

**SUPPLEMENT TO THE
TOWN OF LAKE PARK
EMERGENCY
MANAGEMENT PLAN**

2020

LINKS TO PALM BEACH COUNTY HURRICANE PLANNING GUIDE

<http://discover.pbcgov.org/publicsafety/PDF/Hurricane-Guide.pdf> (English)

<http://discover.pbcgov.org/publicsafety/PDF/Hurricane-Guide-CREOLE.pdf> (Creole)

<http://discover.pbcgov.org/publicsafety/PDF/Hurricane-Guide-SPAN.pdf> (Spanish)

GAS STATIONS POWERED BY GENERATORS IN PALM BEACH COUNTY

The following is a listing of gas stations powered by generators in Palm Beach County. Once a hurricane warning has been issued, it is best to fill your gas tank as soon as possible as the closer it gets to projected landfall, gas stations may run out of fuel.

4 POINTS MARKET SHELL	9975 US HIGHWAY 441	BOYNTON BEACH	PALM BEACH	561-742-0050
7 ELEVEN #36439A	10651 SOUTHERN BLVD	ROYAL PALM BEACH	PALM BEACH	561-790-1057
ATLANTIC & 95 CHEVRON	1909 W ATLANTIC AVE	DELRAY BEACH	PALM BEACH	561-272-5761
BJ'S WHOLESALE CLUB GAS # 129	1540 W BOYNTON BEACH BLVD	BOYNTON BEACH	PALM BEACH	561-364-3409
BP LAKE WORTH	9890 LAKE WORTH RD	LAKE WORTH	PALM BEACH	561-969-2871
COSTCO #628	11001 SOUTHERN BLVD	ROYAL PALM BEACH	PALM BEACH	561-798-8314
COSTCO WHOLESALE CORPORATION	1873 LANTANA RD	LANTANA	PALM BEACH	561-533-0958
GOODWAY OIL CORP / CHEVRON	810 S DIXIE HWY	LANTANA	PALM BEACH	561-282-1347
GRAY'S SUNOCO	340 S COUNTY RD	PALM BEACH	PALM BEACH	561-655-6645
GREAT RIVER NILE STORE / MOBIL	8081 CONGRESS AVE STE A	BOCA RATON	PALM BEACH	561-997-0567
K & V MOBIL	1990 N DIXIE HWY	BOCA RATON	PALM BEACH	561-392-8375
LANTANA CHEVRON	6760 LANTANA RD	LAKE WORTH	PALM BEACH	561-433-9451
MARATHON / GR'S SOUTH BAY	890 US HIGHWAY 27 N	SOUTH BAY	PALM BEACH	561-996-6599
MARATHON PAHOKEE	680 E MAIN ST	PAHOKEE	PALM BEACH	561-924-2913
PEANUTS COUNTRY STORE/ SHELL	9595 W ATLANTIC AVE	DELRAY BEACH	PALM BEACH	561-499-5743
PORT CONSOLIDATE -FLEET FUELING	6951 GARDEN RD	RIVIERA BEACH	PALM BEACH	800-683-5823
RACETRAC PETROLEUM INC	665 ROYAL PALM BEACH BLVD	ROYAL PALM BEACH	PALM BEACH	561-795-0609
S & H FOOD MART /CITGO	2175 10TH AVE N STE C	LAKE WORTH	PALM BEACH	561-588-8350
SAIL FISH MARINA	98 LAKE DR	PALM BEACH SHORES	PALM BEACH	561-844-1724
SHELL GATEWAY	2360 N FEDERAL HWY	BOYNTON BEACH	PALM BEACH	561-740-0606
SHELL EAST MACMILLAN	4150 PGA BLVD	PALM BEACH GARDEN	PALM BEACH	561-207-6031
SHELL FEC #1718	4525 W ATLANTIC AVE	DELRAY BEACH	PALM BEACH	561-637-9470
SHELL LINTON BLVD.	380 LINTON BLVD	DELRAY BEACH	PALM BEACH	561-278-0780
SUN GAS CAMINO CHEVRON MART	7035 W CAMINO REAL	BOCA RATON	PALM BEACH	561-393-2700
TANKER FUEL CORPORATION	1900 SKEES RD	WEST PALM BEACH	PALM BEACH	561-471-4644
THE HERTZ CORPORATION	3175 BELVEDERE RD	WEST PALM BEACH	PALM BEACH	561-686-4300
VALERO - PRIP MART #199	199 NW 20TH ST	BOCA RATON	PALM BEACH	561-447-7950
WEST PALM BEACH TURNPIKE / SHELL	TURNPIKE PLAZA # 2	LAKE WORTH	PALM BEACH	561-968-8558

