

**PLEASE CIRCLE THE CORRECT ANSWER**

Are you hearing impaired?  
(Circle "No" if you can hear with hearing aids) . . . . . Yes . . . . . No

Are you visually impaired?  
(Circle "No" if you can see with glasses or contacts . . . Yes . . . . . No

Are you on a ventilator (a machine that breathes for you)? . . . Yes . . . . . No

Do you require a nebulizer  
(a machine that gives you medication in a mist)? . . . . . Yes . . . . . No

Can you self administer your nebulizer treatments? . . . . . Yes . . . . . No

Do you require oxygen from a tank most of the day? . . . . . Yes . . . . . No

Do you have a family member or caregiver to help you  
and stay with you when you evacuate? . . . . . Yes . . . . . No

Are you wheelchair bound? . . . . . Yes . . . . . No

Do you need assistance getting in and out of a wheelchair? . . . . . Yes . . . . . No

Do you require tube feedings or suctioning daily? . . . . . Yes . . . . . No

Do you have an IV, daily dressing changes or urinary catheter? . . . Yes . . . . . No

Do you get dialysis? – If "yes", where? . . . . . Yes . . . . . No

Do you know the dialysis center's plan of care for  
hurricane preparedness? . . . . . Yes . . . . . No

If you have any comments or other special needs, please explain.

I certify that the information given is correct to the best of my knowledge. I grant permission to medical providers, transportation agencies and any others to provide care and disclose any information necessary to respond to my emergency needs. I also give local law enforcement permission to enter my home in case of emergency.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CARTERET COUNTY  
EMERGENCY SERVICES**

**ELDERLY & SPECIAL NEEDS**

**REGISTRATION FORM**

Do you have a medical condition that may require you to receive assistance during a disaster?

Do you need transportation assistance to evacuate to a shelter?



If so, you should fill out this voluntary form to get the help you need during disaster. If you know someone else who needs assistance, please share this information with them.

**Carteret County Emergency Services  
Special Needs Voluntary Registration Form**

Carteret County Emergency Management  
303 Courthouse Square  
Beaufort, NC 28516

<http://www.co.carteret.nc.us/departments/emergencyservices.htm>

Carteret County Emergency Services has developed a computerized registry of people with special needs who may require assistance in the event of a disaster, such as tornado, hurricane, or chemical spill.

All information provided on this form is voluntary and considered confidential. Should you wish to be included in this registry, **please complete the tear-off questionnaire on the last page of this booklet and return it to the address above.** Your participation with this self identification process will be considered permission/ authorization to release protected health information with emergency personnel to facilitate your quick and safe evacuation.

Due to the time required and limited resources to safely evacuate people with special needs, the evacuation process may be executed well in advance of an impending disaster. **You must be ready to evacuate when told to do so by emergency officials!!**

Definition of Special Needs Include the Following:

1. Individuals with severe respiratory problems (Oxygen or ventilator dependent) that require a power source and/or ambu bag.
2. Individuals dependent on airway suctioning (tracheotomy).
3. Individuals on IV (intravenous) therapy.
4. Individuals requiring tube feeding.
5. Individuals requiring wound care or help with injections on a daily basis.
6. Individuals with transportation needs to an appropriate level of shelter.

**Carteret County Emergency Services  
Elderly & Special Needs Registration Form**

Date\_\_\_\_\_

Name\_\_\_\_\_

Physical Address\_\_\_\_\_

Mailing Address\_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip Code\_\_\_\_\_

Phone\_\_\_\_\_Date of Birth\_\_\_\_\_

Male\_\_\_\_Female\_\_\_\_\_

What is your disability?\_\_\_\_\_

Primary Language\_\_\_\_\_

Caregiver's Name\_\_\_\_\_

Emergency Contact (other than Caregiver present):  
\_\_\_\_\_

Who is your doctor?\_\_\_\_\_

Who is your home health or Hospice care provider?  
\_\_\_\_\_

Where do you plan to stay during an evacuation?

Home\_\_\_\_\_Will you be alone?\_\_\_\_\_

With friends/family\_\_\_\_\_

Emergency Shelter\_\_\_\_\_

Do you have transportation to an evacuation shelter?\_\_\_\_\_

If not, check the appropriate transportation needed:

\_\_\_\_\_standard vehicle (car, van)

\_\_\_\_\_wheelchair equipped vehicle

\_\_\_\_\_ambulance

**Pet Arrangements**

Service animals will be allowed in regular shelter areas, however, Pets will **not** be allowed. There will be a designated Pet Shelter at Newport Middle School. You will need to make arrangements for your pet ahead of time by calling Carteret County Emergency Management at 252-728-8470.

**Medications** – Have a 5-day supply of all medications and supplies needed to administer medications, such as needles and syringes, and a copy of prescriptions, or a list of medications and allergies.

