

When resources are readily available in disasters, responders will need your agreement with the following:

- I certify that the enclosed information is correct to the best of my knowledge.
- I understand that I am responsible for all expenses associated with medical evacuation and shelter at a hospital, nursing, or other medical facility.
- I understand that the assistance will be provided only for the duration of the emergency and that I am responsible for alternative arrangements to be made in the event that I am not able to return to my home.
- I grant permission to emergency personnel to enter my home if deemed necessary by proper authorities.
- I understand that this registration is voluntary and hereby request registration in the Queen Anne's County Disaster Evacuation Registry.
- I understand that all information given will be held in strict confidence and will be used for emergencies only.
- I understand that emergency response will be prioritized in disasters and that registration with the Queen Anne's County Disaster Evacuation Registry in no way guarantees emergency response or special priority during an emergency or disaster.

Signature of Registrant

Date of Signature

DO NOT STAPLE — PLEASE USE TAPE TO SEAL
If you have a way to leave, please do not wait for resources that may be scarce.

Queen Anne's County Department of
Emergency Services
Emergency Management Division
100 Communications Drive
Centreville, MD 21617



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Emergency Services
Emergency Management Division
100 Communications Drive
Centreville, MD 21617
www.qac.org/depts/des/deshome.htm

Place
Postage
Stamp
Here



DISASTER EVACUATION REGISTRY

WHY SHOULD I FILL THIS OUT ?



If we know that you have special needs and what they are, we will be better prepared to provide assistance to you if the resources you need are available for an emergency evacuation.

*To return complete, seal and mail.
You may complete online
or contact a sponsoring agency for assistance.*

Sponsoring Agencies

QAC Department of Health
QAC Emergency Management Division
QAC Department of Social Services
QAC Department of Aging
Chesapeake Helps
Crossroads Community
Chesterwye Center
ARC of Delmarva Peninsula
Deaf Independent Living Association
Hospice of Queen Anne's County

**Queen Anne's County
Disaster Evacuation Registry For
Individuals With Special Needs**

Name: _____

Street Address: _____

Mailing Address: _____

Phones

Do you speak English? Yes No

Primary Language? _____

**Name of the Person Completing the Form
if NOT Individual with the Special Needs**

Name: _____

Relationship/Agency: _____

Address: _____

Phone: _____

Impairments

Are you blind or visually impaired?
 Yes No

Are you deaf or hearing impaired?
 Yes No

TTY Telephone Number, Other (Specify):

Do you use sign language?
 Yes No

Do you rely on treatment for mental health or
emotional disorders?
 Yes No

Equipment Users

Are you a wheel chair user?
 Yes No

Could you transfer to regular seats in a van or
bus with assistance?
 Yes No

Can you exit your home without assistance to get
to a pick-up point?
 Yes No

Are you able to leave bed?
 Yes No

Do you use electricity-dependent medical
equipment?
 Yes No

Do you use a service animal?
 Yes No

Transportation Requirements

Do you need a mobility/lift vehicle?
 Yes No

Do you medically require an ambulance?
 Yes No

Do you rely on transportation other than
your own or public transportation?
 Yes No

Health Care Professional Needs

Do you require home health care by
professionals or family members?
 Yes No

Will your care provider be accompanying
you in an evacuation?
 Yes No

Agency Private Family

Care Provider's Name _____

Care Provider's Phone _____

Home Health Care Agency _____

Agency's Phone _____