Trumbull County Special Needs Registration Form

HIPAA Waiver must be signed and included with submission of registry form.

Questions or Comments: (330) 675-2730

Date of Application

Personal Information

Last Name	First Name	Middle Initial	Date of Birth	Sex ☐ Male ☐ Female
Address (include city, state and zip code)			Home Phone	Cellular Phone
Email		Veteran (Check Box If Yes) ☐	TTY/Video Phone	Alternate Phone

Living Situation
☐ Alone
☐ With Spouse
☐ Other

Residence Type
☐ Private Home
☐ Apt./Condo
☐ Mobile Home

Race/Ethnic Group
☐ African American ☐ Asian/Pacific Islander
☐ Caucasian ☐ American Indian
☐ Hispanic

Language
☐ Arabic ☐ French ☐ Korean ☐ Tagalong
☐ Chinese ☐ German ☐ Russian ☐ Vietnamese
☐ English ☐ Italian ☐ Spanish

Emergency Contacts

Primary Emergency Contact	Relationship	Home Phone	Work Phone	Cellular Phone
Address *(include city, state and zip code)*		Email Address		
Secondary Emergency Contact	Relationship	Home Phone	Work Phone	Cellular Phone
Address *(include city, state and zip code)*		Email Address		

Medical Information

☐ Requires 24-hr Care

Requires Life-Sustaining Equipment
☐ Oxygen ☐ Ventilator ☐ Feeding Pump ☐ Dialysis
☐ Suction ☐ Nebulizer ☐ Other (Describe Below)

Requires Life-sustaining Medication
☐ Cardiac ☐ Respiratory ☐ Diabetes ☐ Other (Describe Below)

Mobility Impairments
☐ Bedridden ☐ Wheelchair ☐ Walker ☐ Cane

Communication Impairments
☐ Speech Impaired ☐ Hard of Hearing
☐ Deaf ☐ Forgetful

Sight Impairments
☐ Blind ☐ Other (Describe Below)

☐ Cardiac History (Describe Below)
☐ Respiratory History (Describe Below)

Dependencies	Medications
Physical Conditions	Allergies
Medical Conditions	Other Medical Notes

Medical Providers

Oxygen Provider	Phone	Home Health Agency	Phone
Primary Physician	Phone	Pharmacy	Phone

Trumbull County
Special Needs Registration Form

MY PERSONAL DISASTER PLAN

☐ I will have a caregiver. Caregiver Name _____
Relationship _____ Phone Number _____

☐ I will evacuate/shelter with family/friend. Family/Friend Name _____
Relationship _____ Phone Number _____
Address _____

☐ My transportation will be provided by _____

☐ I will have all necessary medications and equipment.
☐ I will have a list of current medications from my pharmacist.
☐ I will have a disaster supplies kit.

MY PET'S DISASTER PLAN

Do you have a pet? Yes __ No__ If yes, list Type, Size/Weight _____

My Pet's Disaster Plan _____

Do you have a service animal? Yes __ No__
*When bringing a service animal to a shelter, please have identification indicating your need for the animal.

Information Release

I certify that the above information is correct. I hereby grant permission to Trumbull County 911 to use this information for the following purposes ONLY: (1) to include my name and information in the Trumbull County Special 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.

SIGNATURE: _____ DATE: _____

GUARDIAN: _____

Report prepared by:

Agency/Organization: _____ Phone: _____

Please mail form to:
Trumbull County 911 Dispatch Center
Attn: Special Needs Registry
911 Howland Wilson Rd. NE
Warren, OH 44484

For Office Use Only:
Entered into TC911 CAD
(date)_____
(initials) _____

You may also email the form to: erdivies@co.trumbull.oh.us

It is your responsibility to verify your special needs information with the Trumbull County Special Needs Registry annually. Failure to do so may result in the distribution of outdated or unknown information to first responders.

Citizens utilize the services of the Trumbull County Special Needs Registry at their own discretion. The Special Needs Registry, acting in good faith, is permitted to waive certain rules in order to provide temporary shelter or services during disasters and emergencies. Temporary sheltering facilities, and the Trumbull County Special Needs Registry aren't liable for providing care. A personal caregiver is required during the period of temporary placement.

Updated: March 2019