

Edgecombe County Special Needs Registration Form

Date of Application

Personal Information

Last Name	First Name	Middle Initial	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (include city, state and zip code)			Home Phone	Cellular Phone
Email			TTY/Video Phone	Alternate Phone
Living Situation <input type="checkbox"/> Alone <input type="checkbox"/> With Spouse <input type="checkbox"/> Other	Residence Type <input type="checkbox"/> Private Home <input type="checkbox"/> Apt./Condo <input type="checkbox"/> Mobile Home	Race/Ethnic Group <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic		Language <input type="checkbox"/> Arabic <input type="checkbox"/> French <input type="checkbox"/> Korean <input type="checkbox"/> Tagalong <input type="checkbox"/> Chinese <input type="checkbox"/> German <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese <input type="checkbox"/> English <input type="checkbox"/> Italian <input type="checkbox"/> Spanish

Emergency Contacts

Primary Emergency Contact	Relationship	Home Phone	Work Phone	Cellular Phone
Address (include city, state and zip code)		Email Address		
Secondary Emergency Contact	Relationship	Home Phone	Work Phone	Cellular Phone
Address (include city, state and zip code)		Email Address		

Medical Information

<input type="checkbox"/> Requires 24-hr Care Requires Life-Sustaining Equipment <input type="checkbox"/> Oxygen <input type="checkbox"/> Ventilator <input type="checkbox"/> Feeding Pump <input type="checkbox"/> Dialysis <input type="checkbox"/> Suction <input type="checkbox"/> Nebulizer <input type="checkbox"/> Other (Describe Below)	Communication Impairments <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Deaf <input type="checkbox"/> Forgetful
Requires Life-sustaining Medication <input type="checkbox"/> Cardiac <input type="checkbox"/> Respiratory <input type="checkbox"/> Diabetes <input type="checkbox"/> Other (Describe Below)	Sight Impairments <input type="checkbox"/> Blind <input type="checkbox"/> Other (Describe Below)
Mobility Impairments <input type="checkbox"/> Bedridden <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane	<input type="checkbox"/> Cardiac History (Describe Below) <input type="checkbox"/> Respiratory History (Describe Below)

Dependencies	Food Allergies
Physical Conditions	Drug Allergies
Medical Conditions	Other Medical Notes

Medical Providers

Oxygen Provider	Phone	Home Health Agency	Phone
Primary Physician	Phone	Pharmacy	Phone

**Edgecombe County
Special Needs Registration Form
PERSONAL DISASTER PLAN**

I will have a caregiver. Caregiver Name _____
Relationship _____ Phone Number _____

I will evacuate/shelter with family/friend. Family/Friend Name _____
Relationship _____ Phone Number _____
Address _____

- My transportation will be provided by _____
 I will have all necessary medications and equipment.
 I will have a list of current medications from my pharmacist. I will have a disaster supplies kit.

MY PET'S DISASTER PLAN

Do you have a pet? Yes ___ No___ If yes, list Type, Size/Weight _____

My Pet's Disaster Plan _____

Do you have a service animal? Yes ___ No___

*When bringing a service animal to a shelter, please have identification indicating your need for the animal.

Information Release

I certify that the above information is correct. I hereby grant permission to Edgecombe County Emergency Services and the Edgecombe County Office of Aging & Senior Volunteer Program **and volunteers working under the direction of these agencies** to use this information for the following purposes ONLY: (1) to include my name/information in the County Special Needs Registry; and/or (2) to give to emergency response agencies for assistance with evacuation or aid in the event of a disaster or emergency. **Please attach a picture for identification purposes.** This information is confidential.

SIGNATURE: _____ DATE: _____

GUARDIAN: _____

Report prepared by:

Agency/Organization: _____ Phone: _____

Please mail form to:

Edgecombe County Emergency Services
Special Needs Registry
P.O. Box 10
Tarboro NC 27886

For Office Use Only:

RSVP File #
Date of Registration:

Questions/Comments: (252) 641-7806 or (252) 641-7816 Email: EmergencyServices@edgecombeco.com

****It is your responsibility to verify your contact information with the Edgecombe County Office of Aging or Edgecombe County Emergency Services at least annually. If we are unable to reach you, you will be removed from the Special Needs Registry. ****

**** Citizens utilize the services of the Special Needs Registry at their own discretion. The Special Needs Registry, Health Care Facilities, and Adult Care Homes, acting in good faith, are permitted to waive certain rules in order to provide temporary shelter or services during disasters and emergencies. Temporary sheltering facilities, and The Special Needs Registry aren't liable for providing care. A personal caregiver is required during the period of temporary placement. ****

**Get Ready, Get Set to Go and Be Safe.
Special Needs Shelter Kit Checklist**

In an emergency evacuation, if you have a medical condition that requires basic medical assistance and monitoring, but does not require hospitalization, a Special Needs Shelter may be appropriate for you. Preregistration is important and encouraged, to ensure that you are ready for evacuation and sheltering in the event of an emergency in Edgecombe County. Family members and caregivers are encouraged to accompany you. Use this checklist to help you prepare a Special Needs Shelter Kit that will make your stay as comfortable as possible.

PLEASE KEEP THIS CHECKLIST WITH YOUR IMPORTANT PAPERS. DO NOT RETURN IT TO US.

