LASSEN COUNTY DISASTER PREPAREDNESS COALITION



Preparing in Unity for a Safer Community

FUNCTIONAL NEEDS DISASTER REGISTRY

Do you need special assistance during a disaster? A Functional Needs Disaster Registry is available for Lassen County residents with disabilities, impairment and special health care needs. The registry contains names and information of those with special needs in our community. It will be used by local emergency response personnel to locate people during a disaster as well as help Lassen County prepare shelter plans to fit our community's needs. All information is confidential and will only be shared when necessary with emergency response agencies.

Being on the registry does not necessarily guarantee that you will get help first during the many demands of a disaster; however, disaster workers will be aware that you need special assistance and it will be a priority to ensure that you receive needed assistance.

Preparedness saves lives. Be sure to have an emergency plan and kit for your own household. Remember to update your information on the Functional Needs Disaster Registry annually and if any changes occur as part of your personal emergency plan. To update the registry or for more information on being prepared contact:

Lassen County Public Health Department

1445 Paul Bunyan Rd

Susanville, CA 96130

(530) 251-8183

Or visit our website at: lassencountyhealth.org



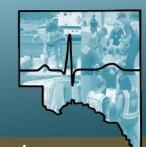
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LASSEN COUNTY FUNCTIONAL NEEDS DISASTER REGISTRY

Mail to: Lassen County Public Health Department 1445 Paul Bunyan Rd | Susanville, CA 96130

PERSONAL INFORMATION

Name Last	First			Middle	
Street Address:					
Mailing Address (If different)					
Telephone	Alternate Telep	hone	Em	Email:	
Date of Birth:	Age:	_ Wt:	Height:	Language:	
Residence Type: House/Duplex Apartment/Condo Mobile Home/Trailer					
Living Situation: Li	ving Alone ☐ With Sp	ouse 🗆 \	With Guardian	☐ Other Family ☐ Non-Relative	
EMERGENCY CONTACT INFORMATION					
Name:			Phone:		
Relationship:				_ Caregiver: □ Yes □ No	
TRANSPORTATION NEEDS					
Will a caregiver likely be with you? ☐ Yes ☐ No					
Do you need transportation to a Functional Needs shelter in the event of a disaster? □Yes □ No					
If "Yes," Check one: □ Bus □ Car □ Ambulance □ Wheelchair access					
Other transportation needs:					



☐ Medical dependence on electricity ☐ Speech impaired ☐ Feeding Pump ☐ Assistive Device _____ ☐ Medication requiring refigeration ☐ Vision loss/impaired ☐ Suction equipment ☐ Assistive Device ☐ Other ☐ Hearing loss/impaired ☐ Medical dependence on oxygen ☐ Assistive device ☐ O2 Concentrator, nebulizer, ect ☐ Mobility impairment ☐ Assistive device ☐ Respirator ☐ Medication Assistance ☐ Service animal OTHER INFORMATION Are you currently receiving services from any other Lassen County Agencies? ☐Yes ☐ No Can we share your information with non-response agencies to better prepare for a disaster? □Yes □ No **CONSENT** By signing this form, I agree to have my information entered into a confidential Functional Needs Disaster Registry and authorize rescuers to enter my home during an emergency. Signature: Date: Person Completing Form (if different): **IMPORTANT** Information on this form should be updated annually and if any changes occur. To make changes or request a new registration form to be mailed to you please contact the Lassen County Public Health Department or visit www.lassencountyhealth.org ✓ In an actual emergency, response agencies will try to provide necessary assistance but this cannot always be assured. ✓ All information on this form for use during an emergency or disaster is confidential and will only be

made available when necessary to other emergency response agencies.
✓ It is important to have your own emergency kit and plan for your household.

SPECIAL MEDICAL NEEDS

