



Cedar County Special Needs Registry



In the event of a disaster event in Cedar County, the following questions are being asked to ensure proper planning for Cedar County Residents that have unique needs. The answers to these questions will be kept in the strictest of confidence and only used in the event of an evacuation or need for sheltering outside of your usual place of residence. All answers are voluntary. Cedar County will contact you biennially for updates to your information. Alternatively, you may update your information at any time by completing a new form.

By submitting this form, you understand that, while kept in confidence, your information may be shared with Cedar County, Cedar County Public Health, Cedar County Emergency Management and other first response agencies for assistance in times of disaster. Completion of this form is not a guarantee of service or assistance, and you agree to hold Cedar County, Cedar County Public Health, Cedar County Emergency Management Agency harmless if circumstances do not allow for disaster assistance.

By submitting this form, you are certifying that you are completing this form for yourself. If you are completing this form for another person, you are certifying that you have the authority to complete this form on their behalf. If you are completing this form for someone else, please list your name: _____

BASIC INFORMATION:

Name: _____

Date of Birth (MM/DD/YYYY): _____

Physical Address (Including City): _____

Phone Number: _____

Cell/Alternate Number: _____

Number of People in Home: _____

Number of Minors in Home: _____

Primary Emergency Contact: _____

Phone of Contact: _____

Secondary Emergency Contact: _____

Phone of Contact: _____

Primary Care Provider: _____

Hospital of Choice: _____

Do you have an emergency plan for use during disasters? Yes No

Do you winter in another state? If so, which months? _____

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

MOBILITY:

Are you confined to a wheelchair or bed? Yes No

If so, please describe _____

Do you require a lift or other special equipment to transfer? Yes No

If yes, please note what you use to transfer. _____

(please see next side)

SPECIAL EQUIPMENT:

Do you require power for life support equipment (i.e., ventilator, nebulizer, feeding pump, refrigerated medications, apnea monitor, oxygen concentrator, cardiac monitor, suction machine, or any other electrical dependencies)?

If yes, what type? _____

Is it able to be transported (Battery-Operated, Condition, etc.)	Yes	No
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What company provides your electric service? _____

OXYGEN USE:

Do you use oxygen?	Yes	No
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If yes, please check any of the following that apply:

24-Hour Use: _____	CPAP: _____
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Only Overnight: _____	BiPAP: _____
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Nebulizer: _____	Portable Tank: _____
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How long will your oxygen supply last without electricity?

Do you have extra portable tanks?	Yes	No
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What company provides your oxygen? _____

OTHER INFORMATION:

Are you blind/sight impaired?	Yes	No
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Do you use a wheelchair?	Yes	No
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Do you use a walker?	Yes	No
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Do you use a cane?	Yes	No
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Would you require transportation if evacuation is required?	Yes	No
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Do you use insulin?	Yes	No
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Do you use an EPI-PEN?	Yes	No
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Do you have a Do Not Resuscitate (DNR)?	Yes	No
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Any additional information that you would like to share that might be beneficial for our planning processes:

Completed forms can be sent to: Cedar County Emergency Management, 400 Cedar Street, Tipton, IA 52772. Thank you for participating and sharing your information. Should there be any questions on your answers, an employee of Cedar County Public Health or Cedar County Emergency Management will contact you.