

The Special Needs Registry is a voluntary registration process that will identify individuals with special medical or transportation needs. The purpose is to help emergency management and other emergency planners identify and assist individuals who need special assistance or sheltering during a disaster, due to conditions affecting physical or cognitive functioning. It is also designed to help emergency management and planners access community needs, prior to a disaster. The registry is for anyone that has a physical, emotional, or mental disability. It also includes the medically frail elderly.

If you would like to be included on the special needs registry please fill it out and return it to:

City of Aurora
Emergency Management
Attn: Special Needs
15151 E. Alameda Parkway, Ste 4100
Aurora, CO 80012

City of Aurora Special Needs Registration

Registrant Information:

Only the person with special needs should fill out a form.

Name: _____ Sex: M or F (Circle one)
 Last First MI

Home Address: _____ Apt. _____ Bldg. _____

City: _____ ZIP Code _____ Language Spoken: _____

Mailing Address: (if different): _____

Telephone: _____ Hearing Impaired TDD # _____

DOB: _____ Veteran: Yes No

Residence type: Single Family Home Subdivision Name: _____
 Manufactured Home Park Name: _____
 Apartment / Condo Complex Name: _____ Floor _____

Does your home have either Air Conditioning or Evaporative Cooling : Yes No

Transportation Information

Check one of the following modes of transportation

Do you have personal transportation in the event of an emergency? No Yes

Do you have special needs with regards to transportation? No Yes

If "Yes," Circle One: Bus Car Wheelchair Van Ambulance

Pet Information None ____ (Cat ____) (Dog ____) (Bird ____) Other _____ please list # of each

Have you made arrangements to shelter your pet in an emergency while you are at a shelter or away from home?

Yes No

Do you have a pet carrier for each animal? Yes No

Check all that apply:

____ I take care of myself at home.	Are you:	____ Quadriplegic
____ I have part time nursing help at home.	____ Hard of hearing	____ Paraplegic
____ I am unable to care for myself at home.	____ Blind	____ On a ventilator

Do you have a caregiver who will be with you? Yes No

Name: _____ Relationship: _____

Home Health Agency providing home care?

Name: _____ Phone: _____

Emergency Contacts:

(Local) Name: _____ Phone: _____

(Local) Name: _____ Phone: _____

(Non-Local) Name: _____ Phone: _____

Special Medical Needs

Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Medical Dependence on Electricity | <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Speech Impairment |
| <input type="checkbox"/> O2 Concentrator, Nebulizer | <input type="checkbox"/> Anxiety/Depression | <input type="checkbox"/> Vision Loss/Impaired |
| <input type="checkbox"/> Feeding Pump | <input type="checkbox"/> Mental Health Problem | <input type="checkbox"/> Deaf/Hard of Hearing |
| <input type="checkbox"/> Suction | <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> Incontinence |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Open Wounds/Decubitus | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Oxygen Company _____ | <input type="checkbox"/> Respirator Dependent | <input type="checkbox"/> Dialysis Dependent |
| <input type="checkbox"/> Walker/Cane/Wheelchair (Circle one) | <input type="checkbox"/> Bedridden | <input type="checkbox"/> Extreme Obesity |
| <input type="checkbox"/> Other _____ | | |

IMPORTANT NOTICE AND STATEMENT OF UNDERSTANDING

The information contained herein is true and correct to the best of my knowledge. I have read and understand the information on this form and understand that registration is voluntary.

I understand that I am responsible for providing for my own basic and special needs.

The Special Needs Registry is a voluntary registration process that will identify individuals with special medical or transportation needs. The purpose of the Special Needs Registration is to provide a planning tool for the individual as well as demographic information to the Office of Emergency Management and other emergency planners in the event of a large scale emergency. This information will be stored in a database for retrieval should the need arise.

The registry is NOT designed to ensure that every registrant will receive personalized help during a disaster. The registry is NOT a guarantee that every registrant receives priority service. It is incumbent on each resident to provide for their own basic and special needs.

I grant permission to health care providers, transportation agencies, city and county personnel, and others as necessary to provide care, and to disclose any information that is necessary to respond to my needs.

I understand that this registration is voluntary and this information will be maintained and disclosed, if necessary, by city and county personnel.

I hereby request registration in the "Special Needs" database and authorize emergency management personnel to utilize this privileged medical information only within the context of their job responsibilities.

Signature of Registrant or Guardian **** This Is Required Do Not Leave Blank **** Date _____

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