

# Special Needs Registry Instructions

1. Please fill out **ALL** questions on form.
2. Check all boxes answering "Yes" or "No"
3. Please fill out **one form Per Household Member with a Special Need**
  - a. If your home contains more than **ONE** person with special needs, please fill out additional forms provided.
4. If your information changes at anytime you will need to provide your updated information, as it is important that the registry be up to date. Call 806-378-3000 and request special need registry personnel to assist you.
5. **The information contained on the forms and in the registry is kept confidential unless you designate otherwise on the registration form that the information can be released.**
6. Mail completed registration form(s) to:  
City of Amarillo Office of Emergency Management  
C/O Special Needs Registry Planner  
P. O. Box 1971  
Amarillo, TX 79105

If you wish to register by phone, call 806-378-3000 and request special needs registry personnel from 9:00am to 4:00pm.

**SPECIAL NEEDS REGISTRY - RESIDENTS OF AMARILLO, POTTER & RANDALL COUNTIES**

**Print clearly or type information and answer questions by checking the appropriate box.**

Today's Date: \_\_\_\_\_

Do you want this information released to the state's Special Needs Registry?  Yes  No

**Head of Household Name:** First: \_\_\_\_\_ Last: \_\_\_\_\_

**Special Needs Registrant (must be a street address and not a PO Box):**

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_ Gender:  Female  Male

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ Building #: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Who will provide update information?  Special needs registrant  Legal guardian  Emergency contact

**Special needs registrant's emergency contact and/or legal guardian contact information:**

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to registrant: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Is the emergency contact the legal guardian?  Yes  No Email: \_\_\_\_\_

**Questions about the special needs registrant to assist Emergency Management Officials:**

Do you only need assistance with transportation?  Yes  No

How many others in the household will evacuate with you?  None Specify number: \_\_\_\_\_

Will a caregiver or family member evacuate with you?  Yes  No

How many household members have special needs? Specify number: \_\_\_\_\_

**If more than one, complete an additional household member form for each additional person.**

Do you have a pet(s)?  Yes  No If yes, how many? \_\_\_\_\_

Do you have carriers for every pet?  Yes  No If yes, how many? \_\_\_\_\_

**Medical special needs include but are not limited to one or more of the following: needing assistance during an evacuation and/or sheltering because of a physical or mental condition or the registrant's level of medical care is beyond basic first aid.**

Do you have medical special needs?  Yes  No

Is your condition temporary?  Yes  No If yes, estimate date of recovery: \_\_\_\_\_

Do you have a service animal?  Yes  No

Do you use oxygen?  Yes  No

Are you dependent on others for routine care (eating, walking, toileting, etc.)?  Yes  No

Are you under 18 years of age?  Yes  No

Are you (check all that apply):  blind  hearing impaired  deaf  an amputee  
 350 lbs. or more

Do you have (check all that apply):  mental health condition  mental retardation

Do you require assistance with medical care administration, monitoring by a nurse, dependent on equipment or assistance with medications?  Yes  No

Do you require extensive medical oversight in your home (i.e., IV chemotherapy, ventilator, peritoneal dialysis, hemodialysis, life support equipment, hospital bed, total care, morbidly obese)?  Yes  No

Do you have a current Vial of Life?  Yes  No

Do any of the following apply?

Are you confined to a bed?  Do you use a wheelchair? If yes, is it motorized?  Yes  No

Do you use any of these types of medical equipment (check all that apply)?

cane  walker  nebulizer (breathing machine)  blood sugar monitor

Do you require power for medical equipment?  Yes  No

