



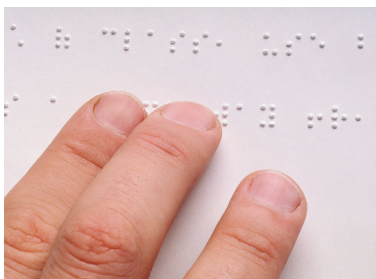
SPECIFIC NEEDS REGISTRY

Facilitating the planning of disaster response by Emergency Management and first responder agencies to specific needs persons living in Pennington County.

If you live in Pennington County and have a condition which might impede your ability to evacuate a building, travel to or stay safely in an emergency evacuation center, or securely shelter in place without assistance, then you may want to consider enrolling in this voluntary and confidential registry.



The Specific Needs Registry could provide you with additional assistance in the event of a disaster. Should a fire, tornado, flood, blizzard, power outage or disease outbreak occur in your area, this registry will be used to enhance the efficiency of those agencies called upon to respond.



Medical Provider Information (fill in all that apply)		Phone	
Physician name		Phone	
Pharmacy name		Phone	
Affiliated institution/agency/organization <input type="checkbox"/> Black Hills Works <input type="checkbox"/> Behavior Management <input type="checkbox"/> WRDI <input type="checkbox"/> Interim HealthCare <input type="checkbox"/> Regional Dialysis <input type="checkbox"/> Other _____		Phone	
Shelter Information		Service Animal Information	
Can you, a family member or friend provide you with transportation to a shelter in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a service animal that would require special attention if you were asked to evacuate your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who will provide transportation for you to a shelter?		Type:	Specific Requirements (if any):
Authorization Information			
By signing/submitting this form, I/legal guardian agree that my name be added to the Pennington County Specific Needs Registry. I give Pennington County Emergency Management authorization to share this information with other community emergency responders in the event of an emergency in order to facilitate an effective response. I grant emergency responders permission to enter my home following an emergency event or disaster situation, if necessary, to assure my safety and welfare.			
Applicant Signature X		Date	
Authorized Guardian Signature X		Date	
<p style="text-align: center;">Mail completed form to: Rapid City / Pennington County Emergency Management 130 Kansas City Street, Ste. 130A, Rapid City, SD 57701 605-394-2185</p> <p style="text-align: center;">OR FAX completed form to: 605-394-2180</p>			



For questions regarding this form or program, contact Pennington County Emergency Management by phone or email rcpcem@pennco.org. This form can also be completed online at www.rcpcem.com.

ENROLLMENT IN THE SPECIFIC NEEDS REGISTRY IS COMPLETELY VOLUNTARY. PLEASE READ AND UNDERSTAND THE FOLLOWING BEFORE ENROLLING.



Confidentiality Statement
 Information submitted on this registry form is for the purposes of planning and coordinating emergency responses. Your information will not be shared with unauthorized personnel or organizations. Release of this information to authorized agencies and personnel will occur only for the purpose of effecting the delivery of aid to enrollees.

Notice of Disclaimer
 This voluntary program is for persons in Pennington County who may need specific disability-related assistance and/or accommodations in the event of a major disaster. Enrolling in the registry does not ensure prompt and thorough response after a disaster strikes. Specific accommodations and assistance needs may include communicating through alternative means, requiring specialized paratransit services, life-sustaining medications or equipment, etc.

PREPARE YOURSELF

Enrollees should take appropriate measures to become as self-prepared as possible for disasters given their particular personal situations.



If you choose to enroll, please fill out the application as completely and accurately as possible. Please remember to keep your registry profile updated annually.

DISASTERS HAPPEN WITH LITTLE TO NO WARNING

Learn how to prepare yourself.

Visit www.pennco.org/specificneeds

Cut along dotted line before mailing



Disclaimer	
The purpose of the Pennington County Specific Needs Registry is to enable emergency management planning and to provide emergency responders in Pennington County with important information from individuals that may require assistance during an emergency, such as fire, tornado, flood, blizzard, power outage or disease outbreak. This program is voluntary and in no way ensures that the individual completing this form will receive immediate or preferential treatment in an emergency. This program will merely provide the emergency response community with information that is pertinent to developing an effective response. The Pennington County Specific Needs Registry in no way replaces the responsibility of individuals to have their own emergency plan.	
Personal Information	
Date of Application:	<input type="checkbox"/> New Application <input type="checkbox"/> Update of Previous Application
Last Name:	First Name: MI Date of Birth Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address	City Zip
Primary Phone #	Alternate Phone #
Name of Subdivision, Mobile Home Park, Apartment Building, etc. Primary Language:	
Living Situation (check one): <input type="checkbox"/> Live Alone <input type="checkbox"/> With Spouse <input type="checkbox"/> With Children <input type="checkbox"/> With Parents	
<input type="checkbox"/> Other (explain)	
Medical Information (check and complete those that apply to your medical condition)	
<input type="checkbox"/> Wheelchair dependent	
<input type="checkbox"/> Walker/cane	
<input type="checkbox"/> Bedridden	
<input type="checkbox"/> Hearing impaired	
<input type="checkbox"/> Visually impaired	
<input type="checkbox"/> Seizures	
<input type="checkbox"/> Speech impaired	
<input type="checkbox"/> Memory impaired	
<input type="checkbox"/> G-tube feeders	
<input type="checkbox"/> Electricity dependent medical device	
<input type="checkbox"/> Ostomy care	
In the event of a major disaster or emergency, what type of assistance will you need? Please be specific:	
<input type="checkbox"/> Mental health condition	
<input type="checkbox"/> Intellectual disability	
<input type="checkbox"/> Special dietary needs	
<input type="checkbox"/> Required or life-sustaining equipment	
<input type="checkbox"/> Portable oxygen machine	
<input type="checkbox"/> Suction machine	
<input type="checkbox"/> Oxygen concentrator: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
<input type="checkbox"/> Ventilator	
<input type="checkbox"/> Life sustaining medications	
<input type="checkbox"/> Physical disability	
<input type="checkbox"/> Other	
Emergency Contact Information	
<i>Primary Emergency Contact</i>	
Last Name	First Name Relationship Phone
<i>Alternate Emergency Contact</i>	
Last Name	First Name Relationship Phone