Sponge Bath	<b>FEEDING</b>	<input type="checkbox"/> 1. No assistance <input type="checkbox"/> 2. Tray set up only <input type="checkbox"/> 3. Requires assistance <input type="checkbox"/> 4. Is fed	<input type="checkbox"/> 5. Aspirates
<b>TEACHING NEEDS</b>	<input type="checkbox"/> 1. Diabetic <input type="checkbox"/> 2. Cardiac	<input type="checkbox"/> 3. Ostomy <input type="checkbox"/> 4. Other (specify): _____	<b>DIET</b>	<input type="checkbox"/> 1. Full <input type="checkbox"/> 2. Mechanical Soft	<input type="checkbox"/> 3. Pureed <input type="checkbox"/> 4. Other (specify): _____

\*(HANDS ON NEEDED)  
Comments: \_\_\_\_\_

SIGNATURE AND TITLE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**(L) SOCIAL WORK ASSESSMENT**

Prior Living Arrangement \_\_\_\_\_

Long Range Plan/Agency Referrals \_\_\_\_\_

Adjustments to Illness or Disability \_\_\_\_\_

Comments \_\_\_\_\_



# CERTIFICATION OF ENROLLMENT STATUS HOME AND COMMUNITY BASED SERVICES (HCBS)

I. Department of Children & Families  
Economic Self-Sufficiency Services

II. RE:

\_\_\_\_\_  
Name of Applicant/Recipient

\_\_\_\_\_  
Client Social Security Number

\_\_\_\_\_  
Designated Representative

III. This certifies that the above named applicant/recipient:

- a)  was enrolled in the Medicaid waiver (HCBS) on \_\_\_\_\_.
- b)  will not be enrolled in the Medicaid waiver (HCBS):  
**(Enter reason)**
- c)  will not be enrolled in the Medicaid waiver (HCBS) as no funding/vacancies are available.
- d)  has a change in living arrangement. **(Complete next page.)**
- e)  was disenrolled from the Medicaid waiver (HCBS) on \_\_\_\_\_.

IV. Case Management Agency: \_\_\_\_\_

Waiver Program: \_\_\_\_\_

Mailing Address:

Telephone Number (include Area Code ): \_\_\_\_\_

V. **If the above named applicant is enrolled in waiver services, you must report any changes to DCF/Economic Self-Sufficiency Services staff immediately.**

VI.  Certified By:

\_\_\_\_\_  
Case Manager's Name (Print)

\_\_\_\_\_  
Case Manager's Signature

\_\_\_\_\_  
Date

**CHANGE IN HCBS RECIPIENT'S LIVING ARRANGEMENT  
UPDATE INFORMATION**

**VII. LIVING ARRANGEMENT INFORMATION:**

- a) Recipient's current address: \_\_\_\_\_
- b) Recipient's new address: \_\_\_\_\_
- c) Effective date of new address: \_\_\_\_\_
- d) Note type of living arrangement (e.g., nursing home, hospital, living with relatives, etc.):  
\_\_\_\_\_

**NOTE: Do not complete the following sections unless the above change in the HCBS recipient's address results in a change in DCF district/county or in the Case Management Agency.**

**VIII. CASE MANAGER COORDINATION CHECKLIST:**

- a) Has the current DCF eligibility specialist been notified?  NO  YES (Date): \_\_\_\_\_
- b) Has the new DCF (district/county) eligibility specialist been contacted?  NO  YES  
If yes, date: \_\_\_\_\_

**IX. CHANGE IN CASE MANAGER INFORMATION:**

- a)  Recipient transferred to another Medicaid waiver Case Manager on (date) \_\_\_\_\_.
- b)  New form CF-AA 2515 has been completed by the new Case Manager and forwarded to the new DCF Economic Self-Sufficiency Specialist's address.

**X. NEW CASE MANAGER INFORMATION:**

Case Management Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address:

Telephone Number (include Area Code ): \_\_\_\_\_



# ALTERNATE CARE CERTIFICATION OPTIONAL STATE SUPPLEMENTATION

# OSS

Please print – Refer to instructions for assistance.

PART 1 CLIENT/FACILITY INFORMATION			
Name (Last, First, M.I.)	Date Of Birth	Social Security Number	Date of Placement
OSS Status: <input type="checkbox"/> New <input type="checkbox"/> Change			
Facility Name	Telephone Number	License Number	Expiration Date
Facility Address			
Facility Type: <input type="checkbox"/> ALF <input type="checkbox"/> ALF-LMHL <input type="checkbox"/> AFCH <input type="checkbox"/> MHRTF <input type="checkbox"/> Home of Relative			
Certification: The person named above is appropriate for this placement based on one of the following: <input type="checkbox"/> DOEA Form 1823, Health Assessment (ALF) <input type="checkbox"/> DOEA Form 1110, Health Assessment (AFCH) <input type="checkbox"/> Other Physician Certification (ALF or MHRTF); describe: _____			
Type of Income:			
Income Amount: \$	\$	\$	
SSI Status: <input type="checkbox"/> Application Pending <input type="checkbox"/> Recipient <input type="checkbox"/> SSI/SSDI Recipient Due to Psychiatric Disorder <input type="checkbox"/> Did Not Apply <input type="checkbox"/> SSI Denied (check if known at time of application)			
AS, APD, MH or AAA / lead agency Signature	Print Name / Title / Agency and Telephone Number	Date	

PART 2 AGREEMENT FOR ALTERNATE CARE		
Client and provider agree to placement in above facility. Client agrees to pay provider following monthly rate: <input type="checkbox"/> Amount of \$_____ equal to current recognized standard cost of care as set forth in Chapter 65A-2, F.A.C., OSS. Client will keep personal allowance of \$_____ per month. <input type="checkbox"/> Amount of \$_____ per month, if less than standard cost of care. <input type="checkbox"/> Third Party Contribution: \$_____ per month for third party payment in accordance with s.409.212, F.S.		
Client Signature		Date
Provider Signature	Print Name / Title	Date
Witness Signature if signed with mark (not DCF, APD or DOEA)	Print Name / Relationship to Client or Facility	Date

PART 3 (To be completed ONLY for Mental Health Resident residing in ALF-LMHL)			
Client is appropriate to reside ALF-LMHL based on one of the following: <input type="checkbox"/> State mental hospital discharge evaluation documenting client's appropriateness to reside in ALF-LMHL was completed within 90 days prior to admission to the ALF-LMHL and is on file at the facility.			
_____	_____	_____	_____
A. Signature of Mental Health Professional	Title/Agency	Date	
<input type="checkbox"/> In my professional opinion, this person at this time and based on person's Community Living Support Plan is appropriate to reside in an ALF-LMHL. (Professional signature required below.)			
_____	_____	_____	_____
B. Signature of Mental Health Professional*	Title/Agency	License Number	Date
_____	_____	_____	_____
C. Supervisor Name*	Title/Agency	License Number	
*Give supervisor information if professional signing in "B" is unlicensed.			
If there is a Mental Health case manager, please specify in space below.			
_____	_____		
MH Case Manager's Name**	Agency / Organization		
**For mental health residents, the case manager must be the same person that signed in Part 1.			





# Application

Do you have a reason that makes it difficult for you to come to the office for an interview?

- Illness
- Transportation
- Work or Training
- Live in a Rural Area
- Care for a sick or Disabled Household Member
- Other (explain): \_\_\_\_\_



Date Stamp: \_\_\_\_\_

Case Number: \_\_\_\_\_

I would like to apply for:  Food Assistance  Cash  Relative Caregiver  OSS/Optional State Supplementation  Medical  Medicaid Waiver/Home & Community Based Services  Hospice  Nursing Home Care – Living address prior to entering Nursing Home:

Welcome to the Florida Department of Children and Families (DCF). If you need help in completing this application or need interpreter services, please contact ACCESS Florida at 1-866-762-2237. We need at least your name, address, and a signature. Processing begins the day we receive your signed application. Household members who are ineligible, or who are not applying for benefits, may be designated as non-applicants. Non-applicants, or persons applying only for Emergency Medicaid, Refugee Cash Assistance, or Refugee Medical Assistance, are NOT required to provide a Social Security Number (SSN) based on the Food Stamp Act. If you are not eligible for an SSN because of your immigration status, you may be eligible for a non-work SSN to receive the benefits that require one. If you need an SSN, we can help you apply for one. Non-applicants are NOT required to provide proof of immigration status. Noncitizens who are applying for benefits will have their immigration status verified with the United States Citizenship and Immigration Services (USCIS). We will not tell USCIS about the immigration status of those living in your household who are not applying for benefits. Under no circumstances will individuals who are not applying for benefits be reported as not lawfully residing in the United States. If you are completing this application for someone else, answer the questions based on their circumstances.

### EXPEDITED FOOD ASSISTANCE – Eligible households may receive food assistance benefits within 7 days

Is your household's gross income less than \$150?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you pay to heat or cool your home?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are your total liquid assets (such as cash, bank accounts, etc) less than \$100?	<input type="checkbox"/> YES <input type="checkbox"/> NO	What is the monthly amount of your rent or mortgage?	\$ _____
Is your household's monthly gross income plus your total liquid assets less than your monthly rent or mortgage plus utilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Has all of your household's income recently stopped? If yes, WHEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Check the bills you pay: <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Sewage <input type="checkbox"/> Phone		Is anyone in your household a migrant or seasonal farm worker? If yes, WHO?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### APPLICANT INFORMATION

Name: First _____ Middle _____ Last _____	Home or Message Phone Number: _____	E-Mail Address: _____
Home Address: Street _____ Apt. No. _____	City _____ State _____ Zip Code _____	Work Phone Number: _____
Address where you get your mail (if different from where you live): Street/P. O. Box _____	City _____ State _____ Zip Code _____	Cell Phone Number: _____

### INFORMATION FOR ALL PROGRAMS

Is anyone in your home fleeing the law due to a felony or a probation or parole violation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?	Has anyone in your home been convicted of a drug trafficking felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?	Has anyone in your home ever been convicted of receiving food assistance, temporary cash assistance, or Medicaid in more than one state at the same time? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?
Has anyone in your home sold or given away any property or assets in the last 5 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?	Did anyone in your home quit a job in the last 60 days or is anyone on strike? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?	Has anyone in your home received food, cash, or medical assistance from another state or source in the last 30 days? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who?

### STATEMENT OF UNDERSTANDING

I understand that information that I provide with this application, interview, or when requesting other benefits, including computer information matches with other agencies, is subject to verification by DCF and other Federal and State agencies including the Division of Public Assistance Fraud (DPAF). I understand and agree to the following: DCF, DPAF, and authorized Federal Agencies may verify the information I give on this form, interview, or when requesting other benefits. Information may be obtained from my past or present employers. My signature authorizes release of such information to DCF and/or DPAF. As a condition of participation in Medicaid, I consent to review and release of all medical records deemed necessary by Medicaid under its auditing and investigatory powers. If any information is incorrect, benefits may be reduced or denied and I may be subject to criminal prosecution or disqualified from the program for knowingly providing incorrect or false information or hiding information. I have read my Rights and Responsibilities. I certify under penalty of perjury that the information on this form is true to the best of my knowledge, including the citizen or noncitizen status of those who are applying for benefits. I hereby acknowledge receipt of the Florida DCF CFOP 60-17, Chapter 1, Attachment 2, Management and Protection of Personal Health Information Policy.

