

## Pender County Special Needs Registry Application For Shelter and Evacuation

Last Name	First Name	Middle Name
Physical Address		
City	State	Zip
Date of Birth		Telephone
Mailing Address if Different		Caregiver's Telephone
Caregiver's Name		Relationship
Emergency Contact's Name		Emergency Contact Telephone
Emergency Contact Address		Physician's Telephone
Your Primary Physician		Primary Language
Home Health Provider & Telephone		

Do You Use Oxygen?  yes  no

How Often Do You Use Your Oxygen?  
 Hours per Day at                      Rate Liters/Min

What Type of Oxygen Do You Have?  
 Concentrator    Portable Tank

Amount you have on hand?

Do You Use Any Special Medical Device?  
 Ventilator    Dialysis Machine    Nebulizer  
 Feeding Pump    CPAP / BIPAP  
 IV Pump    Suction    Other

Do You Have Any of the Following Devices?  
 Urinary Catheter    Ostomy    Pacemaker  
 Implanted Pump / Catheter / Tube

Do You Have a Service Animal?  yes  no

What Type of Medications Do You Take?

- Oral
- Subcutaneous Injections (SQ)
- Intramuscular Injections (IM)
- Intravenous (IV)

How Mobile Are You?

- Bed Bound
- Wheelchair Bound
- Walk With Assistance (walker, cane, another person)
- Walk Independently

Are you?

- Blind    Deaf    Severe Visual Impairment
- Severe Hearing Loss    Speech Impairment

Are You Mentally Handicapped?  yes  no

What Kind of Vehicle Can You Ride In?  Car / Bus  
 Wheelchair Accessible Vehicle    Ambulance Only

### Please List Any Additional Information You Think Necessary to Your Care Below:

I understand registration is voluntary, and that the above information is correct.

I acknowledge assistance will be provided during the term of the emergency, and that alternate care arrangements should be made in advance in case I am not able to return to my home.

I grant permission for Pender County and its agencies to share this information with other providers to respond to my needs during an emergency. This information will only be used for emergency planning.

Signed \_\_\_\_\_

Date \_\_\_\_\_

If not signed by the person named on the application, list your relationship.

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

Submitting This Form:

Please return this form to the Special Needs Registry in one of the following ways:  
 Mail To: Special Needs Registry, 803 S. Walker Street, Burgaw NC 28425, or Fax to 910-259-2138 or  
 email to [drose@pendercountync.gov](mailto:drose@pendercountync.gov)



# Pender County Special Needs Registry

## What is the Special Needs Registry?

It is a listing of Pender County Residents that have special medical needs who may require assistance in finding shelter or transportation during disasters such as a hurricane. The registry provides county staff with contact information for special needs individuals before an emergency to ensure they have a safe place to go and a way to get there. The information you provide will not be released or used for any other purpose. **Being listed in the registry does not mean that you have to go to a shelter; in fact going to families or friends homes is encouraged.**

## Who May Register?

The Registry is open to any resident of Pender County who needs special sheltering accommodations because of medical, mental, or physical conditions. Health Department staff will evaluate all applications, and those persons meeting registry criteria of a special needs individual will be placed on the registry. Examples of qualifying individuals are:

- Dialysis patients, unstable diabetics, persons with coronary disease with an unstable history, respiratory disease dependent on oxygen;
- Mentally ill, mentally retarded, senile dementia or Alzheimer's without behavioral problems;
- Severely limited mobility requiring stretcher transport
- Medication regimes including intramuscular injections, bolus tube feeding, indwelling urinary catheters, ostomies, wound care, etc.

Residents with uncomplicated, stable conditions who are ambulatory or wheel chair mobile are not eligible since they can be accommodated in general population shelters. Residents with unstable, potentially life-threatening conditions, behavioral problems or those requiring advanced care like ventilators or intravenous therapy should make arrangements through their physician for admission to a hospital or nursing home during hurricanes. Each case will be evaluated individually. Residents not accepted for the registry will be notified and given a chance to provide additional information they feel supports their need.

Residents of Nursing Homes, Assisted Living and other group homes will not ordinarily register because these facilities are required to provide safe shelter for them.

## What Will the Registry Do For You?

When disaster warnings are issued, you will be contacted to ensure that you have an emergency plan in place and that you are able to act according to that plan. In case of a countywide mandatory evacuation, if you are registered you will be informed of shelters in other counties and transportation arrangements.

Special Needs individuals needing shelter will be hosted by nursing homes or assisted living facilities that volunteer their services to the county. Individuals may be charged if they request and are provided special treatment or supplies by the host. Individuals placed by the county will have no choice among the facilities and must go to the facility assigned. All efforts will be made to assign you to the shelter most suited to your condition and location.

As with all shelters, you will be offered limited services, a safe space with food and water. **You will be required to have a caregiver who can stay with you in the shelter and provide care and treatments normally done in your home.** You must bring medications, clothing, bedding, and other supplies. Space in the shelter may be on the floor, on a cot, or in a bed depending on what is available and your condition. Electrical power will be provided for medical equipment. These facilities may have support staff that can help your caregiver with some care. There may also be a nurse available for emergencies.

For questions, please contact:

Pender County Health Department  
803 S. Walker Street  
Burgaw, NC 28425  
(910) 259-1230

