



**MEDICAL
NEEDS**

MEDICAL NEEDS REGISTRY

MEDICAL NEEDS REGISTRY DOWNLOAD INSTRUCTIONS

1. Read "Medical Needs Registry Privacy Policy."
2. Download, print and complete the "Medical Needs Registry Form."
3. Download and print the "Medical Needs Registry Frequently Asked Questions" for reference while completing form.
4. Download or read "Medical Needs Registry Help."
5. Mail completed form to:

Medical Needs Registry

Office of Emergency Management

12000 Government Center Parkway, Suite 565
Fairfax, VA 22035

Once the form is received you will be contacted by a representative of the Fairfax County Office of Emergency Management. This individual will verify the information submitted and enter it into a secure database. The form will then be shredded and not kept on file. You will be contacted annually regarding your interest in remaining on the Medical Needs Registry.

If you have questions or require assistance, please call 703-324-9000, TTY 703-324-9001.



A Fairfax County, Va.,
publication

Fairfax County

Medical Needs Registry

Office of Emergency Management

12000 Government Center Parkway Suite 565
Fairfax, Virginia 22035

Telephone: 703-324-9000
703-324-9001 TTY

www.fairfaxcounty.gov/specialneeds



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MEDICAL NEEDS REGISTRY FORM

Please read the instruction sheet prior to completing this registration form.
(* denotes required fields)

Name*: _____
(First) (M.I.) (Last)

Address*: _____
(Number) (Street)

(City) (State) (Zip Code)

Mailing address* (if different from street address above):

Address: _____
(Number) (Street)

(City) (State) (Zip Code)

Residence type* (Check one):

Single family/duplex	<input type="checkbox"/>	Mobile home	<input type="checkbox"/>
Apartment	<input type="checkbox"/>	Dorm	<input type="checkbox"/>
Condo	<input type="checkbox"/>		<input type="checkbox"/>
Other: (please specify)			

Phone numbers:

Primary*: _____ Extn: _____ (TTY YES / NO)

Secondary: _____ Extn: _____ (TTY YES / NO)

E-mail: _____

Date of Birth: _____ **Gender:** Male _____ Female _____

Do you have a service animal? YES NO

If "Yes," approximate weight: _____ lbs.

Number of household pets in the home: Dog(s) _____ Cat(s) _____

(Other- type and number) _____



MEDICAL NEEDS REGISTRY FORM (CONTINUED)

Transportation* (Circle all that apply)

Do you have, or can you arrange, your own transportation?	Yes	No
Do you currently use public transport (bus, Fastran, MetroAccess, rail, taxi)?	Yes	No
Do you require an ambulance for transportation?	Yes	No
Can you sit in a regular car/bus/van seat?	Yes	No
Do you need a wheelchair lift/ramp?	Yes	No
Can you independently transfer to/from a wheelchair?	Yes	No
Are you confined to a bed?	Yes	No
Can you climb stairs?	Yes	No

Do you regularly have assistance from a caregiver?* If "Yes", provide caregiver's: Yes No

Name: _____
(First) (M.I.) (Last)
Phone number: _____ Extn: _____ (TTY YES / NO)
E-mail: _____

Will a caregiver/companion accompany you to the shelter?* Yes No

Name: _____
(First) (M.I.) (Last)
Phone: _____ Extn: _____ (TTY Yes)
E-mail: _____

Name of emergency contact*:

Name: _____
(First) (M.I.) (Last)
Phone: _____ Extn: _____ (TTY Yes)
E-mail: _____

What is the name of your home health care agency?

What is the name of your medical equipment supplier(s)?



MEDICAL NEEDS REGISTRY FORM (CONTINUED)

Do you plan to evacuate to a public shelter if required?

Yes No

Is your medical condition*: Temporary _____ Permanent _____

If temporary, please give expected medical release date: ____/____/____

Acute Conditions

Check all that apply to your condition:

Advanced Alzheimer's Disease		Hospice Care	
Advanced Dementia		Insulin	
Assistance with bathing		IV therapy	
Assistance with dressing		Suctioning	
Assistance with use of toilet		Tracheotomy tube	
Bladder dysfunction		Unstable cardiac condition	
Bowel dysfunction		Unstable pulmonary conditions	
Catheter		Unstable seizures	
Colostomy		Weigh over 300 lbs.	
G-Tube/J-tube Feedings		Wound dressing changes	
Other acute condition: (Please specify)			

Are you dependant on any of the following: (Check all that apply)

Apnea monitor		Nebulizer	
Continuous Positive Air Pressure (CPAP)		Oxygen	
Dialysis * not available at shelter		Prescription medications	
Electricity - Continuous		Respirator	
Electricity - Intermittent			
Other: (Please specify)			

Mobility (Check all that apply)

Ambulatory (can get around on your own)		Wheelchair (non-motorized)	
Ambulatory with assistance		Walker/Cane/Crutches	
Motorized scooter/wheelchair		White Cane	

Do you require assistance with:

Communications (hearing loss/non-verbal)		Medication Management	
Feeding		Guidance (blind/visual impairment)	