### SIGNATURES

\_\_\_\_\_  
Signature of Adult Household Member Date Signed \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness if signed with an "X"

\_\_\_\_\_  
Authorized/Designated Representative – Print Name, Address, and Phone

\_\_\_\_\_  
Signature of Authorized/Designated Representative

Application continues on page 2. Please provide as much information as you can to help us determine your eligibility quickly.

FOR OFFICE USE ONLY	Community Access Site Participant Name/Phone Number: _____	Date Stamp: _____
---------------------	--	-------------------

**HOUSEHOLD INFORMATION:** If you need extra space in the following sections, please use extra pages. Please provide as much information as you can to help us determine your eligibility quickly.

List yourself and all those living in your home even if you are not applying for them. If you are not applying for a member, you do not have to give their SSN or citizenship status. If living in a nursing home or other institutional arrangement, list only self, spouse and dependents.

**OPTIONAL INFORMATION – ETHNICITY:** **A** = Hispanic or Latino; **B** = Not Hispanic or Latino

**RACE:** You may choose one or more numbers: **1** – American Indian or Alaskan Native, **2** – Asian, **3** – Black or African American, **4** – Native Hawaiian, **5** – White

**Section A – List All Adults Living At Your Address**

Legal Name First, Middle, Last	Relationship to you	Want to Apply?	Sex	Social Security Number (see instructions above)	Date and Place of Birth	U.S. Citizen	Ethnicity (see above)	Race (see above)	Marital Status	Attends School/ # Hours/Week/ Last Grade Completed	Buys and Eats Food with You
	<b>SELF</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> YES <input type="checkbox"/> NO USCIS #	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> YES <input type="checkbox"/> NO # hours per week: _____ Last Grade Completed: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> YES <input type="checkbox"/> NO USCIS #	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> YES <input type="checkbox"/> NO # hours per week: _____ Last Grade Completed: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> YES <input type="checkbox"/> NO USCIS #	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> YES <input type="checkbox"/> NO # hours per week: _____ Last Grade Completed: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> YES <input type="checkbox"/> NO USCIS #	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		<input type="checkbox"/> YES <input type="checkbox"/> NO # hours per week: _____ Last Grade Completed: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Section B – List All Children Living At Your Address. If anyone is pregnant, list “unborn” as the name and the due date as the date of birth.**

Legal Name First, Middle, Last	Relationship to you	Want to Apply?	Sex	Social Security Number (see instructions above)	Date and Place of Birth	U.S. Citizen	Ethnicity (see page 2)	Race (see page 2)	Child under Age 5 Immunized	Attends School/ School Name	Date To Graduate	Buys and Eats Food with You
Child 1  Would you like this child to get child health checkup services? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> YES <input type="checkbox"/> NO USCIS #	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, school name:		<input type="checkbox"/> YES <input type="checkbox"/> NO
Child 2  Would you like this child to get child health checkup services? <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> YES <input type="checkbox"/> NO USCIS #	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, school name:		<input type="checkbox"/> YES <input type="checkbox"/> NO

Section B – List All Children Living At Your Address. If anyone is pregnant, list “unborn” as the name and the due date as the date of birth.											
Child 3	Would you like this child to get child health checkup services? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> YES <input type="checkbox"/> NO USCIS #	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, school name:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Child 4	Would you like this child to get child health checkup services? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> F <input type="checkbox"/> M			<input type="checkbox"/> YES <input type="checkbox"/> NO USCIS #	<input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, school name:	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Medicaid: For children under age 16, if no other proof of identity is available such as school records or photo ID, read and sign below:**

**I certify under penalty of perjury that all the children listed above are who I claim them to be.**

\_\_\_\_\_  
Signature

Section C – Absent Parent Information: Provide the following information for each child in Section B whose mother and/or father is not in the home.											
Child 1	Absent Parent's Name and Last Known Address				Date of Birth	Social Security No.	Race (see pg.2)	Reason for Absence			
	Mother										
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Mother's Place of Birth		Mother's Phone #		Medical Insurance Information				
	Is this the child's legal parent?		Do you want Child Support Enforcement services if not approved for benefits?		Carrier Name:		Policy Number:				
	Mother's Employer's Name:			Employer's Address:			Employer's Phone #:				
Child 2	Absent Parent's Name and Last Known Address				Date of Birth	Social Security No.	Race (see pg.2)	Reason for Absence			
	Mother										
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	Father's Place of Birth		Father's Phone #		Medical Insurance Information				
	Is this the child's legal parent?		Do you want Child Support Enforcement services if not approved for benefits?		Carrier Name:		Policy Number:				
	Father's Employer's Name:			Employer's Address:			Employer's Phone #:				

<b>Section C – Absent Parent Information:</b> Provide the following information for each child in Section B whose mother and/or father is not in the home.						
Child 3	<b>Absent Parent's Name and Last Known Address</b>		<b>Date of Birth</b>	<b>Social Security No.</b>	<b>Race</b> (see pg.2)	<b>Reason for Absence</b>
	Mother					
	Is this the child's legal parent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you want Child Support Enforcement services if not approved for benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Mother's Place of Birth</b>	<b>Mother's Phone #</b>	<b>Medical Insurance Information</b>	
	Mother's Employer's Name:		Employer's Address:		Carrier Name:	Policy Number:
	Father's Employer's Name:		Employer's Address:		Carrier Name:	Policy Number:
Child 4	<b>Absent Parent's Name and Last Known Address</b>		<b>Date of Birth</b>	<b>Social Security No.</b>	<b>Race</b> (see pg.2)	<b>Reason for Absence</b>
	Mother					
	Is this the child's legal parent? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you want Child Support Enforcement services if not approved for benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Mother's Place of Birth</b>	<b>Mother's Phone #</b>	<b>Medical Insurance Information</b>	
	Mother's Employer's Name:		Employer's Address:		Carrier Name:	Policy Number:
	Father's Employer's Name:		Employer's Address:		Carrier Name:	Policy Number:

<b>Section D – General Information:</b> Answer the following questions about those listed in Sections A and B who are applying for assistance.			
1. Is everyone a resident of the state of Florida?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no, who is not?
2. Is anyone in the household pregnant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who? Due Date: # Babies Due:
* 3. Has anyone attended a school conference for any of the children who are ages 6-18?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who? When?
4. Has anyone or their parent (if still a child) or deceased spouse (if applicable) served in the U.S. military?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who? When?
5. Is anyone in your household a sponsored noncitizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who?
6. Is anyone living in a special setting such as a homeless shelter, drug treatment center, nursing home, assisted living facility, adult family care home, mental health residential treatment facility, or other institution?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who? Facility Name and Type:
7. Is anyone a foster child?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who?
* 8. Are any of the children limited or prevented in any way in his or her ability to do the things most children of the same age can do?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who?
* 9. Do any of the children need to get special therapy, such as physical, occupational or speech therapy, or treatment or counseling for an emotional, developmental, or behavioral problem?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who?
*10. Do any of the children need or use more medical care, mental health, or educational services than is usual for most children of the same age?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who?
11. If you are applying for nursing home type services, do you have a child (of any age) living in your home who is blind or disabled?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who? What is their relationship to you?
12. Has anyone been determined disabled by Social Security or the State of Florida?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who?

<b>Section D – General Information:</b> Answer the following questions about those listed in Sections A and B who are applying for assistance.			
13. Is anyone claiming to be disabled who has not already been determined disabled by Social Security or the State of Florida?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who?
14. Has anyone been denied Supplemental Security Income (SSI) in the past 90 days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who? <span style="float: right;">When?</span>
*15. Does anyone in your household need help with Medicare premiums or medical bills from the past three (3) months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who?
*16. Does anyone who was denied for disability have a new medical condition not considered by the Social Security Administration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who?
17. Is anyone in your household a victim of human trafficking? (Victims of human trafficking are people taken, kept, or moved by force or fraud for sexual exploitation or forced labor.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who?

**\*\*\*\*\* If you need extra space in the following sections, please use extra pages. \*\*\*\*\***

<b>Section E – Assets &amp; Insurance:</b> Answer the following questions about those listed in Sections A and B who are applying for assistance.						
1. Does anyone that you are applying for own all or part of any assets, such as: vehicles, bank accounts, tax sheltered accounts, property, Certificates of Deposit (CDs), cash, mortgage notes, promissory notes, *loans, *IRAs, *401Ks, bonds, annuities, stocks, real estate, life estate, trusts, *Keogh plans, *continuing care retirement community or life care community contracts, burial contracts or plots, prepaid funeral expenses, savings bonds or certificates, business assets, large sums of money received in last 3 months, health/long-term care/life/auto insurance, HMOs, Medicare or Medicare supplements, etc? Include the assets/insurance of parents of minor child applicants if living in the home and assets/insurance of spouses of applicants if living in the home. <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, list below:</b> <b>IMPORTANT INFORMATION FOR OWNERS OF AN ANNUITY:</b> In accordance with Public Law 109-171, individuals (and their spouses) who are applying for or receiving Medicaid Institutional Care Program (nursing home care), Hospice, Home and Community Based Services waiver programs, or the Program of All-Inclusive Care for the Elderly must list all annuities they own. Certain annuity purchases (or other transactions) made on or after 11/01/2007 will be considered a transfer of an asset for less than fair market value unless the annuity names the State of Florida, Agency for Health Care Administration, as the first remainder beneficiary (or second remainder beneficiary after the community spouse or minor or disabled child) for the total amount of Medicaid funds paid on the Medicaid recipient's behalf.						
Individual	Type of Asset or Insurance	Vehicles Year, Make, Model	Amount Owed on Vehicle/Property	Location of Asset/Insurance Bank/Company Name and Address	Account # or Insurance ID #	Amount or Value
2. Are any of the above assets set aside to cover burial expenses?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Which?	What Amount?	
3. Has anyone closed bank accounts or other investments, added anyone to the title of an asset, given away assets or property, or liquidated assets greater than \$3,000 to buy another asset or service in the last 5 years?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who? What?	When? Value?	

<b>Section F – Income:</b> Answer the following questions about those listed in Sections A and B who are applying for assistance.							
1. Does anyone that you are applying for receive any type of income, such as: wages, tips, self-employment, Social Security/Railroad Retirement or Disability, SSI, other disability, VA income, pension, Civil Service, unemployment, child support, alimony, dividends, interest, stipend, money from another person, annuity, rent, workers' compensation, estate/trust, public assistance, grants, scholarships, student loans, reparations payments, training allowances, etc? (Include the income of parents living at home with minor child applicants and income of spouses and dependents of applicants if living in the home.) <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If yes, list below:</b>							
Individual	Type of Income	Name of Employer or Source of Income	Phone Number of Employer	Monthly Amount Before Deductions	How Often Received (weekly/biweekly/monthly)	Pay Day on What Day of the Week	Weekly # of Work Hours
2. Has anyone's income in the household ended in the last 60 days?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who? When?	Source?		

