MEIGS COUNTY EVACUATION ASSISTANCE AND SPECIFIC NEEDS REGISTRATION

Registration for: Specific Needs Shelter ____ Transportation Assistance ____ Both ____

After registration form is processed, you will then be contacted by Meigs County Emergency Management Agency.

Last:_____ **First:**_____ **Age:**_____ **Male**_____ **Female**_____

Street Address:_____

Home Phone:_____ **Cell Phone:**_____

Living Situation: Alone_____ Relative_____ Other (explain):_____

Residence Type: Single Family Home___ Mobile Home___ Apartment___ Complex Name:_____

Do you have: Caretaker_____ Phone Number:_____

Home Health_____ Phone Number:_____

Hospice Care_____ Phone Number:_____

I Require Transportation Assistance: Yes ____ No ____ Pre-Arranged Destinations:_____

_____

Specific Needs (Check all that apply)

___Kidney Disease	**___Asthma**	**___Hearing Impaired**	**Electrical Dependent**
___Dialysis	**___Emphysema**	Hard of Hearing Y N	
Center: _____	**___COPD**	Deaf Y N	**__CPAP / BiPAP**
Days a Week: _____	**___Breathing Treatments**	**___Walker / Cane**	**__Nebulizer** (Breathing Treatment)
At Home Y N	**___Oxygen Dependent**	**___Wheelchair**	**__Oxygen Concentrator**
___Diabetes	LPM: _____	Stand Assisted Y N	**__Feeding Tube**
Insulin Dependent Y N	**___Ventilator** (unable to breath on your own)	Unable to stand Y N	**__Electric Wheel Chair**
Oral Medication Y N	**___Mental Health**	**___ Paraplegic**	**__Electric Scooter**
___High Blood Pleasure	Schizophrenia Y N	**___Quadriplegic**	**__Other:** _____
___Heart Disease	Obsessive Compulsive Y N	**___Bedridden**	
___Stroke	Violent Behavior Y N	**___Incontinence**	**Other Specific Needs:**
___Speech Impaired	**Other:** _____	Occasionally Y N	_____
___Cancer	**___Dementia**	Wears adult diapers Y N	_____
Chemotherapy Now Y N	**___Alzheimer's**	**___Feeding Tube**	_____
Radiation Now Y N	**___Sight Impaired**	Unable to Swallow Y N	_____
	Wears glasses Y N	24 Hour Feedings Y N	_____
	Blind Y N	For Medications Y N	_____
	___Service Dog	Syringe Feeding Y N	_____
			_____

EMERGENCY CONTACTS

Name:_____ **Relationship:**_____ **Phone:**_____

Name:_____ **Relationship:**_____ **Phone:**_____

Name:_____ **Relationship:**_____ **Phone:**_____

Primary Care Physician:_____ **Phone:**_____

Form Completed By:	Relationship:	Phone:
By signing this form I give my authorization for the medical information contained herein be released to the county emergency management agency, health department, emergency medical services, local fire departments, and receiving facilities for the purpose of evaluating my needs and providing emergency transport and sheltering. All records and information contained will remain confidential and not released for public record.		
Signature:		Date: / /

Mail or deliver completed forms to Meigs County Emergency Management Agency, 41859 Pomeroy Pike Pomeroy, Ohio 45769

For further information contact Meigs County EMA at 740-992-4740

Meigs County Emergency Management Agency

E.M.A.

Jamie Jones Director
Brody Davis Admin.Asst.

41859 Pomeroy Pike · Pomeroy, Ohio 45769 · Phone (740) 992- 4541 · Fax (740) 992-9582
meigsema@hotmail.com

Medical Information Release Form
(HIPAA Release Form)

Name: _____

Address_____

Release of Information

I authorize the release of information included on the Meigs County Emergency Management Specific Needs database forms. This information may be released

To:
[ ] Emergency Responders in the event of a disaster situation or in the event of evacuation is required.

[ ] Information is not to be released to anyone.

This ***Release of Information*** will remain in effect until terminated in writing.

The information will be housed at the Meigs County Emergency Management office located at 41859 Pomeroy Pike Rd. Pomeroy, Ohio 45769. A list with name, address and contact information will be compiled and distributed to the fire chief responsible for rescue operations for your location. No medical information will be released with that list. Only in the event of a disaster or evacuation scenario will the medical details be given out to responders.

Messages

Please call [ ] my home [ ] my work [ ] my cell Number:_____
If unable to reach me:

[ ] you may leave a detailed message
[ ] please leave a message asking me to return your call
The best time to reach me is (*day*)_____ between (*time*)_____

Signed: _____ Date: ____/____/_____

Witness:_____ Date: ___/____/_____