

TRANSPORTATION ASSISTANCE REGISTRY

Date of Survey Response: _____

Do you have transportation to evacuate? Yes No

First Name: _____

Last Name: _____

Street Address: _____

City: _____

Zip Code: _____

Phone Number: (____) _____

Sex: Female Male

In case of emergency contact:

First Name: _____

Last Name: _____

Relationship: _____

Phone Number: (____) _____

If others are evacuating with you, how many? _____

Do you have a pet? Yes No

If yes, how many _____ Do you have carriers for every pet? Yes No

Do you have medical special needs? Yes No

(One who needs assistance during evacuation and sheltering because of physical or mental handicaps OR one who requires a level of care and resources beyond the basic first aid level of care that is available in shelters for the general population.)

Do you or anyone evacuating with you use oxygen? Yes No

What category describes your special needs?

Level 1 A person dependent on others or in need of others for routine care (eating, walking, toileting, etc.). Child under 18 without adult supervision, etc.

Level 2 A person who is blind, hearing impaired, deaf/blind, or has an amputation.

Level 3 A person needing assistance with medical care administration, monitoring by a nurse, dependent on equipment, assistance with medications, mental health disorders.

Level 4 A person outside an institutional facility care setting who require extensive medical oversight (i.e., IV chemotherapy, ventilator, peritoneal dialysis, hemodialysis, life support equipment, hospital bed and total care, or is morbidly obese)

Level 5 A person in institutional setting such as hospitals, long-term care/assisted living facilities, or state schools.

Do you use a service animal? Yes No

If you selected Level 3, 4 or 5: Do you use a wheelchair? Yes No

Are you confined to a bed? Yes No

Do you require power for medical equipment? Yes No