SPECIAL NEEDS REGISTRATION FORM

LAST NAME _____ FIRST NAME _____ MIDDLE_____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TODAY'S DATE _____ HOME PHONE _____ EMAIL _____

CELL PHONE_____ TEXT ONLY _____ TTY /VIDEO PHONE _____

SEX _____AGE _____ LANGUAGE_____ RACE_____ DATE OF BIRTH _____

EMERGENCY CONTACT #1 _____ RELATIONSHIP _____

ADDRESS _____ EMAIL _____

HOME PHONE _____ CELL PHONE _____WORK PHONE _____

EMERGENCY CONTACT #2 _____ RELATIONSHIP _____

ADDRESS _____ EMAIL _____

HOME PHONE _____ CELL PHONE _____WORK PHONE _____

- ☐ Lives Alone
- ☐ Lives in Mobile Home
- ☐ Service Animal
- ☐ Pet
- ☐ Requires 24 Hour Care
- ☐ Home Delivered Meals Client
- ☐ Mobility Impaired
  - ☐ Bedridden
  - ☐ Wheelchair
  - ☐ Walker
  - ☐ Cane
- ☐ Medical Electricity Required
  - ☐ Oxygen
  - ☐ Ventilator
  - ☐ Feeding Pump
  - ☐ Dialysis
  - ☐ Other _____
- ☐ Sight Impaired
  - ☐ Blind
  - ☐ Other _____
- ☐ Communication Impairments
  - ☐ Speech Impaired
  - ☐ Hard of Hearing
  - ☐ Deaf
  - ☐ Language Other Than English
  - ☐ Forgetful
- ☐ Diabetes
- ☐ Insulin Dependent
- ☐ Asthma
  - ☐ Inhaler
  - ☐ CPAP
- ☐ Pacemaker
- ☐ Defibrillator

MEDICAL CONDITIONS: _____

PHYSICAL CONDITIONS: _____

MEDICATIONS: _____

ALLERGIES: _____

DEPENDENCIES (medical equipment): _____

OXYGEN PROVIDER: _____ PHONE: _____

HOME HEALTH AGENCY: _____ PHONE: _____

PRIMARY PHYSICIAN: _____ PHONE: _____

PHARMACY: _____ PHONE: _____

OTHER INFO: _____

SPECIAL NEEDS REGISTRATION FORM

MY PERSONAL DISASTER PLAN

Plan for Sheltering at Home

- ☐ I will have all necessary medications and equipment.
- ☐ I will have a list of current medication from my pharmacist.
- ☐ I will have a disaster supplies kit.

Plan for Evacuation

- ☐ Go to a shelter
  Caregiver Name ______________________________ Phone Number ________________
- ☐ Stay with family/friend
  Address_____________________________________ Phone Number ________________
- ☐ Transportation Provided by ____

Do you have a service animal? Yes __ No__

(When bringing a service animal to a shelter, please have identification indicating your need for the animal.)

Do you have a pet? Yes __ No__ If yes, list Type and Size/Weight __________________

My Pet's Disaster Plan ____

____

Information Release

I certify that the above information is correct. I hereby grant permission to New Hanover County Department of Emergency Management and the Senior Resource Center Retired & Senior Volunteer Program and volunteers working under the direction of these agencies to use this information for the following purposes ONLY: (1) to include my name/information in the County Special Needs Registry; and/or (2) to give to emergency response agencies for assistance with evacuation or aid in the event of a disaster or emergency. This information is confidential.

SIGNATURE: ______________________________ DATE: ____________________

GUARDIAN: ______________________________

- -

Report prepared by:

Agency/Organization:_____________________________ Phone:________________________

- -

Please mail form to:

New Hanover County
Special Needs Registry
2222 S. College Road
Wilmington, NC 28403
Questions/Comments: (910) 798-6400

For Office Use Only:
RSVP File #____________
Date of Registration________

****It is your responsibility to verify your contact information with the New Hanover County Senior Resource Center at least annually. If we are unable to reach you, you will be removed from the Special Needs Registry. ****