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MEDICAL NEEDS REGISTRY FORM (CONTINUED)

Name of your primary physician*:

Name: _____
(First) (M.I.) (Last)

Phone: _____ Extn: _____

Who should be contacted for verification of information on this form? *

Self _____ Caregiver _____ Other: _____

Who is filling out this form? * (Relationship to registrant)

Self _____ Caregiver _____ Other (specify): _____

If "Other" please provide:

Name: _____
(First) (M.I.) (Last)

Phone: _____ Extn: _____ (TTYYES / NO)

Relationship: _____

By submitting my information, I agree that it may be shared with other Fairfax County agencies and their partner agencies and organizations. In addition, I give local law enforcement personnel and responders permission to enter my home in case of an emergency.

Signature: _____

Date: ____/____/____



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FREQUENTLY ASKED QUESTIONS

What is the Medical Needs Registry?

The Medical Needs Registry contains the names and addresses of individuals with medical needs or health conditions who cannot manage independently in a general shelter or evacuation center. It is an emergency preparedness tool that will be used by Fairfax County to communicate with people with medical needs for emergency planning purposes and during actual emergencies for evacuation and sheltering. The registry may be used for any emergency requiring evacuation such as floods, hurricanes, hazardous material spills and gas leaks. The Medical Needs Registry is voluntary and all information collected will be kept confidential and stored on secure Fairfax County servers.

How Does the Medical Needs Registry Work?

Individuals with medical needs and their caregivers register using the online form or by completing and mailing in a Medical Needs Registry form. After registering, the individual or their caregiver will be contacted by the Office of Emergency Management to verify the information submitted. After the information has been verified and the individual is found to be eligible for the Medical Needs Registry it will be entered into a database. To keep the registry current, each registrant or their caregiver will be contacted annually to determine their interest in remaining on the registry.

The Medical Needs Registry will be used to generate reports that will be used during an emergency by first responders, shelter managers and transportation professionals to address the needs of people with medical needs. These reports will be used to identify and coordinate medical needs shelter locations and transportation routes.

Who Is Eligible for The Medical Needs Registry?

All medical needs registrants, as well as anyone who requires assistance in performing activities of daily living (bathing, dressing, feeding, toileting and/or transferring) and/or the care for and monitoring of health conditions, is eligible for a Medical Needs Shelter. Individuals who require access to electricity to maintain or treat a health condition are also eligible.

Only individuals with medical needs and their caregivers, dependent children and service animals will be admitted to medical shelters. Minor children will be permitted to stay in a Medical Needs Shelter with their parent(s) or guardian(s) who are residing there. Household pets will be transported with their owners to medical shelter sites and will be sheltered at an alternate site. Residents of assisted living facilities or nursing homes do not qualify. If you are not sure whether or not you meet these requirements you are encouraged to register.

How do I register?

- Use the online form (www.fairfaxcounty.gov/specialneeds)
- Download the form, fill it out by hand and mail it to:
Medical Needs Registry
Office of Emergency Management
12000 Government Center Parkway, Suite 565
Fairfax, VA 22035
- E-mail medicalneedsregistry@fairfaxcounty.gov or call 703-324-9000, TTY 703-324-9001 with questions,

Complete all sections marked with an asterisk (*) on this application. If more than one person in your household needs assistance during evacuations, each person must complete a separate application.

You will be contacted by the Fairfax County Office of Emergency Management after you submit the application to verify the information. Once verified the information will be entered into a secure database and the form will be shredded.

You will be contacted on an annual basis to re-certify your need for this program. You do not need to complete an application every year. If you have questions, require more information or need assistance completing registering, please call 703-324-9000, TTY 703-324-9001.

Who is Eligible for a Medical Needs Shelter?

All medical needs registrants, as well as anyone who requires assistance in performing activities of daily living (bathing, dressing, feeding, toileting and/or transferring) and/or the care for and monitoring of health conditions is eligible for a Medical Needs Shelter. Individuals who require access to electricity to maintain or treat a health condition are also eligible.

Only individuals with medical needs and their caregivers, dependent children and service animals will be admitted to medical shelters. Minor children will be permitted to stay in a Medical Needs Shelter with their parent(s) or guardian(s) who are residing there. Household pets will be transported with their owners to medical shelter sites and will be sheltered at an alternate site.

How Should I Prepare for an Emergency?

Individuals and families are encouraged to have emergency plans in place. Plan ahead and explore all other alternatives such as staying with relatives or friends outside the evacuation area, staying in a motel or working with your physician to be admitted to a hospital.



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FREQUENTLY ASKED QUESTIONS (CONTINUED)

Medical Needs Shelters should only be considered as a last resort. If you need to evacuate, you should first seek shelter with relatives, friends or community organizations. Medical shelters do not offer the same level of care or equipment available at health care facilities. Only basic care and assistance will be available.

What is Provided in a Medical Needs Shelter?

Medical staff, cots and food are expected to be provided, but may be limited due to the type and extent of the emergency.

