

# CALHOUN COUNTY AT RISK REGISTRY FUNCTIONAL NEEDS ASSESSMENT/REGISTRATION FORM

## DISCLAIMER

The Calhoun County At Risk Registry provides emergency responders in Calhoun County, Alabama with important information regarding individuals who may require special assistance during emergencies such as flooding, severe weather, extended power outages, or in the unlikely event of an accident at the Anniston Army Depot.

This program is voluntary and in no way ensures that the individual registering for this program will receive immediate or preferential treatment in an emergency. This program merely provides the emergency response community with information that is pertinent to developing an effective response. The Calhoun County At Risk Registry in no way replaces the responsibility of individuals to have their own emergency plans.



## INSTRUCTIONS

1. Please use blue or black ink to complete this form.
2. Complete one form for each household member with functional needs who may require help in an emergency.
3. If you need additional forms or have any questions regarding this form, please call (256) 435-0540 for assistance.
4. Text telephone (TTY) users can call (256) 435-0542 or email [EMAEOC@GMAIL.COM](mailto:EMAEOC@GMAIL.COM) for assistance.
5. **PLEASE SIGN AND DATE THIS FORM IN BOX F ON THE BACK SIDE TO PARTICIPATE IN THE REGISTRY.**

A. CONTACT INFORMATION				
Last Name	First Name	MI	Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	City	ZIP	Primary Phone #	
Mailing Address <i>(If different from above)</i>	City	ZIP	Alternate Phone #	
Name of Subdivision, Mobile Home Park, Apartment Building, etc.			Primary Language Spoken	

## B. FUNCTIONAL NEEDS (CHECK ALL THAT APPLY)

<p><b>Communication Needs</b></p> <p><input type="checkbox"/> I am deaf</p> <p><input type="checkbox"/> I am blind</p> <p><input type="checkbox"/> I have a speech impairment</p> <p><input type="checkbox"/> I have difficulty understanding verbal instructions</p> <p><input type="checkbox"/> I speak in sign language</p> <p><b>Independence Needs</b></p> <p><input type="checkbox"/> I use a walker or cane</p> <p><input type="checkbox"/> I am in a wheelchair or use a scooter</p> <p><input type="checkbox"/> I have a mobility limitation (such as paralysis or amputation)</p> <p><input type="checkbox"/> I have a service animal</p> <p><input type="checkbox"/> I am a bariatric patient</p> <p><b>Transportation Needs</b> To evacuate, I require a:</p> <p><input type="checkbox"/> Car/truck/SUV</p> <p><input type="checkbox"/> Van with wheelchair lift</p> <p><input type="checkbox"/> Bus</p> <p><input type="checkbox"/> Ambulance or medical transport</p>	<p><b>Medical Care Needs</b></p> <p><input type="checkbox"/> I receive daily I.V. therapy or tube feeding</p> <p><input type="checkbox"/> I am on dialysis</p> <p><input type="checkbox"/> I am on oxygen or a ventilator</p> <p><input type="checkbox"/> I have life-sustaining medical equipment that needs electricity</p> <p><input type="checkbox"/> I require new medical supplies daily (ostomy, catheter, etc.)</p> <p><b>Supervision Needs</b></p> <p><input type="checkbox"/> I need a caregiver with me at all times</p> <p><input type="checkbox"/> I have a severe psychiatric condition</p> <p><input type="checkbox"/> I get confused easily</p> <p><input type="checkbox"/> I have severe memory problems</p> <p><b>Shelter-In-Place Assistance</b></p> <p><input type="checkbox"/> I have a disaster supply kit (food, water, etc. for up to 72 hours)</p> <p><input type="checkbox"/> I need assistance in sheltering in place</p> <p><input type="checkbox"/> I do not need assistance in sheltering in place</p>
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**PLEASE COMPLETE BACK OF FORM**

**C. EXPLANATION OF FUNCTIONAL NEEDS**

Please explain the functional needs you indicated in Box B. If you like, you may also list important medications along with any other information you would like emergency responders to know.

**D. EMERGENCY CONTACTS**

**First Emergency Contact Person** (NOT YOURSELF – This may be a friend, neighbor, family member, etc.)

<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Phone</b>
			<b>Cell Phone</b>

**Second Emergency Contact Person** (NOT YOURSELF – This may be a friend, neighbor, family member, etc.)

<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Phone</b>
			<b>Cell Phone</b>

**E. MEDICAL PROVIDERS (OPTIONAL)**

<b>Physician Name</b>	<b>Phone</b>
<b>Pharmacy Name</b>	<b>Phone</b>
<b>Home Health Care Agency Name</b>	<b>Phone</b>

**F. INFORMATION RELEASE AUTHORIZATION (PLEASE SIGN TO PARTICIPATE IN REGISTRY)**

This information is being gathered by the Calhoun County Emergency Management Agency (CEEMA) for the purpose of implementing public protection strategies for all types of hazards. By signing and submitting this form, I agree, or my legal guardian agrees, that my name and other information as reported on this form shall be added to the Calhoun County At Risk Registry.

By submitting this form, I hereby grant CEEMA and the Calhoun County 9-1-1 District authorization to use and share this information with Community Based Organizations (both private and public) and emergency responders including but not limited to fire departments, law enforcement agencies, emergency medical services, and local health care agencies in order to facilitate an effective emergency response. I also hereby grant emergency responders permission to enter my residence during an emergency if deemed necessary to assure my safety and welfare.

I hereby understand that by signing this authorization I am agreeing to the release and transfer of my personal information herein by, between, and among CEEMA, Community Based Organizations, and emergency responders, including their employees and agents. I also recognize that if I no longer desire my personal information to be shared by, between, and among these agencies and organizations that I have the option of having my information removed from the At Risk Registry within sixty (60) days after receipt of my written request to CEEMA.

**PLEASE SIGN HERE** **PLEASE DATE HERE**

Signature of Registrant or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*If signing as Legal Guardian, please print your name, address, telephone number, and relationship to registrant below:

<b>Name</b>	<b>Address</b>	<b>Telephone</b>	<b>Relationship</b>
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**G. VOLUNTEERING AND TRAINING**

- I would like to receive information on volunteering with local groups like the Community Emergency Response Team (CERT).
- I would like to receive additional information on how I can increase my emergency preparedness.