

SA 1: Functional Needs Populations

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1.0 Introduction

Coordinating Agencies:

- Lewis and Clark County Disaster and Emergency Services (LCCO DES)
- Functional Needs Subcommittee

Cooperating Agencies:

- Elkhorn C.O.A.D.
- Law Enforcement Agencies
- Lewis & Clark Public Health
- St. Peter's Hospital
- Civil Air Patrol
- Capital City Amateur Radio Club (CCRC)/Amateur Radio Emergency Services (ARES)
- Emergency Medical Services (EMS)
- Montana Disaster & Emergency Services (MTDES)
- Montana Department of Public Health & Human Services (MTDPHHS)

1.1 Purpose

This annex provides a framework for supporting populations whose members may have additional needs before, during, and after an incident in functional areas including, but not limited to:

- *Maintaining independence*
- *Communication*
- *Transportation*
- *Supervision*
- *Medical care*

Individuals in need of additional response assistance may include:

- Persons who have challenges due to disability, including, but not limited to,
 - hearing or sight impairment,
 - mobility impairment,
 - mental or developmental disability, or
 - any person declared by a medical doctor or government agency to be disabled.
- Minor children whose parents are not available to care for them.
- Aged citizens who need assistance moving about or with personal care.
- Indigent citizens who lack the basic resources to self-evacuate such as transportation, financial resources and temporary lodging arrangements.
- Persons with limited English proficiency.

Section III: Support Annexes

1.2 Scope

This annex is intended to encompass all public and private institutions housing or supervising Functional Needs Populations (FNP) as well as individuals with Functional needs living independently within the County. However, the content contained herein is broad in scope and not intended to be all encompassing of the challenges in supporting response operations for the County's Functional Needs Population. **Montana State Law 37.106.322 Minimum Standards for All Health Care Facilities: Disaster Plan** sets minimum standards for a range of health care facilities with regards to developing, maintaining and exercising an emergency operation plan. *See Attachment Two for a complete description of this law.*

The term "shelter" used in this annex means any facility established to provide care and assistance to the public during an emergency incident.

1.3 Activation & Plan Maintenance

The FNP Annex may be activated independently or in conjunction with other EOP Annexes, depending on the needs of the situation. The FNP Annex Coordinating and Cooperating Agencies will be responsible for review and revision of this annex.

1.4 Policies

- ❖ When emergencies threaten local populations, local response agencies will respond using all available resources. If necessary, the County Emergency Operations Center (EOC) will be activated to provide resource and information coordination support to Incident operations.
- ❖ As appropriate, the EOC team will attempt to identify and coordinate assistance for any populations in the affected area(s) that may need help. This will be done through the use of the Incident Command System (ICS) organizational structure outlined for the EOC and in conjunction with on-scene Incident Commander(s).

2.0 Situation & Assumptions

2.1 Situation

- ❖ Statistical estimates following Hurricane Katrina suggest that approximately 20% of a jurisdiction's population may be considered "Functional needs". These needs may be related to maintaining independence, communication, transportation, supervision, and medical care and often render these populations especially vulnerable during a disaster.
- ❖ The [National Response Framework](#) has identified the following groups of individuals as those who may have additional needs before, during, or after an incident:
 - ♣ Disabled
 - ♣ Elderly
 - ♣ Children
 - ♣ Mental health issues
 - ♣ Live in institutions
 - ♣ Developmentally challenged
 - ♣ Limited English Proficiency
 - ♣ Transportation disadvantaged

