



**Special Medical Needs  
(SMN)  
Voluntary Registration**

Pitt County Emergency Management has developed a computerized registry of people who have special medical needs with care factors that may require assistance in the event of a disaster, such as a hurricane, tornado, or chemical spill. Attached is a registration form for inclusion in the SMN database. **A separate form must be completed for each individual who wishes to register.**

**Special Needs Include the Following:**

1. Individuals with severe respiratory problems (Oxygen or ventilator dependent) who require a power source and/or ambu bag.
2. Individuals dependent on airway suctioning (tracheotomy).
3. Individuals on IV (intravenous) therapy.
4. Individuals requiring tube feeding.
5. Diabetic patients requiring assistance with insulin.
6. Individuals requiring wound care or help with injections on a daily basis.
7. Individuals with physical or mental conditions, including traumatic brain injury, who require daily medical supervision.

**Assistance dogs are allowed in Special Medical Needs shelters; however, individuals are responsible for care of the dog, including bringing food and other essentials. Pets are not allowed in shelters.**

**Individuals who come to a Special Medical Needs shelter are responsible for bringing a five (5) day supply or medications, medical supplies, and any other items needed to meet their needs.**

This is a voluntary registration. The information you provide will be confidential in accordance with state and federal privacy laws. It will be used by emergency personnel only to assure your safety in the event of a disaster. You may need to be evacuated to safety, or you may need to stay within your home with special assistance. Should you wish to be included in the registry, **please complete the tear-off questionnaire and return it to Pitt County Emergency Management, 1717 W. 5<sup>th</sup> Street, Greenville, NC 27834.** If you have questions, call **Pitt County Emergency Management 902-3956.**

If you know of someone else who might need disaster assistance, please share this information with them.

**To access the Special Medical Needs plan and the registration form by internet, visit the Pitt County website at [www.pittcountync.gov](http://www.pittcountync.gov). Click on "Depts and Services," scroll down to and click on "Emergency Management." A link to the plan and registration form is located there.**

**DIRECT ALL INQUIRES TO PITT COUNTY EMERGENCY MANAGEMENT**



Special Medical Needs (SMN) Voluntary Registration

After completing this form detach and return to: Pitt County Emergency Management

Name: Date of Birth: Your Street Address: City: Zip: Phone: Your Mailing Address: Caregiver: Phone: (h) (w) Emergency Contact Person: Phone: (h) (w) Primary Language: TDD/TTY (for hearing impaired) Yes No Primary Physician: Physician's Phone: Home Health/Personal Care Provider: Phone: Pharmacist: Pharmacist Phone:

NEEDS: CIRCLE all medical needs that apply to you as defined by the categories listed in the information on the other page.

- 1 2 3 4 5 6 7

- What is your primary disaster plan? 1. Stay with family or others: If so, name, address, phone #: 2. Stay at home Do you have a generator? 3. Evacuate to a shelter (A caregiver must accompany you to the shelter and stay with you) 4. No sheltering plan Do you have transportation to a shelter? YES NO If No, what are your transportation needs? Car Van with lift Ambulance Do you need assistance with walking? Walks Unassisted Walks with Assistance Wheelchair Bed Bound Do you presently live in: Apartment House Mobile Home Do you have medical equipment that requires power? Yes No Do you have a living will? Yes No Additional Care Factors Life Support (emergency power) Insulin (self) Insulin (with assistance) Ventilator Wound Care (frequency) 24 hour caregiver Colostomy (self) Colostomy (with assistance) Ileostomy (self) Ileostomy (with assistance) Heart Problems Post Traumatic Stress Disorder Sight Impaired Hearing Impaired Contagious Disease Speech Impaired Homeless IV Fluids (frequency) Suction Unit (frequency) Special Diet (describe) Oxygen Hours per day Portable Oxygen Tank Concentrator (for oxygen) Oxygen Provider: Traumatic Brain Injury (TBI) Methadone Treatment Assistance Animal (such as guide dog) Homebound Feeding Tube Dialysis (frequency) Flood Prone/Hazardous Living Situation Other Services

Do you have equipment or supplies that you cannot transport? If yes, please list:

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. In the event of an emergency, I hereby authorize Pitt County Emergency Management to release, use or disclose this information to other emergency response or human services agencies or officials. I also give law enforcement permission to enter my home in case of an emergency. I understand I have the right to revoke this authorization as outlined by the Pitt County Notice of Private Practices.

Signature Date