<b>Section F – Income:</b> Answer the following questions about those listed in Sections A and B who are applying for assistance.				
3. Will anyone in your household receive additional income from the source that ended?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who? When?	Gross amount (before deductions) received in this month only? \$
4. Does anyone have a pending application for Social Security or Unemployment Compensation benefits?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Who?	Which Benefit?
5. Have deposits been made to Income or Miller Type Trusts in any of the past 3 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Whose Trust?	Date(s) and Amount(s) of Deposit(s):

<b>Section G – Expenses:</b> Answer the following questions about those listed in Sections A and B who are applying for assistance.							
1. Is anyone that you are applying for required to pay expenses, such as: rent, mortgage, property tax, homeowner's insurance, condo/maintenance fees, gas, electric, fuel, LIHEAP, medical bills such as but not limited to: prescriptions, glasses, transportation, doctor visits, dental, health aides, hospitalization, or insurance or Medicare premiums not covered by insurance or another third party, telephone, day (child) care, or court ordered child support for a child not in your household? Include the expenses of parents of minor child applicants if living in the home and expenses of spouse of applicants if the spouse is living at home. <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list below:							
Type of Expense	Who is Obligated to Pay This Expense	If a Medical Expense, Who Received the Medical Service?	Monthly Amount	Paid to Whom	Date Paid	Still Owed?	For Court Ordered Child Support Only, Name of Child for Whom Support is Paid
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
				S		<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
				S		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. How do you heat or cool your home?							
3. Does anyone help you pay expenses? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain:							

<b>YOU CAN APPLY TO REGISTER TO VOTE HERE</b>
<p>If you are not registered to vote where you live now, would you like to register to vote here today? Check YES if you would like to apply to register to vote or update your voter registration information. If you check the NO box or do not check a box, you will be considered to have decided not to apply to register to vote or update your voter registration information. Checking YES, NO, or leaving this question blank will not affect your receipt of benefits. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>NOTICE OF RIGHTS</b></p> <p><b>Help:</b> If you would like help in filling out your voter registration application, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application in private.</p> <p><b>Benefits:</b> If you are applying for public assistance from this agency, applying to register, or declining to register to vote will not affect the amount of assistance you will be provided by this agency.</p> <p><b>Privacy:</b> Your decision not to register or update your record and the location where you applied to register or update your voter registration record is confidential and may only be used for voter registration purposes.</p> <p><b>Formal Complaint:</b> If you believe someone has interfered with either your right to apply to register or to decline to register to vote, your right to privacy in deciding whether to apply to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: Florida Secretary of State, Division of Elections, NVRA Administrator, R.A. Gray Building, 500 S. Bronough Street, Tallahassee, Florida 32399-0250. Forms for filing a complaint are available at <a href="http://election.dos.state.fl.us/nvra/index.shtml">http://election.dos.state.fl.us/nvra/index.shtml</a> or call 1-850-245-6200.</p> <p>[Authority: National Voter Registration Act (42 U.S.C. 1973 gg); ss. 97.023, 97.058 and 97.0585, F.S.]</p>

<b>YOU MAY BE ELIGIBLE FOR REDUCED TELEPHONE RATES</b>
<p>Check YES if you would like DCF to release your Name, SSN, Phone Number, and the fact that you receive food assistance, Temporary Cash Assistance, or Medicaid to the local telephone company so you may receive a reduced telephone rate through the Lifeline Program. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

**NOTICE OF PENALTIES**

You may be subject to prosecution for knowingly providing incorrect information to receive public assistance benefits.

**REPORTING REQUIREMENTS**

You must report any change in your situation according to program requirements to DCF. Food assistance households are required to report changes that increase benefits and food assistance households with a member disqualified for breaking program rules, felony drug trafficking, running away from a felony warrant, or not participating in a work program must report when the household's monthly income exceeds the food assistance gross income limit for the household size. Households receiving Medicaid or Temporary Cash Assistance must continue to report changes that could affect eligibility within 10 days.

**IMPORTANT INFORMATION FOR IMMIGRANTS**

Applying for or receiving food assistance benefits or Medicaid will not affect you or your family members' immigration status or ability to get permanent resident status (green card). Receiving Temporary Cash Assistance or long-term institutional care such as nursing home benefits might create problems with getting that status, especially if the benefits are your family's only income.

**NOTICE OF PENALTIES – Food Stamps:**

If you are found guilty (by a state or federal court, or an administrative disqualification hearing, or sign a hearing waiver) of intentionally making a false or misleading statement, concealing or withholding facts in order to receive or in an attempt to receive food assistance or committing any act that violates the Food and Nutrition Act, food assistance regulations, or any state statute for purposes of using, presenting, transferring, acquiring, receiving, or possessing food assistance benefits, you will be disqualified. You will be ineligible for food assistance for 12 months for the first violation, 24 months for the second violation and permanently for the third violation. If you are convicted of trafficking in food assistance benefits of \$500 or more, you will be disqualified permanently. If you are convicted of these acts, depending on the severity, you may be fined up to \$250,000, imprisoned for up to 20 years, or both.

If you are convicted by a state or federal court of making a fraudulent statement with respect to identity or residency in order to receive food assistance in more than one state at the same time, you will be ineligible to participate in the Food Assistance Program for a period of 10 years.

If you are fleeing to avoid prosecution, custody, or confinement, after conviction for a crime or an attempt to commit a crime, which is a felony, or are in violation of probation or parole imposed under a federal or state law, you are ineligible for food assistance. This information may be disclosed to other federal and state agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

If you are found guilty of a drug-trafficking felony, or convicted by a federal, state, or local court of trading firearms, ammunition, or explosives for food assistance benefits, you are ineligible for food assistance.

**NOTICE OF PENALTIES – Temporary Cash Assistance:**

If you intentionally give false information or hide information to receive or continue to receive Temporary Cash Assistance and are convicted by a state or federal court or by an administrative disqualification hearing, or sign a hearing waiver, you may be disqualified for 12 months for the first violation, 24 months for the second violation and permanently for the third violation.

If you are found guilty of a drug-trafficking felony, or fleeing to avoid prosecution, custody or confinement, after conviction for a crime or an attempt to commit a crime which is a felony, or are in violation of probation or parole imposed under a federal or state law, you are ineligible for Temporary Cash Assistance. If you are convicted by a state or federal court of making a fraudulent statement with respect to identity or residency in order to receive Temporary Cash Assistance in more than one state at the same time, you will be ineligible to participate in the Temporary Cash Assistance program for a period of 10 years.

**FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES NON-DISCRIMINATION STATEMENT**

No person shall, on the basis of race, color, religion, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to unlawful discrimination under any program or activity receiving or benefiting from federal financial assistance and administered by the Department. To file a complaint, alleging violations of this policy, contact the Office of Civil Rights, Florida Department of Children and Families, 1317 Winewood Boulevard, Tallahassee, Florida 32399-0700 or call 1-850-487-1901, or TDD 1-850-922-9220.

**USDA-HHS NON-DISCRIMINATION STATEMENT**

In accordance with Federal Law and U. S. Department of Agriculture (USDA) and U. S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Adjudication, 1400 Independence Avenue, S. W., Washington, D. C. 20250-9410 or call toll free (866) 632-9992 (voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (202) 619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.

**SUBMITTING THE APPLICATION FOR ASSISTANCE**

An Application for Assistance may be submitted to any Department of Children and Families Economic Self-Sufficiency Services office in the State of Florida by you, or by someone acting for you, in person, by mail, by facsimile (FAX), or electronically through the internet. Applications received during normal business hours are considered received the same day. When an application is received after normal business hours, it will be considered received on the first business day following its receipt.



**DEPARTMENT OF ELDER AFFAIRS  
PLANNING TOOL FOR RAPID NEEDS EVALUATION**

**SECTION I**

**Part A: Client Information**

1. Client's Name: \_\_\_\_\_ 2. Nickname: \_\_\_\_\_  
Last First Middle Initial
3. SSN# (last four digits only): \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_ 5. Shelter Arrival Date/Time: \_\_\_\_\_
6. If someone calls to inquire if you are in this shelter, do we have permission to tell them you are here?  Yes  No
7. Do we have permission to tell them where you have relocated once you leave the shelter?  Yes  No
8. Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Part B: Insurance Information and ID Number**

- Medicare: \_\_\_\_\_  Medicaid: \_\_\_\_\_
- Champus: \_\_\_\_\_  Private Insurance: \_\_\_\_\_
- TriCare for Life: \_\_\_\_\_  Other: \_\_\_\_\_

**Part C: Pre-event Living Situation**

1.  Private Home  Manufactured Housing  Apartment/Condo  
 HUD Housing  Assisted Living Facility  Independent Living Facility/Group Home  Nursing Home  
 Hotel  Other \_\_\_\_\_
2.  Own  Rent
3. Live Alone  Yes  No If no, with whom do you live?: \_\_\_\_\_
4. Does client have access to a generator?  Yes  No Does client have access to generator fuel?  Yes  No  
Does client knows how to safely operate and refuel the generator?  Yes  No

**Part D: Additional Information**

1. If you can't return home when the shelter closes, do you have an alternative plan for housing?  Yes  No
2. If yes, where will you go? \_\_\_\_\_  
Contact information for relocation site: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
3. Do you have transportation?  Yes  No If yes, describe: \_\_\_\_\_
4. Do you receive services from an outside agency?  Yes  No  
If yes, Agency Name(s): \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_
5. Do you have a pet?  Yes  No Is the pet with you?  Yes  No Type of pet: \_\_\_\_\_  
If you have a pet and it's not with you, where is it? \_\_\_\_\_
6. Do you have a service animal with you?  Yes  No If yes, type of animal: \_\_\_\_\_ Service: \_\_\_\_\_

**Part E: Post-event Status of Housing Conditions**

1. Do you have any information concerning the status of your residence?  Yes  No Date/Time: \_\_\_\_\_
2. Can you return to your residence?  Yes  No  Unknown  
If no, give reason: \_\_\_\_\_  
 No Power  Damage to Residence  No Services  No Caregiver  Residence Flooded  
 No Water  Debris Blocking Residence  Other: \_\_\_\_\_

**Part F: Signature**

**The information above is true and correct to the best of my knowledge.**

1. Client/Caregiver Signature: \_\_\_\_\_  Client  Caregiver  
Printed Name: \_\_\_\_\_ Date/Time: \_\_\_\_\_
2. Discharge Planner's Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Agency: \_\_\_\_\_

**If the client has no post shelter plan or if the plan is not viable, refer the client to the shelter discharge planner.**

**DEPARTMENT OF ELDER AFFAIRS  
PLANNING TOOL FOR RAPID NEEDS EVALUATION**

**SECTION II**

**Part A: Client Information**

1. Client's Name: \_\_\_\_\_ 2. SSN (last four digits only): \_\_\_\_\_  
 3. Veteran  Yes  No 4. Date of Birth: \_\_\_\_\_

**Part B: Identify Housing Resources for Client**

1.  Family  Friends  Caregiver  
 2.  Independent Living Facility  Assisted Living Facility  Nursing Home  Other \_\_\_\_\_  
 3.  Hotel 4. Does the client need Red Cross assistance?  Yes  No  
 5. Are you willing to relocate temporarily to another county or state?  Yes  No

