

TOWN OF JUPITER INLET COLONY

EMERGENCY MANAGEMENT HURRICANE PLAN



June 1, 2022 – November 30, 2022 Season

TOWN OF JUPITER INLET COLONY

EMERGENCY MANAGEMENT/HURRICANE PLAN

INTRODUCTION

It shall be the policy of the Town of Jupiter Inlet Colony to implement plans of action before, during and after a hurricane to help minimize personal injury or property damage. This will be the overall general plan of action for the Town; however, each department may have a more detailed operational plan if required or if needed.

The Town of Jupiter Inlet Colony has adopted the Palm Beach County Hurricane Survival Guide as reference for our residents. See Appendix A.

Contingency plans are guides used to implement coverage for unusual circumstances that may never happen or that may occur tomorrow. Such plans must be flexible in order to meet those particular demands that may arise. We must adhere, as closely as possible, to any plan that is worthwhile; in order to avoid the sin of omission that could occur in that hectic period of time, when a major catastrophe is impending or has just taken place. This plan of action indicates what we have considered as alternatives, before we act in a deviate manner.

Should you need additional help or further instructions please contact the Town of Jupiter Inlet Colony Administration or the Jupiter Inlet Colony Chief of Police.

IMPORTANT EMERGENCY NUMBERS

JUPITER INLET COLONY

EMERGENCY.....911

JUPITER INLET COLONY POLICE DISPATCH..... 561.799.4445

JUPITER INLET COLONY OFFICER ON DUTY561.262.7548

JUPITER INLET COLONY TOWN HALL.....561.746.3787

SENIOR HELP LINE211

OTHER IMPORTANT EMERGENCY NUMBERS:

TEQUESTA FIRE DEPARTMENT DISPATCH561.768.0500

TEQUESTA NON EMERGENCY NUMBER561.768.0500

TEQUESTA WATER DEPARTMENT561.768.0421

PALM BEACH COUNTY EMERGENCY NUMBERS:

ANIMAL CARE AND CONTROL561.233.1200

AMERICAN RED CROSS561.833.7711

CONSUMER AFFAIRS561.712.6600

CONSUMER ASSISTANCE HOTLINE.....800.227.8676

FEMA800.621.3362

FPL POWER OUTAGES561.697.8000

PALM TRAN561.841.4200

PALM TRAN CONNECTION561.649.9838

PRICE GOUGING HOTLINE866.966.7226

PUBLIC AFFAIRS DEPARTMENT561.355.2754

SALVATION ARMY561.686.3530

TOWN OF JUPITER INLET COLONY

EMERGENCY MANAGEMENT/HURRICANE PLAN

I. POLICY STATEMENT

It shall be the policy of the Town of Jupiter Inlet Colony to implement plans of action before, during and after a hurricane to help minimize personal injury or property damage. This will be the overall general plan of action for the Town; however, each department may have a more detailed operational plan if required or if needed. The Town of Jupiter Inlet Colony has adopted the Palm Beach County Hurricane Survival Guide as reference for our residents. See Appendix A.

II. Background

Contingency plans are guides used to implement coverage for unusual circumstances that may never happen or that may occur tomorrow. Such plans must be flexible in order to meet those particular demands that may arise. We must adhere, as closely as possible, to any plan that is worthwhile; in order to avoid the sin of omission that could occur in that hectic period of time, when a major catastrophe is impending or has just taken place. This plan of action indicates what we have considered as alternatives, before we act in a deviate manner.

III. DEFINITIONS

Understanding the difference between National Weather Service watches and warnings is critical to being prepared for any dangerous weather hazard, including hurricanes.

A *watch* lets you know that weather conditions are favorable for a hazard to occur. It literally means "be on guard."

A *warning* requires immediate action. This means a weather hazard is imminent - it is either occurring or it is about to occur at any moment.

Tropical Storm Watch: An announcement that tropical-storm conditions are *possible* within the specified area.

Hurricane Watch: An announcement that hurricane conditions are *possible* within the specified area. Because outside preparedness activities become difficult once winds reach tropical storm force, ***watches are issued 48 hours in advance of the anticipated onset of tropical-storm-force winds.***

Action: During a watch, prepare your home and review your plan for evacuation in case a Hurricane or Tropical Storm Warning is issued. Listen closely to instructions from local officials.

Tropical Storm Warning: An announcement that tropical-storm conditions are *expected* within the specified area.

