

# Chelan County Sheriff's Office

## Emergency Management

### Special Needs Registry

The Chelan County Special Needs Registry is a voluntary registry of individuals who would require assistance in the event of an emergency. This assistance could be as simple as advising a person of a situation in the vicinity of their residence to those who need evacuation assistance in the event of a natural or man-made disaster. This registry alerts emergency responders as to a resident's address and gives them the vital information they need to better meet the resident's needs. It is important that emergency personnel know where to find you, and how best to meet some of your requirements during a disaster requiring evacuation.

Participation in the registry is **voluntary** and all information is strictly confidential, used only for emergency purposes.

Individuals are eligible to be registered with the Special Needs Registry if they are frail, elderly, medically needy, and/or disabled and are not served in or by a residential facility program (i.e. nursing home, retirement apartments, etc.). Eligible individuals need only to complete the attached form and return it to the Emergency Management Office. Forms are available on our website at [www.chelandem.org](http://www.chelandem.org), stopping by our office at 408 N. Western, Wenatchee during business hours, or calling our office at 509-667-6863.

Our department's mission is to assess and plan for hazards and emergencies and work with other public safety and municipal agencies to ensure public welfare. As a pre-planning tool, the Special Needs Registry should be considered strongly for **all** people who have special medical needs (i.e. oxygen or life support systems that are dependent upon electrical power) or have physical disabilities that would make it difficult to evacuate independently if the need arose.

For more information on this service, contact the Emergency Management Office at (509) 667-6863 or by e-mail to [Eileen.Ervin@co.chelan.wa.us](mailto:Eileen.Ervin@co.chelan.wa.us). Thank you for your anticipated cooperation in Chelan County's Special Needs Registry.

Mail completed forms to:

Chelan County Emergency Management  
ATTN: Eileen  
408 N. Western  
Wenatchee, WA 98801



CHELAN COUNTY SHERIFF'S OFFICE  
EMERGENCY MANAGEMENT

**Special Needs Registry**  
Registration Form

Brian Burnett, Sheriff

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
(Street, Apt. Number) (City)

**Telephone Number:** (509) \_\_\_\_\_ **TDD/TTY?**  Yes  No

**E-mail Address:** \_\_\_\_\_

**Sex:**  Male  Female **Date of Birth:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Primary Language:** \_\_\_\_\_

**\*\*\*\*\*Residence Information\*\*\*\*\***

**Type of Residence:**  Private home  Apartment/Condo  Mobile Home  
 Retirement Home  Duplex  Other \_\_\_\_\_

**Name of Complex/Subdivision/Mobile Home Park:** \_\_\_\_\_

**Do you have pets?**  Yes  No If yes, do you have arrangements for them in an emergency?  Yes  No (Please be advised, pets cannot go to the shelter with you unless they are a service animal.)

**\*\*\*\*\*Evacuation Information\*\*\*\*\***

If you evacuate you plan to go to:  Family  Friend  Shelter

Will you require evacuation assistance?  Yes  No

If yes, what type of transportation will you need?

Standard Vehicle  Wheelchair Capable  Ambulance

Do you:  Care for yourself  Regularly have assistance from a caregiver

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

If going to a shelter, will a caregiver accompany you to the shelter?

Yes  No

**\*\*\*\*\*Medical Information\*\*\*\*\***

Check applicable medical conditions:

- Can walk unassisted
- Walk with:  walker  cane
- Use wheelchair
- Am Bedridden
- Legally Blind
- Hearing Impaired/Deaf
- Speech Impaired
- Contagious Disease
- Other limitations

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Medicine Allergy – To what? \_\_\_\_\_

Check any of the following you require?

- Respirator
- Insulin
- Feeding Tube
- Other Special Medications \_\_\_\_\_
- Dialysis
- IV Fluids
- Suction Unit

Special Diet    If yes, what type? \_\_\_\_\_

- Require a 24 hr. caregiver.
- Require Oxygen    \_\_\_\_\_ hrs. a day    Liter flow: \_\_\_\_\_  
Oxygen provider: \_\_\_\_\_
- I have an oxygen machine (concentrator)
- I have a portable oxygen tank

What illnesses do you take medication for?

- Heart problems
- Stroke
- Breathing Problems
- Seizures/Convulsions
- Other \_\_\_\_\_
- Blood pressure
- Diabetes
- Pain
- Alzheimer's/Dementia

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Name of Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

The information contained herein is true and correct to the best of my knowledge. I understand that assistance will be provided only for the duration of the emergency, and that alternative arrangements should be made in advance in case I am not able to return to my home. \_\_\_\_\_ (Initial)

I understand, based on the information I have provided, that I may or may not be assigned to a special needs shelter based on the criteria stated in the information provided. \_\_\_\_\_ (Initial)

I understand that I am responsible for assisting in the provision of any prescription medications, oxygen supplies, medical equipment, and special dietary items that I may require during the emergency. \_\_\_\_\_ (Initial)

I also understand that I will be responsible for any charges and costs associated with hospital and other medical facility care or medical transportation. \_\_\_\_\_ (Initial)

I grant permission to medical providers and transportation agencies and others as necessary to provide care and disclose any information necessary to respond to my needs. \_\_\_\_\_ (Initial)

I hereby grant permission for the release of this information to emergency response agencies and pre-authorize these agencies to enter my residence for the purpose of emergency search and rescue. \_\_\_\_\_ (Initial)

I understand my participation in this registry is voluntary and all information maintained will be strictly confidential, used only for emergency purposes and hereby request registration in the Chelan County Special Needs Registry Program. \_\_\_\_\_ (Initial)

Registrant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

(If Registrant is unable to sign)

Relationship to Registrant (if any): \_\_\_\_\_

Please mail the completed form to:

Chelan County Sheriff's Office Emergency Management  
ATTN: Special Needs Registry  
408 N. Western  
Wenatchee, WA 98801