New Hanover County Citizens with Special Needs
Registration Form
All residents of New Hanover County regardless of age who are "At Risk" or have a "Special Need" should be registered.

Name:_____
          Last   First   Middle

Address:_____
          Street   City   State   Zip

Phone:_____   SS#_____   DOB _____
                                                  (Optional)

Primary Language: GEnglish   GSpanish   Other (Specify):_____

 Gender: GM   GF   Living Alone: GYes   GNo

Check Applicable Medical Disabilities:

G Medically dependent on electricity: GOxygen   GDialysis   GRespirator

G Monitoring Equipment   Other:_____

Oxygen Provider:_____
                                                                      Phone

G Heart/Stroke(List medication now in use)_____

G Diabetes   Insulin Dependent: GYes   GNo

Medication(List type):_____

Sight Impaired(check):   GBlind   GLimited Vision   GService animal

GSpeech Impaired   GDeaf   GHard of Hearing   GRequire 24 hour care-giver

Mobility Impaired (check): GCane   GWalker   GWheelchair   GBedridden

G Mental Health Diagnoses:_____   Medication:_____

Specify Other Health Problems:_____

_____

List any other medications:_____

_____

Home Health Agency: _____

          Phone: _____

Emergency Contact: _____
                              Last Name   First Name

          Address:_____
                    Street   City   State   Zip

          Phone:_____   Relationship:_____

Primary Physician: _____

<div align="center">Last Name   First Name</div>

Phone:_____

Pharmacy: _____

Phone:_____

<u>In the event of an emergency, I prefer to</u>: (Check)

G Stay at home.
   Do you have all necessary medications and equipment?   GYes   GNo

G Go to a shelter.
   Who will be your caretaker? _____

   Do you have a service animal?   GYes   GNo
When bringing a service animal to a shelter, please have ID indicating your need for the animal.

G Stay with family/friends.
   Address and Phone:_____

G Other _____

   Will you need transportation?   GYes   GNo

<u>Information Release</u>
I certify that the above information is correct. I hereby grant permission to New Hanover County Department of Emergency Management and the Department of Aging RSVP to use this information for the following purposes ONLY: (1) to include my name in the county Special Needs database; 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:_____
- -

Report prepared by:_____

Agency/Organization:_____   Phone:_____
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Please mail form to:
New Hanover County   For Office Use Only:
Special Needs Registry   RSVP File #_____
 2222 S. College Road   Date of Registration_____
Wilmington, NC 28403
Questions/Comments: (910) 452-6400 ext.216