



Disaster Registry for 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

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 fill out the application completely, sign the form and mail to the address below. Once we receive your application, it may take three months or more for your information to be available to Emergency Services.

This Is Not a Rescue Plan!

During a disaster, the Disaster Registry provides Emergency Management with the locations of people who may require assistance. However, **you should not depend on the Registry to keep you safe**. In a disaster, responders may not be able to reach you, even if you have signed up for a registry. Instead of relying on a registry, you should make an individual plan to meet your specific needs in an emergency. Instructions about preparing for a disaster can be found at [Get Ready Rogue Family Emergency Preparedness Handbook](#), [Emergency Preparedness and Disability Inclusion](#), or [Ready.gov Build a Kit](#).

Once you are on the Disaster Registry, a phone volunteer will contact you to keep your information 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.

Complete, sign and return the attached application form to:

SDS RVCOG, P.O. Box 3275, Central Point, OR 97502

Enter the date application mailed or turned in & keep this page for your records _____

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

DISASTER PREPAREDNESS FOR OLDER AMERICANS AND PEOPLE WITH DISABILITIES



Plan how you will communicate if you have a communication need.



Plan for your transportation if you need help evacuating.



Plan how you will evacuate with any assistive devices.



Plan for food, water, and essentials for you and pets or service animals.



Include medicines, medical supplies, batteries, and chargers.



Make copies of Medicaid, Medicare, and other insurance cards.

WHAT TO INCLUDE IN AN EMERGENCY PREPAREDNESS KIT

- ✓ Contact information for important people and care providers.
- ✓ A list of medicines you need, dosage instructions, and any allergies.
- ✓ Contact information for your durable medical provider.
- ✓ Need-to-know information for first responders and others who might need to help you.



ready.gov/disability



Do you live in an Assisted Living, Adult Foster Home, or nursing home? If Yes, **Stop filling out the application.** All facilities are already on the Disaster Registry. If, no. Please complete the application.

*Indicates required field.

How did you hear about the Disaster Registry?

- At an event Friend /family
 Medical Provider Other _____

*First and Last name of person to place on the Disaster Registry:

*** If another person in the household wants to be on the Disaster Registry, they must submit their own application**

*Physical Address: _____

*Apartment/space # _____ *City: _____ *Zip code _____

*Primary Phone # _____ Email address _____
(enter only one phone #)

Mailing address (if different than above): _____

*Date of Birth: _____

Gender:

- Female Male Transgender
 Nonbinary Prefer not to say Other _____

***Access & Functional Needs:**

- | | |
|--|---|
| <input type="checkbox"/> Allergy, medication/latex | <input type="checkbox"/> Mental Health Issue |
| <input type="checkbox"/> Autism, Intellectual Developmental Disabilities | <input type="checkbox"/> Mobility Impairment |
| <input type="checkbox"/> Bedbound | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Cognitively Impaired or Memory problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Oxygen Tank, Portable |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Parkinsons |
| <input type="checkbox"/> Medical Equip. | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Medical Equip. (Electrical Critical to Life) | <input type="checkbox"/> Vision Impaired or Blind |
| <input type="checkbox"/> Medication | <input type="checkbox"/> Weight in excess of 400 pounds |

Mobility:

*Are you able to get outside on your own? Yes No

If No, are you able to get outside with help? Yes No

Emergency Contact: Only enter one contact

*Emergency Contact Person: _____

*Primary Phone #: _____ Email _____
(enter only one phone #)

Relationship to you: _____ (spouse, child, sibling, other, etc.)

Other information:

*Can you stay in your home safely for 3 days? Yes No

*Do you have a service animal? Yes No

*Do you have any household pet(s)? Yes No

*Do you have a Case Manager? Yes No

*Do you have AllCare Insurance? Yes No

*Do you have Jackson Care Connect Insurance? Yes No

Please Read and Check Both Boxes Before Signing:

*I approve for Rogue Valley Council of Governments, Senior & Disability Services to use the above information for the creation, maintenance of a Disaster Registry database and mailings from SDS. This information will be used in the event of a crisis or disaster for location and evacuation purposes.

*I give consent to Rogue Valley Council of Governments, Senior & Disability Services to share this information with Emergency Services workers, Emergency Planners, Emergency Operations Center staff, and any other emergency agencies. I understand that I will be contacted 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.

*Signature of Individual or Guardian: _____ Date _____

*Printed name: _____

Demographics: The following information will be used for statistical reporting and is optional. We are requesting this data to assist with our ability to apply for grants and funding to keep the Disaster Registry successful.

Primary language:

- English Spanish Other language not listed _____

Sexual orientation:

- Bisexual Gay Heterosexual/straight
 Nonbinary Prefer not to say Other _____

Race/Ethnicity:

- | | |
|--|--|
| <input type="checkbox"/> American Indian and Alaska Native | <input type="checkbox"/> Asian or Asian American |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic, Latino/a/x, or Latin American |
| <input type="checkbox"/> Middle Eastern, or North African | <input type="checkbox"/> Native Hawaiian and Pacific Islander |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Other _____ | |