**Part C: Services/Supplies**

1. Is client in need of services?  Yes  No (Record services information below)

Services	Yes	No	Provider	Duration
Food/Meals				
Water				
Clothing				
Personal Care				
Toileting				
Transfer				
Walking/Mobility				
Transportation				
ESS/Food Stamps				
Medications				
Dialysis				

2. Medical Equipment Inventory (list supplier if applicable):

Equipment	Inventory	Need	Serial Number/Shelter Number	Supplier
Wheelchair				
Nebulizer/Oxygen				
Walker/Cane				

**Part D: Relocation**

1. Relocation contact information: Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Facility Name (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
2. Mode of Transportation to Relocation: \_\_\_\_\_ Transported by whom? \_\_\_\_\_
3. List any additional comments you think are relevant and/or are stated concerns of the client: \_\_\_\_\_  
 \_\_\_\_\_
4. Client/Caregiver Signature: \_\_\_\_\_  Client  Caregiver  
 Printed Name \_\_\_\_\_ Date: \_\_\_\_\_
- Submit Reimbursement form to the Department of Health Authorized Personnel For Signature (if needed).**
5. Discharge Planner Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Agency: \_\_\_\_\_
6. Discharge Date: \_\_\_\_\_ 7. Action Taken/Recommendation: \_\_\_\_\_  
 \_\_\_\_\_
8. Follow Up Needed: \_\_\_\_\_  
 \_\_\_\_\_

# DISCHARGE PLANNING TOOL FOR RAPID NEEDS EVALUATION

Department of Elder Affairs Form 590

## PROCEDURES

**General Information:** Please legibly print all information on the form, using black ink.

### INTRODUCTION:

Natural and man-made emergencies and disasters impact homes, businesses and public infrastructure, often quickly overwhelming the response capabilities of local agencies. During such events, individuals who require assistance with activities of daily living may choose to evacuate to Special Needs Shelters as a last resort. A special needs shelter is a temporary emergency facility capable of providing care to residents whose medical condition is such that it exceeds the capabilities of the Red Cross General Population Shelter, but is not severe enough to require hospitalization.

The Secretary of the Florida Department of Elder Affairs (DOEA) is required to convene Multiagency Special Needs Shelter Discharge Planning Response Teams, at any time that he or she deems appropriate and necessary, or as requested by county emergency management officials, to assist local areas that are severely impacted by a natural or manmade disaster that requires the use of special needs shelters. The teams are activated to provide resource and logistical support to local jurisdictions to assist with discharge planning and transition of clients to appropriate services and resources within their community.

The **Discharge Planning Tool for Rapid Needs Evaluation** is to be used to assist discharge planners in determining if a special needs client has a viable discharge plan to transition successfully back to their pre-event residence, or if the special needs client needs assistance in obtaining services to develop an alternate relocation plan.

**This form is intended for use at Special Needs Shelters, Disaster Recovery Centers, or also in conjunction with Community Outreach efforts to determine the status of elderly and vulnerable populations impacted by a disaster and to assist in determining their ability to successfully transition back into their community.**

**SECTION 1:**

The purpose this section is **to verify the ability of the special needs shelter client to return to their pre-event residence, or to determine if the special needs shelter client has a viable relocation plan should the client be unable to return to his/her pre-event residence once the special needs shelter closes.** Section 1 is to be completed by a discharge planner at the Special Needs Shelter, or a designated member of the Multiagency Special Needs Shelter Discharge Planning Response Team, if activated. The information is to be obtained during a one-on-one interview of the client and/or the client's caregiver.

**Part A: Client Information:**

1. Record the client's full name (last name, first name, middle initial).
2. Record the name by which the client is commonly called (nickname).
3. Record the last four digits of the client's social security number.

**NOTE: This number is a unique client identifier by which additional client records, such as listings of provider agency clients and services, can be accessed. The last four digits of the social security number is the preferred unique client identifier and will only be used by authorized personnel to obtain and/or ensure delivery of services on behalf of the client. If the client refuses to provide this information, ensure that the date of birth is recorded.**

4. Record the client's date of birth.

**NOTE: This information is a unique identifier of the client and is optional if the four digits of the social security number are recorded. This information will only be used by authorized personnel to obtain and/or ensure delivery of services on behalf of the client. If the last four digits of the social security number are not recorded, ensure that the date of birth is recorded.**

5. Record the date and time that client arrived at the special needs shelter.
6. Ask the client, "If someone calls to inquire if you are in this shelter, do we have permission to tell them you are here?" Mark the client's answer.

**NOTE: If the client does not give permission to tell family, friends, or others that they are at the shelter, this information *may not be released*. Ensure that shelter staff members are informed of the client's permission or refusal to release this information.**

7. Ask the client, "Do we have permission to tell them where you have relocated once you leave the shelter?" Mark the client's answer.

**NOTE: If the client does not give permission to tell family, friends, or others where they have relocated, this information *may not be released*. Ensure that shelter staff members are informed of the client's permission or refusal to release this information.**

8. Request that the client sign line 8 to indicate that the responses to items 6 and 7 are correct as marked. If the client is unable to sign, the caregiver may sign for the client. Record both the date and time line 8 is signed.

**Part B: Insurance Information and ID Number:**

Ask the client to provide the names and policy/identification numbers of **all** health/medical insurance policies in force or coverage available for the client and mark the appropriate responses. If "Other" is marked, record the name and policy number of the insurance company. Examples of other insurance might include long-term care insurance or disability insurance. If the client has no insurance coverage or policies in force, mark "Other" and record "no insurance" on the line next to the marked box "Other."

**Part C: Pre-Event Living Situation:**

1. Ask the client about the type of housing (home, apartment, assisted living facility, adult family care home, etc.) the client had prior to entering the special needs shelter (pre-event) and mark the appropriate response. If "Other" is marked, specify the type of housing.
2. Ask if the client owns or rents their housing and mark the response.

**NOTE: If the client does not own or rent his/her housing, but lives in someone else's home, leave this item unmarked.**

3. Ask if the client lived alone prior to entering the special needs shelter and mark the response. If the client did not live alone, record with whom the client resides (spouse, family, friend, other).

4. Ask if the client has access to a generator and mark the response. If yes, ask if the client has access to fuel and knowledge of how to safely operate and refuel the generator and mark the responses.

**NOTE: Access to a functioning generator could enable the client to return to their pre-event residence if the residence is lacking power, but is otherwise habitable. The Discharge Planner should ensure that the client is made aware that safety precautions must be taken when operating emergency generators. (See Appendix 2 in the SOP, American Red Cross, “Using a Generator When Disaster Strikes” in English and Spanish.)**

**Part D: Additional Information:**

1. Ask if the client has an alternate plan for housing if the client is unable to return to their **pre**-event residence and mark the response.
2. If the client has an alternate plan for housing, record a general description of where the client will go (ex: daughter’s home, sister’s apartment, hotel) and the contact information for the relocation site. Record the contact name and phone number for the individual at the alternate relocation site. Record the street address, city, and state.
3. Ask if the client has arranged for transportation from the special needs shelter once the client leaves the shelter and mark the response. If the client has a transportation plan, describe/explain the plan.

**NOTE: This information must be verified by the discharge planner prior to releasing the special needs client from the shelter to ensure that the transportation is appropriate to meet the needs of the client including the safe transport of their medical equipment.**

4. Ask if the client receives services or assistance from an outside agency and mark the response. If the client receives services or assistance, record the name of the agency(s) and the agency’s contact information.
5. Ask if the client has a **pet** and mark the response. If the client has a pet, mark if the pet is with the client and record the type of pet. If the pet is not with the client, record the location of the pet.

**NOTE:** In some cases, pets may not be allowed to accompany the client to an alternate relocation site. To minimize the emotional impact on the special needs client of becoming separated from their pet(s), the status of the pet's care should be confirmed when making discharge plans for the client. Plans, which may involve contact with family members, friends, or local animal control or county animal shelter officials if necessary, should be made to ensure the safety of the pet(s).

6. Ask if the client has a **service animal** and mark the response. If the client has a service animal, record the type of service animal (dog, bird, horse, monkey, etc.) and the service the animal provides for the client.

**NOTE:** Service animals must be allowed to accompany the client to an alternate relocation site. Transportation arrangements must account for the needs of the client and the service animal.

**Part E: Post-Event Status of Housing Conditions:**

1. Ask if the client has information about the **post**-event condition of their residence and mark the response, recording the date and time.
2. Ask if the client can return to their pre-event residence and mark the response. If the client cannot return to the **pre**-event residence, record the reason and/or mark all the issues that are listed and apply. If "Other" is marked, record the issue.

**NOTE:** Additional contact information may be needed to contact neighbors of the special needs client to assist in determining the status of the pre-event residence and neighborhood. Other means of determining the habitability of the pre-event residence include: checking with the local emergency operations center to determine the status of the neighborhood, requesting that local responders (fire, police, public works, or volunteers if available) check the residence, or calling the home to learn if the client's answering machine works to determine if there is power to the home. Discharge Planners should check with shelter operations staff to determine if additional resources are available. Services may be needed to remove debris, restore power, or install tarps on roofs before the client can safely return to the pre-event residence.

**Part F: Signature:**

1. Request that the client sign the Discharge Planning Tool Rapid Needs Evaluation form attesting to the statement, "The information above is true and correct to the best of my knowledge." If the client is unable to sign, the caregiver may sign for the client. Mark who signed—client or caregiver. Print the name of the person signing the form. Record the date and time.
2. The Discharge Planner completing the Discharge Planning Tool for Rapid Needs Evaluation form must sign the document, print their name, record the date and time, record their contact number (office or cell), and record the name of their employing agency.

**NOTE: If the special needs shelter client is unable to return to their pre-event residence, and does not have a viable alternate relocation plan for post-shelter housing, Section 2 of this form must be completed.**

**If the special needs shelter client is approved to return to the pre-event residence or has a viable alternate plan for housing, the Discharge Planner should give the client's signed Discharge Planning Tool for Rapid Needs Evaluation to the County Response Team Lead (Department of Elder Affairs CARES, Ombudsman or Area Agency on Aging, or another agency's representative who has been designated the Lead for the Response Team). The County Response Team Lead will retain completed Discharge Planning Tool for Rapid Needs Evaluation Forms.**

**SECTION 2:**

The purpose this section is **to assist in the development of an alternate plan for housing** that will include the provision of essential services and ensure continuity of care for special needs shelter clients who are unable to return to their pre-event residence or do not have a viable existing alternate plan for housing once the special needs shelter closes. Section 2 is to be completed by a designated member of the Multiagency Special Needs Shelter Discharge Planning Response Team. The information is to be obtained during a one-on-one interview of the client and/or the client's caregiver.

**NOTE: If the special needs shelter client has a viable plan for post-shelter housing, the residence is habitable and continuity of care is ensured do not complete Section 2.**

**Part A: Client Information:**

1. Record the client's full name (last name, first name, middle initial).

**NOTE:** This information is requested to ensure that Section 1 and Section 2 are correctly matched should the *Discharge Planning Tool for Rapid Needs Evaluation* form be copied on two pages rather than on one page, front and back, or if partial information is copied to assist in obtaining services.