Hurricane Warning: An announcement that hurricane conditions are *expected* within the specified area. Because outside preparedness activities become difficult once winds reach tropical storm force, ***warnings are issued 36 hours in advance of the anticipated onset of tropical-storm-force winds.***

IV. PRE-HURRICANE SEASON PREPARATIONS

Prior to hurricane season the following steps should be taken by each department to ensure that the Town is prepared to respond to a hurricane in the event one hits our area.

- A. Town staff or their designee will check all equipment including generators to ensure they are in working order and ready for use.
- B. Town staff or their designee will make sure all fuel service (gas, diesel, and LP) are coordinated for fueling in the event a storm were to threaten our area.
- C. A pre-season notification letter is sent out, by the Building Department, to all contractors with open permits that may have dumpsters and other equipment that will need to be secured.
- D. All departments will review the Town's Hurricane Policy to ensure that staff knows their respective duties and responsibilities.
- E. The Chief of Police will assign a member of staff who will be responsible for identifying and securing provisions for necessary hurricane personnel that are assigned to work prior to, during, and after the hurricane.
- F. Town staff or their designee will be responsible for inspecting all Town facilities to ensure that they are secured.
- G. The Police Department will maintain a binder that includes all relevant hurricane information including "Hurricane Evacuation Special Needs Information." The Police Department will perform an annual update of their records.

V. PRE-STORM ACTIVITIES

When a tropical depression has formed, the police department/emergency manager will begin monitoring the progress of the storm. When a storm's track is projected directly toward the Town, staff will begin making the following preparations.

- A. Town staff or their designee will check the available fuel (gas, diesel, and LP). All town vehicles shall be fueled up and if needed, staff will order a delivery of all products to top off the tanks.
- B. All efforts will be made to allow on-duty personnel to leave early to secure their own property, and family, without deterring from our primary objectives.
- C. All generators, and any other power equipment will be tested and fueled.

- D. Town staff or their designee will be responsible for securing all loose objects and storage items from all Town properties and stored in a secure area.
- E. The Chief of Police will coordinate quarters and meals for all on-duty personnel, if possible.
- F. Citizens coming to the Town Hall for shelter should be directed to the nearest hurricane shelter as listed on the attached appendix A. The Town Hall cannot be used as a shelter as it is within an evacuation area.
- G. The Code Enforcement Officer and Building Official will be responsible for checking all major construction areas throughout the Town, to ensure all materials are secured to prevent them from becoming projectiles during the storm.
- H. The Building Department will be responsible for having all roll off construction dumpsters secured or removed from construction sites.
- I. The Chief of Police/Emergency Manager will update information, as received from the county, pertaining to hurricane and flood warnings on the Town's website and other designated information locations.

VI. HURRICANE WATCH

A. Hurricane Watch Conditions

- 1. When a "Hurricane Watch" is broadcast, personnel not actively on duty or working their normal scheduled hours will immediately begin making their personal storm preparations. Off duty personnel shall make arrangements for their families, secure their personal property, and prepare themselves for the possibility of being called to work prior to or immediately after the storm.
- B. Town facilities and all Town property will be properly secured by Town staff or their designee.
- C. The Chief of Police/Emergency Manager will determine what employees other than Police Department personnel are deemed as essential to the Town's preparation and response to the storm and shall be ordered to report for duty.
- D. All Town personnel reporting for duty pre-landfall or post shall bring all necessary items to sustain themselves for a minimum period of three days.
 - 1. Changes of clothing and necessary toiletries
 - 2. Sleeping essentials

3. Any prescription medications

- E. The Chief of Police will be required to communicate with the Palm Beach County Emergency Operation Center upon activation and continue communication until the storm passes.
- F. All employees will be required to secure their own workstations and files to minimize potential damage.
- G. All network servers (Police Department and Town) will be required to have to have two back up devices and have at least one stored off site. This will be done in coordination with the Town's IT contractor.
 - Police Department server back-up and Town server back-up to be secured off-site by the I.T. Contractor.
- H. Each department will be responsible for reviewing all contact numbers with their employees as well as getting additional backup contact numbers of friends and family in the event they are needed.

VII. HURRICANE WARNING

- A. At the direction of the Chief of Police/Emergency Manager, vehicles and personnel will be ordered off of normal assignments. All Town vehicles will be ordered off the road when our area reaches sustained winds of 50 miles per hour or as safety dictates.
- B. There may become a point in time, depending on the storm conditions when it would be unsafe for emergency vehicles to respond to requests for service.
- C. Police vehicles, town vehicles and other heavy equipment will be staged and pre-positioned throughout the Town, for immediate response after the passage of the storm.