Note: The above list was downloaded from the Florida Department of Agriculture and Consumer Services website.

**GROCERY STORES POWERED BY
GENERATORS IN PALM BEACH
COUNTY**

grocery stores with generators

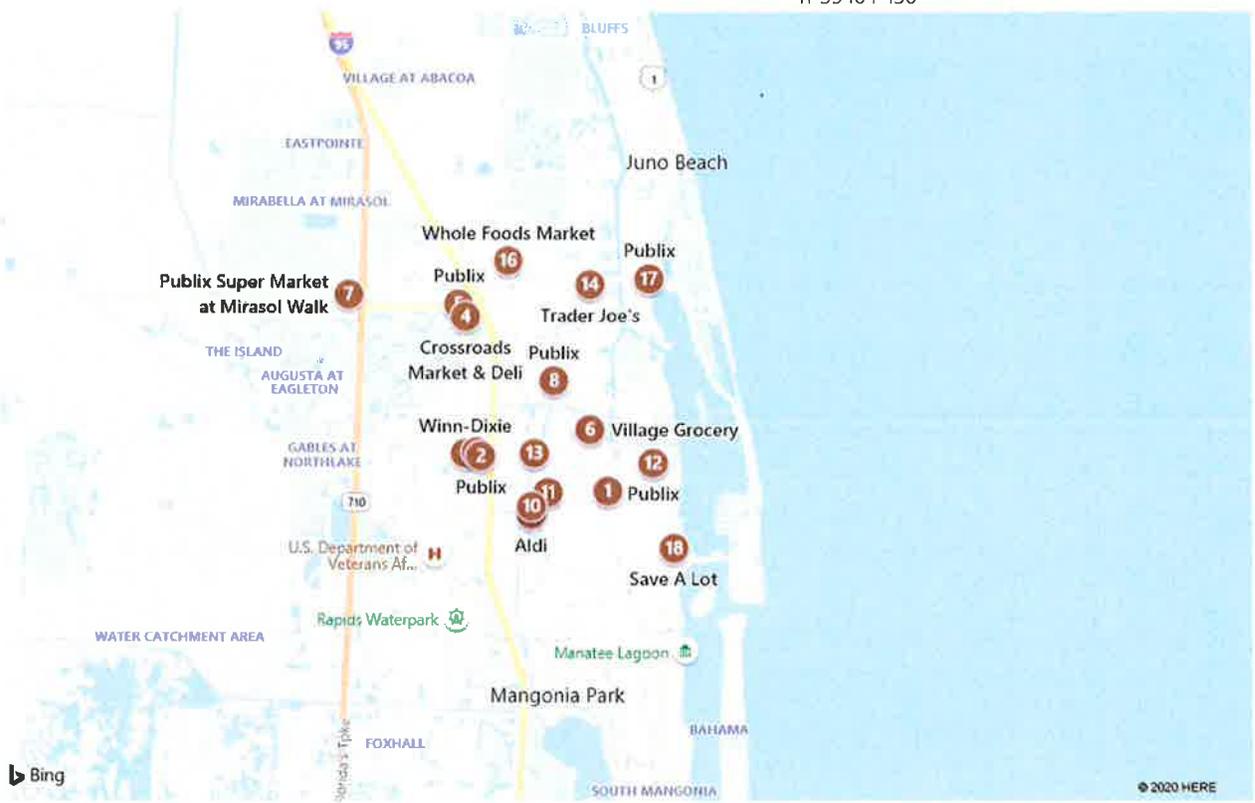
- 1 Saigon Oriental Food Market & Gifts**
Address: 832 Park Ave, Lake Park, FL 33403
Phone: (561) 863-6467
- 3 Publix Super Market at Gardens Towne Square**
Address: 4200 Northlake Blvd, Palm Beach Gardens, FL 33410
Phone: (561) 625-9632
Website: http://www.publix.com/?utm_medium=organic&utm_source=google&utm_term=google_my_business
- 5 Publix**
Address: 10913 N Military Trl, Palm Beach Gardens, FL 33410
Phone: (561) 622-3584
Website: <https://www.publix.com/locations/212-garden-square>
- 7 Publix Super Market at Mirasol Walk**
Address: 6251 Pga Blvd, Palm Beach Gardens, FL 33418
Phone: (561) 622-1764
Website: https://www4.publix.com/recipes-planning/aprons-catering/?utm_medium=organic&utm_source=google&utm_term=google_my_business
- 9 Winn-Dixie**
Address: 8924 N Military Trl, Palm Beach Gardens, FL 33410
Phone: (561) 622-0143
Website: <https://www.winndixie.com/StoreDetails?search=333>
- 11 ALDI**
Address: 220 N Congress Ave, Lake Park, FL 33403
Phone: (855) 955-2534
Website: <https://www.aldi.us/en/weekly-specials/our-weekly-ads/>
- 13 Costco**
Address: 3250 Northlake Blvd, Palm Beach Gardens, FL 33403
Phone: (561) 776-3052
Website: <https://www.costco.com/warehouse-locations/warehouse-93.html?langId=-1&storeId=10301&catalogId=10701&warehouseNumber=93>
- 15 Aldi**
Address: 1087 Center Stone Ln, Riviera Beach, FL 33404
