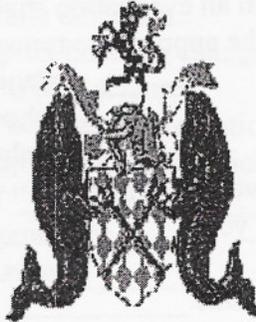


Special Needs

Registry Form

Do you need special medical care during a disaster? Do you need help to evacuate?

Carteret County Emergency Services



If so, you should fill out this form to get the help you need during a disaster.

Special Needs Registry Form

Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____

TTD/TTY: _____

Date of Birth: _____ Age: _____

Physician's Name: _____

Phone: _____

Home Health Care Provider: _____

Phone: _____

Where do you plan to stay during an evacuation?

_____ home Will you be alone? _____yes _____no

_____ with friends/family

_____ emergency shelter

Can you get to an evacuation shelter? _____yes _____no

If no, check the appropriate transportation needed:

_____ standard vehicle (car, van)

_____ wheelchair equipped

_____ ambulance

Will a caregiver accompany you to the shelter?

_____yes _____no

_____ other arrangements: _____

Have you made arrangements for your pets since they are not allowed in evacuation shelters? _____

I certify that the above information is correct to the best of my knowledge. I understand that I am responsible for any expenses associated with medical evacuation and shelter at a hospital, medical facility, or nursing home as well as medical transportation. I grant permission to medical providers, transportation agencies and any others to provide care and disclose any information necessary to respond to my emergency needs. I also give local law enforcement permission to enter my home in case of emergency.

Signed _____ Date _____

Please check all special needs you may have:

_____ legally blind

_____ deaf

_____ terminally ill

_____ contagious disease

_____ bedridden

_____ ambulatory with assistance (walker, cane, wheelchair, etc.)

_____ dialysis (3 or more times per week)

_____ IV fluids or medication

_____ insulin dependent (need assistance)

_____ feeding tube

_____ catheter (other than urinary)

_____ severe respiratory illness

_____ oxygen tank number of hours/day _____

do you have a portable tank _____yes _____no

_____ severe mental handicap

_____ severe mental illness

_____ end-stage Alzheimer's

_____ chronic incontinence

_____ advanced senile dementia

_____ require complex dressing changes

_____ unstable Gran Mal seizures

_____ moderate to severe symptomatic HIV/AIDS

_____ medically dependent on electricity

Equipment: _____

_____ access to a generator

Additional Information _____

Emergency Contact

Name: _____

Relationship: _____

Phone (day) _____ (night) _____

Please mail this completed form to:

Attn: Gretchen Trader
Carteret County Emergency Management
303 Courthouse Square
Beaufort, NC 28516

Applicants will be screened by a member of Carteret County Emergency Management to ensure those with special needs receive care in the appropriate facility during an emergency. Those who are found to have special needs an American Red Cross shelter cannot provide will be contacted and informed of the shelter site to which they should report.

All information provided on this form is voluntary and confidential, however, it may be shared with emergency personnel to facilitate your quick and safe evacuation.

Due to the time required and limited resources to safely evacuate people with special needs, the evacuation process may be executed well in advance of an impending disaster. You must be ready to evacuate when told to do so by emergency officials!! You may call the office to obtain information about items to take with you during evacuation.

If you have questions or need assistance filling out the form, please call 252-728-8470 and ask for Gretchen.

<u>Carteret County Emergency Management Disposition Only</u>
<input type="checkbox"/> Home
<input type="checkbox"/> Facility _____
<input type="checkbox"/> Hospital
<input type="checkbox"/> Transportation Needed _____
Level of Care _____
Shelter Assignment _____
Type of transport _____
Comments _____