VIII. EVACUATION

- A. The Police Chief will issue evacuation orders for the citizens of Jupiter Inlet Colony after conferencing with the Palm Beach County Emergency Operations Center.
- B. Should a mandatory evacuation be ordered, those residents in the evacuation area, as manpower and equipment permit, will be notified as follows;

1. Notification will be made through all available media outlets in cooperation with the Joint Information Center at the Palm Beach County Emergency Operation Center.
2. The Police Department will notify the residents by phone call or by door to door notification, should time and resources permit.
3. The Police Department will utilize their telephone Emergency Notification System (Calling Post) to automatically call residents to evacuate our area. This message will include the time of the required evacuation.
4. Those residents desiring to evacuate to a local shelter shall be directed to the closest shelter. (See list of shelters in Appendix A.)
5. Residents should be urged to seek friend's homes, motels, or hotels outside of the evacuation area, before the "Hurricane Warning" is issued.
6. After the storm passes and it is determined that residents can return home safely, the Town will use all available media sources to inform them that they may return home.

IX. POST STORM

- A. Protection of life will be the first consideration.
- B. Post storm activities will be largely dependent upon the extent of the intensity of the storm itself, and the effects on the Town.
- C. Only essential personnel will be allowed in areas of damage.
- D. The Chief of Police/Emergency Manager will be responsible for damage assessment throughout the Town as well as all Town facilities. Once the damage assessment is completed it will be sent to the Mayor and all Town Commissioners and the County's Emergency Operation Center.
- E. It will be determined after the storm if checkpoints are needed to facilitate residents. If needed, post storm activities may require additional personnel, that request can be accessed under mutual aid through the Palm Beach County Emergency Operations Center and Northcom Communications.
- F. Due to the fact that a declaration of emergency is in existence, personnel may be assigned to duties that are not normally a part of their job description.

- G. Due to the extent of damage and unknown communication issues, the Town will use cell phones, satellite phones, e-mail, website, media, Calling Post, or other communication sources at hand to communicate and inform residents and Town staff of updates as needed.
- H. Town personnel who are not ordered for duty prior to the storm making landfall shall be prepared by:
 - 1. Ensuring that their homes and families have been properly secured and protected and that necessary supplies have been obtained.
 - 2. They shall check in with their supervisor by texting or calling to let them know they are safe (or a senior staff member if unable to reach their supervisor).
 - 3. They are to show up for work *the day following the storm* unless instructed otherwise by their supervisor (should a storm hit on a Friday, the employee should plan to work Saturday morning unless instructed otherwise).
 - 4. If the employee is unable to come to work following the storm they shall contact their supervisor (or designee) to work out a "return to work plan." Prior to the storm, their supervisor will inform them of their duties for post storm recovery.
- I. Town Administration/Chief of Police will be responsible for overseeing all debris collection and removal. They will also be responsible to set up all traffic control devices as necessary.
- J. Town Administration/Chief of Police will be responsible for inspecting all Town facilities to ensure that they are secured.
- K. Town staff or their designee will check all equipment after the storm to ensure it is in working order and ready for use.
- L. Town staff or their designee will make sure all fuel service (gas, diesel, and LP) are coordinated for fueling after the storm.
- M. The Police Department will survey the Town for hazardous conditions (i.e. downed power lines). Once identified, notification will be made and the hazardous condition will be addressed.
- N. The Chief of Police/Emergency Manager will be responsible to submit all documentation for reimbursement from the State or Federal Government.
- O. The Town will resume normal operations as quickly as possible.

X. After Action Reports

An after action report is a chronological sequence of events that occur during any catastrophic incident. The Town shall complete an after action report. An after action report is a must, to avoid unnecessary liability, and to properly analyze the situation for any improvement in future catastrophes. Reports should include the following:

- A. Occurrence
- B. Deployment of Personnel
- C. Use of Equipment
- D. Failure of Equipment
- E. Damages – Internal/External
- F. Injuries
- G. Arrests
- H. Special Tactics

