Special Needs Registration Form

Date of Application

Personal Information

Last Name	First Name	Middle Initial	Date of Birth	Sex ☐ Male ☐ Female
Address (include city, state and zip code)			Home Phone	Cellular Phone
Email		Brunswick EPZ ☐ Yes ☐ No ☐ Zone K ☐ Zone L	TTY/Video Phone	Alternate Phone

Living Situation	Residence Type	Race/Ethnic Group	Language
☐ Alone ☐ With Spouse ☐ Other	☐ Private Home ☐ Apt./Condo ☐ Mobile Home	☐ African American ☐ Asian/Pacific Islander ☐ Caucasian ☐ American Indian ☐ Hispanic	☐ Arabic ☐ French ☐ Korean ☐ Tagalong ☐ Chinese ☐ German ☐ Russian ☐ Vietnamese ☐ English ☐ Italian ☐ 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

☐ Requires 24-hr Care

Requires Life-Sustaining Equipment

☐ Oxygen ☐ Ventilator ☐ Feeding Pump ☐ Dialysis
☐ Suction ☐ Nebulizer ☐ Other (Describe Below)

Requires Life-sustaining Medication

☐ Cardiac ☐ Respiratory ☐ Diabetes ☐ Other (Describe Below)

Mobility Impairments

☐ Bedridden ☐ Wheelchair ☐ Walker ☐ Cane

Communication Impairments

☐ Speech Impaired ☐ Hard of Hearing
☐ Deaf ☐ Forgetful

Sight Impairments

☐ Blind ☐ Other (Describe Below)

☐ Cardiac History (Describe Below)
☐ Respiratory History (Describe Below)

Dependencies	Medications
Physical Conditions	Allergies
Medical Conditions	Other Medical Notes

Medical Providers

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

Special Needs Registration Form

MY 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 New Hanover County Department of Emergency Management and the Senior Resource Center Retired & 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. This information is confidential.

SIGNATURE: ____________________________________ DATE: ___________________

GUARDIAN: ____________________________________

- -

Report prepared by:

Agency/Organization:__________________________________ Phone:______________________

- -

Please mail form to:
Special Needs Registry
2222 S. College Road

Wilmington, NC 28403
Questions/Comments: (910) 798-6400

For Office Use Only:
RSVP File #
Date of Registration

****It is your responsibility to verify your contact information with the New Hanover County Senior Resource Center at least annually. If we are unable to reach you, you will be removed from the Special Needs Registry. ****

Updated: May 2015