

Special Medical Needs Voluntary Registration

(Return this form to: Dare Co. DSS, P O box 669, Manteo, NC 27954)

DSS / HD USE ONLY
Level

Name: _____ Date of Birth: _____

Physical Address: _____

City: _____ Zip: _____ Phone: _____

Directions to Home: _____

Mailing Address: _____

If married, name of spouse: _____ Is Spouse Registered? _____

Caregiver: _____ Phone(h): _____ Phone(w): _____

You must provide the name and phone number of an emergency contact who will always know where you are. This person should live in your area and must be aware that you have listed them as your contact! Name: _____ Phone # : _____

Do you need assistance with emergency planning and/or evacuating? _____ Yes _____ No

What is your primary disaster plan?

- _____ 1. Stay with family or others. Provide name, address, phone: _____
- _____ 2. Stay at home. Do you have a generator? _____ Yes _____ No
- _____ 3. Evacuate to a shelter.
- _____ 4. Undecided.

Do you have transportation to a shelter or to the place you will be staying? _____ Yes _____ No

Can you sit up and ride in a car or van? _____ Yes _____ No

Do you need a wheelchair lift? _____ Yes _____ No

Do you require an ambulance for transportation? _____ Yes _____ No

Are you receiving home health or assistance at home from any agency or program? _____ Yes _____ No

If yes, name of agency: _____

Please check all that apply:

- Blind, hearing or speech impaired _____
- Special diet (type) _____
- Alzheimer's Disease _____
- Seizures _____
- Heart condition / Stroke _____
- Paralysis _____
- Severe arthritis _____
- Contagious disease _____
- Terminal illness _____
- Mental illness (specify) _____
- Other special condition _____
- High-risk pregnancy? _____
- Due date? _____

I require: (provide details)

- Oxygen _____
- Respirator _____
- Dialysis _____
- I.V. Medication _____
- Electricity _____
- Catheter _____
- Walker, cane _____
- Wheelchair _____
- Bedridden _____
- Help to eat _____
- Help to toilet _____

I certify that the above information is correct. I hereby authorize Dare County management to release, use or disclose this information to other emergency response or human service agencies or officials. I also give law enforcement permission to enter my home in case of an emergency. I understand that I have the right to revoke this permission by notifying Dare County Emergency Management and asking that my name be removed from the special needs registry.

Signature _____ Date _____ Parcel No. _____