POLICE DEPARTMENT DUTIES

PRE-HURRICANE	PRE-STORM	HURRICANE WATCH	HURRICANE WARNING	EVACUATION	POST STORM
Review hurricane policy	Check Fuel Levels, top off all vehicles.	Secure portable back-up devices	Personnel ordered by Chief to emergency status with all job duties	Chief issue evacuation order	Essential personnel only
Maintain binder with evacuation special needs information	chief to update website with information	Communicate with PBC EOC	Vehicles off the road when winds are 50MPH+	Notify residents via phone, Calling Post, door to door	Make contact with a supervisor indicating the well-being of employee
Police Chief to assign personnel to stay on-site for storm	Chief to coordinate meals and supplies for on-duty personnel	Review contact numbers with all employees	Stage vehicles around town	If resident refuses to evac, obtain NOK info	Survey town for hazards; notify EOC
			Coordinate with Mayor to issue State of Emergency		Set up traffic control devices
					Debris removal/clear roads

TOWN ADMINISTRATION DUTIES

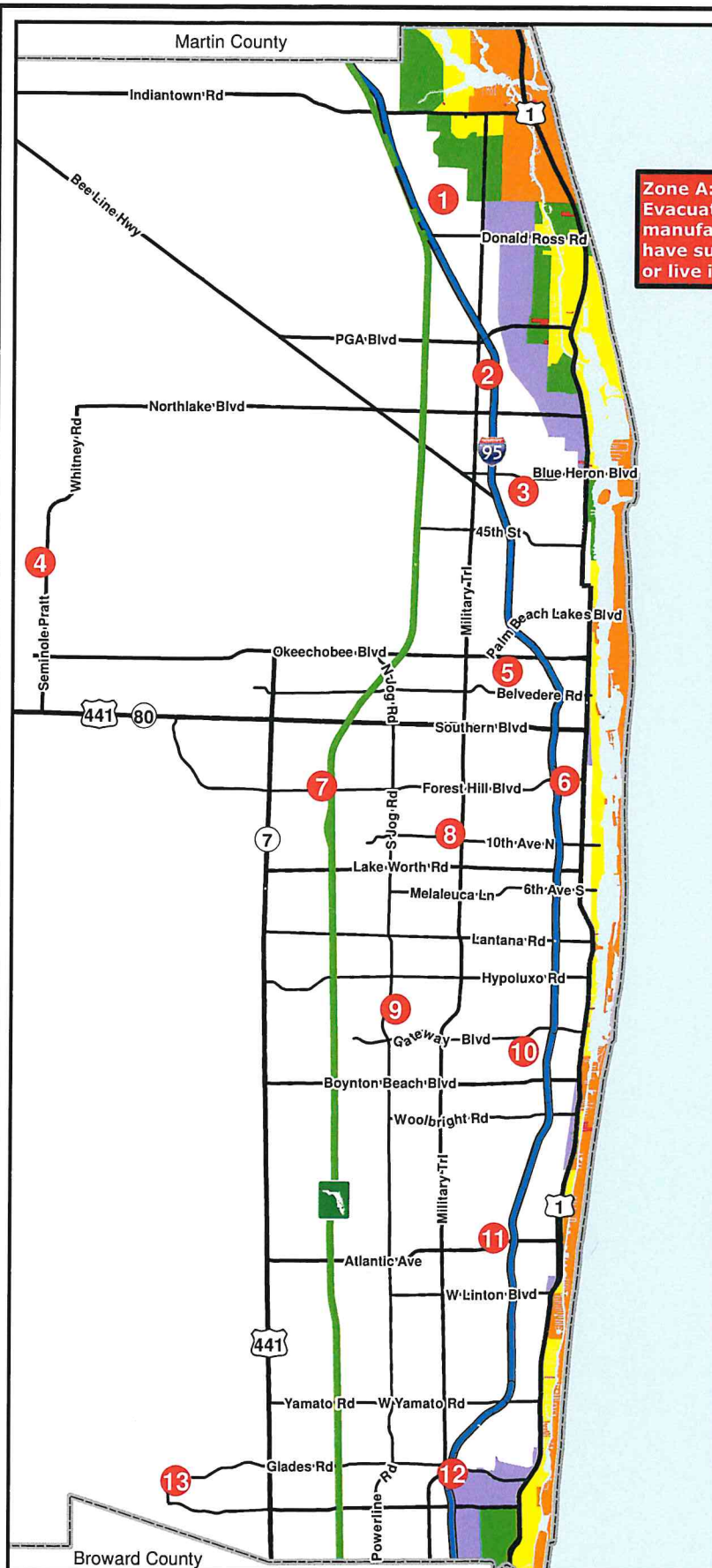
PRE-HURRICANE	PRE-STORM	HURRICANE WATCH	HURRICANE WARNING	EVACUATION	POST STORM
Review hurricane policy	Secure loose objects	Secure all town property	Final checks that all town property is secured	Assist Police with contacting all residents to ascertain intentions	Make contact with a supervisor indicating the well-being of employee
Check all equipment is in working order	Test generator and power tools for operation	Review contact numbers with all employees			Town Administrator to submit documentation for reimbursement
Inspect & secure all town facilities		Secure portable back-up devices			