2. Record the last four digits of the client's social security number.

**NOTE:** This information is requested to ensure that Section 1 and Section 2 are correctly matched should the *Discharge Planning Tool for Rapid Needs Evaluation* form be copied on two pages rather than on one page, front and back, or if partial information is copied to assist in obtaining services. The last four digits of the social security number are a unique client identifier by which, additional client records, such as listings of provider agency clients and services, can be accessed. The last four digits of the social security number is the preferred unique client identifier and will only be used by authorized personnel to obtain and/or ensure delivery of services on behalf of the client. If the client refuses to provide this information, ensure that the date of birth is recorded.

3. Ask if the client is a veteran and mark the response.

**NOTE:** If the client is a veteran, the options for post-event relocation could include placement in a Veterans' Affairs hospital or nursing home. If appropriate, these options should be pursued prior to utilizing available beds in non-veteran hospitals or nursing homes if possible.

4. Record the client's date of birth.

**NOTE:** This information is requested to ensure that Section 1 and Section 2 are correctly matched should the *Discharge Planning Tool for Rapid Needs Evaluation* form be copied on two pages rather than on one page, front and back, or if partial information is copied to assist in obtaining services. The date of birth is a unique identifier of the client and is optional if the social security number is recorded. This information will only be used by authorized personnel to obtain and/or ensure delivery of services on behalf of the client. If the social security number is not recorded, ensure that the date of birth is recorded.

**Part B: Identify Housing Resources for Client:**

This section requires the ability of the Discharge Planner to determine the needs of the special needs client, client's preferences for relocation options, availability of finances and/or insurance, and the duration of care and services needed, if the client cannot return to their pre-event residence. Additional forms (ex: Form CF-ES 2237 ACCESS Florida Application, CARES 701B Comprehensive Assessment or other agencies' assessment forms) may be required to assist a client with qualifying or determining eligibility for services and assistance (ex: food stamps) and recommending an appropriate level of care needed (ex: independent living facilities, assisted living facilities, nursing homes, hospitals, etc.). Inquiry should be made by the discharge planner to determine if a county guide is available to identify local resources that can assist clients with services such as housing, transportation, basic living activities, debris removal, nutrition and community and volunteer outreach.

1. Inquire if the client has family, friends or a caregiver with whom the client can reside once the special needs shelter is closed and mark the response.

**NOTE: If the client does not have family, friends or a caregiver to rely upon as a resource to develop an alternate plan for housing, then some or all of the following choices in questions #2, #3, #4, and #5 may be options for the client to consider:**

2. If the response to #1 is "no," ask if the client would consider residing in an independent living facility, assisted living facility, nursing home and/or some other facility (as appropriate for the client based on the client's needs) and mark the response.

**NOTE: This option will be conditional upon the ability of the client to pay for housing, or may be contingent upon funding available from local resources or the Department of Health. If the client does not have resources to fund their relocation to a facility, a separate Reimbursement Form must be completed, submitted to, and agreed to by local resources or the Florida Department of Health before placing a special needs shelter client in a facility. NOTE: If a health care professional determines at any time that the shelter client's medical condition has deteriorated and hospitalization may become necessary, Response Team members should arrange appropriate transportation or contact EMS for transport to the hospital emergency department. If a special needs shelter client is hospitalized, this should be noted under "Other."**

3. If the response to #2 is "no," ask the client if they are willing to relocate to a hotel at their own expense or if local resources are available to fund their stay (if this is appropriate for the client).

**NOTE: This option will be conditional upon the ability of the client to pay for temporary housing at a hotel, or may be contingent upon funding available from local sources or the American Red Cross. Costs should be considered for food and other basic necessities. The client should be evaluated for their ability to obtain basic necessities on their own in order to determine the appropriateness of this temporary placement.**

4. Determine if the client requires American Red Cross assistance to pay for hotel costs or for other relocation expenses and mark the appropriate response.

**NOTE: If the client appears to need financial or other assistance from the American Red Cross, an American Red Cross case manager must be contacted to conduct the appropriate client assessment and processing.**

5. In the event that local resources are not available or inappropriate for the needs of the special needs client, ask if the client would be willing to relocate outside the county or state and mark the response.

**NOTE: If the client is willing to relocate outside the county or state, additional options for post-shelter relocation may be available. If this option is the only viable plan, the discharge planner should immediately contact the ESF#8 administrator at their county emergency operations center to determine availability of resources outside the county of residence.**

**Part C: Services/Supplies:**

1. Determine if the client will require services upon discharge from the special needs shelter. These services may include pre-existing services that must be continued to ensure the continuity of care the client was receiving pre-event, or may be new services which have been identified to ensure the successful transition of the special needs client post-event. **Mark “yes” or “no” for each service listed.** If a specific provider is required for a service, or was providing a service pre-event to the special needs shelter client, record the name of the provider and phone number (if known). Record the length of time and frequency that each service will be required. This information is critical to ensuring the client’s continuity of care and reviewing the needs of the special need shelter client to determine if any additional services will be required.

2. Determine if the client will require medical equipment upon discharge from the special needs shelter or brought medical equipment with them to the special needs shelter. If the client brought medical equipment with them, check "inventory" for the appropriate item or write in the item on the blank lines that are provided. If the client requires additional equipment, check "need" for the appropriate item or write in the item on the blank lines that are provided. Record the serial number of the equipment that arrived with the special need shelter client at the time of admission, or list the shelter number of the equipment provided to the client upon admission to the special needs shelter (if appropriate). Record the name and phone number of the medical equipment provider (if known).

**NOTE: If the client refuses services or medical equipment, please make notation in Section II, Part D, #7 under Action Taken/Recommendation that the client has refused services and/or medical equipment.**

**Part D: Relocation:**

1. Record the contact information for the relocation site to which the client will be discharged. Include the name and phone number of the contact person for the relocation site or residence. If the relocation site is a facility, include the name of the facility. Record the address, city and state.
2. Record the mode of transportation to the relocation site and the name of the transportation provider.

**Note: This information must be verified by the discharge planner prior to releasing the special needs client from the shelter to ensure that the transportation is appropriate to meet the needs of the client including the safe transport of their medical equipment.**

3. Record additional relevant comments or client stated concerns that should be taken into consideration in discharging the special needs client to an appropriate facility or residence.
4. Ask the client or caregiver to sign the form to indicate that the information contained in Section II is correct and accurate to the best of their knowledge, and that they agree with the alternate plan for housing. Mark who (client or caregiver) signs the form. Print the signature name and record the date signed.

5. The discharge planner must sign the form, print their name, record the date and time the form was signed, and record the name of their employing agency. If a Reimbursement Form is required to be submitted to the Florida Department of Health, mark the box next to the reimbursement form statement and verify that the Florida Department of Health has agreed to the terms of the reimbursement agreement. (Separate instructions are available for completing the Florida Department of Health reimbursement form.) Copies of the Reimbursement Form should be given to the County Response Team Lead (Department of Elder Affairs CARES, Ombudsman or Area Agency on Aging, or another agency's representative who has been designated the Lead for the Response Team), the Florida Department of Health, the receiving facility, and the special needs client.
6. Inquiry should be made if the special needs shelter requires a copy for the client's file.
7. Record the date and time the client was discharged from the special needs shelter.
8. Record the summary of the action taken on behalf of the client and/or additional recommendations of the discharge planner (ex: notes regarding care, pets, location of relatives, or other helpful information). In the event that client has refused services or medical equipment, please make the appropriate notation of such refusal.
9. Record specific information about required follow-up actions needed to ensure that the client relocation is successful and that continuity of care and services is provided.

**The Discharge Planner should give the client's signed Discharge Planning Tool for Rapid Needs Evaluation to the County Response Team Lead (Department of Elder Affairs CARES, Ombudsman or Area Agency on Aging, or another agency's representative who has been designated the Lead for the Response Team). The County Response Team Lead will retain completed Discharge Planning Tool for Rapid Needs Evaluation Forms.**

**The remainder of this page is intentionally left blank.**





# Department of Elder Affairs Prioritization Form

PRIORITY SCORE:

Rule 58A-1.010, F.A.C.

OWNER ID \_\_\_\_\_ OWNER ASSESSOR ID \_\_\_\_\_  
 PROVIDER ID \_\_\_\_\_ PROVIDER ASSESSOR ID \_\_\_\_\_  
 ASSESSOR NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
**##:** Items required in CIRTS      **P:** Priority Score Items

## A. Demographic Information

**##1. Name:**  
 \_\_\_\_\_  
 First      Middle Initial      Last

**##2. Social Security Number:**      -      -

**3. Medicaid Number:** \_\_\_\_\_

**3a. Consumer Type:**              
 Caregiver (C)      Elder Recipient (E)

**3b. Are you the caregiver of a grandchild or child, under 19 or disabled?**              
 Yes (Y)      No (N)

**##4. Physical Address:**  
 \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City      State      ZIP      County

**4a. Mailing Address (if different)**  
 \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City      State      ZIP      County

**4b. Phone Number:**  
 (      )

**##4c. Is this Public Housing?**              
 Yes (Y)      No (N)

**##4d. Assessment Date**      \_\_\_\_\_  
 M M D D Y Y Y Y

**##4e. Assessment Site**  
              
 Home (CH)      Other (O)      Provider (P)

**##4f. Assessment Type**                    
 Telephone (T)      EHEAP (O)      Update (U)

                   
 Demographic (D)      Waiting List Screening (WLS)      Other Type (OT)      Gr.Parent/Guardian (G)

**##5. Date of Birth**      \_\_\_\_\_  
 M M D D Y Y Y Y

**##6. Sex**       Female (F)       Male (M)

**##7. Race**                                
 White (W)      Black (B)      Native Am. (N)      Asian/Pacific (A)      Other (O)

**##8. Ethnicity**       Hispanic (H)       Other (O)

**##9. Primary language** \_\_\_\_\_

**##10. Marital Status**  
                                
 Married (M)      Single (S)      Separated (P)      Widowed (W)      Divorced (D)      Partner (O)

**##11. Referral Source**                    
 Hospital (H)      Upstreaming/CARES (U)      Other (O)      Self (S)  
                    
 Aging Out - DCF CCDA      Aging Out - DCF HCDA

**## If consumer at Imminent Risk of NH placement, check :**        
 Imminent Risk (IM)

**## If Transitioning out of a Nursing Home, check :**        
 Transition from NH (TRNH)

**##If APS, check level of risk:**                    
 High (H)      Medium (M)      Low (L)

**##11a. Referral Date**      \_\_\_\_\_  
 M M D D Y Y Y Y

**##12. Is there a Primary Caregiver?**      **P**       Yes (Y)       No (N)

**##13. Living Situation**      **P**                    
 With Caregiver (WC)      With Other (WO)      Alone (AL)

**##14. Need outside assistance to evacuate?**       Yes (Y)       No (N)

**##15. Registered with County Special Needs Registry?**              
 Yes (Y)      No (N)

**##16a. Individual Monthly Income**      \_\_\_\_\_      Refused

**##16b. Couple Monthly Income**      \_\_\_\_\_      Refused

**##16c. Receiving Food Stamps?**       Yes (Y)       No (N)

**##17a. Estimated Total Individual Assets**      Refused   
 \$0 - \$2,000 (M)       \$2,001 - \$5,000 (N)       over \$5,000 (P)

**##17b. Estimated Total Couple Assets**      Refused   
 \$0 - \$3,000 (M)       \$3,001 - \$6,000 (N)       over \$6,000 (P)



