NORTH DAKOTA SPECIAL NEEDS REGISTRY

NORTH DAKOTA DEPARTMENT OF EMERGENCY SERVICES
HOMELAND SECURITY
SFN 58992 (4-2013)

REGISTRANT PERSONAL INFORMATION

Name			County	
Street Address	Apartment Number	City	State	ZIP Code
Primary Telephone Number	Secondary Telephone Number		Other Telephone Number	
E-Mail Address		Date of Birth	Living Arrangements ☐ Lives Alone ☐ Lives with Others	

ADDITIONAL CONTACTS

Name			County	
Address		City	State	ZIP Code
Primary Telephone Number	Secondary Telephone Number		Other Telephone Number	
Relationship to Registrant				
Name			County	
Address		City	State	ZIP Code
Primary Telephone Number	Secondary Telephone Number		Other Telephone Number	
Relationship to Registrant	Do you have a guardian? ☐ Yes ☐ No - If yes, who?			

OUT-OF-AREA CONTACT*

*An out of area contact is someone we are able to call in case of an emergency who is not likely to be affected by an emergency impacting the registrant.

Name			Relationship to Registrant	
Address		City	State	ZIP Code
Primary Telephone Number	Secondary Telephone Number		Other Telephone Number	

SUBMITTER INFORMATION

Submitted By (if different than Registrant)	Telephone Number
Relationship	Has individual registered before? ☐ Yes ☐ No

ADDITIONAL INFORMATION

Necessary Medication	☐ Yes ☐ No	Life-sustaining Equipment	☐ Yes ☐ No
Vision Impairment/Blind	☐ Yes ☐ No	Mobility Impairment	☐ Yes ☐ No
Hearing Impairment	☐ Yes ☐ No	Homecare Assistance	☐ Yes ☐ No
Deaf	☐ Yes ☐ No	Mental/Cognitive Condition	☐ Yes ☐ No
Speech Impairment	☐ Yes ☐ No	Service Animal	☐ Yes ☐ No
Ventilator Required	☐ Yes ☐ No	Language Interpreter Needed	☐ Yes ☐ No
Supplemental Oxygen Required	☐ Yes ☐ No	Assistive Technology (i.e. Communication Device, Hearing Aids)	☐ Yes ☐ No
History of Substance Abuse	☐ Yes ☐ No	History of Contagious Diseases	☐ Yes ☐ No

ADDITIONAL INFORMATION (continued)

Special Dietary Needs	☐ Yes ☐ No	Are you able to walk?	☐ Yes ☐ No
Allergies	☐ Yes ☐ No	Do you require transportation?	☐ Yes ☐ No
Felony Record	☐ Yes ☐ No	Do you need a wheelchair or other mobility device?	☐ Yes ☐ No
Are you currently under a doctor's care?	☐ Yes ☐ No	Estimate Weight	

PRIMARY PHYSICIAN INFORMATION (OPTIONAL)

Name	Name of Medical Facility	Telephone Number

OTHER

Additional Information About Your Needs That Would Assist Emergency Planners and Responders:

Disclaimer:
In the event of an actual emergency, evacuation, or any type of disaster, response agencies will attempt to provide the necessary assistance, but the N.D. Department of Emergency Services (NDDES) and other response agencies cannot guarantee you will receive help. NDDES strongly recommends and urges you to take all necessary precautions to protect your person(s) and property prior to and during an emergency, evacuation, or disaster.

Notice of Responsibility:
I understand that any assistance rendered will only be for the duration of the emergency. I understand the occurrence of an emergency or disaster does not eliminate my responsibility for any charges and costs associated with hospitalization, care at residential facilities, medical evacuation, or medical transportation. I understand that it is my responsibility to promptly notify 2-1-1 of any changes to ensure the accuracy of my information.

Release of Information and Consent:
I authorize emergency response personnel to enter my home during search and rescue operations following a disaster, if necessary to assure my safety and welfare.

I understand that information I provide is strictly confidential and will be used only for emergency planning and response purposes. I agree information may be disclosed and used to assist emergency services personnel, medical providers, transportation agencies, and others as necessary to provide care and respond to my needs during an emergency, evacuation, or disaster.

I have read and understand the above statements. I certify that the information contained in my registration is true and correct to the best of my knowledge.

Signature	Date

If you are submitting by email, type your name in lieu of a written signature.

Check One: ☐ Registrant's Signature ☐ Guardian or Legal Representative

The consent you sign on this page will remain in effect until you request that your consent be withdrawn, which you may do at any time. Your consent may be withdrawn by contacting 2-1-1. You have a right to request and obtain a copy of this consent.