BUILDING DEPARTMENT AND CODE ENFORCEMENT

PRE-HURRICANE	PRE-STORM	HURRICANE WATCH	HURRICANE WARNING	EVACUATION	POST STORM
Review hurricane policy	Check that major construction sites are secured	Review contact numbers with all employees	Final checks to ensure const. site compliance		Damage assessment of all structures; homes/commercial/infrastructure
Notify to all contractors about securing dumpsters and cleaning up const. sites	Roll off dumpsters are secured and/or removed from const. sites				

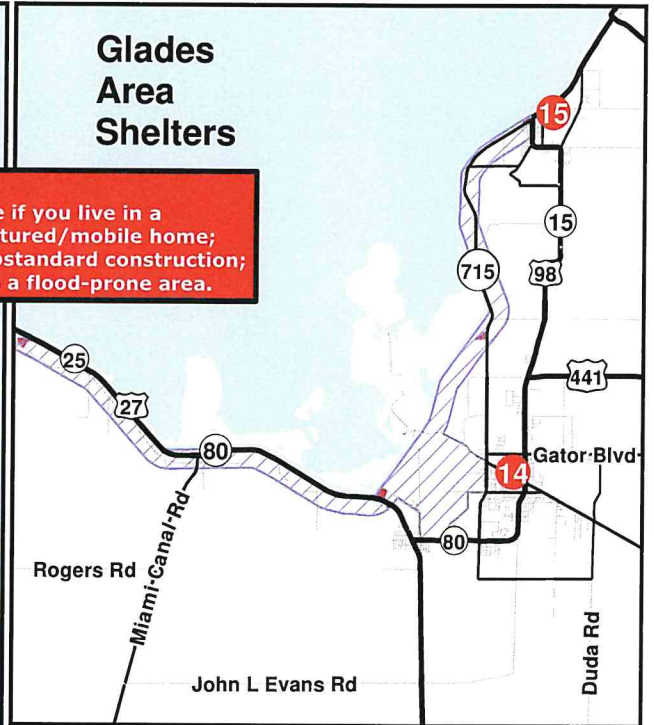
What to bring to the Shelter

- Three-day supply of water per person (i.e., three-gallons per person)
- Prescription medicines and emergency medications; you must be able to take all medications by yourself
- Special-diet foods (e.g., snacks and juices for those with dietary restrictions or allergies)
- Basic snacks
- Bedding materials (e.g., pillows, blankets, sleeping bags, cots, air mattresses, etc.) – cots will **not** be provided
- Comfortable clothing (at least two changes)
- Collapsible/folding beach chair or camp chair
- Baby food, formula, bottles, diapers, blankets, & clothes
- Flashlight, extra batteries
- Cellphone, with a battery-operated charger
- Radio with extra batteries and headphones
- Important documents (e.g., identification, medical records, insurance information, deeds or leases, birth certificates and utility bills showing your home address) – these documents are not required but will be helpful after an emergency
- Photocopies of valuable documents
- Eyeglasses, hearing aids, dentures
- Toiletries and personal hygiene items (e.g., washcloth and/or towelettes, small towel, soap, toothbrush, toothpaste, sanitary napkins, tampons, paper towels, toilet paper, etc.)
- Quiet games, books, playing cards, favorite toys, or other items for entertainment
- Special items for family members who are elderly or disabled
- Chargers/cables for any electronic devices you bring with you – functional electric outlets are limited in shelters



Glades Area Shelters

Zone A:
Evacuate if you live in a
manufactured/mobile home;
have substandard construction;
or live in a flood-prone area.



IMPORTANT: Not all shelters will be opened at the same time. Stay tuned to local TV and radio for shelter opening announcements.