## B. CONSUMER CONDITIONS

### ##1. Physical Health

##a. How would you rate your overall health at the present time? P

                   
 Excellent (1)    Good (2)      Fair (3)      Poor (4)

##b. Compared to a year ago, how would you rate your health? P

                   
 Much Better (1)    Better (2)      About same (3)      Worse (4)

##c. How much do your physical problems stand in the way of your doing the things you want to do? P

                   
 Not at all (1)      Occasionally (2)      Often (3)      All the time (4)

## C. CONSUMER RESOURCES

### ##1.

##a. Is medical care readily available? P

                   
 Always (4)    Sometimes (3)      Rarely (2)      Never (1)

##b. Is transportation to medical care readily available? P

                   
 Always (4)    Sometimes (3)      Rarely (2)      Never (1)

##c. Do your finances/insurance permit access to healthcare and medications? P

                   
 Always (4)    Sometimes (3)      Rarely (2)      Never (1)

### ##2. Functional

How much help do you need with the following Activities of Daily Living (ADL's)? P

(Codes: 0=No Help, 1=No help but relies on Assistive Device, 2=Supervision, 3=Some Help, 4=Total Help, can't do at all)

<input type="checkbox"/>	##a. Bathe				
0	1	2	3	4	
<input type="checkbox"/>	##b. Dress				
0	1	2	3	4	
<input type="checkbox"/>	##c. Eat				
0	1	2	3	4	
<input type="checkbox"/>	##d. Use Bathroom				
0	1	2	3	4	
<input type="checkbox"/>	##e. Transfer				
0	1	2	3	4	
<input type="checkbox"/>	##f. Walking/Mobility				
0	1	2	3	4	

### ##2.

How often do you have adequate assistance with the following ADL's? P

(Codes: 3=Always, 2=Sometimes, 1=Rarely 0=Never, 0=No help needed)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	##NEED FOR ASSISTIVE DEVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
3	2	1	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	2	1	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	2	1	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	2	1	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	2	1	0	

##3. How much help do you need with the following Instrumental Activities of Daily Living (IADL's)? P

(Codes: 0=No Help, 1=No help but relies on Assistive Device, 2=Supervision, 3=Some Help, 4=Total Help, can't do at all)

<input type="checkbox"/>	##a. Do heavy chores				
0	1	2	3	4	
<input type="checkbox"/>	##b. Do light housekeeping				
0	1	2	3	4	
<input type="checkbox"/>	##c. Use phone				
0	1	2	3	4	
<input type="checkbox"/>	##d. Manage money				
0	1	2	3	4	
<input type="checkbox"/>	##e. Prepare meals				
0	1	2	3	4	
<input type="checkbox"/>	##f. Do shopping				
0	1	2	3	4	
<input type="checkbox"/>	##g. Take medication				
0	1	2	3	4	
<input type="checkbox"/>	##h. Use transportation				
0	1	2	3	4	

##3. How often do you have adequate assistance with the following IADL's? P

(Codes: 3=Always, 2=Sometimes, 1=Rarely 0=Never, 0=No help needed)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	##NEED FOR ASSISTIVE DEVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
3	2	1	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	2	1	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	2	1	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	2	1	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	2	1	0	



4. What physical problems does client have? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D. Nutrition Status** (Section D - optional for entering into CIRT5)

**NUTRITION SCORE:**

Yes (Y) or No (N)

1. Have you lost or gained 10 pounds or more in the last 6 months without trying?  
 Yes (2) No (0) If yes, Gain: \_\_\_\_\_ Loss: \_\_\_\_\_

2. Do you take 3 or more kinds of medicine a day? (Include over-the-counter AND prescription medicines)  
 Yes (1) No (0)

3. Do you have 2 or more drinks of beer, wine, or liquor almost every day?  
 Yes (2) No (0)

4. Do you have an illness or condition that made you change the food you eat?  
 Yes (2) No (0) Are you on any special diets for medical reasons? If on special diet(s), check all that apply:

Low sodium/salt     Low fat/cholesterol     Low Sugar     Calorie supplement  
 Other (specify) \_\_\_\_\_

5. Do you eat at least two meals a day? How is your appetite? Would you say that your appetite is:  
 Yes (0) No (3)  Good     Fair     Poor

6. Do you eat some fruits and vegetables every day?  
 Yes (0) No (1) Briefly describe what you usually eat and drink during a typical day (including food on weekends):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Do you have some milk products every day?  
 Yes (0) No (1)

8. Do you have any problems with your teeth, mouth, or throat that make it hard for you to chew or swallow?  
 Yes (2) No (0)  Tooth or mouth problems     Taste problems     Can't eat certain foods     Swallowing problems  
 Food allergies     Nausea    Other (Describe) \_\_\_\_\_

9. Do you eat alone most of the time?  
 Yes (1) No (0)

10a. Are you usually able to shop for yourself?  
 Yes (0) No (0.5)

10b. Are you usually able to cook for yourself?  
 Yes (0) No (0.5)

11. Are you usually able to eat without help?  
 Yes (0) No (1)

12. Do you have enough money to buy the food you need?  
 Yes (0) No (4)

**TOBACCO USE**

1. Do you smoke or use tobacco products?  Yes (Y)     No (N)

2. Have you ever smoked or used tobacco?  Yes (Y)     No (N)  
 If yes, for how long? \_\_\_\_\_

3. Do you live with others who smoke?  Yes (Y)     No (N)

**ASSESSOR**, please answer:  
**DOES THERE APPEAR TO**  Yes (Y)     No (N)  
**BE A NEED FOR FOOD STAMPS?**

**CURRENT HEIGHT:** \_\_\_\_\_  
**CURRENT WEIGHT:** \_\_\_\_\_





PRIORITY SCORE:

Department of Elder Affairs
Assessment Instrument

Rule 58A-1.010, F.A.C.

RISK SCORE:

OWNER ID \_\_\_\_\_ OWNER ASSESSOR ID \_\_\_\_\_

PROVIDER ID \_\_\_\_\_ PROVIDER ASSESSOR ID \_\_\_\_\_

ASSESSOR NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

##: Items required in CIRTS P: Priority Score Items (O): Items required for OAA (C): Items required for CARES

(O) (C) A. Demographic Information

##1. Name:

First Middle Initial Last

##2. Social Security Number: - -

3. Medicaid Number:

3a. Consumer Type: Caregiver (C) Elder Recipient (E)

3b. Are you the caregiver of a grandchild or child, under 19 or disabled? Yes (Y) No (N)

##4. Physical Address: Street City State ZIP County

4a. Mailing Address (if different) Street City State ZIP County

4b. Phone Number: ( )

##4c. Is this Public Housing? Yes (Y) No (N)

##4d. Assessment Date M M D D Y Y Y Y

##4e. Assessment Site Home (CH) Hospital (H) Nurs. Home (NH) Day Care (DC) ALF (ALF) Other (O)

##4f. Assessment Type OAA (O) OA3E (O3E) Update (U) Initial (I) Waiting List Asmt. Full Asmt. (WL) CARES (C) Annual (A) non-community signif. change

##5. Date of Birth M M D D Y Y Y Y

##6. Sex Female (F) Male (M)

##7. Race White (W) Black (B) Native Am. (N) Asian/Pacific (A) Other (O)

##8. Ethnicity Hispanic (H) Other (O)

##9. Primary language

##10. Marital Status Married (M) Single (S) Separated (P) Widowed (W) Divorced (D) Partner (O)

##11. Referral Source CARES (C) APS (A) Lead Agency (L) Hospital (H) Upstreaming/CARES (U) Other (O) Self (S) Aging Out - DCF CCDA Aging Out - DCF HCDA

## If consumer at Imminent Risk of NH placement, check: Imminent Risk (IM)

## If Transitioning out of a Nursing Home, check: Transition from NH (TRNH)

## If APS, check level of risk: High (H) Medium (M) Low (L)

##11a. Referral Date M M D D Y Y Y Y

##12. Is there a Primary Caregiver? P Yes (Y) No (N)

##13. Living Situation P With Caregiver (WC) With Other (WO) Alone (AL)

##14. Need outside assistance to evacuate? Yes (Y) No (N)

##15. Registered with County Special Needs Registry? Yes (Y) No (N)

##16a. Individual Monthly Income Refused (OAA only)

##16b. Couple Monthly Income Refused (OAA only)

##16c. Receiving Food Stamps? Yes (Y) No (N)

##17a. Estimated Total Individual Assets Refused (OAA only) \$0 - \$2,000 (M) \$2,001 - \$5,000 (N) over \$5,000 (P)

##17b. Estimated Total Couple Assets Refused (OAA only) \$0 - \$3,000 (M) \$3,001 - \$6,000 (N) over \$6,000 (P)



**B. CONSUMER CONDITIONS**

**C. CONSUMER RESOURCES**

**1. Mental Health/Behavior/Cognition**

- (O) ##Who is answering questions?  Consumer  Other
- (O) ##a. How would you describe your satisfaction with life in general?  
     
 Excellent (1) Good (2) Fair (3) Poor (4)
- (O) ##b. Compared to a year ago, how is your attitude on life?  
     
 Much Better (1) Better (2) About same (3) Worse (4)
- ##c. **ASSESSOR:** Are behavioral problems present?  
 Yes (Y)  No (N)

- ##a. **ASSESSOR:** Formal and/or informal resources provide services as needed to address the mental health/cognitive needs of the consumer.  
    
 Always Sometimes Rarely  
 Available (1) Available (2) Available (3)  
   
 Unavailable (4) Not Needed (5)

- (O) ##d. **ASSESSOR:** Does behavior indicate a need for supervision?  
 Yes (Y)  No (N)

## CHECK ALL THAT APPLY:  
 YES (Y) or NO (N)

- (O)  Wanders for no apparent reason  
 Demonstrates significant memory problems  
 Appears to be depressed  
 Appears to be lonely or dangerously isolated  
 Has thoughts of suicide  
 Exhibits abusive, aggressive or disruptive behavior  
 Presents other problems

ENTER Y = CORRECT N = INCORRECT

- (O) ##e. What is today's date? Where are we?  
 Home Address or Facility Name:  
 Month \_\_\_\_\_  \_\_\_\_\_   
 Day \_\_\_\_\_  City \_\_\_\_\_   
 Day/Week \_\_\_\_\_  State \_\_\_\_\_   
 Year \_\_\_\_\_  County \_\_\_\_\_

- (O) (C) ##f. Count Backwards from 20 to 1  
 20, 19, 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1

Mark total number of errors (Max = 10)

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

- ##g. **ASSESSOR:** Are cognitive problems present?  
 Yes (Y)  No (N)

- ##h. Currently receiving mental health services?  Yes (Y)  
 No (N)

- ##i. **ASSESSOR:** Need for mental health referral?  
 Yes (Y)  No (N)

**SUMMARY**

- ##b. **ASSESSOR:** Consumer oriented to time?

Always (1) Sometimes (2) Rarely (3) Never (4)

- ##c. **ASSESSOR:** Consumer oriented to place?