**Medic-Alert** bracelet or medical information/instructions

**Medical Equipment** – (if applicable)

**OXYGEN** – Have a full backup tank. Have plan with oxygen supplier to refill when needed.

**FEEDING PUMP** – Have feeding and supplies for 5 days.

**SUCTION UNIT** – Must be battery operated or have manual suction devices.

**VENTILATOR** – Generator is strongly recommended.

**NEBULIZER** – Generator is strongly recommended

**MEDICAL SUPPLIES** – Have a 5 day supply of Depends, food supplements, dressings and bandages, wound vac, etc.

**MOBILITY AIDS** – walker, wheelchair, braces, special shoes, cane.

**EYE GLASSES, HEARING AIDES** – keep extra set with batteries

**Sanitation** – Antiseptic hand wash/soap, paper towels, moist towelettes, plastic bags with ties, dust mask, and duct tape.

**Wrench or pliers** - for turning off utilities.

**Code Status** – (if applicable) Have the original official state DNR form posted in view (additional originals can be obtained to file with evacuation information).

**Important papers** – local maps, insurance papers, Medicare/Medicaid cards, medical history, banking information, and cash.

**Pets** – Have a 5-day supply of food, supplies, immunization record, and medications.

**Communicate** – Develop a family or support system network.

Communicate the plan – Your family may not be together when disaster strikes, so plan how you will contact each other and review what you will do in different situations. Make sure others know what you will do, and where you will be and how you will make contact.

## **Levels of Shelter**

**Public Shelters** – These shelters of last resort are open to the general public, including the elderly. Carteret County Emergency Management will advise which shelters will be opened at such time. When arriving at a shelter you will need to have your shelter supply kit. The following items should be included:

- Food & Water
- Bedding
- Toiletries
- Medications
- Baby Supplies
- Recreational Supplies (books, games, etc.)

Items that are prohibited are: guns, illegal drugs, and alcohol. Pets are not allowed, but are allowed in the Pet Shelter which will be located at Newport Middle School. Please make arrangements for your pets ahead of time by calling Carteret County Emergency Management at 252-728-8470.

**Special Needs Shelter** – This shelter of last resort is for people who have special medical needs and are dependent on electricity, such as oxygen, nebulizers, or sleep apnea devices. There will be a generator providing power at this location and limited medically trained personnel. You will need to bring all of your supplies including care giver to this location. This shelter is located at:

Leon Mann Senior Center  
3820 Galantis Street  
Morehead City, NC 28557  
(252)247-2626

**Long-Term Facility Shelter** – This level of care and last resort shelter is at local area nursing homes dependent on empty bed status at the time of the disaster. Examples of people qualifying for this level of care include bed-bound persons or persons needing 24 hour care.

**Acute Care In-Patient Sheltering** – This level of last resort shelter require Doctor's orders for individuals who require continual skilled nursing services at the hospital. These orders must include patient's name, date of birth, address, phone number, medication list, diet, physical activity, and diagnosis with treatments listed.

All of these shelters of last resort are subject to change depending on the nature and level of disaster encountered.

## Evacuation

If you must relocate to a safer place, make plans to go to a friend or relative outside the disaster area. Do not make a shelter your first choice. It should be your last resort. Remember the time to relocate is before disaster strikes, if possible. You can not relocate during a disaster. The following checklist will help you to be ready to leave your home. Packing can be done quickly if you are prepared for a disaster.

**CAREGIVER** – Your caregiver **MUST** go with you to your evacuation site (including all levels of shelter) and **MUST** be prepared to care for you the same as when at home.

Refer to the list of supplies mentioned under Shelter in Place as a guide to things to pack and take with you as you evacuate. Make sure you have all your possessions labeled with your name.

- Listen to the TV or radio for weather updates or other public emergency instructions
- Turn off the main power source to your home
- Turn off the fuel supply to your home
- Turn off the main water valve, flush commodes until dry, and open faucets in tubs, showers, and sinks.

Once you complete the voluntary form on the back of this brochure and return it to County Emergency Management, your application will be reviewed by medical personnel. Based on the information you declare, you will be notified of the designation by mail.

## Staying At Home

Sometimes the safest location in certain emergencies may be your own home, if adequate planning is done. If you can stay in your own home safely, this may be the best plan for you.

### SUPPLIES

**Water** – Have a 5-day supply of bottled drinking water (one gallon per day per person)

**Food** – 5-day supply of cooked, canned, or dried cooked. Provide for any special diet requirements. Check expiration dates each year. Have a hand operated can opener and a non-electric source for warming foods and liquids. No charcoal or propane cookers are to be used in the house.

**Flashlights** – Have 2 flashlights with 2 sets of batteries stored in a zip lock bag, not in the flashlights.

**Radio** – Battery powered. Store 2 sets of batteries in a zip lock bag.

**Smoke detector** – Battery powered. Check the batteries every 3 months and change the batteries every 6 months. Store the extra batteries in a zip lock bag.

**Cellular phone** – Recharge batteries every 2 weeks. Keep an extra charged battery.

**Whistle** – For signaling for help

**Bedding** – Have 3 blankets/pillows, special pads, etc. for each person.

**Heat** – Know the kind of heat you have – gas, electric, oil, etc.

**Generator** – Recommended if on a ventilator, oxygen concentrator, or a feeding pump powered by an AC source. Generator must be adequate in size to support the equipment, adequate lighting, and appliances such as refrigerator, freezer, and microwave. Generator must be regularly tested/maintained with a 72- hour fuel supply.