



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 online at www.rvcog.org
by clicking on the "Disaster Registry" link.*

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_____





Jackson and Josephine Counties, Oregon
Application

1/11 ver

Date _____

Name: Last _____ First _____

Street # _____ N S E W _____ Street Name _____ ST / RD (etc.) _____

Apt/Sp # _____ City _____ ZIP _____

County _____ Gender _____

Mailing Address (if different from street address) _____

Phone _____ E-Mail _____

Cell Phone _____ Birth Date _____

Is House Number visible from the street? Y/N _____ Is this a Care Facility? Y/N _____

Apt/Mobile Park Name _____

Apt/Mobile Park Street Address _____

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? (ME) Y/N _____ Describe _____

(ME) Needs Electricity? Y/N _____ Describe _____

Dialysis? Y/N _____ Describe _____

Other Condition? Y/N _____ Describe _____

Speak English? Y/N _____ Language _____

Service Animal? Y/N _____ Pet? Y/N _____

I am 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

I require a Caregiver. Y/N_____

Caregiver Name_____ **Relationship?** _____

Mailing Address_____

Phone_____ Cell_____ E-mail _____

Emergency Contact (EC) Information: Guardian, Family Member

EC 1 Name_____ **Relationship?** _____

Mailing Address_____

Phone_____ Cell_____ E-mail _____

EC 2 Name_____ **Relationship?** _____

Mailing Address_____

Phone_____ Cell_____ E-mail _____

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

Senior & Disability Services? Y/N_____ Contact_____ Phone_____

Medical Equip Co? Y/N_____ Name_____ Phone_____

Developmental Disabilities Services? Y/N_____ Contact_____ Phone_____

DHS Self-Sufficiency / Child Welfare? 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 Provider? Y/N_____ Name_____ Phone_____

Miscellaneous Other _____
Information _____

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.

Applicant's Name

(Print)_____ Signature_____ Date_____

Preparer's Name

(Print)_____ Signature_____ Date_____