

# FUNCTIONAL NEEDS SUPPORT SERVICES REGISTRY

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Cell or Alternate Number \_\_\_\_\_

e-mail address if applicable \_\_\_\_\_

Number of people in home? \_\_\_\_\_

	YES	NO
1. Are you deaf/hearing impaired?		
2. Are you blind/sight impaired?		
3a. Are you confined to a w/c or bed?		
3b. If so which one?		
4. Could you transfer to a regular seat bus/van with assistance?		
5a. Do you use oxygen?		
5b. Do you have portable tanks?		
5c. How Many do you use daily?		
5d. How long will your oxygen supply last without electricity ____		
6. Do you use nebulizer treatments?		
7. Do you use insulin?		
8. Do you use an epi pen?		
9. Do you have a pacemaker?		
10. Do you use a wheelchair?		
11. Do you use a walker?		
12. Do you use a cane?		
13. Are you non-english speaking? If so, what language? _____		
14. Do you have a mental condition that limits your ability to react?		
15a. Do you have dependent children in the home?		
15b. If so how many and ages?		
16. Do you have pets in the home?		
17a. Do you go out of state for the winter?		
17b. If so, when are you out of state? _____		
18. Do you need specialized notification of event (i.e. knock on door, Phone call, language issues)		
19. Would you require transportation if evacuation is required?		

Alternate emergency contact:

Name/Relationship \_\_\_\_\_

Phone number(s) \_\_\_\_\_

This is a voluntary registry for people with special needs. This information will not be shared with unauthorized persons or organizations. Authorized release will occur in a disaster, event or emergency situation to affect delivery of aid to the registrant.

Please return to Cedar County Public Health, 400 Cedar Street, Tipton, IA 52772