

Upshur County Commission
Office of Emergency Management

Special Needs Evacuation and Rescue Registry

Date: _____

First time application () or an updated application ()

Please Print:

Name: _____ Sex: M F
Last First Middle

Physical Address (No PO Box): _____

Mailing Address: _____

Description of dwelling: (color and type) _____

Nearest cross street and distance: _____

Nearest source 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? Yes or No If Yes, type of service animal: _____
(Please attach a list of any additional pets that may need to be rescued.)

Primary Emergency Contact:

Name: _____ Relationship: _____
Last First Middle

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

Primary Physician and/or Hospital: _____

Home Health Provider - (If any): _____

Check all that apply:

<input type="checkbox"/> Deaf/Severe Hearing Impairment	<input type="checkbox"/> Use Walker or Cane
<input type="checkbox"/> Blind/Severe Visual Impairment	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Confined to a Bed
<input type="checkbox"/> Alzheimer's/Dementia/Memory Impaired	<input type="checkbox"/> Ventilator Dependent
<input type="checkbox"/> Cannot Communicate Verbally	<input type="checkbox"/> Oxygen Equipment Dependent
<input type="checkbox"/> Diabetic	<input type="checkbox"/> Ostomy --- Type of Ostomy:
<input type="checkbox"/> Dialysis Dependant	<input type="checkbox"/> Acute or Chronic Cardiac Problems
<input type="checkbox"/> Acute or Chronic Respiratory Problems	<input type="checkbox"/> Psychiatric Disability
<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"/> Other Life Sustaining Equipment – Specify:	
<input type="checkbox"/> Limited Mobility ---- Walk only very short distance and/or up one step	

Comments:

I do hereby release the above information to any and/or all Upshur County officials, employees and/or their agents and consent and understand that such information will be maintained in a "Special Needs Evacuation and Rescue Registry" for use by emergency service personnel. I understand Upshur County officials, employees and/or their agents cannot guarantee assistance and/or performance of emergency service personnel during times of emergency and/or disaster. This voluntary registration does not replace nor relieve an individual of developing a personal emergency plan.

Upshur County officials, employees and/or their agents will use good judgment in protecting the confidentiality of this information. However, I understand and consent to the disclosure of any and all such information that Upshur County officials, employees and/or their agents deem necessary in the performance of their duties.

I do hereby release and hold harmless all Upshur County officials, employees and/or their agents in the completion of their duties from any and all claims, damages and/or injuries that I may incur as a result in the reliance, release and/or use of this information.

Registrant's Name (Print): _____

Registrant's Signature _____ Date _____

Witness Name (Print): _____ Witness Age _____

Witness Address: _____

Witness Signature _____ Date _____

Please keep the cover page for your records and mail the two page "Special Needs Evacuation and Rescue Registry" with any attachments to the following address:

Upshur County Commission
Office of Emergency Management
911 Emergency Lane
Buckhannon, West Virginia 26201