

Union County Access and Functional Needs Registry

Union County Division of Emergency Management and Union County Division of Public Health are responsible for maintaining a registry for residents in Union County who have access and functional needs. Individuals who have a disability that may impair their ability to seek safety during an emergency are asked to register. The registry serves as a database to use during emergency situations and the information provided will be used for emergency response purposes only. Signing up for this registry is not a guarantee of service. Please call for information or complete the information and return completed form to one of the following:

- Union County Emergency Management: 500 N. Main Street Suite 809, Monroe, NC 28112 - (704) 283-3575—Fax: 704-283-3716
- Union County Division of Public Health: 1224 W Roosevelt Blvd., Monroe, NC 28110 - (704) 296-4800—Fax: 704-296-4807

General Information:

Name: First: _____ Last: _____ Gender: M F
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Alternate Phone: _____
 Date of birth: _____ Age: _____ Primary Language: English Spanish Other: _____
 Do you have a service animal? Yes No If Yes, what type? _____
 Do you have a full-time caregiver? Yes No If Yes, will your caregiver evacuate or shelter with you? Yes No
 Do you live alone? Yes No If No, who do you live with: Family Caretaker Group Home Other: _____
 Do you require electricity for medical equipment? Yes No
 Emergency Contact Name: _____
 Emergency Contact Phone: _____ Alternate Phone: _____

Mobility (check all that apply)

- No mobility issues
- Able to walk with assistance
- Confined to Bed
- Wheelchair/Mobility Vehicle
- Prosthesis
- Other _____

Assistance with: (check all that apply)

- Bathing
- Dressing
- Using the Toilet
- Eating
- Medicine
- Other _____

Transportation for evacuation or to a shelter:

- No transportation Needs
- Need transportation—can use standard vehicle
- Need Transportation—require a wheelchair lift vehicle
- Need Transportation—require a stretcher
- Other: _____

Sensory (check all that apply)

- Legally Blind
- Glasses, Contacts
- Braille Needs
- Speech impairment
- Non-verbal
- Deaf
- Hard of Hearing
- Hearing aids / Assistive Technology
- Sign Language
- Difficulty understanding verbal instructions
- Other: _____

None

Learning, Developmental, and Mental (check all that apply)

- Alzheimer's
- Dementia
- Amnesia
- ADHD
- Brain Injury
- Learning Disability
- Autism
- Genetic disability
- Behavioral
- Mental
- Other: _____

None

Medical (check all that apply)

- Insulin
- Oxygen
- Dialysis
- Feeding Tube
- Catheter
- Wound Care
- Life Support
- Obesity
- IV Meds
- Arthritis
- Stoma or Ostomy
- Other _____

None

I certify that the above information is correct. I understand that I am responsible for all expenses associated with medical evacuation and shelter at a hospital. I hereby grant permission to Union County Emergency Management and Union County Division of Public Health to release this information to other emergency response agencies as needed during emergency situations and for planning purposes.

Signed: _____ Date: _____ Relation: _____