

Catawba County Special Needs Registry Application

The purpose of the Catawba County Special Needs Registry is to provide emergency responders with important information from individuals that may require assistance during an emergency, (e.g. hurricane, flood, blizzard, power-outage and/or disease outbreak). This program is voluntary and individuals on the registry may decide whether or not to accept assistance. Completion of this form in no way ensures that the individual completing this form will receive immediate or preferential treatment in an emergency.

Individuals should maintain a personal emergency plan.

Personal Information		PLEASE PRINT CLEARLY	
Date of Application:		<input type="checkbox"/> New Application	<input type="checkbox"/> Update of Previous Application
Last Name	First Name	MI	Date of Birth: Gender:
Street Address	Apt. #	City	Zip
Mailing Address (If different)			City
Street Address			Zip
Name of Subdivision, Mobile Home Park, Apt. Building, etc.:		Primary Phone #:	
Living Situation (check one):		Alternate Phone #:	
<input type="checkbox"/> Live Alone		<input type="checkbox"/> With Spouse/Partner	
<input type="checkbox"/> With Parents		<input type="checkbox"/> With Children	
<input type="checkbox"/> Other		E-mail Address (optional):	
Primary Language:		Do you need the assistance of a translator for English? <input type="checkbox"/> Yes <input type="checkbox"/> No	
For the Hearing Impaired: Do you use sign language: <input type="checkbox"/> Yes <input type="checkbox"/> No TTD/TTY #:			
Medical Information (Check those that apply to your medical condition.)			
<input type="checkbox"/> Hearing/Visual/Speech Impaired (circle one) <input type="checkbox"/> Memory/Mentally Impaired (specify condition) <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Bedridden <input type="checkbox"/> Wheelchair Bound <input type="checkbox"/> Walker or Cane (circle one) <input type="checkbox"/> Weight in excess of 400 pounds <input type="checkbox"/> Bariatric needs <input type="checkbox"/> Ongoing contagious condition (specify) <input type="checkbox"/> Allergies (specify) <input type="checkbox"/> Seizures <input type="checkbox"/> DNR/Living Will (circle one) <input type="checkbox"/> Special Dietary Needs* (specify) *If you require a special diet, be prepared to bring with you the appropriate foods.		<input type="checkbox"/> I.V. Medication <input type="checkbox"/> Injections <input type="checkbox"/> Refrigeration for Medication <input type="checkbox"/> Insulin Dependent <input type="checkbox"/> Wound Care <input type="checkbox"/> Incontinence Supplies <input type="checkbox"/> Ostomy Care <input type="checkbox"/> Suction <input type="checkbox"/> G-tube or NG-tube Feeders (circle one) <input type="checkbox"/> Dialysis <input type="checkbox"/> Portable Oxygen Tank <input type="checkbox"/> Oxygen Concentrator/Ventilator (circle one) <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (check one) <input type="checkbox"/> Sleep Apnea Machine <input type="checkbox"/> Pace Maker/Defibrillator (circle one)	
Any other required or life-sustaining equipment or medication:			
Medication Management: You are strongly encouraged to prepare an emergency kit with necessary medical supplies and to keep in that kit an updated list of necessary medications. For information on preparing an emergency kit, please visit www.Ready.gov or www.RedCross.org .			

Emergency Contact Information		PLEASE PRINT CLEARLY	
In-State Emergency Contact			
Last Name	First Name	Relationship	Phone
Out-of-State Emergency Contact			
Last Name	First Name	Relationship	Phone
Medical Provider Information (Fill in all that apply)			
Physician Name			Phone
Pharmacy Name			Phone
Home Health Care Agency Name (or personal caregiver)			Phone
Respiratory Equipment Provider Name			Phone
Transportation Information	Geographic Location: <input type="checkbox"/> Flood Plain <input type="checkbox"/> Isolated/Difficult to Reach <input type="checkbox"/> Storm Surge Zone <input type="checkbox"/> 10 Mile Nuclear Zone <input type="checkbox"/> Mobile Home		
Can you, a family member or friend provide you with transportation to a shelter in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you need assistance with transportation, check one of the following: <input type="checkbox"/> Able to Ride in Car <input type="checkbox"/> Van with wheelchair lift <input type="checkbox"/> Able to ride Bus/Taxi <input type="checkbox"/> Ambulance required			
Pet Information* : Do you have pets that would require special attention if you were asked to evacuate your home? If so indicate the number of _____ Service Animal _____ Dogs _____ Cats _____ Other (Describe other)_____			
*Pets may not be able to accompany you to the shelter. Individuals are responsible for caring for the needs of an assistance animal, including bringing food and other essential needs to the shelter. Service animals are allowed in shelters but must provide proof of current rabies vaccine.			
Emergency Planning			
In case of an emergency, do you plan to: (Place an X beside the one that applies.)			
1. _____ Stay with family or others?			
2. _____ Stay at home?			
3. _____ Evacuate to an appropriate facility, independently?			
4. _____ Evacuate to an appropriate facility with caregiver?			
Authorization Information			
By signing and submitting this form, I/legal guardian agree that my name be added to the Catawba County Special Needs Registry. In the event of an emergency I hereby authorize the exchange of information between Catawba County Emergency Services and the individuals and agencies listed on this form. I grant emergency responders permission to enter my home following an emergency event or disaster situation, if necessary, to assure my safety and welfare.			
Applicant Signature X _____			Date _____
Authorized Guardian Signature X _____			Date _____
Return Completed Forms to: Catawba County Emergency Services Attn: Special Needs Registry, 100-A SW Blvd., P.O. Box 389, Newton, NC 28658-0389			