

Lewis & Upshur County Local Emergency Planning Committee  
**Disaster Evacuation and Rescue Registry for those with Disabilities**

In a disaster or emergency, people with disabilities may face a variety of challenges in evacuating to safety. A person with a mobility disability may need assistance leaving a building without a working elevator. Individuals who are blind or who have low vision may no longer be able to independently use traditional orientation and navigation methods. A deaf person may be trapped somewhere unable to communicate with anyone because the only available communication device relies on voice. Your local government needs to establish procedures to ensure that people with disabilities can evacuate the area of an emergency in a variety of conditions, with assistance when it is needed. One step that can significantly increase the effectiveness of the planning process is to create a voluntary, confidential registry of persons with disabilities who may need individualized notification or evacuation assistance. This registry is voluntary, confidentiality is protected, and information can be updated as needed.

This is a first time application ( ) or contains updated information ( )

**Please Print:**

Name: \_\_\_\_\_ Sex: M F

911 Issued Address \_\_\_\_\_

Town \_\_\_\_\_ Zip \_\_\_\_\_ County Upshur

Description of dwelling: (color - type) \_\_\_\_\_

Nearest cross street \_\_\_\_\_

Do you live in a FEMA Floodplain or a flood prone area? Yes No Don't Know

Telephone: (\_\_\_\_) \_\_\_\_\_ (TTY: Yes No ) Your Age: \_\_\_\_\_

Do you use a service animal? Details: \_\_\_\_\_

Optional Emergency Contact: (Family, Doctor, Friend, Attorney, Professional Care Giver)

Name: \_\_\_\_\_

Last                      First                      Middle

Phone: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Relationship: \_\_\_\_\_

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 – ( )Need Ambulette
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Confined to a Bed
<input type="checkbox"/> TBI, Thought or Memory Impairment.	<input type="checkbox"/> Ventilator Dependent
<input type="checkbox"/> Cannot Communicate Verbally	<input type="checkbox"/> Oxygen Equipment Dependent
<input type="checkbox"/> Final Stages of Life	<input type="checkbox"/> Amputee, Partial Paralysis, Stroke Victim
<input type="checkbox"/> Other Life Sustaining Equipment – Specify:	
<input type="checkbox"/> Advanced Age and Frail	<input type="checkbox"/> Weak Heart or Unable to Exert
<input type="checkbox"/> I can walk and I can step up into a bus, van, or car, but I have no means of transportation.	
My disability is a temporary impairment and will end by (Month & Year):	

List here any other disability or reason for evacuation assistance – please specify:

I do hereby release the above information to Upshur or Lewis County officials, employees and/ or their agents and consent and understand that such information will be maintained in a Special Evacuation & Rescue Registry, for planning and response by emergency personnel. The undersigned understands that they need to have a personal emergency plan in addition to the Registry, because no agency can guarantee timely assistance during a disaster. The LEPC, Lewis and Upshur Counties are 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 to carry 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 and disaster assistance organizations.

By my signature hereon, I waive any and all claims against Lewis and or Upshur County arising from use of this registry. I further agree to provide updated information to the Registry as it becomes available, as this information will be kept on active file for 3 years, after which the information must be reconfirmed and updated.

Registrant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail both pages of this form to:

Upshur County OEM  
 181 Pallottine Drive  
 Buckhannon, WV 26201