



Wilkes County Special Medical Needs Registry

Dear Wilkes County Resident,

The 2010 U.S. Census Bureau says, 8.9% of North Carolinians under the age of 65 have some type of disability. In order to assist residents of Wilkes County of all ages, a special medical needs registry has been developed to help Emergency Management and other first responder agencies know about residents that may have difficulties during a disaster or significant event. You may sign up for the special medical needs registry if you or someone you love needs additional assistance during times of emergencies or disasters.

The Wilkes County Special Medical Needs Registry gives key information to emergency workers in the event of a 911 call and/or during a disaster such as a hurricane, flood, winter storm, power outage, disease outbreak, nuclear event, or etc. **Persons on the registry are volunteering for the list and have the choice to agree to, or say no to, assistance.** Filling out this form does not guarantee the signed up person will receive immediate or special aid in an emergency or disaster. People should always have their own emergency plan in place. This registry allows Emergency Service Providers (emergency management, fire department, law enforcement, Public Health, and etc.) to share this information with one another to help with your recovery. All records are kept confidential.

Eligible people for the list must live in Wilkes County AND have at least one of the following:

- Have to have help with daily living actions (bathing, dressing, toileting, etc.)
- Have need of medical observation or aid
- Have a constant or lasting, or easily spread sickness (Tuberculosis, Dementia, etc.)
- Disability and/or homebound
- DO NOT live in a long term facility (Nursing Home, Assisted Living, or Care Home)

Step 1: To register, please fill out and sign these papers:

- Conditions and Authorizations to Release Information, including Protected Health Information form
- Special Medical Needs Registry Application

Step 2: Mail the completed forms to:

Wilkes County Emergency Management
Attention: Suzanne Hamby
110 North Street
Wilkesboro, NC 28697

Step 3: Update your information every year or sooner if it changes with Wilkes County Emergency Management, 336-651-7305.



You will receive a phone call or mailing at least every other year to update your information. If your health condition or personal information changes before the scheduled update, please contact Wilkes County Emergency Management at 336-651-7305 to change your information in the registry. Your information will be checked at least every other year. If Wilkes County Emergency Management cannot reach you after three attempts during the update, your information will be deleted from the registry.

For additional information you can call the Wilkes County Emergency Management office at 336-651-7305, Monday-Friday 8:30am-5pm. Thank you for helping us to assist you in disaster situations.

Respectfully,

Suzanne Hamby, Director
Wilkes County Emergency Management

*Enclosed



CONDITIONS AND AUTHORIZATION TO RELEASE INFORMATION, INCLUDING PROTECTED HEALTH INFORMATION

Please read and initial each of the following:

_____ (initial) I hereby request that the information I have provided be listed in the Wilkes County Special Medical Needs Registry and the North Carolina State Special Needs Registry. I understand that submitting the information to the Wilkes County Special Medical Needs Registry does not guarantee that it will be included in to the Registries.

_____ (initial) I understand that my participation in this registry is voluntary and that all information that I provide will only be used for disasters and emergency planning and response purposes.

_____ (initial) I understand that at any time I may ask that my name be removed from the Registries by sending in a written request to Wilkes County Emergency Management.

_____ (initial) I grant permission to emergency medical providers, transportation providers and other emergency responders to enter my residence in an emergency, to provide care and to disclose the information I have provided as needed to respond to my emergency needs. This is not intended to limit a responder's ability to enter or respond to an emergency as allowable by law.

_____ (initial) **I understand that I should call 911 if I am in an emergency**, even though I have submitted information to the registry.

_____ (initial) I understand that I am responsible for making my own emergency preparations. This may include, but is not limited to, responsibility for establishing communication with family members or caregivers, and the provision of prescription medications, oxygen supplies, medical equipment, and special dietary items that I may require if I am evacuated from my home.

_____ (initial) I understand that I am responsible for all expenses associated with my emergency medical evaluation and care.

