



## Special Needs Registration Form

If you or other members of your household would require special assistance in the event of an emergency evacuation, tornado, fire, flood, power outage or some other unforeseen disaster and would like to volunteer the information below so that your needs are known in advance to those who can help you, please complete and return this form. This information will be kept at the Emergency Management Office and used by Emergency Services Agencies during times of need.

### **Special assistance would be needed at the following address for:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Number of relatives living with you who would accompany you to a shelter if need be: \_\_\_\_\_

Do you: \_\_\_ Care for yourself **OR** \_\_\_ Regularly have assistance from a caregiver

Name of caregiver: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_

### **Please check all that apply:**

\_\_\_ Full time resident \_\_\_ Part time (List months when in residence) \_\_\_\_\_

\_\_\_ Deaf or hearing impaired \_\_\_ Blind or sight impaired \_\_\_ Use a seeing/hearing service animal

\_\_\_ Wheelchair dependent \_\_\_ Confined to a bed \_\_\_ Use a walker/cane \_\_\_ Mental Disability

\_\_\_ Home oxygen system \_\_\_ Oxygen bottles \_\_\_ Oxygen supplied by electric \_\_\_ Alzheimer's

\_\_\_ Require a translator, if so please specify \_\_\_\_\_ \_\_\_ Other: \_\_\_\_\_

**Please list any special instructions or comments** \_\_\_\_\_

\_\_\_\_\_

(Use the back of the form if more room is needed)

### **Information on an additional contact person for the individual listed above**

Name / Address \_\_\_\_\_

Relationship to the person needing assistance \_\_\_\_\_

Daytime phone number \_\_\_\_\_ Night time phone number \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail \_\_\_\_\_

**Please Return this Form to:** Pendleton County Office of Emergency Management  
2275 Hwy 27 N, Falmouth, KY 41040

For any questions, concerns or comments: call 859-654-1930 or e-mail [pcdes@fuse.net](mailto:pcdes@fuse.net).