

Okanogan County Sheriff's Office

Emergency Management

SPECIAL NEEDS REGISTRY PROGRAM

This Special Needs Registry is a voluntary registry of individuals who would require assistance in the event of an emergency. This assistance could be as simple as advising a person of a situation in the vicinity of their residence to those who need evacuation assistance in the event of a natural or man-made disaster. This registry alerts emergency responders to a resident's address and gives them the vital information they need to better meet the resident's needs. It is important that emergency personnel know where to find you, and how best to meet some of your requirements during a disaster requiring evacuation. Participation in the registry is **voluntary** and all information is strictly confidential, used only for emergency purposes.

Individuals are eligible to be registered with the Special Needs Registry if they are frail, elderly, medically needy, and/or disabled and are not served in or by a residential facility program (i.e. nursing home, retirement apartments, etc.). Eligible individuals need only to complete the attached form and return it to the Emergency Management office. Forms are available on our website at www.okanogandem.org, or stopping by our office at 123 5th Avenue North, Room 200, Okanogan, during business hours, or calling our office.

Our department's mission is to assess and plan for hazards and emergencies and work with other public safety and municipal agencies to ensure public welfare. As a pre-planning tool, the Special Needs Registry should be considered strongly for **all** people who have special medical needs (i.e. oxygen or life support systems that are dependent upon electrical power) or have physical disabilities that would make it difficult to evacuate independently if the need arose. For more information on this service, contact the Emergency Management Office at (509) 422-7206 or by e-mail to gbeauregard@co.okanogan.wa.us. Thank you for your anticipated cooperation in Special Needs Registry.

Scott J. Miller
Okanogan County Emergency Manager

Mail completed forms to:
Okanogan County Emergency Management
ATTN: Special Needs Registry
123 5th Ave North, Room 200
Okanogan, WA 98840

Special Needs Registry

Registration Form

LAST: _____ FIRST: _____ DOB: __/__/__ GENDER: _____

ADDRESS: _____
(Street, Apt. Number) (City)

TELEPHONE: (509) _____ TDD/TTY? Yes No

E-MAIL ADDRESS: _____

PRIMARY LANGUAGE: _____

*****Residence Information*****

Type of Residence: Private home Apartment/Condo/Duplex Mobile Home Retirement Home

Name of Complex/Subdivision/Mobile Home Park: _____

Do you have pets? Yes No If yes, do you have arrangements for them in an emergency? Yes No (Please be advised, pets cannot go to the shelter with you unless they are a service animal.)

Does someone in your home use a life-support machine that relies directly on electrical power? Yes No
Because an unplanned outage is usually caused by an emergency situation, we urge you to have some type of backup equipment.

Does your home rely on electricity for your only source of heating? Yes No

Are you a full-time resident? Yes No; If no, identify months that you live in the area: _____

*****Evacuation Information/Notification*****

If you evacuate you plan to go to: Family Friend Shelter

Local Emergency Contact:

Name/Relationship: _____

Address: _____

Phone/Cell/Email: _____

Out of County Emergency Contact:

Name/Relationship: _____

Address: _____

Phone/Cell/Email: _____

Will you require evacuation assistance? Yes No

If yes, what type of transportation will you need?

Standard Vehicle Wheelchair Capable Ambulance Stretcher

Do you: care for yourself or regularly have assistance from a caregiver

Name of Caregiver: _____ Telephone: _____

Address: _____

If going to a shelter, will your caregiver accompany you to the shelter? Yes No

*****Medical Information*****

Which illnesses do you take medication for?

- | | |
|---|--|
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Blood pressure |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Diabetes/Insulin dependent? |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Seizures/Convulsions | <input type="checkbox"/> Alzheimer's/Dementia |
| <input type="checkbox"/> Other _____ | |

Hearing Impaired/Deaf: Yes No

Legally Blind/Sight Impaired/Service Dog Yes No (Circle applicable condition.)

Medical dependency on electricity (electrically powered equipment). Yes No

- Dialysis
- Nebulizer
- Ventilator
- Oxygen and breathing equipment

Require oxygen _____ hrs a day; liter flow: _____

Oxygen provider: _____

Do you have an oxygen machine concentrator or portable tanks? Yes No (Circle One).

- Intravenous and feeding tube equipment

Mobility Disability(ies):

Walk with cane/walker Yes No

Use wheelchair Yes No; (have manual back-up wheel chair? Yes No)

Bedridden Yes No

Other limitations: _____

Speech Impaired: Yes No

Name of Physician: _____

Telephone: _____

TERMS/AGREEMENT:

I understand that in the event of an actual emergency, response agencies will attempt to provide the necessary assistance, but because of significantly increased demands on county government resources this cannot always be assured. To best guarantee your personal safety, individuals should take the necessary advance precautions and follow planning guidance issued by government emergency response agencies.

_____ (Initial)

The information contained herein is true and correct to the best of my knowledge. I understand that assistance will be provided only for the duration of the emergency, and that alternative arrangements should be made in advance in case I am not able to return to my home. _____ (Initial)

I understand that I am responsible for **assisting in the provision** of any prescription medications, oxygen supplies, medical equipment, and special dietary items that I may require during the emergency. _____ (Initial)

I also understand that I will be responsible for any charges and costs associated with hospital and other medical facility care or medical transportation. _____ (Initial)

I grant permission to medical providers and transportation agencies and others as necessary to provide care and disclose any information necessary to respond to my needs. _____ (Initial)

I hereby grant permission for the release of this information to emergency response agencies and pre-authorize these agencies to enter my residence for the purpose of emergency search and rescue. _____ (Initial)

I understand my participation in this registry is voluntary and all information maintained will be strictly confidential, used only for emergency purposes and hereby request registration in the Special Needs Registry Program. _____ (Initial)

I agree to keep my registration information current. I will inform Okanogan County Emergency Management (509) 422-7206 of any changes that may occur and affect this registration record. _____ (Initial)

Registrant Signature: _____ Date: _____

Caregiver: _____ Date: _____

(If Registrant is unable to sign)

Relationship to Registrant (if any): _____

Please mail the completed form to:

Okanogan County Sheriff's Office Emergency Management
ATTN: Special Needs Registry
123 5th Ave N., Room 200
Okanogan, WA 98840