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- ❖ Individuals in the above categories who might need extra assistance during a disaster or emergency are widely-distributed across Lewis & Clark County. They may live independently, in community based/assisted living facilities, in long term care facilities, or may even be homeless.
- ❖ A *Functional Needs Planning Subcommittee* to the LEPC has been formed to address Functional needs planning concerns within the County.
- ❖ Some people may utilize service animals, therefore accommodations for animals must be considered when working on evacuation planning and sheltering.
- ❖ The American Red Cross is not authorized to manage a “Functional Needs Shelter”, but may assist the Elkhorn C.O.A.D. in the establishment and operation of one.
- ❖ There is no “emergency functional needs shelter” currently identified in the County. Evacuees with Functional needs will either have to be managed at existing shelters, transported to assisted living/healthcare facilities, or seek refuge with family or friends. If the number of Functional needs citizens is such that a “functional needs shelter” is needed, the [ESF 6 \(Mass Care\)](#) and [ESF 8 \(Health & Medical\)](#) teams in the EOC should coordinate efforts to find a solution.
- ❖ The community is home to numerous service providers that provide services to residents either in their homes or in facility settings. These service providers maintain client/patient lists, have specially trained staff, specialized equipment, and in some cases, specialized vehicles.
- ❖ The Health Department, American Red Cross, and MTDPHHS maintain various lists of people and agencies that may be able to provide assistance to functional needs populations during an emergency. These lists include professionals such as: medical personnel, interpreters, mental health professionals, and pharmacists.

2.2 Assumptions

- ❖ Up to 20% of an incident’s **affected** population may have functional needs.
- ❖ The largest concentration of the functional needs population in the county that might need extra assistance during a disaster are located in nursing and group homes. The most difficult functional needs citizens to locate are those that live independently. It is highly unlikely, with the possible exception of a long-duration winter storm or earthquake, that the entire county would be affected at one time by a disaster or emergency.
- ❖ It is highly unlikely, with the possible exception of a wide spread winter storm or some cataclysmic event, that the entire county would be affected at one time by a disaster or emergency.
- ❖ Some functional needs populations may not receive, understand, or be able to respond to Public Warning messages.
- ❖ Community resources such as interpreters, health care personnel, and facility managers should make themselves available and provide assistance to members of the community having functional needs.

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- ❖ Many members of the community may evacuate without or may be separated from their care-givers, medical supplies, or specialized equipment (wheelchairs, prescriptions, oxygen, etc.).
- ❖ Emergency incidents may threaten or affect functional needs facilities such as child day care centers, institutions, assisted living facilities etc. These facilities may lack the resources to effectively evacuate without assistance.
- ❖ It is assumed that each functional needs facility or agency has a current emergency action plan that includes procedures/guidelines for evacuation and procurement of emergency transportation and patient care. It is also assumed that facilities take the initiative to train staff and residents and inform families as needed.
- ❖ Functional needs facilities and service providers in the community maintain lists of their residents and clients in the community and will make this information available to emergency response agencies during an emergency or disaster as needed and appropriate.
- ❖ Some of the functional needs individuals in the county that are not living in some type of care facility have family, friends, or neighbors that are aware of their situation and if unable to help them directly during an emergency, would notify authorities about the need for assistance.

3.0 Concept of Operations

3.1 General

- ❖ Functional needs populations will most likely be supported by [ESF 6 \(Mass Care\)](#) and [ESF 8 \(Health & Medical\)](#) resources in the EOC. Local functional needs providers should be contacted to provide an Agency Representative to the EOC for coordination assistance.
- ❖ Due to the critical care required for a functional needs shelter operation, such a shelter should be the last option for the public during an emergency incident. Appropriate options include,
 - ♣ Individual can go to the home of a family member, relative or qualified caregiver.
 - ♣ Individual can be transported to a hospital.
 - ♣ Individual can be transported to a skilled nursing facility, extended care facility, group home, day care facility, or other like facility with appropriate staff and management, or to another facility with available space.
- ❖ Private and NGO (Non-governmental Organizations) entities such as providers of mental health, developmental disabilities, and medical assistance should be requested through the EOC to assist and augment the ARC in the screening and management of shelters.
- ❖ In order to provide for proper care and protect the rights of residents, shelters may organize residents into three or more categories, including,

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- ♣ Residents in need of medical care,
- ♣ Residents who are generally healthy and have no immediate need beyond customary [Mass Care] resources, and
- ♣ Minor children not presently in the custody of their parents (i.e., child day care center evacuees).
- ❖ In the event that residents of any care facility are evacuated to a shelter, staff of that facility should accompany their residents/charges and should bring appropriate resident documentation (i.e., medical charts, etc). Any documentation should be treated as confidential, shared only with qualified medical personnel and must be kept with the person to whom it belongs.
- ❖ Under no circumstances should a person be denied admittance to a functional needs shelter unless that person,
 - ♣ Presents a significant threat to the safety or health of the shelter population, or,
 - ♣ Fails to exhibit a qualifying special need beyond a reasonable doubt.
- ❖ The DES Coordinator should facilitate the ongoing development of additional functional needs planning and strategic development.

