

Please submit completed form to:

Attn: Special Needs Registry

Craven Co DSS

P.O. Box 12039

New Bern, NC 28561-2039

Or email: cravencounty.dss@cravencountync.gov

Applicants will be screened by a member of Craven County Department of Social Services to ensure those with special needs are sheltered in the appropriate facility during an emergency. Those who are found to have special needs that an American Red Cross shelter cannot provide will be contacted for further screening.

All information provided on this form is voluntary and confidential, however, it may be shared with but not limited to emergency personnel, transportation services, licensed facilities etc. to facilitate your quick and safe evacuation.

Due to the time required and limited resources to safely evacuate people with special needs, the evacuation process may be executed well in advance of an impending disaster. You must be ready to evacuate when told to do so by emergency officials!!

If you have questions or need assistance filling out the form, please contact Craven County DSS Adult Services at 252-636-4900.

DSS Disposition Only

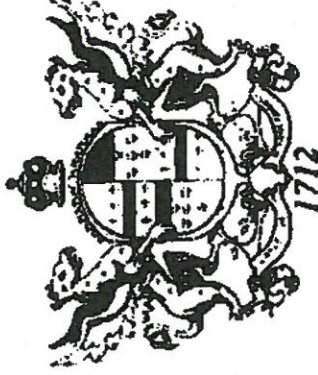
| | |
|-----------------------|--|
| Home | |
| Facility | |
| Hospital | |
| Transportation Needed | |

Special Needs Registry Form

Do you need special medical care during a disaster?

Do you need help to evacuate?

Craven County



If so, you should fill out this form to get the help you need during a disaster.

Year: 2019

Application Deadline: 8/1/19 _____

Special Needs Registry Form

Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____

TDD/TTY: _____ Age: _____

Physician's Name: _____

Phone: _____

Home Health Care Provider: _____

Phone: _____

Where do you plan to stay during an evacuation?

home Will you be alone? yes no

with friends/family

emergency shelter

Can you get to an evacuation shelter? yes no

If no, check(one) for the appropriate transportation needed:

- standard vehicle (car, van)
- wheelchair equipped
- ambulance

Do you have a care giver? yes no

Caregiver's name and phone number who will be accompanying you at the shelter? _____

*If you do require a caregiver, your caregiver **MUST** accompany you to the facility as assistance is not provided by the facility.

Have you made arrangements for pets as they are not allowed in evacuation shelters? _____

I certify that the above information is correct to the best of my knowledge and I have read this brochure in its entirety. Services provided during the specified disaster will be provided at no charge. If you continue to utilize services after you have been cleared to return home, you will be responsible for those costs. Signed _____ Date _____

Please check all special needs you may have:

- legally blind
- deaf
- terminally ill
- contagious disease
- bedridden
- ambulatory with assistance (walker, cane, wheelchair, etc.)

- dialysis (3 or more times per week)
- IV fluids or medication
- insulin dependent (need assistance)
- feeding tube
- catheter (other than urinary)
- severe respiratory illness
- oxygen tank number of hours/day _____ yes no
- do you have a portable tank yes no

- severe mental handicap
- severe mental illness
- end-stage Alzheimer's
- chronic incontinence
- advanced senile dementia
- require complex dressing changes
- unstable Gran Mal seizures
- moderate to severe symptomatic HIV/AIDS
- medically dependent on electricity

- equipment: _____
- access to a generator
- type of diet _____

Additional Information _____

Emergency Contact _____

Name: _____

Relationship: _____

Phone(day) _____ (night) _____