



Christian County Special Needs Registry

Last Name		First Name		Middle Initial	
Address		Apt #	City		Zip Code
Phone / TTY			E-Mail:		
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Primary Language:		# of individuals living in the household:			
Primary Physician:		Physician Phone #:			
Pharmacy:		Pharmacy Phone #:			
Emergency Contact:			Phone:		
E-mail:			Relationship:		
Disability Types:					
	<input type="checkbox"/> Visually impaired		<input type="checkbox"/> On Life Support		
	<input type="checkbox"/> Hearing Impaired		<input type="checkbox"/> Bedridden		
	<input type="checkbox"/> Wheelchair		<input type="checkbox"/> Speech impairment		
	<input type="checkbox"/> Ventilator		<input type="checkbox"/> Feeding Tube		
	<input type="checkbox"/> Oxygen				
	<input type="checkbox"/> Require IV				
Have you ever been diagnosed with a mental health problem? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Explain:					
Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		Service Animal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have arrangements for them in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<small>Please be advised that pets may not accompany you to a shelter unless they are a service animal.</small>					
Any Other Medical Conditions:					
Transportation / Evacuation Information (check all that apply)					
<input type="checkbox"/> I will provide my own transportation		<input type="checkbox"/> I need a wheelchair lift equipped vehicle			
<input type="checkbox"/> I am ambulatory with assistance <input type="checkbox"/>		<input type="checkbox"/> I can transfer from a wheelchair to a seat			
<input type="checkbox"/> I am bedridden and require stretcher transport					
Do you: <input type="checkbox"/> Care for yourself or <input type="checkbox"/> regularly have assistance from a caregiver					
Name of Caregiver:				Phone #:	
Address:		City:		Zip:	
Do you have any other comments or suggestions that may assist us in your care during evacuation?					

Release of Information

I _____ on this _____ day of _____ give permission for
_____ to update my information with the Christian County
Care Giver / Agency

Emergency Management Office for the purpose of offering assistance to those who may require additional help after exhausting their usual resources and support network, during the time of a disaster or in an emergency situation. This information will be kept confidential and not shared without the permission of the parties involved.

I grant permission to medical providers and transportation agencies and others as necessary to provide care and disclose any information necessary to respond to my needs. I hereby grant permission for the release of this information to emergency response agencies and preauthorize these agencies to enter my residence for the purpose of emergency search and rescue. I understand my participation in this registry is voluntary and all information maintained will be strictly confidential, used only for emergency purposes and hereby request registration in the Christian County Special Needs Registry. I also understand that I will be responsible for any charges and costs associated with hospital or other medical facility care or medical transportation

The information contained herein is true and correct to the best of my knowledge. I understand that assistance will be provided only for the duration of emergency, and that alternative arrangements should be made in advance in case I am not able to return to my home. I understand, based on the information I have provided that I may or may not be assigned to a special needs unit based on the criteria stated in the information I provided. I understand that I am responsible for assisting in the provision of any prescription medications, oxygen supplies, medical equipment, and dietary items I may require during the emergency.

Signature

Date

Caregiver: _____ Date: _____ (if registrant is unable to sign)

Relationship to Registrant (if any):