NEW HANOVER COUNTY
CONFIDENTIAL - SPECIAL NEEDS REGISTRY

Please mail your completed registration form to:
2222 S. College Rd., Wilmington, NC 28403
P: (910) 798-6400 | SRC.NHCgov.com

Date of Application:

The Special Needs Registry is a resource to assist residents who have physical, medical or functional disabilities that would place them at higher risk during an emergency event. It is NOT intended for residents who live in long-term care facilities, residential treatment facilities, or those in the care of a home health agency. These providers are required by law to take care of their clients in the event of an emergency. Individuals on the registry will be contacted by a trained volunteer 36 to 72 hours before an emergency situation is expected to affect our area. The volunteer will review your Personal Disaster Plan and notify the Special Needs Task Force if additional assistance is needed.

Personal Information

Last Name:	First Name:	Middle Initial:
Date of Birth:	Sex: ☐ Male ☐ Female	
Address:		Suite/Apt:
City:	Zip:	Email:
Home Ph:	Alt. Ph:	TTY/Video:

Living Arrangements:	Residence Type:	Do you live within 10 miles of the Brunswick Nuclear Plant? ☐ Yes ☐ No
☐ Alone	☐ Private Home	☐ Zone 10 (Carolina Beach/Federal Point)
☐ With Spouse	☐ Mobile Home	☐ Zone 11 (Kure Beach/Fort Fisher)
☐ Other _____	☐ Apartment/Condo	

Race/Ethnic Group:		Language:			
☐ African American	☐ Caucasian	☐ Arabic	☐ French	☐ Korean	☐ Tagalong
☐ American Indian	☐ Hispanic	☐ Chinese	☐ German	☐ Russian	☐ Vietnamese
☐ Asian/Pacific Islander		☐ English	☐ Italian	☐ Spanish	

Emergency Contact Information

Primary Contact:		**Relationship:**
Home Phone:	**Cell Phone:**	
Work Phone:	**Email:**	
Address:		
City:	**State:**	**Zip:**

Secondary Contact:		**Relationship:**
Home Phone:	**Cell Phone:**	
Work Phone:	**Email:**	
Address:		
City:	**State:**	**Zip:**

Medical Information

Does the applicant require 24-hour care?

☐ Yes ☐ No

Does the applicant have a history of:

☐ Cardiac (heart) problems? ☐ Respiratory (breathing) problems?
(If the individual has history of either, please describe below.)

Life-Sustaining Equipment Required:

☐ Oxygen ☐ Feeding Pump
☐ Suction ☐ Dialysis
☐ Ventilator ☐ Other_____
☐ Nebulizer _____

Life-Sustaining Medication Required:

☐ Cardiac (heart)
☐ Diabetes
☐ Respiratory (breathing)
☐ Other _____

If life-sustaining equipment or medication is required, please describe in detail in boxes below.

Communication Impairments:

☐ Deaf ☐ Speech-Impaired
☐ Hard of Hearing ☐ Forgetful

Mobility Impairments:

☐ Bedridden ☐ Walker
☐ Cane ☐ Wheelchair

Sight Impairments:

☐ Blind
☐ Other (describe below)

Dependencies	**Medications**
Physical Conditions	**Medical Conditions**
Allergies	**Other Medical Notes**

Medical Provider Information

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

My Personal Disaster Plan

☐ I will have a caregiver.	☐ I will evacuate/shelter with family/friend.
Caregiver Name:	**Family/Friend Name:**
Relationship:	**Relationship:**
Phone Number:	**Phone Number:**
Address where you will evacuate/shelter:	
My transportation will be provided by:	

I will have: ☐ All necessary medications and equipment ☐ An Emergency Supplies Kit
☐ List of current medications from my pharmacy

My Pets Disaster Plan

Do you have any pets? ☐ Yes ☐ No	**Do you have a service animal?** ☐ Yes ☐ No
If you selected yes to either of the above questions, please list type, size, weight of the animal(s):	
Disaster plan for my pets:	

Agreement to Terms of Use & Information Release

☐ **I understand it is my responsibility to verify my 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 and IC-3 at their own discretion. The Special Needs Registry, IC-3, 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, IC-3, and the Special Needs Registry staff and volunteers are not liable for providing care. **A personal caregiver is required to be with you at all times during periods of temporary placement.**

☐ I certify that the above information is correct and I hereby grant permission to New Hanover County Department of Emergency Management and the Senior Resource Center Retired & Senior Volunteer Program (RSVP) 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's 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 kept strictly confidential.

Please type or sign your name below as confirmation of your agreement to the above terms:

Signature: _____ **Date:** _____

Guardian: _____ **Date:** _____

Report Prepared By:_____ **Phone:** _____

FOR STAFF USE ONLY	
RSVP File #:	**Date of Registration:**