



Special Needs (CTN/Medical) Registration Instructions

CTN: Critical Transportation Needy – Residents who do not require medical assistance during an evacuation, but do not have the means or resources to evacuate themselves, their family or pets during an emergency.

Medical: Residents who have a physical, mental or sensory disability and require assistance with evacuation during an emergency.

1) 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 needs and condition. **DO NOT LEAVE ANY BLANKS. We return incomplete registrations.**

2) You may call St. Bernard Parish OHSEP @ 504-278-4322 or

**Mail your registration to:
St. Bernard Parish Government
Pam Wegener
8201 W. Judge Perez Dr.
Chalmette, LA., 70043**

After your form has been received and approved, your information will remain in our registry for up to one year. Registration is FREE, voluntary and confidential.

3) Keep your registration information current!

You are responsible for informing the Office of Emergency Management of any changes that may occur and affect your registration records.

For example: If you move, change your phone number, or no longer need to be registered, let us know immediately so your file information can be updated and changed. **If we cannot contact you during an emergency evacuation, we cannot help you.**



4) Keep the Special Needs Information enclosed for your records

(Special Needs Evacuation Packing List, etc.) The Special Needs registry is updated annually. New Forms can be obtained from our office or by calling 504-278-4322: registrants must update information and verify eligibility. Registrants who DO NOT reply or cannot be reached at this time are removed from our Special Needs registry and files.

Special Needs Evacuation Packing List

If you request transportation to a special needs shelter, you need to bring with you personal items, medications and other supplies for daily use while you stay at the shelter.

Before transportation arrives to take you (and your caregiver, if applicable) to a shelter, you need to have the following items packed and ready, enough to last at least 48 hours:

Shelter Packing List

- 1.) **Medications and Medical Supplies:** Daily Prescriptions (Two-Week Supply. Your Pharmacy Records may not be available for days). Oxygen up to 8 hour supply, Glasses, Hearing Aids, Walker, Wheelchair, and any other 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. An evacuation process is swift and starts well in advance of a disaster!

SPECIAL NEEDS REGISTRATION FORM

Please Check One

Arabi Chalmette Meraux Violet St. Bernard Other

List, if Other _____

*Registration is for residents who have a physical, mental or sensory disability and require assistance with evacuation during an emergency. Registration does not guarantee availability of medical treatment in the shelter. *SSN is requested but not mandatory; the SSN is used to help identify registrants.*

Name: _____ **Sex:** _____ **SSN :** _____
Last, First, MI

DOB: ____/____/____ **Phone:** (____) _____
mm / dd / yyyy **Alternate Phone:** (____) _____

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

Subdivision: _____ **Name of Apartment Complex** _____

Do you live in a Mobile Home? YES NO

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

City: _____ **Zip Code:** _____

Number of people to shelter: _____

Number of people to transport: _____

Nearest major intersection or cross street: _____

Mailing Address: _____

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

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

Do you live an Evacuation Zone? YES NO

Do You Own A Wheelchair? YES NO



Will you be accompanied by a caregiver? YES NO

Notification Information:

Please provide *name* and *phone number* of each Caregiver

Relative or Friend (circle one that applies), Local or National (circle one)

Physician's Name: _____ Phone# _____
Home Health Care Agency Name _____ Phone# _____
Oxygen Provider Name _____ Phone# _____

Special Needs Registration Form

Nature of disability:

- 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 Life
- High Blood Pressure

Support Equip (List Type Below)

Additional Medical Condition / Health Need:

- NONE SPECIAL NEEDS NURSING HOME HOSPITAL

Describe Additional Condition: _____

Means of Transportation Required:



NONE [] SCHOOL BUS [] WHEELCHAIR VAN [] AMBULANCE []

Special Needs 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.

Registration for Special Needs Medical does not guarantee assignment to a Special Needs Unit; the Nurse Manager at the shelter will determine appropriate shelter selection.

I understand that **registration does not guarantee assignment** to the requested shelter type, all assignments will be made on the basis of medical need and available space at the time of evacuation.

I understand the limitation on the services and level of care available.

I grant permission to medical providers, transportation agencies and others as necessary to provide care and disclose any information necessary to respond to my needs.

All Special Needs Medical clients should be accompanied by their caregiver.

Medications, including a minimum of 8 hours of oxygen, must be provided by the client.

Registration of a pet or pets does not guarantee that the pet will be transported with you.

Every effort will be made to ID the pet and link it to your registration so that it will be easier for you to be reunited with it.

This registration is voluntary and I hereby request registration in the Special Needs Program.

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

Please mail form to:

St. Bernard Parish Government: Pam Wegener
8201 W. Judge Perez Dr.
Chalmette, LA 70043
(504) 278-1597



(504) 271-7343 Fax

All applications should be mailed to St. Bernard Parish Housing office at the above address

For further information call (504) 278-1597.



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 _____, 2016 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 the laws of the State of Louisiana. 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: _____