

Lewis County Office of Emergency Management
2010 Special Needs Evacuation and Rescue Registry

Today's Date: _____ This is a first time application () This is an updated application ()
Please Print:

Name: _____ Sex: M F
Last
First
Middle

Actual Address (No PO Box): _____

Town _____ Zip _____ County _____
 (If the mailing address is different from the physical address please attach an explanation)

Description of dwelling: (color and type) _____

Nearest cross street and distance: _____

Nearest body of water and distance: _____

Telephone: (____) _____ (TTY: Yes No) Date of Birth or Age: _____

What Language(s) is your primary means of communication: _____

Do you have a service animal? Details: _____
 (Please attach a list of any additional pets that may need to be rescued.)

Primary Emergency Contact:

Name: _____ Age: _____
Last
First
Middle

Phone: _____ EMAIL: _____ Relationship: _____
 (Additional contacts can be attached to this form.)

Primary Physician and or Hospital: _____
 (DNR? Attach a copy and where current official copy is posted)

Home Health Provider: _____

Check all that apply:

<input type="checkbox"/> Deaf/Severe Hearing Impairment	<input type="checkbox"/> Use Walker or Cane
<input type="checkbox"/> Blind/Sever Visual Impairment	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Confined to a Bed
<input type="checkbox"/> Alzheimer's/Dementia/Psychiatric Disability	<input type="checkbox"/> Ventilator Dependent
<input type="checkbox"/> Cannot Communicate Verbally	<input type="checkbox"/> Oxygen Equipment Dependent
<input type="checkbox"/> Other Life Sustaining Equipment – Specify:	
<input type="checkbox"/> Dialysis Dependant	<input type="checkbox"/> Memory Impaired

<input type="checkbox"/> Acute/Chronic Respiratory Problems	<input type="checkbox"/> Colostomy (or other drainage)
<input type="checkbox"/> Intravenous Supported	<input type="checkbox"/> Tracheotomy
<input type="checkbox"/> Final Stages of Life	<input type="checkbox"/> Stroke Victim
<input type="checkbox"/> Feeding Tube	<input type="checkbox"/> Amputee or Partial Paralysis
<input type="checkbox"/> I can walk and step up a few stairs but have no transportation.	

Comments:

I hereby consent to have my name and information placed in the Lewis County Special Needs Registry. The undersigned understands that they need to also have a personal emergency plan because neither Lewis County, nor any other agency can guarantee timely assistance during a disaster. Lewis County is not liable for any claim based upon the good faith failure to exercise performance of a function or duty on the part of any officer, employee or volunteer in carrying out a local disaster plan.

Emergency planners will use good judgment in protecting the confidentiality of this information; however the intent of this program is to provide critical information to first responders who would normally be prevented from access to this data under HIPPA privacy rules.

By my signature hereon, I waive any and all claims against Lewis County arising from use of this registry. I further understand that Lewis County will rely upon the information given by me in this registration and I agree to provide updated information to Lewis County as soon as it becomes available.

Registrant's Signature _____ Date _____

Witness Name _____ Witness Age _____

Witness Signature _____ Date _____

Keep the cover page for your records. Mail this and the preceding page along with any attachments to:

Lewis County OEM
201 Orchard St
Weston, WV 26452