1. Independence Middle School
4001 Greenway Dr, Jupiter 33458
2. Palm Beach Gardens High School
4245 Holly Dr, Palm Beach Gardens 33410
3. Dr Mary McLeod Bethune Elementary School
1501 Avenue U, Riviera Beach 33404
4. Seminole Ridge High School
4601 Seminole Pratt Whitney Rd, Loxahatchee 33470
5. West Gate Elementary School
1545 Loxahatchee Dr, West Palm Beach 33409
6. Forest Hill High School
6901 Parker Ave, West Palm Beach 33405
7. Palm Beach Central High School
8499 Forest Hill Blvd, Wellington 33411
8. John I Leonard High School
4701 10th Ave N, Greenacres 33463
9. Park Vista High School
7900 Jog Rd, Lake Worth 33467
10. Boynton Beach High School
4975 Park Ridge Blvd, Boynton Beach 33426
11. Atlantic Community High School
2455 W Atlantic Ave, Delray Beach 33445
12. Boca Raton High School
1501 NW 15th Ct, Boca Raton 33486
13. West Boca Raton High School
12811 Glades Rd, Boca Raton 33498
14. Lake Shore Middle School
425 W Canal St N, Belle Glade 33430
15. Pahokee Middle School
850 Larrimore Rd, Pahokee 33476

Disclaimer:

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Palm Beach County

GIS Service Bureau

May 27, 2020



Division of
Emergency Management

Palm Beach County Special Needs Shelter Application

APPLICATION DATE: _____

SHELTER INFORMATION

Thank you for your interest in the Palm Beach County Special Needs Shelter. Please understand that the shelter is a place of refuge of last resort from dangerous weather or other emergencies. While basic services such as feeding, electricity, and medical supervision will be provided; clients and caregivers must be independent for the first three days. The shelter is not a medical facility and cannot provide the appropriate care to ventilator patients.

Please remember: The shelter only provides adjustable back hospital cots for clients. **Caregivers do not receive cots**

SPECIAL NEEDS ELIGIBILITY ASSESSMENT

- Is the client diagnosed with Progressive Alzheimer's or Dementia and accompanied by a caregiver? ☐ YES or ☐ NO
Does the client require assistance with transferring or needs a Hoyer lift? ☐ YES or ☐ NO
Is the client dependent on electric medical devices to stay well? ☐ YES or ☐ NO
Is the client using an oxygen concentrator? ☐ YES or ☐ NO
Does the client receive assistance with Activities of Daily Living from a full time caregiver? ☐ YES or ☐ NO

TRANSPORTATION

Do you need transportation to a special needs shelter? ☐ YES or ☐ NO (Arrive on my own)

ASSISTANCE WITH DAILY LIVING NEEDED (Check all ADLs that Apply)

1. Assistance with Daily Living: (check all that apply)

- ☐ Toileting ☐ Taking Medications ☐ Feeding/Eating ☐ Walking more than 50 ft. ☐ Getting out of bed ☐ Dressing

2. Can you sleep on an adjustable back cot? ☐ YES or ☐ NO (No other options are provided)

SPECIAL NEEDS (check all that apply)

Electrical Needs	Mobility Assessment	Specialized Equipment
<input type="checkbox"/> Bi-Pap or C-Pap <input type="checkbox"/> Cardiac Monitor <input type="checkbox"/> Feeding Pump <input type="checkbox"/> Nebulizer <input type="checkbox"/> Suction Pump <input type="checkbox"/> Oxygen Concentrator <input type="checkbox"/> Oxygen: ____ of hours daily at ____ liters per minute	<input type="checkbox"/> I can walk -or- I use: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/> Lift used to get out of bed <input type="checkbox"/> I am bedridden continuously	<input type="checkbox"/> Feeding Tube <input type="checkbox"/> IV Equipment <input type="checkbox"/> Service Animal (Canine or Miniature Pony) <input type="checkbox"/> Dialysis: (#) ____ days per week <input type="checkbox"/> Other _____ <input type="checkbox"/> I need a nurse or caregiver to administer medications.
Cognitive Assessment	Vision and Hearing Assessment	Special Care/Considerations
<input type="checkbox"/> Alzheimer's <input type="checkbox"/> Dementia <input type="checkbox"/> Anxiety <input type="checkbox"/> Autism <input type="checkbox"/> Depression <input type="checkbox"/> Mental health problem <input type="checkbox"/> Obsessive Compulsive Disorder <input type="checkbox"/> Psychiatric or personality disorder	<input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Deaf <input type="checkbox"/> Partially Blind <input type="checkbox"/> Blind	<input type="checkbox"/> Ostomy <input type="checkbox"/> Catheter <input type="checkbox"/> Morbid obesity <input type="checkbox"/> Open wounds/Decubitus <input type="checkbox"/> Incontinence <input type="checkbox"/> Wear Adult Diapers

CLIENT IDENTIFICATION

LAST: _____ FIRST: _____
DATE OF BIRTH: ____ / ____ / ____ HEIGHT: ____ FEET ____ INCHES WEIGHT: _____
GENDER: ☐ MALE or ☐ FEMALE LANGUAGE SPOKEN: _____
HOME PHONE: _____ CELL PHONE: _____

