

**CARROLL COUNTY EMERGENCY MANAGEMENT AGENCY/CARROLL  
COUNTY PUBLIC HEALTH**

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*SPECIAL NEEDS VOLUNTARY REGISTRY*

Please complete entire form to best of your ability. When finished, please read disclaimer information, sign, and return to addresses listed at the end of the form.

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NAME:

DATE OF BIRTH:

YOUR HOME ADDRESS (INCLUDING APT. OR SUITE NUMBER):

CITY:

ZIP CODE:

PHONE NUMBER(S):

CAREGIVER (IF ANY) NAME PHONE NUMBER(S):

IF YOU HAVE A CAREGIVER, IS THIS PERSON IN YOUR HOME 24  
HOURS A DAY (CIRCLE ONE)? **YES**            **NO**

EMERGENCY CONTACT PERSON NAME AND PHONE NUMBER(S):

PRIMARY LANGUAGE YOU SPEAK (ENGLISH, SPANISH, ETC.):

TDD/TTY (FOR HEARING IMPAIRED—CIRCLE ONE): **YES**            **NO**

PRIMARY DOCTOR AND PHONE NUMBER:

HOME HEALTH CARE PROVIDER (IF ANY) AND PHONE NUMBER:

PRIMARY PHARMACIST AND PHONE NUMBER:

WHAT IS YOUR PRIMARY DISASTER PLAN (CHECK ONE AND REVIEW FOLLOWING INFORMATION IF CHECKED)?

STAY WITH FAMILY OR OTHERS (DO NOT FORGET TO TAKE NECESSARY CLOTHES, MEDICATIONS, FOOD, ETC.)

- IF YOU CHECKED THIS ONE, WHO WILL YOU STAY WITH AND WHAT IS THEIR ADDRESS AND PHONE NUMBER? (NOTE: THIS MAY NOT ALWAYS BE POSSIBLE DEPENDING UPON WHERE THEY LIVE)

STAY AT HOME (NOTE: MAY NOT ALWAYS BE POSSIBLE)

- IF YOU CHECKED THIS ONE, DO YOU HAVE AN ELECTRIC GENERATOR (CIRCLE ONE)?  
**YES**                      **NO**
- DO YOU HAVE A PREPAREDNESS KIT WITH NECESSARY FOOD, WATER, CLOTHES, BATTERIES, PRESCRIPTIONS, AND OTHER ITEMS TO REMAIN IN YOUR HOME FOR SEVERAL DAYS (CIRCLE ONE)?  
**YES**                      **NO**

EVACUATE TO A SHELTER (DO NOT FORGET TO TAKE NECESSARY CLOTHES, MEDICATIONS, FOOD, ETC.)

- IF YOU CHECKED HERE AND HAVE A CAREGIVER, THAT CAREGIVER SHOULD ACCOMPANY YOU TO THE SHELTER AND STAY WITH YOU AT THE SHELTER.

DO YOU HAVE TRANSPORTATION IF YOU NEED TO EVACUATE OR GO TO A SHELTER (CIRCLE ONE)?              **YES**              **NO**

IF YOU CIRCLED "NO", WHAT ARE YOUR TRANSPORTATION NEEDS (CHECK ONE):

CAR/BUS

VAN WITH LIFT

AMBULANCE

DO YOU NEED ASSISTANCE WITH WALKING (CHECK ONE)?

NO, I CAN WALK UNASSISTED

YES, I NEED SOME ASSISTANCE WITH WALKING

I CANNOT WALK BECAUSE I AM IN A WHEELCHAIR

I CANNOT WALK BECAUSE I AM BED-BOUND

WHICH OF THE FOLLOWING DISABILITIES DO YOU HAVE (WE NEED TO KNOW THIS SO WE HAVE AN IDEA HOW TO HELP YOU; CHECK ONE):

HEARING IMPAIRED

SIGHT IMPAIRED

SPEECH IMPAIRED

CONTAGIOUS DISEASE

ASSISTANCE DOG (E.G. GUIDE DOG)

DO NOT SPEAK ENGLISH

OTHER (IF CHECKED, PLEASE PROVIDE INFORMATION):

DO YOU PRESENTLY LIVE IN ONE OF THE FOLLOWING (CHECK ONE):

HOUSE

APARTMENT

MOBILE HOME/TRAILER

DO YOU USE MEDICAL EQUIPMENT THAT REQUIRES POWER (CIRCLE ONE)?