_____ (initial) I understand that I can bring my service animal to an emergency shelter, but I am responsible for the feeding and care of my animal.

_____ (initial) I understand that it is my responsibility to update the information I have provided at least once a year or when my information changes, whichever occurs first.

_____ (initial) I grant my permission to medical providers, transportation agencies, and others as necessary to provide care and disclose any information necessary to respond to my needs.



(initial) I understand that assistance will only be provided for the duration of the evacuation, emergency or disaster and that alternative arrangements should be made in advance in the event that I am not able to return to my home.

(initial) I understand that in the event I am not able to return to my home that I will be responsible for any additional transportation or hospital expenses.

(initial) I understand that upon order or recommendation to evacuate my residence, if I need transportation and am unable to arrange transportation for myself I will contact 911 to request transportation assistance.

(initial) If I decline transportation when a transporter arrives, I understand that I may not have another opportunity to obtain this service.

(initial) I understand that based on this information and the data I have provided: Wilkes County Emergency Management will determine if any emergency evacuation assistance will be provided.

(initial) I understand that power is not guaranteed, due to unforeseen power fluctuations or power failures.



I understand that completing this form and including my information in the Wilkes County Special Medical Needs Registry and the State Special Needs Registry DOES NOT create a contract for services. Neither the entities or individuals that have created or maintained this registry or collected information for this registry, nor any entity or individual that may utilize the information contained in the registry including but not limited to, Wilkes County Emergency Management, the North Carolina Department of Public Safety, Public Health authorities, human services agencies, emergency personnel and volunteers, warrant that assistance will be provided to you during an emergency or disaster.

I understand that participation in this registry is voluntary and that it is my duty and responsibility to update my information on this registry. By completing this registration form and including the information in the Wilkes County Special Medical Needs Registry, I hereby confirm and attest the information provided in this registration is correct and that should the information that I have provided change, I will promptly update the registry. By completing this registration form and including the information in the Wilkes County Special Medical Needs Registry, I also hereby warrant that the information has been provided voluntarily and that if I have required assistance to complete this form that I have consented to the assistance provided. By completing this registration form and including the information in the Wilkes County Special Medical Needs Registry, I also hereby waive any and all claims which relate to the collection, maintenance or use of the information I have supplied which may be asserted against the entities or individuals that have created or maintained this registry or collected information for this registry and any entity or individual that may utilize the information contained in the registry included but not limited to the North Carolina Department of Public Safety, Division of EM, Public Health authorities, and emergency personnel and volunteers.

I understand that my participation in the Wilkes County Special Medical Needs Registry is voluntary and that all information I provide, including any Protected Health Information, will be treated as confidential, but that under some limited circumstances the information may be released without my permission as allowable by federal or state law.

I further understand that the information I provide will only be released to the North Carolina Department of Public Safety, Division of EM, the County of Wilkes and Public Health authorities, human service agencies, emergency responders, managers and planners, and those individual who manage the Registry database.

I understand that the information I have provided to the Registries will only be used in the following circumstances: to respond to disaster-related events; to respond to emergency needs; for evacuation and recovery efforts; and for disaster planning purposes.

I understand that under some limited circumstances the information may be released without my permission as allowable by federal or state law.



YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION

I understand that I, or my personal representative, is entitled to receive a copy of the completed authorization form upon request. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke the authorization that I must do so in writing and submit my written revocation to Wilkes County Emergency Management. I understand that the revocation will not apply to information that has already been released. I also understand that once information is released to others, it may be re-disclosed to individuals or organizations not subject to state and federal privacy and confidentiality laws and may not be protected.

I have had full opportunity to read and consider the contents of this Authorization. I understand that, by signing this form, I am confirming my authorization that the North Carolina Department of Public Safety, Division of Emergency Management may disclose to the person(s)/organization(s) named in this form the information described in this form.