CLIENT RESIDENCE INFORMATION

ADDRESS: _____ APT/LOT #: _____
CITY: _____ ZIP: _____ E-MAIL: _____
MAILING ADDRESS: ☐ SAME AS ABOVE _____
CITY: _____ ZIP: _____
Do you live above the ground level? ☐ YES If yes, what floor? _____
DEVELOPMENT NAME: _____ GATE CODE: _____

DWELLING TYPE:

☐ SINGLE FAMILY ☐ DUP/MULTIPLEX
☐ MOBILE HOME ☐ APT/CONDO

CAREGIVER INFORMATION

Patients requiring a caregiver must be accompanied by their caregiver at all times.

Do you have a caregiver that will accompany you to the shelter? ☐ YES or ☐ NO

NAME: _____ RELATIONSHIP: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Does your caregiver have special needs? ☐ YES or ☐ NO If yes, explain: _____

EMERGENCY CONTACTS

(LOCAL) NAME: _____ RELATIONSHIP: _____ PHONE: _____

(NON-LOCAL) NAME: _____ RELATIONSHIP: _____ PHONE: _____

MEDICAL SUPPORT INFORMATION

PRIMARY DOCTOR: _____ PHONE: _____

HOME HEALTH AGENCY: _____ PHONE: _____

HOME MEDICAL EQUIPMENT PROVIDER: _____ PHONE: _____

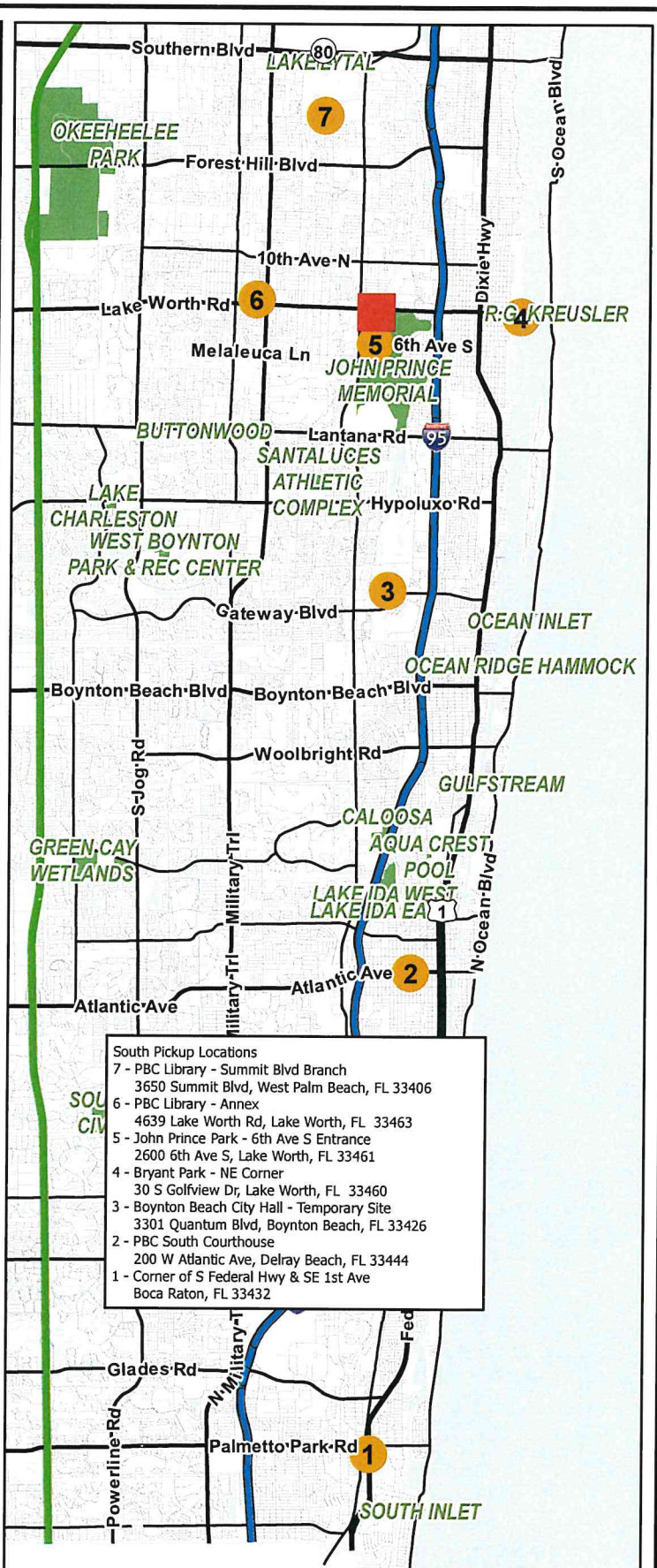
DIALYSIS CENTER: _____ PHONE: _____

OXYGEN SUPPLIER: _____ PHONE: _____

DIAGNOSIS	
Alzheimer's and Dementia	<input type="checkbox"/> Progressive Alzheimer's disease (ALZD) <input type="checkbox"/> Psychosis (This requires full time trained caregiver) <input type="checkbox"/> Dementia (This requires full time trained caregiver)
Chronic but Stable Illness	<input type="checkbox"/> Aphasia (Difficulty communicating) <input type="checkbox"/> Cardiac Abnormalities (Controlled with medication and requiring supervision) <input type="checkbox"/> Continuous Ambulatory Peritoneal Dialysis (Stable, self care) <input type="checkbox"/> Cystic Fibrosis (Assistance with daily living) <input type="checkbox"/> Diabetes/Hyperglycemia (Requiring assistance with insulin and monitoring) <input type="checkbox"/> Dialysis (Peritoneal and Hemodialysis) (Dialysis not provided in shelter) <input type="checkbox"/> Fractured Bones (Pin care/dressing changes) <input type="checkbox"/> Neurological Deficit (Monitoring and assistance with daily living) <input type="checkbox"/> Obesity <input type="checkbox"/> Parkinson's disease (Assistance with daily living) <input type="checkbox"/> Seizures (Medication assistance)
Chronic but Stable Illness With Mobility Impairment	<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Cerebral Vascular Accident (Recent CVA) (Wheelchair bound) <input type="checkbox"/> Foley Catheter (Requiring Monitoring) <input type="checkbox"/> Wheelchair Bound due to Chronic Illness (Such as: ALS, CVA, Multiple Sclerosis, Muscular Dystrophy, etc)