- 17 Publix**
Address: 11566 US Highway 1, Palm Beach Gardens, FL 33408
Phone: (561) 622-0804
Website: <https://www.publix.com/locations/179-oakbrook-square-shopping-center>
- 2 Publix**
Address: 4200 Northlake Blvd, Palm Beach Gardens, FL 33410
Phone: (561) 625-9632
Website: <https://www.publix.com/locations/434-gardens-towne-square>
- 4 Crossroads Market & Deli**
Address: 10800 N Military Trl Ste 120, Palm Beach Gardens, FL 33410
Phone: (561) 630-5198
Website: <https://www.facebook.com/Crossroads-Market-Deli-918542841610438/>
- 6 Village Grocery**
Address: 9271 Prosperity Farms Rd, West Palm Beach, FL 33403
Phone: (561) 863-9790
Website: <https://www.facebook.com/Village-Grocery-598751603976212/>
- 8 Publix**
Address: 9900 Alternate A1a, Palm Beach Gardens, FL 33410
Phone: (561) 624-0935
Website: <https://www.publix.com/locations/367-promenade-shopping-plaza>
- 10 Walmart Supercenter**
Address: 101 N Congress Ave, Lake Park, FL 33403
Phone: (561) 842-8113
Website: <https://www.walmart.com/store/3348/lake-park-fl/details>
- 12 Publix**
Address: 374 Northlake Blvd, North Palm Beach, FL 33408
Phone: (561) 842-1193
Website: <https://www.publix.com/locations/699-northlake-promenade-shoppes>
- 14 Trader Joe's**
Address: 2560 Pga Blvd, Palm Beach Gardens, FL 33410
Phone: (561) 514-6455
Website: <https://locations.traderjoes.com/fl/palm-beach-gardens/>
- 16 Whole Foods Market**
Address: 11701 Lake Victoria Gardens Ave, Palm Beach Gardens, FL 33410
Phone: (561) 691-8550
Website: <http://www.wholefoodsmarket.com/stores/palm-beachgardens>

