Cherokee County Special Needs Registry Application

The Special Needs Registry provides vital information to emergency responders in the event of a 9-1-1 call and/or during a widespread disaster (e.g. hurricane, flood, blizzard, power outage, disease outbreak). This program is voluntary and individuals on the registry have the option to accept or deny assistance. Completion of this form in no way guarantees that the registered individual will receive immediate or preferential treatment in a disaster.
Individuals should maintain a personal emergency plan.

Personal Information **PLEASE PRINT CLEARLY**

Date of Application: New Application Update of Previous Application

Last Name:	First Name:	MI:	Date of Birth:	Gender:

Street Address:	City:	Zip:
Mailing Address (if different):	City:	Zip:
Primary Phone:	Alternate Phone:	Email Address (optional):

Name of Subdivision, Mobile Home Park, Apartment Building, etc:

Living Situation (**circle one**): Live Alone With Spouse/Partner With Children With Parents Other
If other (Explain)

For the Deaf & Hard of Hearing: Do you use sign language? **Circle One**: YES No, if no list CapTel/VP/TTY#:	Primary Language:

Medical Information (Check those that apply to your medical condition.)

- o Deaf/Hard of Hearing
- o Asthma, Emphysema, or COPD
- o Visually Impaired
- o Seizures
- o Speech Impaired
- o Memory Impaired (**Specify Condition**):
- o Developmentally Disabled
- o Mental Health Condition
- o Ongoing contagious condition (**Specify Condition**):
- o Confined to Bed
- o Wheelchair Required
- o Ostomy Care
- o Weight in excess of 400 pounds
- o G-tube Feeders
- o Dialysis
- o Insulin Dependent
- o I.V. Medication
- o Walker
- o Incontinence Supplies
- o Refrigeration for Medication
- o Special Dietary Needs (explain)
- o Portable Oxygen Machine
- o Oxygen Concentrator or Ventilator
  - o Continuous
  - o Intermittent
- o Other(explain)

*if you require special diet and must go to a shelter be prepared- pack and bring with you the appropriate food.

Any other required or life-sustaining equipment or medication:

Medication Management: You are strongly encouraged to complete a "Vial of Life" form listing all medications. If the form is not attached, please contact the local **American Red Cross at 828-258-3888** for more information.

Emergency Contact Information

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: Phone:

Personal Caregiver: Phone:

Respiratory Equipment Provider (if applicable): Phone:

Shelter Information:

Can you, a family member or friend provide you with transportation to a shelter in an emergency?
Circle One: Yes No

If you need assistance with transportation, circle one of the following:

Automobile Van with wheelchair lift Bus Medical transport required

***Pet Information**:

Do you have pets that would require special attention if you were asked to evacuate you home? If so indicate the number of :

_____Dogs _____Service Animals _____Cats _____Other (Describe):

*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. Pets may not be able to accompany you to the shelter.

Emergency Planning

In case of an emergency, do you plan to (place an X for 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/submitting this form, I/Legal Guardian agree that my name be added to the Cherokee County Special Needs Registry. In the event of an emergency I hereby authorize the exchange of information between Cherokee 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: **Date**:

Authorized Guardian Signature: **Date**:

Return Completed Forms to: Attn. Special Needs Emergency Management Services of Cherokee Co.

59 Hiwassee Street, Suite 105 Murphy, NC 28906 – Questions Contact Cherokee Co. EM 828-837-7352.