I certify that the above information is correct. I hereby authorize the Wilkes County Emergency Management, to release, use or disclose this information to other emergency response, Public Health authorities or human service agencies or officials and to include this information in the Wilkes County Emergency Management. I also give law enforcement permission to enter my home in case of an emergency. I understand that I have the right to revoke this permission by notifying the Wilkes County Emergency Management and asking that my name be removed from the special needs registry.

Signature

Date

If the person filling out this form is not the patient please complete the following 2 lines:

Name: _____ **Phone:** _____

Relationship/Agency: _____



REQUIRED Personal Enrollment Data
(One Person Per Form, Please Print)

Date of Application: _____

New Application or Update of Existing Application
(Circle one)

Last Name: _____ First Name: _____

Middle Name: _____ Sex: Male Female Weight: _____ lbs.

Street Address: _____ Apt. #: _____

City: _____ Zip Code: _____

Mailing Address: _____
(if different from above)

City: _____ Zip Code: _____

Primary phone number: (_____) _____ - _____

Alternative phone number: (_____) _____ - _____

Primary Language: _____ Secondary Language: _____

Name of Subdivision, Mobile Home Park, Apartment Building:

Living Situation

- Living Alone Living with Parents Living with Spouse/Significant Other
 Living with Children
 Other *(please explain below)*



Medical History

(please check all that apply, must include explanation when requested)

<input type="checkbox"/> Allergies <i>(explain below)</i>	<input type="checkbox"/> Memory Impaired <i>(explain below)</i>	<input type="checkbox"/> Seizures
<input type="checkbox"/> Asthma/Emphysema (COPD)	<input type="checkbox"/> Mental Health Condition <i>(explain below)</i>	<input type="checkbox"/> Special Dietary Needs <i>(explain below)</i>
<input type="checkbox"/> Bedridden	<input type="checkbox"/> Ostomy Care	<input type="checkbox"/> Speech Impaired
<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Oxygen Concentrator or Ventilator <i>(Select one below)</i> <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Suction Machine
<input type="checkbox"/> G-Tube Feeder		<input type="checkbox"/> Vision Impaired
<input type="checkbox"/> Insulin Dependent	<input type="checkbox"/> Physically Disabled	<input type="checkbox"/> Walker
<input type="checkbox"/> IV Medication	<input type="checkbox"/> Portable Oxygen Machine	<input type="checkbox"/> Wheelchair Bound
<input type="checkbox"/> Medications <i>(explain below, list)</i>	<input type="checkbox"/> Refrigeration for Medication(s)	<input type="checkbox"/> Other <i>(explain below)</i>

Place explanations here (use additional paper if necessary):



Disaster Plan

*(If you require a special diet and you must go to a shelter be prepared-
pack and bring food that you can eat and drink with you.)*

Stay with a friend/family member

Evacuate to a shelter

(please select any that apply below)

Stay at home

Require transportation to a shelter-

(please specify type of transportation below)

Other

(please explain)

Will bring a service animal

Will bring a pet

Place explanations here *(use additional paper if necessary):*

Emergency Contact Information

(A minimum of one emergency contact is required.)

1. Emergency Contact Name: _____

Relationship: _____

Home Number: (____) ____ - ____ Work Number: (____) ____ - ____

Cell Number: (____) ____ - ____ Alternate Number: (____) ____ - ____

2. Emergency Contact Name: _____

Relationship: _____

Home Number: (____) ____ - ____ Work Number: (____) ____ - ____

Cell Number: (____) ____ - ____ Alternate Number: (____) ____ - ____



Medical Provider Information

Physician Name: _____ Phone: (____) ____ - _____

Pharmacy Name: _____ Phone: (____) ____ - _____

Home Health Agency: _____ Phone: (____) ____ - _____

Personal Caregiver: _____ Phone: (____) ____ - _____

Medical Equipment Provider: _____ Phone: (____) ____ - _____

Specialist Physician 1: _____ Phone: (____) ____ - _____

Specialist Physician 2: _____ Phone: (____) ____ - _____

Specialist Physician 3: _____ Phone: (____) ____ - _____