



PERQUIMANS COUNTY VOLUNTARY SPECIAL NEEDS PROGRAM

Perquimans County Emergency Services oversees The Perquimans County Voluntary Special Needs Program. This program aims to collect and maintain vital information for residents who may be especially vulnerable to emergencies or disasters. Residents who wish to participate must fill out a Voluntary Special Needs Registration Form that will be kept on file with Perquimans County Emergency Services. Based on their needs, the forms are reviewed, and residents are placed into a risk category ranging from Level 1 (low) to Level 3 (high). The forms are kept securely, and an updated master list is kept electronically. During an emergency or disaster event or the disaster planning stage, the information is shared with partner agencies to assist them in providing aid.



PERQUIMANS COUNTY VOLUNTARY SPECIAL NEEDS REGISTRATION FORM

TODAY'S DATE _____

FULL NAME (LAST, FIRST, MIDDLE) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE _____ SEX _____

PRIMARY PHONE NUMBER _____ ALTERNATE PHONE NUMBER _____

EMAIL _____ CAN YOU RECEIVE VOICE CALLS? _____ PLEASE EXPLAIN _____

EMERGENCY CONTACT #1

NAME _____

RELATIONSHIP _____

ADDRESS _____

PRIMARY PHONE _____

ALTERNATE PHONE _____

EMAIL _____

EMERGENCY CONTACT #2

NAME _____

RELATIONSHIP _____

ADDRESS _____

PRIMARY PHONE _____

ALTERNATE PHONE _____

EMAIL _____

Select all that apply in this section: Please provide a brief explanation beside each checked box.

Lives Alone _____

Lives in Mobile Home Or Home Is In Disrepair _____

Has A Pet or Service Animal _____

Requires 24 Hour Care _____

Receives Home Delivered Meals _____

Mobility Impaired _____

Medical Electricity Required _____

Requires Aides For Sight Or Hearing Impairment _____

Speech Impaired _____

Memory Impaired _____

MEDICAL CONDITIONS/HISTORY: _____

MEDICATIONS: _____

ALLERGIES: _____

DEPENDENCIES ON MEDICAL EQUIPMENT OR MOBILITY AIDES (EX:OXYGEN): _____

EQUIPMENT PROVIDER: _____

PRIMARY PHYSICIAN: _____ PHONE NUMBER _____

PHARMACY: _____ PHONE NUMBER _____

OTHER RELEVANT INFORMATION: _____

PERQUIMANS COUNTY VOLUNTARY SPECIAL NEEDS REGISTRATION FORM

MY PERSONAL DISASTER PLAN

Plan for Sheltering at Home

I will have all necessary medication and equipment.
I will have a current medication list.
I will have a disaster supplies kit.

Plan for Pets

Do you have a disaster plan for your pets?

Please Explain: _____

Plan for Evacuation

Go to a shelter.
Stay with friend/family.

Name of person(s) you will be staying with:

Address where you will be staying:

Do you have transportation?

Information Release

I certify that the above information is correct. I hereby grant permission to Perquimans County Emergency Services to use this information for the following purposes in the event of a disaster or emergency:

- (1) To include my information in the County Special Needs Registry.
- (2) To share my information with partner agencies for assistance with evacuation or aid in the event of a disaster or emergency.
- (3) To add my cell phone number to the County’s Reverse 911 Communication System.

Print Name: _____

SIGNATURE: _____ DATE: _____

Print Guardian Name: _____

SIGNATURE: _____ DATE: _____

Please Return this form to Perquimans County Emergency Services

By mail to: P.O. Box 563

Hertford, NC 27944

By email to: adminem@perquimanscountync.gov

Contact us by email or phone at (252) 426-5646 for any questions.



****It is your responsibility to verify your contact information with Perquimans County Emergency Services at least annually or at any time when information changes. If we are unable to reach you, you will be removed from the Special Needs Registry. ****