

DISASTER REGISTRY

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. 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. Return the form in the enclosed envelope. If you get more than one application packet in the mail, just send one back.

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:

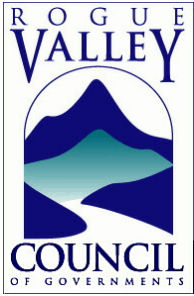
- Personal hygiene items and a change of clothing
- An extra set of keys for your house and car
- Cash, a credit card, and change for a pay phone
- Your insurance agent's name and phone number
- Special needs such as eyeglasses, hearing aid batteries, incontinence supplies, walker, cane, wheelchair—all 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.

If you have any questions about the Disaster Registry, please call Senior & Disability Services of Rogue Valley Council of Governments at (541) 664-6676 ext. 379 or ext. 383.

***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

Jackson and Josephine
Counties, Oregon



Application

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.** Thank you for your help.

Name _____ Caregiver/Guardian/Emergency Contact: _____
Street _____ Apt# _____ Name _____
City _____ Zip _____ Relationship _____
County _____ Phone Number (____) _____
Phone Number (____) _____ E-Mail _____
E-Mail _____ Is this a facility? ___ Yes ___ No
Date of Birth _____ Is House Number Visible from the street? ___ Yes ___ No

Special Need:

Mobility: ___ Yes ___ No List mobility issue: _____
Hearing/Vision Impaired: ___ Yes ___ No List impairment: _____
Medical Equipment Used: ___ Yes ___ No List equipment: _____
Medical Needs ___ Yes ___ No List medical needs: _____
Do you have medications that you would need to take with you? ___ Yes ___ No
Other Special Needs (including service animals): _____

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

___ Senior and Disability Services

___ Medical Equipment/Home Care Company. Please list _____

___ Developmental Disabilities Services

___ DHS Self Sufficiency and/or Child Welfare

___ Medical Doctor/phone Please list _____

___ Mental Health Provider Please list _____

___ Other Health or Medical Services Please list _____

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.

Printed Name _____

Signature _____ Date _____

<p><i>For SDS RVCOG use only</i> Date application received _____ ID number _____</p>
--