

**Lewis & Upshur County Local Emergency Planning Committee
Emergency Preparedness Registry**

Previously known as the Special Needs Evacuation and Rescue Registry

The Emergency Preparedness Registry has been established to collect information for disaster planning. It may help emergency responders locate and evacuate people with Special Needs or other high risks during an emergency, especially when a family, caregiver or others are unable to help them. You (or someone on your behalf) should register if you may find it difficult to get to safety with family or friends or to a public shelter during an emergency evacuation, because of a physical or cognitive limitation, language barrier, or lack of transportation. Remember, your priority should be to have a personal plan and supplies or to relocate with a family member or friend first.

Today's Date: _____ This is a first time application () or This is an update ()

Print - Last Name: _____ Sex: M F

First Name: _____ Year of Birth _____

Physical 911 Address _____

Town _____ Zip _____ Apartment Number _____

Name of your local Fire Department _____

Description and Color of Dwelling _____

Nearest cross street: _____

Do you live in a floodplain or flood-prone area? Yes No Don't Know

Telephone number at residence: _____ (TTY: Yes No)

Do you have a service animal? Details: _____

> Check all that apply <

<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Confined to a Bed	<input type="checkbox"/> Uses Walker or Cane
<input type="checkbox"/> Oxygen Dependent	<input type="checkbox"/> Ventilator Dependent	<input type="checkbox"/> Acute/Chronic Respiratory
<input type="checkbox"/> Blind or Severe Visual impairment.	<input type="checkbox"/> Alzheimer's/Dementia/or severe memory Impairment	<input type="checkbox"/> Developmental Disability
<input type="checkbox"/> Cannot Communicate Verbally or ESL	<input type="checkbox"/> Deaf/Severe Hearing Impairment	<input type="checkbox"/> Intravenous Supported
<input type="checkbox"/> Final Stages of Life	<input type="checkbox"/> Dialysis Dependant	<input type="checkbox"/> No Transportation
Other – Specify why you need help evacuating.		

(Admin Use Only -In DB

Lat

Long

Marplot ID)

Please Read Carefully

I do hereby release this information to any and all Upshur or Lewis County officials, employees and their agents, and consent and understand that such information will be maintained in an Emergency Preparedness Registry for use by emergency service personnel.

The undersigned understands that they need to have a personal emergency plan in addition to the Registry, because no agency can guarantee timely assistance during a disaster.

The LEPC, Lewis and Upshur County are not liable for any claim based upon the good faith failure to exercise performance of a function or duty on the part of any officer, employee or volunteer in carrying out a local disaster plan.

Emergency planners will use good judgment in protecting the confidentiality of this information; however the intent of this program is to provide critical information to first responders who would normally be prevented from access to this data under various privacy rules.

By my signature hereon, I waive any and all claims against Lewis and or Upshur County arising from use of this registry. I further agree to provide updated information to the Registry as it becomes available, as this information will be kept on active file for 3 years, after which the information must be reconfirmed and updated.

Registrant's Signature _____ Date _____

Witness Signature _____ Date _____

Please mail this form to:

Upshur County OEM
181 Pallottine Drive
Buckhannon, WV 26201

or Fax to
304-472-6539