Medical Supplies and Equipment	Bedding for Caregiver
<input type="checkbox"/> Batteries and/or chargers for electric wheelchair or scooter. <input type="checkbox"/> Cane or walker <input type="checkbox"/> Catheter Supplies <input type="checkbox"/> Diabetes equipment (Glucose meter w/supplies, Insulin w/syringes, Sharps container) <input type="checkbox"/> Documentation of medical information (Including provider contact information) <input type="checkbox"/> First-aid kit <input type="checkbox"/> List of current MEDS and at least a 7-day supply of them <input type="checkbox"/> Nebulizers if needed <input type="checkbox"/> Oxygen supplies and spare Oxygen tanks <input type="checkbox"/> Repair kit for electric wheelchair or scooter <input type="checkbox"/> Wound care supplies	<input type="checkbox"/> For caregiver or family member(s) <input type="checkbox"/> Air mattress or cot and bedding <input type="checkbox"/> Lawn/lounge chair
	Bedding for special needs client
	<input type="checkbox"/> Bedding <input type="checkbox"/> Lawn/lounge chair
	Personal Items
	<input type="checkbox"/> Body wipes <input type="checkbox"/> Brush/comb <input type="checkbox"/> Deodorant <input type="checkbox"/> Entertainment items <ul style="list-style-type: none"> <input type="checkbox"/> Books/Magazines <input type="checkbox"/> Portable radio/CD player <input type="checkbox"/> Headphones <input type="checkbox"/> Toys/cards/games <input type="checkbox"/> ID with current address <input type="checkbox"/> Important papers <input type="checkbox"/> Personnel hygiene supplies(soap/shampoo, toothpaste/toothbrush, washcloths, towels) <input type="checkbox"/> Undergarments/ socks <input type="checkbox"/> Shoes <input type="checkbox"/> Incontinence supplies
Food Items (Meals are provided at the Shelter)	
<input type="checkbox"/> Non-perishable dietary items <input type="checkbox"/> Snacks/ other comfort foods <input type="checkbox"/> Special dietary foods, if required	
Equipment	
<input type="checkbox"/> Alternate communication devices (portable TTY, dry-erase board or writing tablet with pens, pencils or markers) <input type="checkbox"/> Cell phone and charger <input type="checkbox"/> Extra batteries <input type="checkbox"/> Flashlight <input type="checkbox"/> Radio <input type="checkbox"/> Phone/tablet chargers	
Personal Equipment	
<input type="checkbox"/> Dentures <input type="checkbox"/> Eyeglasses/dark glasses if required <input type="checkbox"/> Hearing aids and extra batteries <input type="checkbox"/> Any other safety equipment that you feel you may need	
	Infant Care Items
	<input type="checkbox"/> Baby Wipes <input type="checkbox"/> Diapers <input type="checkbox"/> Formula/food <input type="checkbox"/> Small plastic bags
	Service Animal Supplies
	<input type="checkbox"/> Food and medicine <input type="checkbox"/> Plastic bags, disposable gloves and other supplies <input type="checkbox"/> Toys <input type="checkbox"/> Service animal ID paperwork




Edgecombe County Emergency Services
P.O. Box 10
201 Saint Andrew Street
Tarboro NC 27886

Updated: October 2017

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<p align="center">Medical Supplies and Equipment</p>	<p align="center">Bedding for Caregiver</p>
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<p align="center">Food Items (Meals are provided at the Shelter)</p>	<p align="center">Bedding for special needs client</p>
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<p align="center">Equipment</p>	<p align="center">Personal Items</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Alternate communication devices (portable TTY, dry-erase board or writing tablet with pens, pencils or markers) <input type="checkbox"/> Cell phone and charger <input type="checkbox"/> Extra batteries <input type="checkbox"/> Flashlight <input type="checkbox"/> Radio <input type="checkbox"/> Phone/tablet chargers 	<ul style="list-style-type: none"> <input type="checkbox"/> Body wipes <input type="checkbox"/> Brush/comb <input type="checkbox"/> Deodorant <input type="checkbox"/> Entertainment items <ul style="list-style-type: none"> <input type="checkbox"/> Books/Magazines <input type="checkbox"/> Portable radio/CD player <input type="checkbox"/> Headphones <input type="checkbox"/> Toys/cards/games <input type="checkbox"/> ID with current address <input type="checkbox"/> Important papers <input type="checkbox"/> Personnel hygiene supplies(soap/shampoo, toothpaste/toothbrush, washcloths, towels) <input type="checkbox"/> Undergarments/ socks <input type="checkbox"/> Shoes <input type="checkbox"/> Incontinence supplies
<p align="center">Personal Equipment</p>	<p align="center">Infant Care Items</p>
<ul style="list-style-type: none"> <input type="checkbox"/> Dentures <input type="checkbox"/> Eyeglasses/dark glasses if required <input type="checkbox"/> Hearing aids and extra batteries <input type="checkbox"/> Any other safety equipment that you feel you may need 	<ul style="list-style-type: none"> <input type="checkbox"/> Baby Wipes <input type="checkbox"/> Diapers <input type="checkbox"/> Formula/food <input type="checkbox"/> Small plastic bags
	<p align="center">Edgecombe County Emergency Services P.O. Box 10 201 Saint Andrew Street Tarboro NC 27886</p> <p align="center"><i>Updated: October 2017</i></p>



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