

Orange County Disaster Special Needs Registry Application for Registration

The Special Needs Registry is a database containing information about individuals in Orange County with special needs who may require assistance in the event of a disaster.

Attached is an application for registration in the Orange County Special Needs Registry. This program has been developed to assist Orange County in responding to the community in the event of a disaster. The Special Needs Registry serves those who do not need hospital care but require special assistance.

In the event of a disaster or the potential for a disaster the information that you provide in this application may be used to:

- establish contact with you to assess your situation and provide you with information you may need in order to prepare for or respond to a disaster;
- direct you toward the facility or shelter which is most suited to meet your needs in the event you are unable to remain home, or to make other arrangements for your care and safety;
- assist emergency services personnel and volunteers in providing services.

Who may be registered?

Eligibility for the Registry is determined on a case-by-case basis. Generally, those eligible do not require hospital care but need assistance that cannot be provided by public shelter staff. This may also include individuals who are homebound. Examples of individuals with special needs may include:

- *People with minor health or medical conditions which require observation and monitoring that have been ordered by a physician;
- *People with contagious health conditions requiring minimal precautions or isolation which cannot be handled by general public shelter staff;
- *People with chronic conditions requiring assistance with activities of daily living, but not requiring hospitalization;
- *People requiring medication and vital sign monitoring with professional assistance;
- *People with mental health or developmental problems that cannot be handled by general public shelter staff.

Participation in the Special Needs Registry is Voluntary. No one is required to participate. You will be included in the Registry **ONLY** with your permission.

Applying for the Registry does not guarantee that you will be included. Each application will be screened. Only those individuals who meet the criteria will be placed on the Registry. You will be notified whether or not you are included in the Registry within 45 days of receiving your application.

The Registry is designed as a means to contact individuals with special needs and help them get assistance during a disaster. Individuals on the registry decide whether or not to accept assistance and/or remain responsible for themselves in the event of an emergency.

NOTE: If there are specific medical concerns or additional information required based on your application, you may be contacted by a representative of the Orange County Health Department.

Submit a completed application to:

**Orange County Department of Social Services
P.O. Box 8181
Hillsborough, NC 27278**

Conditions and Release of Information

Name of Applicant: _____

Agency assisting in application (if applicable) _____

Please read and initial each of following. Refusal to sign does not mean you will not be placed on the Registry. It may, however, affect our ability to process this application **and** our ability to assist you.

(initial) I am completing and submitting this application of my own free will.

(initial) (If applicable) I authorize the agency listed above to obtain the information requested on this application and to release it to the Orange County Special Needs Registry.

(initial) In the event of an emergency, I authorize the Orange County Special Needs Registry to release this information to other emergency response personnel, human service agencies, officials, or those they deem necessary.

(initial) I give local law enforcement and emergency services personnel permission to enter my home in the event of an emergency.

(initial) I authorize the contact of the person(s) I have listed herein as my emergency contact in the event of an emergency.

(initial) I recognize that completion of this application does not guarantee my placement in the Special Needs Registry, and that even if I am placed on the registry, I remain responsible for myself in the event of a disaster.

(initial) I certify that the above information is correct. I understand that I am responsible for all expenses associated with medical evacuation and shelter at a hospital.

Applicant Signature or _____
Authorized Representative or Agency

Witness Date
(Necessary only if applicant signs with an "X")

Orange County Disaster Special Needs Registry Application

Applicant Information:

Name: _____

DOB/Age: _____ Social Security Number: _____

Home Address: _____

Directions: _____

Mailing Address: (if different)

Telephone: _____

For the hearing impaired: TTD/TTY _____yes _____no

If yes, TTD/TTY Phone Number: _____

Emergency Information:

Emergency contact person:

Name/Relationship: _____

Address: _____

Telephone: (area code) Home: _____ **Work:** _____

1. Can you get to a shelter on your own? _____ yes _____ no

If no, check the kind of transportation needed:

_____ standard vehicle (car, bus) _____ ambulance _____ wheelchair equipped

2. If you went to a shelter, do you have a caretaker who would go with you?

_____ yes _____ no

3. Do you have household pets? _____yes _____no Describe_____

***Please note: Pets would not be able to accompany you to the shelter.**

4. Place a (✓) mark in the blank if you **have** the items below and would need to take them with you if evacuating:

Place a (✗) mark in the blank if you would need the item or service but **do not** have it or **cannot** take it with you:

_____Respiratory Units

_____Hearing devices

_____Wheelchair

_____Walker

_____Cane

_____Visual Devices

_____Refrigeration for medicine

_____Sign-language interpreter

_____Glucometer

(Type: _____)

5. Please use the space below for additional information or needs not listed above.

***Please note: Complete this information about your caretaker. Your caretaker must accompany you to the shelter in the event of a disaster or the potential for a disaster.**

Name: _____

Address: _____

Telephone Number: (area code) Home: _____ **Work:** _____

Functional Needs:

What is your disability? _____

(See attached **Body Systems Guide Sheet for Clarification of Medical Needs by Body Systems**)

Please check each of the following that applies to your functional needs:

- _____ Self-ambulatory
- _____ Bedridden
- _____ Catheter
- _____ Ambulatory with assistance: Type of assist needed _____
- _____ Dialysis: #times/weekly & facility _____
- _____ Independent with ADL's: (bathing, dressing, toileting, etc.)
- _____ Require assistance with ADL's: Type of assistance needed _____
- _____ Oxygen dependent
- _____ Use a wheelchair
- _____ Feeding tube
- _____ I.V.

Please complete the following with regard to oxygen use:

Do you rely on electricity? _____ yes _____ no

Do you have?

- _____ Battery back up
- _____ Home generator
- _____ Cylinders: Do you have spare cylinders? _____

Who is your oxygen provider?

Name: _____

Telephone: _____

Do you need an assistance animal? _____ yes _____ no

If yes, please describe: _____

Please describe accommodation(s) for an assistance animal:

***Please Note: Individuals are responsible for caring for the needs of an assistance animal, including bringing food and other essential needs to a shelter.**

Please describe any other functional needs which you may have that are not described above: _____

Additional Information:

Primary Physician:

Name/Practice Name: _____

Address: _____

Telephone: _____

Pharmacy Name: _____

Telephone Number: _____

List Your Medication(s), dosage, how often taken:

Do you have health insurance? ____ yes ____ no Type? _____

Medicaid # _____ Medicare # _____

If you had to be taken to a hospital, providing that conditions would allow a choice of facilities, what hospital do you prefer? _____

Please read and initial the following: ____ I understand that in the event of a medical emergency every effort will be made to transport me to the facility of my choice, however, at the discretion of those assisting me I may be taken to the facility deemed most appropriate.

***Please Note: If you require a special diet, pack and bring with you the appropriate foods.**

Disaster Planning:

In case of a disaster, do you plan to? (Check one)

1. ____ Stay with family or others. Please give the name, address, telephone number and relationship of the person you plan to stay with during emergencies.

2. ____ Stay at home.

3. ____ Evacuate to an appropriate facility.

____ or _____
Applicant Signature Authorized Representative or Agency

Witness Date
(Necessary only if applicant signs with a "X")

****Return the Release of Information Sheet and the Application to the Contact Person****