Electricity Dependant	<input type="checkbox"/> Electric Energized Medical Equipment (CPAP, Nebulizers, etc.) <input type="checkbox"/> Eating and Swallowing Disorders (Requiring electric equipment) <input type="checkbox"/> Sleep Apnea
Oxygen Dependant	<input type="checkbox"/> Oxygen Dependant <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) (Requiring oxygen) <input type="checkbox"/> Emphysema (Requiring oxygen)
List any other medical problems: _____ _____	
Allergies: <input type="checkbox"/> YES or <input type="checkbox"/> NO If yes, list: _____ _____	
ATTACH MEDICATIONS LIST (list medication name and dose)	
Form Completed By: _____ Relationship: _____ Phone: _____	
<p>By submitting this form, I give my authorization for the Palm Beach County Special Needs program to release this information to other emergency response personnel, human service agencies, officials or those they deem necessary to facilitate the evaluation of this application and required activities to ensure assistance for me. Records relating to registration of disabled citizens are exempt as listed in the provisions of F.S. 119.07 (1), Public Records Law. The information contained herein will be kept confidential. I also understand that assistance will only be provided for the duration of the emergency and that alternative arrangements should be made in advance if I cannot return to my home. Should I require hospital or assisted living care, I understand that I must make these arrangements myself.</p>	
_____ Signature of Patient / Guardian	_____ Date



- North Pickup Locations**
- 1 - Jupiter Neighborhood Resource Center - El Sol
106 Military Trl, Jupiter, FL 33458
 - 2 - PBC North County Courthouse
3188 PGA Blvd, Palm Beach Gardens, FL 33410
 - 3 - VA Medical Center
7305 N Military Trl, Riviera Beach, FL 33410
 - 4 - Phil Foster Park
900 E Blue Heron Blvd, Riviera Beach, FL 33404
 - 5 - PBC Health Department
1150 45th St, West Palm Beach, FL 33407
 - 6 - Cafe Joshua
2808 N Australian Ave, West Palm Beach, FL 33407
 - 7 - Currie Park
2400 N Flagler Dr, West Palm Beach, FL 33407
 - 8 - PBC Human Services
810 Datura St, West Palm Beach, FL 33401



Not to Scale

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TOWN OF JUPITER INLET COLONY

EMERGENCY MANAGEMENT HURRICANE PLAN



June 1, 2022 – November 30, 2022 Season