RICHMOND COUNTY EMERGENCY SERVICES		
	SPECIAL NEEDS INDIVIDUAL REGISTRY FORM	**DATE** (mm/dd/yyyy)
	☐ **New Registration** ☐ **Updated Registration**	

The special needs Registry provides vital information to emergency responders in the event of a 9-1-1 call and or during a widespread disaster (e.g. hurricane, flood, blizzard, power outage, disease outbreak). This program is voluntary and individuals on the registry have the option to accept or deny assistance. Completion of this form in no way guarantees that the registered individual will receive immediate or preferential treatment in a disaster. Individuals living in private personal homes are encouraged to submit their information.

Individuals should maintain a personal emergency plan.

PERSONAL INFORMATION

Last Name	First Name	MI	Birthdate (mm/dd/yyyy)	Sex ☐ M ☐ F

Street Address	City	Zip	Manufactured Home?
			Y N

Mailing Address (if different)	City	Zip	Phone #s (XXX-XXX-XXXX)

Name of Subdivision, MH Park, Apt Bldg., etc.	If address is temporary, give dates: (mm/dd/yyyy)	Home:
	From: To:	Cell:

Email Address:

Language:

☐ English	☐ Spanish	☐ French	☐ Portuguese	☐ Russian
☐ German	☐ Polish	☐ Swedish	☐ Chinese	☐ Korean
☐ Mandarin	☐ Cantonese	☐ Lao	☐ Khmer	☐ Krahn
☐ Dari	☐ Farsi	☐ American Sign Language (ASL)	Other:	

EMERGENCY CONTACT INFORMATION

First Name	Last Name	Relationship	Phone # (XXX-XXX-XXXX)
First Name	Last Name	Relationship	Phone # (XXX-XXX-XXXX)

MOBILITY (CHECK ALL THAT APPLY)

☐ Confined to bed	☐ Prosthesis
☐ Wheelchair/Mobility device	Other:

What type of assisted transportation is needed:

LIFE SUPPORT SYSTEMS (CHECK ALL THAT APPLY)

☐ Oxygen; tanks or concentrator	☐ Suction
☐ Respirator	☐ Need Refrigeration
☐ Dialysis	Other:

MEDICAL INFORMATION (CHECK ALL THAT APPLY)

☐ Diabetic	☐ Incontinence supplies
☐ Ostomy care	☐ Special dietary needs
☐ G-tube feeders	☐ Weight in excess of 400 pounds
☐ IV medication	☐ Tracheostomy / Stoma

Allergies:

Assistive Animal, what type?

SENSORY, COGNITIVE, AND PSYCHIATRIC CONDITIONS (CHECK ALL THAT APPLY)

☐	Visually Impaired	☐	Speech Impaired
☐	Legally Blind	☐	Non-verbal
☐	Hearing Disability/ Deaf/ Hard of Hearing	☐	Cognitively/developmentally delayed
☐	Alzheimer's/Dementia	☐	Autism
☐	Seizure Disorder		

Psychiatric Condition:

Other:

OTHER DISABILITIES

Please list other disabilities or relevant conditions

COMMENTS

AUTHORIZATION INFORMATION

Richmond County of North Carolina has created a registry for its County's residents with disabilities, chronic conditions, and special healthcare needs. By filling out this form, you will permit Richmond County to share your information with local and state emergency responders, such as your town/city police, EMS, or fire department. The information you provide will enable us to meet your needs during an emergency. North Carolina and Federal law requires that information contained in your medical records be held in strict confidence and not be released without your written consent. The consent you sign on this page will remain in effect until you request in writing that your consent be withdrawn, which you may do at any time. You have a right to request and obtain a copy of this consent. This form is intended for Special Needs Registration purposes only. Dissemination, distribution, or copying of this form is strictly prohibited except for use by authorized persons. The original of this form shall be secured in a locked file. **Completion of this form in no way guarantees that the registered individual will receive any specific services during a disaster and all individuals are highly encouraged to create a plan for themselves.**

SIGNATURE REQUIRED!

I, (Print Name) _____

understand that all of my medical records are confidential, exempt from the public records law, and not to be disclosed to anyone without my consent or that of my guardian.

By signing / submitting this form, I hereby provide my consent for the members of the Richmond County Emergency Services Office to have access to the medical information contained in this form.

I further understand that only those persons, who have a need to know this information, will have access to it. This release remains in effect until further notice unless revoked by me in writing.

Authorized Signature: _____   Date:_____

☐ By checking this box I also authorize Richmond County Emergency Services to add my cell phone number(s) into the Code Red Notification System that can then contact me in times of emergency.

FOR OFFICIAL USE ONLY

☐ SN Cat 1(SN Shelter)	☐ SN Cat 2(Hospitalization)	☐ SN Cat 3(Registry Only)	☐ Need More Information	Initials

Flood Prone: Yes ☐   No ☐

ESN: _____

Mail form to:

Richmond County Emergency Services
PO Box 504
Rockingham, NC 28380
910-997-8238 Office
910-997-8233 Fax

Fire:_____

EMS/Rescue: _____

Law Enforcement: _____