Always (1) Sometimes (2) Rarely (3) Never (4)



**B. CONSUMER CONDITIONS**

**C. CONSUMER RESOURCES**

**(O)##2. Physical Health**

##a. How would you rate your overall health at the present time? P

Excellent (1) Good (2) Fair (3) Poor (4)

##b. Compared to a year ago, how would you rate your health? P

Much Better (1) Better (2) About same (3) Worse (4)

##c. How much do your physical problems stand in the way of your doing the things you want to do? P

Not at all (1) Occasionally (2) Often (3) All the time (4)

**(O)##2.**

##a. Is medical care readily available? P

Always (4) Sometimes (3) Rarely (2) Never (1)

##b. Is transportation to medical care readily available? P

Always (4) Sometimes (3) Rarely (2) Never (1)

##c. Do your finances/insurance permit access to healthcare and medications? P

Always (4) Sometimes (3) Rarely (2) Never (1)

**(O) (C)##3. Functional**  
**How much help do you need with the following Activities of Daily Living (ADL's)?** P

(Codes: 0=No Help, 1=No help but relies on Assistive Device, 2=Supervision, 3=Some Help, 4=Total Help, can't do at all)

<input type="checkbox"/>	<b>##a. Bathe</b>				
0	1	2	3	4	
<input type="checkbox"/>	<b>##b. Dress</b>				
0	1	2	3	4	
<input type="checkbox"/>	<b>##c. Eat</b>				
0	1	2	3	4	
<input type="checkbox"/>	<b>##d. Use Bathroom</b>				
0	1	2	3	4	
<input type="checkbox"/>	<b>##e. Transfer</b>				
0	1	2	3	4	
<input type="checkbox"/>	<b>##f. Walking/Mobility</b>				
0	1	2	3	4	

**(O)##3.**  
**How often do you have adequate assistance with the following ADL's?** P

(Codes: 3=Always, 2=Sometimes, 1=Rarely 0=Never, 0=No help needed)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>##NEED FOR ASSISTIVE DEVICES?</b>
3	2	1	0	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain:
3	2	1	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	2	1	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	2	1	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	2	1	0	

**(O) (C)##4. How much help do you need with the following Instrumental Activities of Daily Living (IADL's)?** P

(Codes: 0=No Help, 1=No help but relies on Assistive Device, 2=Supervision, 3=Some Help, 4=Total Help, can't do at all)

<input type="checkbox"/>	<b>##a. Do heavy chores</b>				
0	1	2	3	4	
<input type="checkbox"/>	<b>##b. Do light housekeeping</b>				
0	1	2	3	4	
<input type="checkbox"/>	<b>##c. Use phone</b>				
0	1	2	3	4	
<input type="checkbox"/>	<b>##d. Manage money</b>				
0	1	2	3	4	
<input type="checkbox"/>	<b>##e. Prepare meals</b>				
0	1	2	3	4	
<input type="checkbox"/>	<b>##f. Do shopping</b>				
0	1	2	3	4	
<input type="checkbox"/>	<b>##g. Take medication</b>				
0	1	2	3	4	
<input type="checkbox"/>	<b>##h. Use transportation</b>				
0	1	2	3	4	

**(O)4##How often do you have adequate assistance with the following IADL's?** P

(Codes: 3=Always, 2=Sometimes, 1=Rarely 0=Never, 0=No help needed)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>##NEED FOR ASSISTIVE DEVICES?</b>
3	2	1	0	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, explain:
3	2	1	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	2	1	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	2	1	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	2	1	0	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	2	1	0	



**(O) ##D. Nutrition Status**

**NUTRITION SCORE:**

YES (Y) or NO (N)

**(C)**  ##1. Have you lost or gained 10 pounds or more in the last 6 months without trying?

Yes (2) No (0) If yes, Gain: \_\_\_\_\_ Loss: \_\_\_\_\_

**(C)**  ##2. Do you take 3 or more kinds of medicine a day? (Include over-the-counter AND prescription medicines)

Yes (1) No (0)

##3. Do you have 2 or more drinks of beer, wine, or liquor almost every day?

Yes (2) No (0)

##4. Do you have an illness or condition that made you change the food you eat?

Yes (2) No (0) Are you on any special diets for medical reasons? If on special diet(s), check all that apply:

Low sodium/salt  Low fat/cholesterol  Low Sugar  Calorie supplement  
 Other (specify) \_\_\_\_\_

##5. Do you eat at least two meals a day? How is your appetite? Would you say that your appetite is:

Yes (0) No (3)  Good  Fair  Poor

##6. Do you eat some fruits and vegetables every day?

Yes (0) No (1) Briefly describe what you usually eat and drink during a typical day (including food on weekends):

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

##7. Do you have some milk products every day?

Yes (0) No (1)

##8. Do you have any problems with your teeth, mouth, or throat that make it hard for you to chew or swallow?

Yes (2) No (0)  Tooth or mouth problems  Taste problems  Can't eat certain foods  Swallowing problems  
 Food allergies  Nausea Other (Describe) \_\_\_\_\_

##9. Do you eat alone most of the time?

Yes (1) No (0)

##10a. Are you usually able to shop for yourself?

Yes (0) No (0.5)

##10b. Are you usually able to cook for yourself?

Yes (0) No (0.5)

##11. Are you usually able to eat without help?

Yes (0) No (1)

##12. Do you have enough money to buy the food you need?

Yes (0) No (4)

**TOBACCO USE**

##1. Do you smoke or use tobacco products?  Yes (Y)  No (N)

##2. Have you ever smoked or used tobacco?  Yes (Y)  No (N)  
If yes, for how long? \_\_\_\_\_

##3. Do you live with others who smoke?  Yes (Y)  No (N)

**ASSESSOR:**

## DOES THERE APPEAR TO  Yes (Y)  No (N)

BE A NEED FOR FOOD STAMPS?

**CURRENT HEIGHT:** \_\_\_\_\_

**CURRENT WEIGHT:** \_\_\_\_\_

**SUMMARY**



**(O) (C) E1. Health Conditions** YES (Y) or NO (N)

##1. Arthritis (type) \_\_\_\_\_

##2. Bed sore(s) (Decubitus )  
Location \_\_\_\_\_

##3. Cancer  
 Lung  Skin  Oral  Other

##4. Dementia(Alz, OBS, etc.)

##5. Diabetes (IDDM/NIDDM)

##6. Emphysema/COPD

##7. Heart Problems (CHF, MI, etc.)

##8. Incontinence (Bladder/Bowel)

##9. Liver Problems (Cirrhosis, Hepatitis)

##10. Pneumonia

##11. Stroke (CVA, etc.)

##12. Osteoporosis

##13. Parkinson's Disease

##14. Other (from list below)

**Others:** Yes(Y) or No (N) Enter most problematic in #14 above

Allergies (type) \_\_\_\_\_

Amputation (site) \_\_\_\_\_

Asthma (type) \_\_\_\_\_

Bladder/Kidney Problems (UTI, etc.)

Blood Pressure - High Low

Broken Bones/Fractures  
Location \_\_\_\_\_

Dehydration

Dizziness

Falls in past year

Gallbladder Problems

Hearing Problems

Ostomy care (type) \_\_\_\_\_

Pacemaker

Paralysis (site) \_\_\_\_\_

Seizure disorder

Sleep Problems

Thyroid Problems (Graves, Myxedema, etc.)

Ulcers (type/site) \_\_\_\_\_

Vision Problems (Cataracts, Glaucoma)

Other \_\_\_\_\_

**(O) (C) E2. Special Services**

Yes or No, if yes, indicate frequency

##Physical Therapy \_\_\_\_\_

##Occupational Therapy \_\_\_\_\_

##Respiratory Therapy \_\_\_\_\_

##Other, from list on right \_\_\_\_\_

**Others:** YES (Y) or NO (N)

Bowel/bladder rehab

Bowel impaction therapy

Catheter care (type) \_\_\_\_\_

Dialysis

Insulin therapy

Lesion irrigation

Oxygen therapy

Oxygen treatment

Skilled Nursing

Speech therapy

Suctioning

Tube Feeding

Wound care

Other \_\_\_\_\_

**F. Medications**

(including refrigerated meds, non-prescription drugs, over the counter, herbal remedies, etc.)

Medication	Dosage	Administration Method	Frequency	Physician

1. **ASSESSOR:** Does consumer seem to be compliant with medications?  
 Yes  No  Unsure

2. **ASSESSOR:** What interferes with medication compliance?  
 Alcohol Interaction  Drug Interaction  Can't Afford  Confused  N/A

Other: \_\_\_\_\_

3. Has consumer been hospitalized in the last 6 months?  
 No  Yes  
 If yes, why? \_\_\_\_\_

3a. Has consumer visited the Emergency Room in the past 6 months?  
 No  Yes  
 If yes, why? \_\_\_\_\_

4. Indicate consumer's status:

a. Vision (w/glasses if used)  Good  Fair  Poor  Blind

b. Hearing (w/ aid if used)  Good  Fair  Poor  Deaf

c. Speech  Good  Fair  Poor  Gestures Signs  Unable

d. Walking (w/ device if used)  Good  Fair  Poor  Chairbound  Bedbound



### G. Caregiver Assessment

##1. HCE Caregiver?  Yes (Y)  No (N)

##2. Is caregiver new to the consumer?  Yes (Y)  No (N)

(O) ##3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(O) ##4. Name \_\_\_\_\_  
 First Middle Initial Last

(O) ##5. Relationship  
 Spouse (SP)  Parent (P)  Child (CH)  Grandchild (GC)  
 Friend (FR)  Other relative (OR)  Other (OT)

##6. Physical Address  
 \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State ZIP County

(O) 7. Telephone ( ) \_\_\_\_\_

##8. Race  White (W)  Black (B)  Native Amer. (N)  
 Asian/Pacific (A)  Other (O)

##9. Ethnicity  Hispanic (H)  Other (O)

##9a. Primary Language \_\_\_\_\_

##10. Date of Birth \_\_\_\_\_  
 M M D D Y Y Y Y

##11. Sex  Female (F)  Male (M)

##12. Is caregiver employed outside the home?  Full-time  Part-time  N/A

(O) ##13. How is your own health? P  
 Excellent (1)  Good (2)  Fair (3)  Poor (4)

##13a. How long have you been providing care?  
 Less than 6 mon.  6 mon. - 1 year  1 - 2 years  Over 2 years

##14. How likely is it that you will continue to provide care?  
 CAREGIVER:  Very likely  Somewhat likely  Unlikely

(O) ##14a. How likely is it that you will have the ability to continue to provide care?  
 CAREGIVER:     
P ASSESSOR:  Very likely (1)  Somewhat likely (2)  Unlikely (3)

##15. If you were unable to provide care, who would?  
 No One  Friend/Neighbor  Close Relative  Other

##16.  INITIAL :  
 Since you began providing care, have various aspects of your life become better, stayed the same, or worsened?

OR  
 REASSESSMENT:  
 Since you began receiving services, have aspects of your life become better, stayed the same, or worsened?