3.2 Notifications

- ❖ The Coordinating Agency representative should notify Cooperating Agency representatives as appropriate of EOC activations and request that representatives report to the EOC to coordinate FNP support activities. This is typically accomplished by radio broadcast, digital pager or telephone contact.

3.3 Preparedness

- ❖ Partner with independent living, consumer service, and advocacy organizations to extend outreach to individuals with functional needs to help them plan ahead for sheltering in place or evacuating from their home, school, workplace, or facility.
- ❖ Include members of the public and private sector (including local businesses) in the planning and outreach process, ensuring participation of potentially transportation-dependent populations including older adults, persons with disabilities (including physical, visual, hearing, intellectual, psychiatric, learning, and cognitive disabilities), people living in group situations, and those without access to personal transportation
- ❖ Utilize multiple means of communicating public information and education. Stress the message of personal preparedness through PSAs, outreach materials (brochures, magnets), and through functional needs networks within the community.
- ❖ Conduct *Map Your Neighborhood* trainings.
- ❖ Pre-select accessible mass-care shelter sites to ensure that individuals with mobility limitations are not misdirected to medical shelters unnecessarily and ensure that shelter plans outline how to obtain resources needed to support functional needs shelter residents.

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- ❖ ***Train shelter staff on screening evacuees to identify those that may have functional needs and how to assist them.***
- ❖ Establish mutual aid agreements and memorandums of understanding with local agencies and neighboring jurisdictions that can provide additional resources and assistance.
- ❖ Ensure systems are in place to identify and validate the credentials of volunteers, particularly medical personnel, who volunteer their services during an incident.
- ❖ Plan for developing adequate IT network and database support to facilitate efficient identification and registration of evacuees as well as family reunification.
- ❖ Prepare public information message templates in languages and formats known to be used in the community.
- ❖ Identify facilities that may be used as functional needs shelters.

3.4 Response

- ❖ Agency Representatives report to the EOC as requested.
- ❖ Ensure that messages provide specific information about transportation, evacuation, and shelter locations and any special instructions such as staging or pickup sites and receptions areas.
- ❖ Ensure continuity of critical services.
- ❖ Provide support for those with functional needs in the form of transportation, specialized equipment, medications, and medical supplies and care.
- ❖ Activate agency or facility emergency operations plans.
- ❖ Identify appropriate location for a functional needs shelter and facilitate its proper and timely activation OR provide for functional needs residents at existing shelters.
 - ◆ The **Center for Mental Health**, 900 N. Jackson (443-7151, 24/7) will shelter people with mental health problems.
 - ◆ The **Salvation Army**, 1905 Henderson Ave. (442-8244) and the **Masonic Home**, 2010 Masonic Home Rd. (458-5431) will shelter people with physical functional needs.
- ❖ Provide trained staff as appropriate at the shelter(s). (*Staffing will depend upon local or state resources, and may be requested through MT DES*)
- ❖ Establish and maintain communications between shelters and the EOC to ensure support.
- ❖ Provide timely and accurate public information.
- ❖ Activate family reunification systems, like the [ARC Safe & Well Website](#), as soon as possible.

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3.5 Recovery

- ❖ Develop a Priority Facility Restoration List.
- ❖ Continue to utilize multiple means of communicating public information and education.
- ❖ Ensure the availability of mental and behavioral health professionals.
- ❖ Coordinate with [ESF 14 \(Recovery\)](#) for Individual Assistance.

3.6 Mitigation

- ❖ Coordinate with functional needs facilities and providers.
- ❖ Conduct training & education.
- ❖ Conduct Practice Drills.
- ❖ Convey public information in multiple formats & languages.
- ❖ Form Planning and Response networks.
- ❖ Improve infrastructure.
- ❖ Evaluate shelter accessibility and usability for functional needs populations.

