New Hanover County
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
☐ Alone ☐ With Spouse ☐ Other

Residence Type
☐ Private ☐ Apt./Condo ☐ Mobile

Race/Ethnic Group
☐ African American ☐ Asian/Pacific Islander ☐ Caucasian ☐ American Indian ☐ Hispanic

Language
☐ 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

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MY PERSONAL DISASTER PLAN

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

☐ I will evacuate/shelter with family/friend.
Relationship _____
Family/Friend Name _____
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.****

Updated: October 2016