



Special Needs CTN/Medical Registration Instructions

CTN: Critical Transportation Needy

Residents who require **NO** medical assistance evacuating, but have no resources to evacuate themselves, family or pets.

Medical

Residents with physical, mental or sensory disability and require assistance evacuating.

1) You may call St. Bernard Parish OHSEP @ 504-278-4268 or

Mail your registration to:

**St. Bernard Parish Government
Office of Homeland Security and
Emergency Preparedness
8201 W. Judge Perez Dr.
Chalmette, LA., 70043
CTN Program**

2) Read over the registration form enclosed. Print legibly and answer ALL questions.

If your form is missing information such as your correct phone number, address, etc., we will not be able to contact or mail you important information.

Also, we cannot determine your shelter type and needs unless you answer **ALL** questions regarding your medical condition.

After your information has been received it will remain in our database for one year. Registration is voluntary and your information is kept confidential.

3) Keep your registration information current!

You are responsible for informing this Office of any changes that occur and will affect your registration records.

For example:

If you move, change your phone number or no longer require assistance, inform the office so your information can be updated and changed. **If we cannot contact you during an emergency evacuation, we cannot help you.**

Packing List

- 1.) **Medication and Medical Supplies:** Two-Week supply of medication, Oxygen (up to 8 hour supply), Eye Glasses, Hearing Aids, Walker, Wheelchair or any medical necessity specific to your condition.
- 2.) **Important Papers:** Personal Identification, Family Phone Numbers, Copies of Prescriptions, Doctor's Name & Phone Number.
- 3.) **Personal Items:** Toothbrush, Paste, Soap, Towel, Etc.
- 4.) **Comfort Items:** Blankets, Sleeping Bag & Pillow, Lightweight Folding Chair.
- 5.) **Extra Clothing:** Comfortable clothing.
- 6.) **Special Dietary Foods:** (If you have a special Diet). Bring non-perishable food and a can opener.
- 7.) **Entertainment Items:** Books, Magazines, Cards and Games.
- 8.) **Other:** Flashlight, Batteries, Radio with Batteries.

Have these items packed and ready BEFORE transportation arrives for you. The evacuation process is swift and starts well in advance of a disaster!

REGISTRATION FORM

Please Check One

__Arabi __Chalmette __Meraux __Violet __St. Bernard __Poydras

Name: _____
Last, First, MI

Home Address: _____, _____, _____
(####) (Street) (Apt #) (City)

DOB: ____/____/____ **Sex:** ____ **SSN#** _____
mm / dd / yyyy

Phone: (____) _____ **Alternate Phone:** (____) _____

Do you live in a Mobile Home? [] YES [] NO

Mobile Home Park: _____ **Lot #** _____

City: _____ **Zip Code:** _____

Number of people to shelter/transport: _____

Do You Have Pets? [] YES [] NO **What Type of Pets?** _____

How Many Pets? _____ **Pet Shelter Arranged?** [] YES [] NO

Medical Condition / Health Need:

Please check all that apply:

Life Support

Bedridden-If bedridden can you be moved in wheelchair: Yes No

Wheelchair Bound Walker Cane

Oxygen: Hours per day _____ Liter Flow_____

Portable Tank Nebulizer Respirator

Diabetic (Insulin) Diabetic (Non-Insulin) Wound Care

Visually Impaired Hearing Impaired

Dialysis Cardiac History Allergies

High Blood Pressure

Transportation Required:

WHEELCHAIR VAN AMBULANCE

Will you be accompanied by a caregiver? YES NO

Please provide Caregiver/Next of Kin information below:

Name_____

Phone # _____

Physician's Name: _____ Phone#_____

Home Health Care Agency Name_____ Phone#_____

Oxygen Provider Name_____ Phone#_____

Special Needs CTN/Medical Registration Form Agreement

By signing the registration form below, I agree to and understand the following:

The St. Bernard Parish Assisted Evacuation Plan is designed to,
Provide evacuation assistance for individuals with no other alternative.

I fully understand that **registration does not guarantee** that I will be
Placed into a Special Needs Medical Unit; the Nurse Manager at the shelter will
determine appropriate shelter selection.

I fully understand there will be limitations to the level of care available.
I grant permission to medical providers, transportation agency and all others as
Necessary to provide care and disclose any information necessary to respond to
My medical needs.

All Medical residents should be accompanied by their caregiver, if possible and have
enough medication and oxygen for a minimum of 8 hours.

Registration of a pet(s) does not guarantee they will be transported with you.
Every effort will be made to ID the pet and link it to your registration.

Registration is Voluntary

I hereby request to register for the Critical Transportation Needs Program.

Registrant's Signature: _____ **Date:** _____

Please mail form to:

**St. Bernard Parish Government
Office of Homeland Security and
Emergency Preparedness
8201 W. Judge Perez Dr.
Chalmette, LA 70043**

Or Fax to (504) 271-7343.

For further information call (504) 278-4268.



Release and Hold Harmless Agreement

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Hold Harmless Agreement (the "Release") executed on this ____ day of _____, 2017 by _____ (the "Evacuee") is in favor of St. Bernard Parish Government, its councilmen, directors, officers, employees, volunteers, agents, successors and assigns, St. Bernard Parish School Board and the State of Louisiana (collectively "St. Bernard").

Evacuee desires to evacuate to a State designated evacuation shelter and freely, voluntarily, and without duress executes this Release under the following terms:

Release and Hold Harmless Evacuee does hereby release and forever discharge and hold harmless St. Bernard from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise out of evacuee's evacuation to a state designated shelter.

Evacuee understands that this Release discharges St. Bernard from any liability or claim that the evacuee may have against St. Bernard for any bodily injury, personal injury, illness, death or property damage that may result from evacuee's evacuation to and staying in a State designated shelter regardless of whether caused by sole or partial negligence of St. Bernard.

Shelter Evacuee understands and acknowledges that the State designated shelter will provide only the most basic shelter needs. Evacuee understands and agrees to act carefully at all times, and guard his/her safety and the safety of other occupants of the shelter. Evacuee agrees to abide by the rules of the shelter and understands that the failure to abide by the rules of the shelter may be grounds for his/her removal.

Other Evacuee expressly agrees that this Release is intended to be used as broad and inclusive as permitted by the laws of the State of Louisiana, and that this Release shall be governed by and interpreted in accordance with Louisiana State Law. Evacuee agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Witness Signature:

Evacuee Signature:

Print Name:

Address: _____

Phone: _____