4.0 Organization & Responsibilities

4.1 Organization

Functional needs support should most likely be coordinated through the Emergency Operations Center (EOC). FNP agency and support representatives in the EOC should be organized under the ICS Operations Section either as a stand-alone “Team” or as part of a functional Group depending upon the needs of the incident.

4.2 Responsibilities

Coordinating Agency

- ❖ Assist in identifying personnel and resources to support this Annex.
- ❖ Work with LCCO DES to keep this Annex up-to-date
- ❖ Help LCCO DES maintain a list of functional needs providers, by name, address, telephone number, and if applicable special capabilities, that may assist with emergency operations, when needed.
- ❖ Work with ESFs 6 and 8 in the EOC to address the needs of those residents of the County who have functional needs and may require special assistance following an emergency/disaster
- ❖ Coordinate the activation of Cooperating Agencies in support of emergency operations in the jurisdiction.
- ❖ Provide guidance to ensure access to emergency response and recovery services for functional needs citizens.

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- ❖ Work with ESF 6 and 8 representatives to identify locations of appropriate shelter sites and facilitate proper and timely activation of same.
- ❖ Request outside assistance to support this annex, when required

Cooperating Agencies

❖ Elkhorn C.O.A.D. in conjunction with the American Red Cross

- ♣ Provide customary [Mass Care](#) resources.
- ♣ Request any additional resources as needed to support functional needs populations in community shelters.
- ♣ Set up and operate screening procedures that allows for functional needs triage and results in appropriate organization of residents.
- ♣ Refer individuals that require more services than ARC can provide to Red Cross Disaster Health Services for transfer to an appropriate facility.
- ♣ Conduct essential human services as described in [ESF 6 \(Mass Care\)](#).
- ♣ Coordinate activities with other agencies tasked for shelter operations.
- ♣ Request adequate security to keep the peace, protect rights and safety of residents, and to facilitate release of shelter residents.
- ♣ Help facilitate family reunification.
- ♣ Identify the need for, and request, professional mental health assistance and health services assistance within community shelters.
- ♣ Maintain communications with shelter staff.
- ♣ Maintain communications with EOC personnel. EOC staff should determine method of communications.

❖ Lewis & Clark Public Health

- ♣ The Health Department may provide available personnel to support pre-hospital triage and treatment to victims who are seriously ill, injured, or suffering from chronic illnesses who need evacuation assistance.
- ♣ Support shelter operations by providing public health staff (as available) to assist with shelter nursing and to inspect shelters for sanitary conditions including food and water supplies, waste water and garbage disposal.
- ♣ Access a list of language translation services resources through DPHHS.
- ♣ Assist with the establishment of emergency functional needs shelters.

❖ Montana Department of Public Health & Human Services

- ♣ May support shelter operations by assisting the ARC in coordinating medical care and resources for community shelters.
- ♣ Help ARC by coordinating for nursing staff for triage and medical care and monitoring.

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- ♣ Coordinate other professional medical staff as necessary for effective medical screening and care, including physicians, as necessary.
- ♣ Assist in procurement of pharmacy needs.
- ♣ Maintain a list of language translation services resources.

❖ Emergency Management (DES)

- ♣ Activate the Functional Needs Population annex, based on real or perceived need or possible need. Activities include:
 - ♦ Notifying tasked agencies.
 - ♦ Coordinating with other agencies to determine appropriate shelter location(s).
 - ♦ Activating the Transportation Annex (ESF 1).
 - ♦ Coordinates communications activity between shelter(s) and Emergency Operations Center. (ESF 2)
 - ♦ Insure adequate security is provided for shelter location.
- ♣ Provide for alert and warning of persons located in the affected area.
- ♣ Serve as liaison between local jurisdictions and response agencies and the State for requesting resources when the capabilities of local response agencies are exceeded.
- ♣ Provide for information and resource management support as needed.

❖ Emergency Medical Service (EMS)

- ♣ Assist in transportation of individuals with medical needs.
- ♣ Provide medical services where needed.