**YES**

**NO**

DO YOU HAVE ANY OF THE FOLLOWING MEDICAL NEEDS (CHECK ONE)?

LIFE SUPPORT

FEEDING TUBE

VENTILATOR

CPAP MACHINE

INSULIN

IF CHECKED, DO YOU (CHECK ONE):

USE GLUCOSE PILLS?

ADMINISTER YOUR OWN INSULIN SHOTS?

RECEIVE ASSISTANCE IN ADMINISTERING SHOTS?

DIALYSIS

IF CHECKED, HOW FREQUENT MUST YOU HAVE DIALYSIS?

IV FLUIDS

IF CHECKED, HOW FREQUENT MUST YOU HAVE IV FLUIDS?

SUCTION UNIT

IF CHECKED, HOW FREQUENT MUST YOU HAVE THIS DONE?

WOUND CARE

IF CHECKED, HOW OFTEN MUST YOU HAVE THIS DONE?

\_\_\_ OXYGEN

IF CHECKED, HOW MANY HOURS A DAY ARE YOU ON OXYGEN?

DO YOU USE ANY OF THE FOLLOWING WITH YOUR OXYGEN (CHECK ONE):

\_\_\_ PORTABLE OXYGEN TANK

\_\_\_ CONCENTRATOR

OXYGEN PROVIDER NAME AND PHONE NUMBER:

\_\_\_ COLOSTOMY

IF CHECKED, DO YOU (CHECK ONE):

\_\_\_ ADMINISTER YOURSELF?

\_\_\_ RECEIVE ASSISTANCE WITH?

\_\_\_ ILLEOSTEMY

IF CHECKED, DO YOU (CHECK ONE):

\_\_\_ ADMINISTER YOURSELF?

\_\_\_ RECEIVE ASSISTANCE WITH?

DO YOU HAVE ANY EQUIPMENT OR SUPPLIES THAT YOU CANNOT TRANSPORT YOURSELF (CIRCLE ONE):      **YES**      **NO**

IF YES, PLEASE LIST:

DO YOU HAVE A SPECIAL DIET (CIRCLE ONE): **YES**      **NO**

IF YES, PLEASE DESCRIBE:

DISCLAIMER:

*This registry is to be used as a general information data source in the event of a major catastrophe in the Carroll County geographical area. Carroll County Emergency Management Agency or Carroll County Public Health may use this information to contact you to check on your well-being, emergency needs, or possible evacuation and shelter needs should a large-scale emergency or other type of threatening situation affect your area. The registry will not necessarily be used for every type of emergency and it will be at the sole discretion of employees of Carroll County Emergency Management Agency or Carroll County Public Health as to when it can and may be used.*

*There is no guarantee that being a part of this registry will require Carroll County Emergency Management Agency, Carroll County Public Health, or any other emergency response agency to contact or evacuate those persons listed in the registry in the event of an emergency, although an effort will be made to do so if resources allow it. All information gathered will be placed in a secure location and will not be released to anyone except those acting on behalf of government emergency officials if requested during a large-scale emergency or other type of threatening situation*

I certify that the information I have listed on this form is correct and provided at the best of my knowledge. I certify also that I have read and do understand the disclaimer information listed above. I also understand that I am responsible for any and all expenses associated with medical assistance, emergency medical transport, and/or sheltering at a hospital or other type of healthcare facility. Therefore, I hereby authorize Carroll County Emergency Management Agency and Carroll County Public Health to store the information I have listed in this document for use during an emergency situation if needed.

Signature: X \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Return to:

Mail -- Carroll County Emergency Management Agency  
114 East Sixth  
Carroll, IA 51401

E-mail -- [carrollcountyema@yahoo.com](mailto:carrollcountyema@yahoo.com)

Or drop off form at organization office you picked it up at and ask them to return it to Carroll County Emergency Management Agency.