How is /are:	Better (1)	Same (2)	Worse (3)
Your relationship w/ consumer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your relationships w/ other family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your relationships w/ friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your work (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
##Your emotional well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ASSESSOR:  
 (O) ##17. Is the caregiver in crisis?  Yes (Y)  No (N) P

If yes, check all that apply:  
 ##17a.  Financial  Emotional  Physical



## H. Social Resources

1. Does consumer live alone?  Yes (6)  No (0) If no, with whom? \_\_\_\_\_

##1a. Does consumer care for grandchildren on a permanent basis?  Yes  No

##2. If needed, could you stay with someone, or they stay with you?  Yes (Complete below) (0)  No (6)

Name: \_\_\_\_\_ Relationship to consumer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

##3. Do you have someone you can talk to when you have a problem (other than caregiver)?  Yes (0)  No (4)

Name: \_\_\_\_\_ Relationship to consumer: \_\_\_\_\_

##4. About how many times do you talk to friends, relatives, telephone reassurance volunteers or others on the telephone in a week, either they call you or you call them?

Once a day or more (0)  2-6 times a week (2)  Once a week (2)  Not at all (4)  No phone (4)

##5. How many times during a week do you spend time with someone who does not live with you - you go see them, they come to visit, or you do things together?  Once a day or more (0)  2-6 times a week (2)  Once a week (2)  Not at all (4)

6. Are you able to participate in activities such as day care, senior center, church or other interests that you enjoy?  Yes  No  
If no, why not? \_\_\_\_\_

7. Do you own a pet?  Yes  No If yes, specify \_\_\_\_\_

Can you feed your pet?  Yes  No Clean up after your pet?  Yes  No Exercise your pet?  Yes  No

8. If consumer is the caregiver/guardian of a grandchild or child, under 19 years old or disabled, (section A. #3a. & 3b.) complete information on the child:

Child's name: \_\_\_\_\_ Child's date of birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Child's relationship to the consumer: \_\_\_\_\_ Is child disabled? \_\_\_\_\_ (Yes or No)

### SUMMARY

### ##I. Environmental Assessment (Enter Risk below in CIRTs)

Case Manager: Please indicate the specific area(s) where there are potential safety or accessibility problems for the client.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Building in need of repairs      | <input type="checkbox"/> Refrigerator not working | <input type="checkbox"/> Grab bars/handrails needed     |
| <input type="checkbox"/> Furniture in need of repairs     | <input type="checkbox"/> Telephone not working    | <input type="checkbox"/> Bathtub/shower unsafe          |
| <input type="checkbox"/> Inadequate/insufficient plumbing | <input type="checkbox"/> No telephone             | <input type="checkbox"/> Commode unsafe                 |
| <input type="checkbox"/> No/insufficient heat             | <input type="checkbox"/> Flooring/rugs loose      | <input type="checkbox"/> Electrical hazards             |
| <input type="checkbox"/> No/insufficient hot water        | <input type="checkbox"/> Lighting inadequate      | <input type="checkbox"/> Insect or other pests present  |
| <input type="checkbox"/> No air conditioning              | <input type="checkbox"/> Stairs/railings unsafe   | <input type="checkbox"/> Unsanitary conditions or odors |
| <input type="checkbox"/> Stove not working                | <input type="checkbox"/> Ramp needed/unavailable  | <input type="checkbox"/> Other - specify in comments    |

COMMENTS:

**No Risk:** The physical environment is generally well equipped and supportive. \_\_\_\_\_

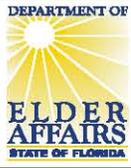
This includes building, neighborhood and necessary furnishings.

**Low Risk:** The physical environment has few negative aspects. \_\_\_\_\_ The few negative aspects are minor or within acceptable living standards and are not hazardous to the consumer's well-being.

**Moderate Risk:** The physical environment is negative. \_\_\_\_\_

Many aspects are substandard or hazardous. The consumer may not be able to remain in the current dwelling.

**High Risk:** The physical environment is strongly negative or hazardous. \_\_\_\_\_ The consumer should change dwellings or is very likely to need to change dwellings unless immediate corrective action is taken to address the negative or hazardous aspects.



## ASSESSMENT SUMMARY

PROBLEMS	LIABILITIES/ CHALLENGES/BARRIERS	RESOURCES/ASSETS	GAPS WHICH NEED TO BE MET IN CARE PLAN
<b>B. CONSUMER CONDITIONS</b>			
<b>D. NUTRITION</b>			
<b>E. HEALTH</b>			
<b>F. MEDICATIONS</b>			
<b>G. CAREGIVER</b>			
<b>H. SOCIAL RESOURCES</b>			
<b>I. ENVIRONMENTAL</b>			

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**DECLARATION AND RELEASE**

*O.M.B. No. 1660-0002*  
*Expires August 31, 2013*

**DECLARATION AND RELEASE**

In order to be eligible to receive FEMA Disaster Assistance, a member of the household must be a citizen, non-citizen national or qualified alien of the United States. **Please read the form carefully, sign the sheet and return it to the Inspector, and show him/her a current form of photo identification.** Please feel free to consult with an attorney or other immigration expert if you have any questions.

I hereby declare, under penalty of perjury that (check one):

- I am a citizen or non-citizen national of the United States.
- I am a qualified alien of the United States.
- Print full name and age of minor child: I am the parent or guardian of a minor child who resides with me and who is a citizen, non-citizen national or qualified alien of the United States. Print full name and age of minor child: \_\_\_\_\_

**By my signature I certify that:**

- \* Only one application has been submitted for my household.
- \* All information I have provided regarding my application for FEMA disaster assistance is true and correct to the best of my knowledge.
- \* I will return any disaster aid money I received from FEMA or the State if I receive insurance or other money for the same loss, or if I do not use FEMA disaster aid money for the purpose for which it was intended.

**I understand that**, if I intentionally make false statements or conceal any information in an attempt to obtain disaster aid, it is a violation of federal and State laws, which carry severe criminal and civil penalties, including a fine up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, and 3571).

**I understand that** the information provided regarding my application for FEMA disaster assistance may be subject to sharing within the Department of Homeland Security (DHS) including, but not limited to, the Bureau of Immigration and Custom Enforcement.

**I authorize FEMA to verify** all information given by me about my property/place of residence, income, employment and dependents in order to determine my eligibility for disaster assistance; and

**I authorize** all custodians of records of my insurance, employer, any public or private entity, bank financial or credit data service to release information to FEMA and/or the State upon request.

NAME (print)	SIGNATURE	DATE OF BIRTH	DATE SIGNED
INSPECTOR ID NO.	FEMA APPLICATION NO.	DISASTER NO.	
ADDRESS OF DAMAGED PROPERTY	CITY	STATE	ZIP CODE

**PRIVACY ACT STATEMENT**

**AUTHORITY:** The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

**PRINCIPAL PURPOSE(S):** This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed internally within FEMA for quality control purposes.

**ROUTINE USE(S):** The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA - 008 Disaster Recovery Assistance Files System of Records (September 24, 2009, 74 FR 48763) and upon written request, by agreement, or as required by law.

**DISCLOSURE:** The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the individual from receiving disaster assistance.

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0002) **NOTE: Do not send your completed form to this address.**



## Sample HIPAA Authorization to Use or Disclose Health Information Form

DATE: \_\_\_\_\_

I authorize \_\_\_\_\_ to use and disclose my medical records for the purposes of Treatment, Payment, and Health Care Operations.\*

**\*Treatment** includes activities performed by a health care provider, nurse, office staff, and other types of health care professionals providing care to you, coordinating or managing your care with third parties, and consultations with and between other health care providers. This authorization includes treatment provided by any physician who covers my/our practice by telephone as the on-call physician.

**\*Payment** includes activities involved in determining your eligibility for health plan coverage, billing and receiving payment for your health benefit claims, and utilization management activities which may include review of health care services for medical necessity, justification of charges, pre-certification and pre-authorization.

**\*Health Care Operations** includes the necessary administrative and business functions of our office.

I further authorize \_\_\_\_\_ to use and disclose the following specific health and medical information for the below listed purpose(s):

Specific medical information consisting of:

For the specific purpose of:

I understand and authorize my designated caregiver or personal representative to receive information described above.

***I understand that I have the right to revoke this Authorization provided that I do so in writing, except to the extent that the facility has already used or disclosed the information in reliance on this Authorization.***

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Person Authorized by Law or Client

\_\_\_\_\_  
Date

If this Authorization is requested from you for our own use and disclosure or to allow another health care provider or health plan to disclose information to us:

- We cannot condition our provision of services or treatment to you on the receipt of this signed authorization;
- You may inspect a copy of the protected health information to be used or disclosed;
- You may refuse to sign this Authorization; and
- We must provide you with a copy of the signed authorization.

You have the right to revoke this Authorization at any time, provided that you do so in writing and except to the extent that we have already used or disclosed the information in reliance on this Authorization.

Unless revoked earlier or otherwise indicated, this Authorization will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

**Please verify that you have received a copy of our Notice by placing your initials here: \_\_\_\_\_.**

Because we have reserved the right to change our privacy practices in accordance with the law, the terms contained in the Notice may change also. A summary of the Notice will be posted in \_\_\_\_\_ indicating the effective date of the Notice in the upper right hand corner. We will offer you a copy of the Notice on your first visit to us after the effective date of the then current Notice. We will also provide you with a copy of the Notice upon your request. As more fully explained in the Notice, you have the right to request restrictions on how we use and disclose your protected health information for treatment, payment, and health care operations purposes. We are not required to agree to your request. If we do agree, we are required to comply with your request unless the information is needed to provide you emergency treatment. Other physicians who provide call coverage for our office are required to use and disclose your protected health information consistent with the Notice.

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

Organization Address: \_\_\_\_\_

\_\_\_\_\_

Organization Telephone Number: \_\_\_\_\_

Organization Contact Person: \_\_\_\_\_

## Discharge Planning Resource Guide Feedback Form

Your help is requested in evaluating the value and use of the 2012 "Discharge Planning Resource Guide." Your comments will help ensure that the best possible, most valuable information is available. **Please [click here to complete the survey online](#)** or email [BPR\\_CommRes\\_CHDSupport@doh.state.fl.us](mailto:BPR_CommRes_CHDSupport@doh.state.fl.us) or fax to (850) 245-4580.

Name (optional) \_\_\_\_\_ Date \_\_\_\_\_

Agency or Organization \_\_\_\_\_ County \_\_\_\_\_

Please indicate your response to the following statements:

The Discharge Planning Resource Guide...	Strongly Agree	Agree	Disagree	Strongly Disagree
...is easy to understand and use				
...will be helpful to me in my job				
...has helpful links to other resources				
...has information that is valuable for discharge planning				

Please rate how well you agree with the following statement for each section of the Guide:

Information in the Section is of value to me in my job	Strongly Agree	Agree	Disagree	Strongly Disagree
Mass Care Sheltering				
Multiagency Discharge Planning Response Teams				
Healthcare Facilities and Community Residential Homes				
Emergency and Temporary Housing				
Community-Based Service Providers				
Local, State, and Federal Discharge Planning Resources				
Directories				
Appendix				
Discharge Planning Forms				

Is there any information you need/want that is not included in the Discharge Planning Resource Guide?

\_\_\_\_\_

\_\_\_\_\_

Did you find any information needing updates or revisions? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain \_\_\_\_\_

Have you or your agency used the Discharge Planning Resource Guide for training or an event.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please share any best practices or lessons learned (use additional sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other comments or suggestions to improve the Discharge Planning Resource Guide (use additional sheet if necessary).

Thank you for your feedback!