❖ Law Enforcement

- ♣ Fulfill tasks under [Evacuation](#) annex.
- ♣ Conduct welfare checks as requested.
- ♣ Coordinate resources to support shelter security operations (as available).
- ♣ Provide transportation for arrested individuals from the shelter.
- ♣ Assure orderly intake operations for persons arriving at the shelter, ensuring that everyone follows intake and triage procedures.

❖ Elkhorn C.O.A.D. in conjunction with the Salvation Army

- ♣ Shelter special needs people in the gym.
- ♣ Provide food/feeding services if needed.
- ♣ Request staffing assistance through the EOC.

❖ Assisted Living/Nursing Home Facilities

- ♣ Assist in transportation of individuals with medical needs.

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- ▲ Coordinate for medical services where needed.
- ▲ Notify the EOC of evacuation status.
- ▲ Notify the EOC of resource availability (buses, kitchens, rooms, beds, etc.)

5.0 Authorities and References

5.1 Authorities

- ❖ See [Section 5.1](#) of Basic Plan.
- ❖ [Americans with Disabilities Act of 1990 \(ADA\)](#).
 - ▲ [42 USC §§ 12131-12134 28 CFR Part 35; Title II - State and Local Government - Part A](#) (state and local government programs, services, and activities)
 - ▲ [An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities](#), U.S. Dept. of Justice, 2006
 - ▲ [ADA Checklist for Emergency Shelters](#), U.S. DOJ, 2007
- ❖ [Civil Rights Act of 1964, Title VI \(Title VI, 42 U.S.C. § 2000d et seq\)](#)
- ❖ [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\), Public Law 104-191](#)
- ❖ [Public Health Service Act, as amended](#)
- ❖ [Rehabilitation Act of 1973, as amended, Section 504](#)
- ❖ [Robert T. Stafford Disaster Relief and Emergency Assistance Act PL 93-288](#), 1988
- ❖ [Social Security Act of 1935, as amended](#)

5.2 References

- ❖ See [Section 5.2](#) of Basic Plan.
- ❖ [A Guide for Local Jurisdictions In Care & Shelter Planning](#), Alameda County Operations Area Emergency Management Organization, 2003.
- ❖ [Centers for Disease Control: Public Health Emergency Response Guide for State, Local, and Tribal Public Health Directors Version 1.0](#), US Dept. of Health & Human Services, October 2004
- ❖ [Comprehensive Preparedness Guide 101: A Guide for All-Hazard Emergency Preparedness Planning](#), FEMA March 2009.
- ❖ [Interim Emergency Management Planning Guide for Functional needs populations](#), CPG 301, FEMA, 2008.
- ❖ [Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters](#), FEMA, 2010
- ❖ [Lewis & Clark County EOP. May 2011. SA 1 – Special Needs Populations](#)

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Attachment 1: Acronyms

Acronym	Meaning
BOR	Bureau of Reclamation
CIKR	Critical Infrastructure & Key Resources
COOP/COG	Continuity of Operations/Government
DES	Disaster And Emergency Services
DNRC	Dept. of Natural Resources & Conservation (Montana)
EAS	Emergency Alert System
EMAC	Emergency Management Assistance Compact
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
IC	Incident Commander
ICP	Incident Command Post
ICS	Incident Command System
IMT	Incident Management Team
JIC	Joint Information Center
LCCO	Lewis & Clark County
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MTDES	Montana Disaster & Emergency Services
NGO	Non Governmental Organization
NIMS	National Incident Management System
NIPP	National Infrastructure Protection Plan
PIO	Public Information Officer
PPLM	Pennsylvania Power & Light Montana
SECC	State Emergency Coordination Center (MTDES)
SOP/SOG	Standard Operating Procedures/Guidelines
C.O.A.D.	Community Organizations Active in Disasters

Attachment 2: Montana State Law

37.106.322 MINIMUM STANDARDS FOR ALL HEALTH CARE FACILITIES: DISASTER PLAN

(1) All health care facilities must develop a written disaster plan as follows: skilled nursing facilities (long-term care), outpatient centers for primary care, outpatient centers for surgical services, critical access hospitals, hospitals, residential hospice facilities, inpatient hospice facilities, and infirmaries must develop a written disaster plan in conjunction with other emergency services in the community;

(b) these procedures must be developed such that they can be followed in the event of a natural or man-caused disaster.

