

State of Delaware
Emergency Preparedness Voluntary Registry - Special Needs Registration

Dear Delaware Resident,

The Delaware '911' emergency system and the Delaware Emergency Management Agency (DEMA) welcome you to the Emergency Preparedness Voluntary Registry for citizens who have special needs.

'911' and DEMA in collaboration with other agencies, both state and non-state, have developed this Voluntary Registry to help you prepare for an emergency event before it happens. Emergencies and disasters sometimes happen with no warning and you need to be ready.

Local and state emergency planners and first responders will use the information gathered from this site to plan for local and state emergencies. The ability to plan ahead will help emergency personnel to better serve the community at times of crisis such as: snow, floods, fire, tornadoes, or events that involve terrorism. On a daily basis, '911' personnel and first responders will have access to this information and will use it to better serve you should you need to dial '911'. This includes fire, police, and EMT personnel.

This is a voluntary registry. The information entered in it will be shared with '911', fire, police, and EMT personnel and will be used by emergency planners and first responders in times of crisis.

If you do not want to disclose your protected health information, please STOP now, and do not complete this form.

The submission of unauthorized protected health information through this registry is illegal and is considered a violation of 11 Del.C. §863. Be sure before entering such protected health information about another person that you have that person's express permission to do so or by reference to Delaware law or statute.

IMPORTANT TO NOTE:

- In an actual emergency, response agencies will try to provide the necessary assistance, but this cannot always be assured.
- To best guarantee personal safety, individuals should make plans and follow government response guidance.
- The purpose of a Special Medical Needs Shelter is to provide shelter as a last resort. A personal caregiver should accompany you if you have specialized medical needs.
- The Voluntary Registry is primarily web based and secure. By voluntarily completing the registry you authorize that the information you enter will be shared with emergency planners at the local and state level in Delaware and that information will remain confidential at all times and will be used for the sole purpose of emergency planning, response, and return. Emergency planners belong to the Delaware Division of Public Health Division, the Delaware Emergency Management Agency, local fire districts, and the Department of Transportation.
- Information that you enter into this Voluntary Registry will be updated on an annual basis or as needed to remain current by you or your representative. A notice will be sent to you on an annual basis to remind you to update your information. By completing this Voluntary Registry you are authorizing the right to send a reminder notice by the program contractor to you on an annual basis in the format preferred by you. Should the contractor receive no response from you at that annual update, your information will be deleted from the Voluntary Registry. This information will be shared with '911' personnel and first responders (fire, police, and EMT personnel) in case of a '911' emergency, as well as with emergency planners at a state and local level.

Primary Residence to be Registered

Zip: _____	County: <input type="checkbox"/> New Castle <input type="checkbox"/> Kent <input type="checkbox"/> Sussex
Address: _____ Apt/Lot: _____	
Neighborhood: _____	
City: _____ State: <u>Delaware</u>	
This residence has: <input type="checkbox"/> Doorbell Flashers <input type="checkbox"/> Pets <input type="checkbox"/> Service Animal <input type="checkbox"/> Guard Dog	

Persons to be Registered (Please use another form to register additional persons)

[Fill in Name and Phone Number. If you have special needs or health concerns please complete the entire Section 2.]

Do you live alone at this residence? Yes No

First Name: _____ Last Name: _____

Date of Birth: _____ Male: Female:

Primary Telephone: (_____) _____ Secondary Telephone: (_____) _____

Primary Email: _____ Secondary Email: _____

Emergency Contact Information

(Person to call in the event you are in an Emergency)

Relationship: _____ (What is your Relationship to the Emergency Contact Person?)

First Name: _____ Last Name: _____

Primary Telephone: (_____) _____

Primary Email: _____ Secondary Email: _____

**Which of the following conditions apply to the person registering?
(please check all conditions that apply)**

Confined to Bed

Directions to the person located in the house: _____

Additional Information: _____

Uses Braces/Cane/Crutches/Walker

Oxygen Dependent

Location in the Home? _____

Is the device portable? Yes No

What type of device is this? _____

Additional Information: _____

Blind/Visually Impaired

Do you use Assistive Technology? Yes No

Additional Information: _____

Speech Impairment

Additional Information: _____

Intellectual Disability

1.) Are you able to follow simple commands? Yes No

2.) Are you Combative to Strangers? Yes No

Additional Information: _____

Alzheimers/Dementia

1.) Are you able to follow simple commands? Yes No

2.) Are you Combative to Strangers? Yes No

Additional Information: _____

Epilepsy

Additional Information: _____

Dialysis

Is Dialysis Located at Home Outpatient

Additional Information: _____

Obese (In excess of 300 lbs)

Additional Information: _____

Uses Wheelchair

Ventilator Dependent

Location in the Home? _____

Is the device portable? Yes No

What type of device is this? _____

Additional Information: _____

Deaf/Hard of Hearing

Do you use Assistive Technology? Yes No

Additional Information: _____

Non-Verbal Communication

1.) Do you use Assistive Technology? Yes No

2.) Are you able to follow simple commands? Yes No

3.) Can you read lips? Yes No

4.) Do you require an interpreter? Yes No

Additional Information: _____

Autism

1.) Do you have any Communication Barriers? Yes No

2.) Are you Combative to Strangers? Yes No

Additional Information: _____

Mental Illness

1.) Are you able to follow simple commands? Yes No

2.) Are you Combative to Strangers? Yes No

3.) Are you taking Psychiatric Medications? Yes No

Additional Information: _____

Cardiac Condition

Which of the following apply?

Congenital Heart Defect

Pacemaker

AICD (Automated Implantable Cardiac Defibrillator)

Congestive Heart Failure

Additional Information: _____

Other: _____

Is this situation Temporary or Permanent?

Additional Information (optional)

[Please enter complete information in each of the boxes below if they apply to you.]

Give all the information that you need concerning transportation, special support needs and other needs that you may have in an emergency.

Transportation Instructions: _____

Registrar Information if other than person listed above

[Fill in your information in Section 5 if you are completing this form on behalf of someone else.]

If you are a caregiver and are completing this form on behalf of a family member or someone you care for, please document your relationship with that person.

Relationship: _____

First Name: _____ Last Name: _____

Primary Telephone: (_____) _____

Primary Email: _____

To register information please go to:

www.de911assist.delaware.gov

or mail this form directly to:

Terry M. Whitham
911 Administrator
P.O. Box 818
Dover, DE. 19903-0818