



ROYAL PALM ADULT DAY CARE CENTER

**ACKNOWLEDGMENT OF EVACUATION ASSISTANCE PROGRAM
& COMPREHENSIVE EMERGENCY MANAGEMENT PROGRAM
(CEMP)**

I, _____, acknowledge that during the intake process I was informed of the Local Emergency Management Agency's **Special Needs Registry** for individuals who may require assistance during evacuations or while in emergency shelters due to physical and/or cognitive limitations.

I further acknowledge that Royal Palm Adult Day Care Center, Inc. provides assistance, upon request, to help participants register with the local emergency management agency.

I also acknowledge that I have been informed of, and provided an explanation regarding, the **Comprehensive Emergency Management Program (CEMP)** for Royal Palm Adult Day Care Center, Inc., including emergency procedures, evacuation planning, and sheltering arrangements.

By signing below, I confirm that this information has been explained to me in a manner that I understand and that I have had the opportunity to ask questions.

Acknowledgment & Signature

Participant / Legal Representative Signature: _____

Printed Name: _____

Date: _____

Relationship to Participant (if applicable): _____