

## New Hanover 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			Brunswick EPZ <input type="checkbox"/> Yes <input type="checkbox"/> No		TTY/Video Phone	Alternate Phone	
			<input type="checkbox"/> Zone K <input type="checkbox"/> Zone L				
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"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian		Language <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Italian <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalong <input type="checkbox"/> Vietnamese	

### 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 <b>Requires Life-Sustaining Equipment</b> <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) <b>Requires Life-sustaining Medication</b> <input type="checkbox"/> Cardiac <input type="checkbox"/> Respiratory <input type="checkbox"/> Diabetes <input type="checkbox"/> Other (Describe Below) <b>Mobility Impairments</b> <input type="checkbox"/> Bedridden <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Cane	<b>Communication Impairments</b> <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Deaf <input type="checkbox"/> Forgetful <b>Sight Impairments</b> <input type="checkbox"/> Blind <input type="checkbox"/> Other (Describe Below) <input type="checkbox"/> Cardiac History (Describe Below) <input type="checkbox"/> Respiratory History (Describe Below)
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Dependencies	Medications
Physical Conditions	Allergies
Medical Conditions	Other Medical Notes

### Medical Providers

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

**New Hanover County  
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:**

New Hanover County  
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. \*\***

**\*\*Citizens utilize the services of the Special Needs Registry & IC3 at their own discretion. The Special Needs Registry, IC3, 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, IC3, and The Special Needs Registry aren't liable for providing care. A personal caregiver is required during the period of temporary placement.\*\***