(2) The health care facilities identified in (1) must conduct a review or physical exercise of such procedures at least once a year. After a review or exercise a health care facility shall prepare and retain on file for a minimum of three years a written report including but not limited to the following:

(a) date and time of the review or exercise;

(b) the names of staff involved in the review or exercise;

(c) the names of other health care facilities, if any, which were involved in the review or exercise;

(d) the names of other persons involved in the review or exercise;

(e) a description of all phases of the procedure and suggestions for improvement; and

(f) the signature of the person conducting the review or exercise.

(4) Fire drills must be conducted at all health care facilities.

(a) health care facilities that house patients or residents must conduct at least four fire drills annually, no closer than two months apart, with at least one drill occurring on each shift. Drill observations must be documented and maintained at the facility for at least two years. The documentation must include:

(i) location of the drill;

(v) signature of the individual responsible for the day-to-day operation of the health care facility.

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(3) Adult day care facilities, adult foster care homes, assisted living facilities, chemical dependency treatment centers, end-stage renal dialysis facilities, intermediate care facilities for the developmentally disabled, mental health centers, outdoor behavioral facilities, residential treatment facilities, retirement homes, and specialty mental health facilities must develop a written disaster plan for their facility, and conduct a documented review of the disaster plan with all facility staff annually.

This documentation must be maintained at the facility for a minimum of three years. The disaster plan must include:

(a) plans for remaining at the facility during and subsequent to the disaster. Plans must include such elements as acquisition of additional blankets, water, food, etc.; and

(b) plans for resident evacuation and identification of at least one off-site evacuation point. A written agreement must be maintained in the facility record and updated annually.

(4) Fire drills must be conducted at all health care facilities.

(a) health care facilities that house patients or residents must conduct at least four fire drills annually, no closer than two months apart, with at least one drill occurring on each shift. Drill observations must be documented and maintained at the facility for at least two years. The documentation must include:

(i) location of the drill;

(ii) documentation that identifies participating staff;

(iii) problems identified during the drill;

(iv) steps taken to correct such problems; and

(v) signature of the individual responsible for the day-to-day operation of the health care facility.

History: 50-5-103, MCA; IMP, 50-5-103, 50-5-204, MCA; NEW, 1980 MAR p. 1587, Eff. 6/13/80; TRANS, from DHES, 2002 MAR p. 185; AMD, 2013 MAR p. 2146, Eff. 11/15/13

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Attachment 3: Functional Needs Facilities

Facility	Location/Phone #	Approximate # of Residents	Concern(s)	Comments
Apple Rehab/Cooney	2555 E. Broadway Ave. 447-1651	65	Age, Medical Condition, Cognitive Problems	Generator
Aspen Gardens	9, 11, 13 & 16 Bumble Bee Ct. (4 units) 495-8173	50	About 10 residents are immobile.	Access to a generator, but none on site.
Big Sky Care Center	2475 Winnie Ave. 442-1350	70	Age, Medical Condition,	Generator
Eagles Manor	715 Fee St. 442-0610	140	Independent living. No concerns.	Generator
Hunter's Point	2801 Colonial Dr. 443-4222	115	Age, medical problems	Generator
Masonic Home	2010 Masonic Home Rd. 458-5431	40	Age, medical issues	Generator. Will accept special needs evacuees Usually 15 rooms available.
Renaissance Senior Care	525 Saddle Dr. 449-1258	12	Age, medical	No generator.
Rocky Mtn. Care Center	30 S. Rodney St. 443-5880	50	Age, Medical Condition	Generator
Rosetta Assisted Living	2520 & 2530 Wildwood Lane 449-7587	30 total	Age, medical issues	Generator.
Stuart Homes	812 Abbey St. 442-7970	300	1/3 elderly and/or disabled	No generator.
Touchmark	915 Saddle Dr. 449-4900	180	Age, Medical	Generator. Residents are 90% ambulatory.

[Spreadsheet](#)

[Map](#)