18 Save A Lot

Address: 3000 Broadway, Riviera Beach, FL 33404

Phone: (561) 881-1212

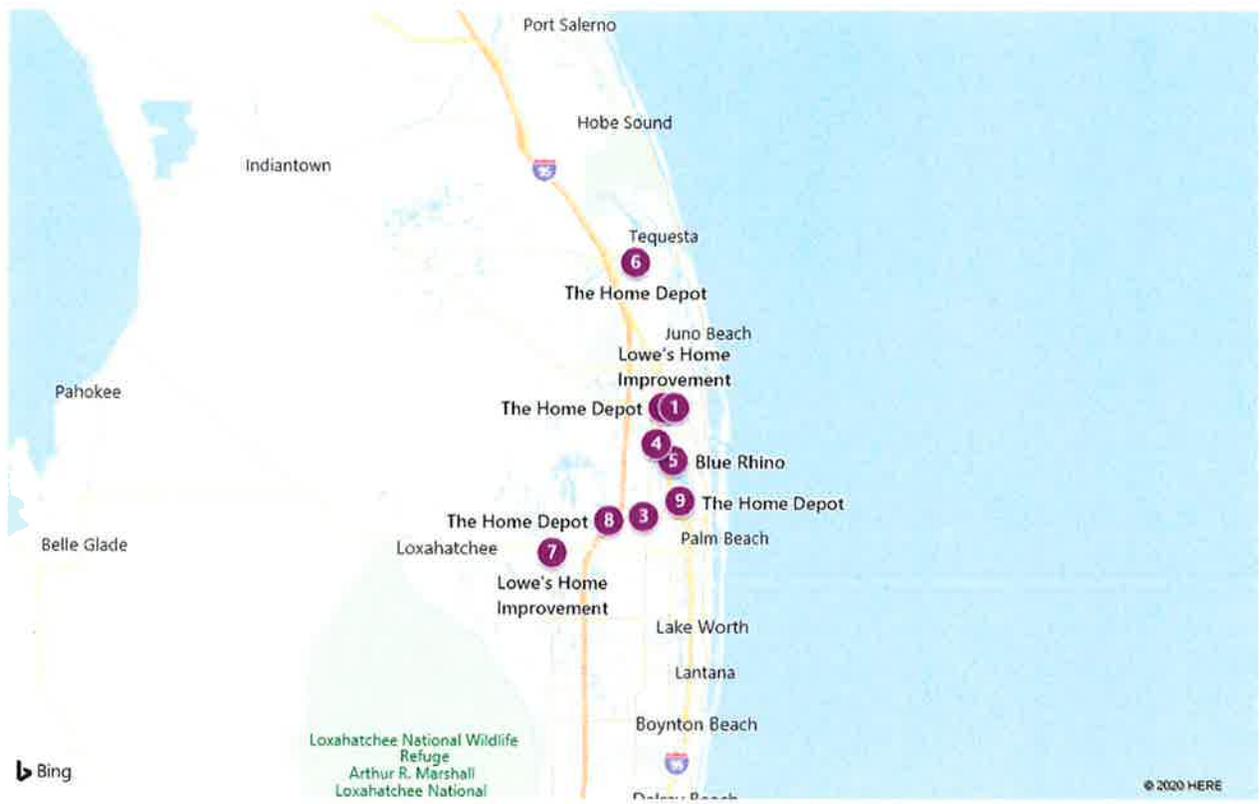
Website: <https://savealot.com/grocery-stores/riviera-beach-33404-130>



