

Please submit completed form to:

Attn: Special Needs Registry

Craven Co DSS

P.O. Box 12039

New Bern, NC 28561-2039

Or email: cravencounty.dss@cravencountync.gov

Applicants will be screened by a member of Craven County Department of Social Services to ensure those with special needs receive care in the appropriate facility during an emergency. Those who are found to have special needs an American Red Cross shelter cannot provide will be contacted and informed of the shelter site to which they should report.

All information provided on this form is voluntary and confidential, however, it may be shared with emergency personnel to facilitate your quick and safe evacuation.

Due to the time required and limited resources to safely evacuate people with special needs, the evacuation process may be executed well in advance of an impending disaster. **You must be ready to evacuate when told to do so by emergency officials!!**

If you have questions or need assistance filling out the form, please call 252-636-4900 ext 3085 and ask for Mistey Lewis.

DSS Disposition Only

<input type="checkbox"/>	Home
<input type="checkbox"/>	Facility <input type="text"/>
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Transportation Needed <input type="text"/>

Special Needs Registry Form

*Do you need special medical care
during a disaster?*

Do you need help to evacuate?

Craven County



If so, you should fill out this form to get the help you need during a disaster.

Special Needs Registry Form

Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____

TTD/TTY: _____

Date of Birth: _____ Age: _____

Physician's Name: _____

Phone: _____

Home Health Care Provider: _____

Phone: _____

Where do you plan to stay during an evacuation?

home Will you be alone? yes no

with friends/family

emergency shelter

Can you get to an evacuation shelter? yes no

If no, check(**one**) for the appropriate transportation needed:

standard vehicle (car, van)

wheelchair equipped

ambulance

Will a caregiver accompany you to the shelter?

yes no

Caregiver's name and phone number who will be accompanying you at the shelter? _____

Have you made arrangements for your pets since they are not allowed in evacuation shelters? _____

I certify that the above information is correct to the best of my knowledge. Services provided during the specified disaster will be provided at no charge. If you continue to utilize services after you have been cleared to return home, you will be responsible for those costs. Signed _____ Date _____

Please check all special needs you may have:

- legally blind
- deaf
- terminally ill
- contagious disease
- bedridden
- ambulatory with assistance (walker, cane, wheelchair, etc.)
- dialysis (3 or more times per week)
- IV fluids or medication
- insulin dependent (need assistance)
- feeding tube
- catheter (other than urinary)
- severe respiratory illness
- oxygen tank number of hours/day _____
do you have a portable tank yes no
- severe mental handicap
- severe mental illness
- end-stage Alzheimer's
- chronic incontinence
- advanced senile dementia
- require complex dressing changes
- unstable Gran Mai seizures
- moderate to severe symptomatic HIV/AIDS
- medically dependent on electricity
equipment: _____
- access to a generator
- type of diet _____

Additional Information _____

Emergency Contact

Name: _____

Relationship: _____

Phone(day) _____ (night) _____