

RICHLAND COUNTY VULNERABLE POPULATION REGISTRY

Please fill out form if you may need assistance in the event of a disaster, especially in the area of transportation. These populations include, but are not limited to: those with a disability, frail or have significant health issues, elderly with limited or no family/friend assistance, and social or behavioral challenges. This information will be used by emergency personnel.

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|----------------------------------------------------------------------------------|-----------------|
| Name(s): | Age(s): |
| Address (Need physical address): | City: |
| Do you own this property? Y/N If no, who does? | |
| Home phone: | Cell phone: |
| List health issues: | |
| Oxygen: Y/N | Wheelchair: Y/N |
| Mobility issues: Y/N Describe: | |
| Transfer issues: Y/N Describe: | |
| Medications: Y/N | |
| Do you have a case manager/home nurse? Y/N If yes, who? | |
| Emergency contact name/Phone number(s): | |
| Pets: Y/N What is your plan for your pets if evacuated? | |
| Do you have an evacuation plan: Y/N Please share: | |
| Other important information: | |
| Person providing information: Self/Other If other, relationship to person: | |
| Person completing form: | Date/Time: |
| <i>(For office use only) Date copy given to GIS Coordinator:</i> | |

May download form by going to www.richlandcountyhealth.org Complete and return:

- 1. By mail: Richland County Health Department, 413 3rd Ave. N., Wahpeton, ND 58075**
- 2. By fax: 701-642-7746**
- 3. Or call: 701-642-7735 and Richland County Health Department staff will complete over phone with you.**