



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 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

Date of application_____



Disaster Registry



Think Ahead. Be Prepared.

Jackson and Josephine Counties, Oregon

Application

9/16 ver

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 _____

Medical and other Notes _____

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 _____