Jackson and Josephine Counties, Oregon

Would you need special help in an emergency?

You might want to apply to be in the Disaster Registry if—in the case of a flood, forest fire or other disaster—you or someone you care for would:

- Need outside help to safely leave your home during a disaster;
- Be in jeopardy if you stayed in your home, without assistance, for three days;
- Need special notification about the need for evacuation, due to impairment.

The Disaster Registry provides the names and locations of people who need special assistance to fire, police, health and rescue workers during disasters. Being on the Disaster Registry does not guarantee that you'll get help first in a disaster. There are so many needs during a disaster, that our firemen and police can’t help everyone at once. But if your name is in the Disaster Registry, they will know of your need for special assistance.

**Please remember: even if you are on the Disaster Registry, you should call 911 if you find yourself in a life-threatening situation.**

If you want to be on the Disaster Registry, or if you want someone for whom you are legally responsible to be on it, please complete and sign the attached form. Once we receive your application, it may take three months or more for your information to be available to rescue workers.

After completing the registration form, please keep this letter for your records.

You may also register on-line at [www.rvcog.org](http://www.rvcog.org) or print an application to mail in.
**Be Prepared yourself!** Remember: whether a person stays at home during a disaster or goes to a shelter, there are certain steps he or she can do to prepare. For instructions about creating a “72-hour Kit” for use if you must stay at home, see your county’s Family Emergency Preparedness Handbook. You can pick up a free copy from your local county or law enforcement office.

If you are a person who has special needs because of a disability you should make a list ahead of time of items to be packed quickly in case you must leave your home if there is a disaster. Keep a backpack or small suitcase available to pack on short notice, if necessary, with a list, customized to your needs, similar to the one below:

- Personal hygiene items and a change of clothing
- An extra set of keys for your house and car
- Cash, a credit card, and change for a pay phone
- Your insurance agent’s name and phone number
- Special needs such as eyeglasses, hearing aid batteries, incontinence supplies, walker, cane, wheelchair—all labeled with your name and phone number
- A copy of your health information card
- A few days worth of essential medications and, if you use it, cylinders of oxygen or other essential supplies.

You will be contacted by us on a quarterly basis to make sure your information is current.

If you have any questions about the Disaster Registry, please call Senior & Disability Services of Rogue Valley Council of Governments at (541) 664-6674.

*Please complete and return the attached application form to:*
SDS RVCOG, P.O. Box 3275, Central Point, OR 97502.

**PLEASE DATE AND KEEP THIS NOTICE FOR YOUR RECORDS**

[Image]

Date of application__________________
Jackson and Josephine Counties, Oregon

Application

Date____________

Name: Last____________________________ First____________________________

Street #____________ N S E W____ Street________________________ ST LN RD_____ Apt/Sp #______

City_______________ ZIP____________ County____________________________________

Mailing Addr____________________________________________________________________________

Phone_______________________ E-Mail_____________________________________________________

Cell Phone___________________

Is House number visible from the Street? Y/N____ Is this a Care Facility? Y/N____

Apt/Mobile Park   Name__________________________________________________

Apt/Mobile Park   St Address___________________________________________________

Gender_________ Birthdate___________________

**Special Needs that affect my ability to help myself in an emergency:**

Mobility Impairment?        Y/N____ Describe_________________________________________

Hearing Limitations?        Y/N____ Describe_________________________________________

Vision Limitations?           Y/N____ Describe_________________________________________

Use Oxygen?                   Y/N____ Describe_________________________________________

Speaking Difficulty?         Y/N____ Describe_________________________________________

Mental Health?                Y/N____ Describe_________________________________________

Medical Equip?                Y/N____ Describe_________________________________________

ME Needs Electric?        Y/N____ Describe_________________________________________

Dialysis?                          Y/N____ Describe_________________________________________

Other Condition?             Y/N____ Describe_________________________________________

Speak English?               Y/N____ Language_________________________________________

Service Animal or Pet?   Y/N____ Type______________________________________________

Cooperative Under Stress? Y/N_____ Memory/ Concentration Problems? Y/N____

I need to take medications with me. Y/N_____```
Caregiver Information

Require a Caregiver?  Y/N____

My needs are:________________________________________________________________________

Caregiver_____________________________________ Relationship? ___________________

Mailing Address______________________________________________________________________________

Phone______________________ Cell__________________ E-mail_______________________________

Emergency Contact Information:  Guardian, Family Member

EC 1 Name____________________________________ Relationship? ___________________

Mailing Address______________________________________________________________________________

Phone______________________ Cell__________________ E-mail_______________________________

EC 2 Name ____________________________________ Relationship? ___________________

Mail To________________________________________________________________________________

Phone______________________ Cell__________________ E-mail_______________________________

Do you use any of the following services?  Please note all that apply

SDS Contact?            Y/N____ Contact_____________________________ Phone________________

Medical Equip Co?     Y/N____ Name_____________________________ Phone________________

DDS Contact?            Y/N____ Contact_____________________________ Phone________________

DHS Contact?            Y/N____ Contact_____________________________ Phone________________

Medical Doctor?         Y/N____ Doctor_____________________________ Phone________________

Pharmacy Used?       Y/N____ Name_____________________________ Phone________________

Mental Health Provider? Y/N____ Name_____________________________ Phone________________

Other Service?           Y/N____ Name_____________________________ Phone________________

Miscellaneous Other   _____________________________________________________________________

Information

_____________________________________________________________________

The information on this form is used in the event of an emergency to assist those with special needs who would need additional time to evacuate their home or need assistance from others. This information is available only to Emergency Service workers, Emergency Planners and Emergency Operations Center staff.

Do you wish to receive emergency preparedness information?  ___ Yes ___ No

I authorize this information to be used by Emergency Planners and Emergency Service workers in Jackson/and or Josephine Counties to assist me in the event of an emergency and in preparation for such event.

I understand that I will be contacted every quarter to make sure my information is current, and that failure to provide updated information may result in my record being dropped from the Disaster Registry.

Printed Name ________________________   Signature _______________________  Date_____________

Preparer's Name _______________________ Signature _______________________  Date ____________