

Webster County LEPC
Functional Needs Evacuation and Rescue Registry
In cooperation with the:
Webster County Office of Emergency Management

This program is designed for those who have “functional needs,” (including but not limited to, medical dependency on electricity, respirator or dialysis dependant, wheelchair, bedridden or intravenous restricted) who may require shelter or evacuation assistance in the event of an emergency. It will assist responders by allowing the Office of Emergency Management (OEM) to develop a map to pinpoint your location and compile specific data to assist agencies such as FEMA and the Red Cross to plan for contingencies.

If you anticipate the need for evacuation, you should make arrangements to shelter with relatives, friends or community organizations. If you require special medical transportation or facilities, you or your care giver should make those arrangements ahead of time. The special needs shelter and other emergency assistance is intended as a temporary last resort, when for reasons beyond your control, you are unable to implement your own emergency plan.

Please complete the form and mail or turn in to:

Webster County OEM
210 Back Fork Street
Webster Springs, WV 26288

Or

Webster County Health Department
112 Bell Street, Suite C
Webster Springs, WV 26288

Webster Local Emergency Planning Committee
Functional Needs Evacuation and Rescue Registry

Today's Date: _____ This is a first time application () This is an updated application ()

Please Print:

Name: _____ Sex: M F
 Last First Middle

Physical Address (No PO Box): _____

Town _____ Zip _____ County _____
 (If the mailing address is different from the physical address please include in comments)

Description of dwelling: (color and type) _____

Nearest cross street and distance: _____

Nearest source of floodwater and distance: _____

Do you live within the boundaries of a floodplain? Yes No Don't Know

Telephone: (____) _____ (TTY: Yes No) Date of Birth or Age: _____

What Language is your primary means of communication: _____

Do you have a service animal? Details: _____
 (Please attach a list of any additional domestic pets that are primarily dependent on you.)

Primary Emergency Contact:

Name: _____ Age: _____
 Last First Middle

Phone: _____ EMAIL: _____ Relationship: _____

(Additional contacts can be attached to this form.)

Primary Physician and or Hospital: _____

Home Health Provider: _____

Check all that apply:

<input type="checkbox"/> Deaf/Severe Hearing Impairment	<input type="checkbox"/> Use Walker or Cane
<input type="checkbox"/> Blind/Severe Visual Impairment	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Developmental Disability	<input type="checkbox"/> Confined to a Bed
<input type="checkbox"/> Alzheimer's/Dementia/Psychiatric Disability	<input type="checkbox"/> Ventilator Dependent
<input type="checkbox"/> Cannot Communicate Verbally	<input type="checkbox"/> Oxygen Equipment Dependent
<input type="checkbox"/> Other Life Sustaining Equipment – Specify:	
<input type="checkbox"/> Dialysis Dependiant	<input type="checkbox"/> Memory Impaired
<input type="checkbox"/> Acute/Chronic Respiratory Problems	<input type="checkbox"/> Colostomy (or other drainage)
<input type="checkbox"/> Intravenous Supported	<input type="checkbox"/> Tracheotomy
<input type="checkbox"/> Final Stages of Life	<input type="checkbox"/> Stroke Victim
<input type="checkbox"/> Feeding Tube	<input type="checkbox"/> Amputee or Partial Paralysis
<input type="checkbox"/> I can walk and I can step up into a vehicle, but I have no means of transportation.	

Additional Comments:

I do hereby release the above information to any and/or all Webster County officials, employees and/ or their agents and consent and understand that such information will be maintained in a "Functional Needs Evacuation & Rescue Registry," for use by emergency service personnel. The undersigned understands that they need to have a personal emergency plan in addition to the Registry, because no agency can guarantee timely assistance during a disaster. The Webster County LEPC, is not liable for any claim based upon the good faith failure to exercise performance of a function or duty on the part of any officer, employee or volunteer in carrying out a local disaster plan.

Emergency planners will use good judgment in protecting the confidentiality of this information; however the intent of this program is to provide critical information to first responders who would normally be prevented from access to this data under various privacy rules.

By my signature hereon, I waive any and all claims against Webster County arising from use of this registry. I further agree to provide updated information to the Registry as it becomes available, as this information will be kept on active file for 2 years, after which the information must be reconfirmed and updated.

Registrant's Signature _____ Date _____

Witness Name _____ Witness Age _____

Witness Signature _____ Date _____

Sorry, we cannot accept information over the phone; we must have a signed copy on file. Please mail both pages of this form to:

Webster County OEM
210 Back Fork Street
Webster Springs, WV 26288

Form designed 03/07/2013