



NEW HANOVER COUNTY
Access & Functional Needs Registry
230 Government Center Drive, Wilmington,
NC 28403
P: (910) 798-6900 | EM.NHCgov.com

Application Type:

- NEW
 UPDATE

Do you have a Legal Guardian? Yes No

Personal Information

Last Name:		First Name:		Middle Initial:
Date of Birth:			Gender:	
Address:				Suite/Apt:
City:	Zip:	Email Address:		
Preferred Phone:		Backup Phone:		
Video/TTY Phone:		Preferred: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email		
Living Arrangements: <input type="checkbox"/> Alone <input type="checkbox"/> With Family or Friend <input type="checkbox"/> With Spouse <input type="checkbox"/> Live-In Caretaker <input type="checkbox"/> Other _____		Residence Type: <input type="checkbox"/> Single-Story Home <input type="checkbox"/> Apartment <input type="checkbox"/> Multi-Story Home <input type="checkbox"/> Mobile Home <input type="checkbox"/> Townhome <input type="checkbox"/> Other _____		
Race/Ethnic Group: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other _____		Primary Language: <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Italian <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalong <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> ASL <input type="checkbox"/> Other _____		

May we share your information with 911 Dispatchers and emergency responders? Yes No

Emergency Contact Information

Primary Contact:		Relationship:	
Preferred Phone:		Work Phone:	
Alternate Phone:		Email Address:	
Street Address:			
City:		State:	Zip Code:
Secondary Contact:		Relationship:	
Preferred Phone:		Work Phone:	
Alternate Phone:		Email Address:	
Street Address:			
City:		State:	Zip Code:

Medical Information

Does the applicant require 24-hour care?

Yes No

Life-Sustaining Equipment Required (check all that apply):

Oxygen Feeding Pump Suction
 Dialysis Ventilator Nebulizer
 Other _____

Life-Sustaining Medication Required (check all that apply):

Cardiac (heart) Diabetes
 Respiratory (breathing) Other _____

Communication Impairments (check all that apply)

Deaf Speech-Impaired
 Hard of Hearing Forgetful
 Non-Verbal Other _____

Mobility Impairments (check all that apply):

Bedridden Wheelchair
 Prosthetic Walker
 Cane Other _____

Sight Impairments:

Blind Low-Vision
 Color Blind Other _____

Allergies:

Medications (Please list all medications or enclose a separate file):

Other Medical Notes:

Medical Provider Information

Primary Physician:

Phone:

Pharmacy:

Phone:

Oxygen Provider:

Phone:

Home Health Agency:

Phone:

My Personal Disaster Plan

I will shelter in place and I have my emergency kit: Yes No

I will have a caregiver
 Yes No

I will evacuate/shelter with family/friend
 Yes No

Caregiver Name:

Family/Friend Name:

Phone:

Phone:

Relationship:

Relationship:

My transportation will be provided by:

Home Generator Available: Yes No

Type of Fuel: _____ # days of fuel on hand: _____

I will have: All Necessary Medications A list of current medications from my pharmacy
 A Disaster Supplies Kit A disaster plan for my pets (if applicable)

My Pets Disaster Plan

Do you have a service animal?
 Yes No

Do you have any pets?
 Yes No

If you selected yes to either of the above questions, please list type, size, weight of the animal(s):

Disaster plan for my pets:

****If you bring a service animal to a shelter, please provide documentation indicating your need for the animal. ****

Agreement to Terms of Use & Information Release

Terms of Use: It is your responsibility to verify your contact information with the New Hanover County Access & Functional Needs Registry at least annually. If we are unable to reach you, you will be removed from the Access & Functional Needs Registry. Citizens utilize the services of the Access & Functional Needs Registry at their own discretion. The Access & Functional Needs Registry; Individual Care Coordination Center (IC-3); health care facilities; and adult care homes, acting in good faith, are permitted to waive certain rules to provide temporary shelter or services during disasters and emergencies. Temporary sheltering facilities; IC-3; and the Access & Functional Needs Registry staff and volunteers are not liable for providing care. A personal caregiver is required during periods of temporary placement.

I certify that the above information is correct. I hereby grant permission to New Hanover County Department of Emergency Management and the Senior Resource Center Retired & Senior Volunteer Program (RSVP) and volunteers working under the direction of these agencies to use this information for the following purposes ONLY: (1) to include myname/information in the county's Access & Functional Needs Registry; and/or (2) to give to emergency response agencies for assistance with evacuation or aid in the event of a disaster or emergency. This information is confidential. My participation in the Access & Functional Needs Registry is voluntary.

Applicant/Guardian Signature: _____ **Date:** _____