

Carroll County Special Needs Registry

Personal Information

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

City: _____

Zip: _____

County: _____

Phone 1: _____

Phone 2:(optional) _____

Phone 3:(optional) _____

Alternate Contact

Name: _____

Relationship: _____

Phone: _____

Additional Information

Gender: Male Female

Age: _____

Check all that apply:

- Life-sustaining Medication
- Vision Impairment
- Hearing Impairment
- Speech Impairment
- Ventilator Required
- Supplemental Oxygen Required
- Life-sustaining Equipment
- Mobility Impairment
- Homecare Assistance
- Mental/Cognitive Condition
- Service Animal
- Interpreter Required
- Contagious Disease(s)

DISCLAIMER:

There is no substitute for personal preparation. In a disaster, government and other agencies may not be able to meet your needs. It is important for all residents to make individual plans and preparations for their care and safety in an emergency.

This registration allows residents with special needs an opportunity to provide information to emergency response agencies so those agencies can better plan to serve them in a disaster or other emergencies.

The information collected here will not be available to the public. It will only be shared with emergency response agencies to improve their ability to serve. You will be contacted occasionally to ensure the information is correct and to make any necessary changes.

There is no guarantee that being a part of this registry will require Carroll County Emergency Management Agency, Carroll County Public Health, or any other emergency response agency to contact or evacuate those persons listed in the registry in the event of an emergency, although an effort will be made to do so if resources allow it.