

## Lincoln County Special Population Registry

The Special Population Registry provides vital information to emergency responders in the event of a 9-1-1 call and/or during a widespread disaster (e.g. hurricane, flood, blizzard, power outage, disease outbreak). This program is voluntary and individuals on the registry have the option to accept or deny assistance. Completion of this form in no way guarantees that the registered individual will receive immediate or preferential treatment in a disaster.

**Individuals should maintain a personal emergency plan.**

### Personal Information

**PLEASE PRINT CLEARLY**

Date of Application:

☐ New Application

☐ Update of Previous Application

Last Name:

First Name:

MI:

Date of Birth:

Gender:

Street Address:

City:

Zip:

Primary Phone #:

Alternate Phone #:

Mailing Address (If different):

City:

Zip:

Email Address (optional):

**For the Hearing Impaired:** Do you use sign language: ☐ Yes ☐ No TTD / TTY #:

Name of Subdivision, Mobile Home Park, Apartment Building, etc.:

Primary Language:

Living Situation (check one): ☐ Live Alone ☐ With Spouse / Partner ☐ With Children ☐ With Parents ☐ Other  
(Explain)

### Medical Information (Check those that apply to your medical condition.)

- ☐ Hearing Impaired
- ☐ Asthma, Emphysema, or COPD
- ☐ Visually Impaired
- ☐ Seizures
- ☐ Speech Impaired
- ☐ Memory Impaired

(Specify condition):

- ☐ Developmentally Disabled
- ☐ Mental Health Condition
- ☐ Ongoing contagious condition

(Specify condition):

- ☐ Bedridden
- ☐ Wheelchair Bound
- ☐ Ostomy Care
- ☐ Weight in excess of 400 pounds

- ☐ G-tube Feeders
- ☐ Insulin Dependent
- ☐ I.V. Medication
- ☐ Walker
- ☐ Incontinence Supplies
- ☐ Refrigeration for Medication
- ☐ Special Dietary Needs (Explain)

- ☐ Portable Oxygen Machine
- ☐ Oxygen Concentrator or Ventilator
  - ☐ Continuous
  - ☐ Intermittent
- ☐ Other (Explain)

*\*If you require a special diet and must go to a shelter be prepared - pack and bring with you the appropriate foods.*

Any other required or life-sustaining equipment or medication:

<b>Emergency Contact Information</b>			
<b>In-state Emergency Contact</b>			
Last Name	First Name	Relationship	Phone (Home, Work, Cell)
<b>Secondary Emergency Contact</b>			
Last Name	First Name	Relationship	Phone Numbers
<b>Medical Provider Information (Fill in all that apply)</b>			
Physician Name:		Phone:	
Pharmacy Name:		Phone:	
Home Health Care Agency Name (or personal caregiver)		Phone:	
Respiratory Equipment Provider (if applicable)		Phone:	
<b>Shelter Information</b>		<b>Pet Information*</b>	
Can you, a family member or friend provide you with transportation to a shelter in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have pets that would require special attention if you were asked to evacuate your home? If so indicate the number of:	
If you need assistance with transportation, which of the following best suits your need: <input type="checkbox"/> Automobile <input type="checkbox"/> Van with wheelchair lift <input type="checkbox"/> Bus <input type="checkbox"/> Medical transport required		_____ dogs                      _____ service animal _____ cats                      _____ other (Describe other) _____	
<i>* Individuals are responsible for caring for the needs of an assistance animal, including bringing food and other essential needs to the shelter. Service animals are allowed in shelters but must provide proof of current rabies vaccine. Pets may not be able to accompany you to the shelter. Pet friendly shelters may be available.</i>			
<b>Emergency Planning</b>			
In case of an emergency, I plan to...			
<input type="checkbox"/> Stay with family or others <input type="checkbox"/> Stay at home <input type="checkbox"/> Evacuate to an appropriate facility, independently <input type="checkbox"/> Evacuate to an appropriate facility with caregiver			
<b>Authorization Information</b>			
By signing this form, I / Legal Guardian / Personal Representative agree that my name be added to the Lincoln County Special Population Registry. In the event of an emergency I hereby authorize the exchange of information between Lincoln County Emergency Services and the individuals and agencies listed on this form. I grant emergency responders permission to enter my home following an emergency event or disaster situation, if necessary, to assure my safety and welfare.			
Applicant Signature X		Date	
Authorized Guardian/ Personal Representative Signature X		Date	
Return Completed Forms to:    Attn. Special Needs, Lincoln County Emergency Management 115 West Main Street, Lincolnton, NC 28092			
Do you have questions regarding this form? Contact Lincoln County Emergency Management at (704) 736-8660.			