**HOME IMPROVEMENT STORES
POWERED BY GENERATORS IN
PALM BEACH COUNTY**

home improvement stores with generators

- 1 Lowe's Home Improvement**
Address: 401 North Congress Avenue, Lake Park, FL 33403
Phone: (561) 207-9037
Website: https://www.lowes.com/store/FL-Lake-Park/1720?cm_mmc=lod_-c_-lcl_-awr_-yxt_-bi_-1720_-na_-0_-0
- 3 Lowe's Home Improvement**
Address: 4701 Okeechobee Boulevard, West Palm Beach, FL 33417
Phone: (561) 471-4828
Website: https://www.lowes.com/store/FL-West-Palm-Beach/1962?cm_mmc=lod_-c_-lcl_-awr_-yxt_-bi_-1962_-na_-0_-0
- 5 Blue Rhino**
Address: 2050 45th St, West Palm Beach, FL 33407
Phone: (866) 216-5042
Website: <https://bluerhino.com/>
- 7 Lowe's Home Improvement**
Address: 103 South State Road 7, Royal Palm Beach, FL 33411
Phone: (561) 795-3808
Website: https://www.lowes.com/store/FL-Royal-Palm-Beach/0654?cm_mmc=lod_-c_-lcl_-awr_-yxt_-bi_-654_-na_-0_-0
- 9 The Home Depot**
Address: 1550 Palm Beach Lakes Blvd, West Palm Beach, FL 33401
Phone: (561) 683-7221
Website: <https://www.homedepot.com/l/E-Palm-Beach-Lakes/FL/West-Palm-Beach/33401/6320>
- 2 The Home Depot**
Address: 3860 Northlake Blvd, Lake Park, FL 33403
Phone: (561) 627-9555
Website: <https://www.homedepot.com/l/Lake-Park/FL/Lake-Park/33403/220>
- 4 Bargain Buddy Supply**
Address: 4170 Westroads Dr Ste 8w, Riviera Beach, FL 33407
Phone: (561) 249-3373
Website: <http://bestsourcesupply.com/>
- 6 The Home Depot**
Address: 1694 W Indiantown Rd, Jupiter, FL 33458
Phone: (561) 747-6561
Website: <https://www.homedepot.com/l/Jupiter/FL/Jupiter/33458/274>
- 8 The Home Depot**
Address: 6800 Okeechobee Blvd, West Palm Beach, FL 33411
Phone: (561) 478-0783
Website: <https://www.homedepot.com/l/W-Palm-Beach/FL/West-Palm-Beach/33411/6330>



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**IMPORTANT INFORMATION
REGARDING THE PALM BEACH
COUNTY SPECIAL NEEDS
SHELTER PROGRAM**



**Department of Public Safety
Division of Emergency Management**

20 South Military Trail
West Palm Beach, FL 33415
(561) 712-6400
FAX: (561) 712-6464
www.pbcgov.com

**Palm Beach County
Board of County
Commissioners**

Melissa McKinlay, Mayor
Mack Bernard, Vice Mayor
Hal R. Valeche
Paulette Burdick
Dave Kerner
Steven L. Abrams
Mary Lou Berger

County Administrator

Verdenia C. Baker

Palm Beach County Special Needs Shelter

With the support of several community partners, Palm Beach County has established a Special Needs Shelter program. This program is intended to address the needs of Palm Beach County's most vulnerable population.

Prior to the arrival of a hurricane, or following a significant disaster, citizens who are registered with the Special Needs Shelter program will be able to shelter at a centrally located facility where they will be under the medical supervision of physicians and registered nurses.

Admittance to these facilities is restricted to the following:

- **Dependence on electric medical devices**
- **Dependence on supplemental oxygen**
- **Certain chronic but stable illnesses that require observation or caregivers**
- **Progressive Alzheimer's or Dementia**

All persons not meeting the above criteria will be referred to their nearest general Population Shelter. If you do not meet the criteria and live in an evacuation zone or mobile home park and are disabled with no other type of transportation you may register with Palm Tran at (561) 649-9839 for the Special Transportation Assistance Program. They will transport you to a General Population Shelter at no charge.

