

McLEAN COUNTY FUNCTIONAL NEEDS REGISTRATION

LAST NAME: _____ FIRST: _____ MI: _____ DOB: _____ SEX: _____

STREET ADDRESS: _____ APT/LOT#: _____

CITY: _____ ZIP: _____ PHONE#:(H) _____ (C) _____

I Require Transportation: Yes No **Living Situation:** Alone with Relative Other

Single Family Residence Mobile Home Apt / Condo, Complex Name: _____

Care Taker: _____ Hospice, Team ID: _____ Home Health Care: _____

Do you have a Pet? How Many/Type? _____ Do you have a SERVICE Animal? Yes No

SPECIAL NEED (CHECK ALL THAT APPLY)

Kidney Disease Emphysema Walker/Cane Feeding Tube

Diabetes/ Insulin depend Memory impaired Wheelchair assist Ventilator

High Blood Pressure Seizure Bedridden Dialysis

Mental health impaired Incontinence Sight impaired Speech impaired

Electric dependent, Why? _____ Cancer Oxygen (lpm _____) Geri Chair

Breathing treatment Deaf / Hard of Hearing Stroke

Emergency Contacts:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Prearranged: Hospital Nursing Home Alternate Living Facility

Facility Name: _____

Doctor's Name: _____ Phone: _____

By signing this form I give my authorization for the medical information herein to be released only to the County Health Department, Emergency Management, Public Safety Responders and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and sheltering. Records relating to registration of Persons with Functional Needs are exempt from the provisions of Public Records Law. This information contained here will be kept confidential.

Signature _____ **or Representative:** _____ **Date:** _____

Official use only:

Transport to: General Shelter Functional Needs Shelter Hospital Source Code
 Register for Functional Needs Shelter Only _____

Type of Transport: Own vehicle Van/Bus Wheelchair Stretcher/Ambulance

Fire District: _____ **Grid:** _____ **Evacuation Level:** _____ **Shelter Name:** _____

Comments: _____

Referred By: _____

Mail to: McLean County EMA, 104 W. Front St. B10, Bloomington, IL 61701