Transportation assistance to the Special Needs Shelter may be requested through the application process. The application process will collect information on your health, along with any assistance you may need with daily living activities.

The Special Needs shelter provides safety, power and medical supervision. You will need to provide for yourself any care you would normally need to remain well. A caregiver must accompany any client requiring direct supervision or assistance.

The shelter will provide three meals a day. If you are on a special diet please bring appropriate food for a minimum of three days.

If you are accepted by the Special Needs Shelter you will be responsible to bring certain items with you to the shelter, including but not limited to medication, supplies, oxygen and/or concentrators to meet your needs in the shelter and during transportation.

Valuables, non-medical electronics, or big items should be left at home, only bring the things that you need most.

A wheelchair height, adjustable back cot is provided for the client, so be sure that your caretaker or companion has their own sleeping arrangements, such as an air mattress or portable cot. Arrangements should be made to take care of any pets, as only service animals will be allowed into the shelter. If you need assistance with your pets, the county operates a pet friendly shelter and may be able to assist you. Information on the pet friendly shelter can be found by calling 561-233-1266.

Be sure to let your family know about your plans for an emergency; such as staying home, staying with relatives or acquaintances, or going to a shelter. ***The Special Needs Shelter is a refuge of last resort, not a medical facility. The shelter has no beds, applicants who cannot sleep on a cot will not be accepted.***

Please make sure the application is completely filled out. Failure to properly complete the application will result in delay of evaluation. If you have any other questions about hurricane preparedness, please do not hesitate by calling our office at the number below.

Regards,



Keith Wall
Special Needs Shelter Coordinator
Palm Beach County Division of Emergency Management
Office: (561) 712-6400 Fax: (561) 712-6464



Palm Beach County Special Needs Shelter

- › **Do you depend on electric medical devices to stay well?**
 - › **Do you depend on supplemental oxygen at least part of the day?**
 - › **Do you have a chronic but stable illness that requires professional observation, or have a full-time caregiver?**
 - › **Do you have progressive Alzheimer's or Dementia?**
-

If so, turn this card around to learn more >>>

The best place to be during a disaster is somewhere safe and comfortable, so plan to shelter at home.

If you live in an *evacuation zone*, plan to travel **minutes** or **miles** away from the danger if ordered to evacuate.

The Special Needs Shelter is available as a last resort when no other options remain.

 **Shelter admission is limited, and based on need. Transportation may be requested.**

Applications for the Special Needs Shelter are accepted electronically at **www.pbcgov.com/dem/sections/operations/scu.htm** by phone, or mail:

**Special Needs Shelter Coordinator
Palm Beach County Emergency Management
20 South Military Trail
West Palm Beach, FL 33415**

Tel (561) 712-6400 | Fax (561) 712-6464



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 food, electricity, and medical supervision will be provided; clients and caregivers must provide supplemental food and all medications for the first three days. The shelter cannot provide the appropriate care to ventilator, and certain other patients. Please see page three for accepted diagnoses.

Please remember: Bed height adjustable back hospital cots are provided for clients. Caregivers must provide their own sleeping arrangements.

Return form to: Special Needs Shelter Program Palm Beach County Division of Emergency Management
20 South Military Trail West Palm Beach, FL 33415 OR Fax 561-712-6464. For more information, call 561-712-6400

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 who 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: _____

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

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"/> Dialysis: (#) ____ days per week	<input type="checkbox"/> I can walk -or- I use: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair/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"/> 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"/> Anxiety <input type="checkbox"/> Autism <input type="checkbox"/> Conduct disorder <input type="checkbox"/> Dementia <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

DIAGNOSIS

Alzheimer's and Dementia	<input type="checkbox"/> Progressive Alzheimer's disease (ALZD) (This requires full time trained caregiver) <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: YES or NO If yes, list: _____

ATTACH MEDICATIONS LIST (list medication name and dose)

Form Completed By: _____ Relationship: _____ Phone: _____

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.

Signature of Patient / Guardian

Date