A caregiver should accompany you and remain with you during your stay in a medical needs shelter. The person who assists in meeting the individual's needs at home should be prepared to meet these same needs in the medical shelter.

There is never a guarantee of immediate assistance during an emergency, so you should be prepared to be self-sufficient for at least three days. Plan ahead to be able to bring:

- Medications and medical supplies, enough for three days
- Special dietary foods, enough for three days
- Medical equipment such as wheelchairs, canes, walkers
- An adequate supply of items you use every day
- Household pet/service animal supplies: food, bowls, cat litter and pan, plastic bags, can opener, and toys for companion animals/service animals. Service animals can stay with you in the medical shelter. Pets will be provided shelter.

Planning before an emergency and before going to a medical shelter is necessary.

If you are oxygen dependent make arrangements with your durable medical equipment company to assure extra canisters or refills as needed. Make arrangements with your home health agency to continue your services while you are in the shelter.

Where do I Get Information During an Emergency?

Use the following resources for critical information during an emergency:

- Community Emergency Alert Network (CEAN): www.fairfaxcounty.gov/cean
- Local media outlets
- Cable Channel 16
- County Web site: www.fairfaxcounty.gov
- Emergency Information Line: 703-817-7771, TTY 711
- RSS feeds: available at www.fairfaxcounty.gov
- Health and Safety Podcast: available at www.fairfaxcounty.gov
- General information line: 703-FAIRFAX (324-7329), TTY 711
- Police, fire and emergency response: 9-1-1



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MEDICAL NEEDS REGISTRY FORM - HELP

The following is provided to explain why the information marked with an asterisk (*) on the Medical Needs Registry form is required.

Residence Type

This information will be used during emergencies. Knowing the type of home you live in will ensure that your residence is easily identifiable and that proper resources are sent to your address during the evacuation process.

Phone Number (Primary)

Phone number where you can be reached the majority of the time, for example a home phone, cell phone or TTY. This number will also be used to contact you to verify the information provided. This number may be used during emergencies.

Phone Number (Secondary)

Secondary phone number where you may be reached, for example, this may be your cell phone or work number. This number may be used to contact you to verify information that you have provided.

Do You Have a Service Animal?

A service animal is any guide dog, signal dog or other animal individually trained to do work or perform tasks for the benefit of an individual with a disability. Work of a service animal includes, but is not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items. Owners will not be separated from their service animals. It is important that owners prepare for their service animals' needs during emergencies by having a three-day supply of food, water and other items readily available.

Number Of Household Pets In The Home

A household pet is a domesticated animal, such as a dog, cat, bird, rodent (including a rabbit) or turtle that is traditionally kept in the home for pleasure rather than for commercial purposes and can travel in commercial carriers and be housed in temporary facilities. Household pets do not include reptiles (except turtles), amphibians, fish, insects/arachnids, farm animals (including horses) and animals kept for racing purposes.

If necessary, household pets may accompany individuals with medical needs to a shelter site. There is no guarantee that the animal will remain with the owner as it may be necessary to shelter the animal at a different location. It is important that owners prepare for their household pets' needs during emergencies by having a three-day supply of food, water and other items readily available. Should transportation be

necessary, cages will be required for felines and a muzzle, leash and collar will be required for canines.

Do You Have, Or Can You Arrange, Your Own Transportation?

This information will assist in planning for an evacuation. If you are able to arrange transportation to a Medical Needs Shelter this will conserve the county's transportation resources during an emergency. Medical shelter locations will be announced by Fairfax County through media outlets. Announcements will provide the location of the medical shelter so individuals providing their own transportation will know where to go.

Do You Currently Use Public Transport (Fastran, Metroaccess, Bus, Rail, Taxi)?

This information will assist in planning for an evacuation. If you use public transportation regularly, planners will be better able to determine your transportation needs.

Do You Require An Ambulance For Transportation?

This information will assist transportation planners in meeting your needs during an emergency.

Can You Sit In a Regular Car/Bus/Van Seat?

This information will assist transportation planners in meeting your needs during an emergency. It will be used to ensure that the most appropriate vehicle available is dispatched to your location for evacuation.

Do You Need a Wheelchair Lift/Ramp?

This information will assist transportation planners in meeting your needs during an emergency. It will be used to ensure that the most appropriate vehicle available is dispatched to your location for evacuation.

Can You Independently Transfer To/From A Wheelchair?

This information will assist transportation planners in meeting your needs during an emergency. It will be used to ensure that the most appropriate vehicle available is dispatched to your location for evacuation.

Do You Regularly Have Assistance From A Caregiver?

Complete if routine assistance with activities of daily living is provided by another during any portion of the day. The caregiver identified should be aware that their name is being disclosed.

Will A Caregiver/companion Accompany You To The Shelter?

If you require assistance from a caregiver who will come with



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you to the shelter it is recommended that they are prepared to provide assistance to you during your stay. Caregivers or companions should bring a three day supply of food, water and medication as well as a change of clothes and bedding for their personal use.

Only individuals with medical needs and their caregivers and dependent children will be admitted to Medical Needs Shelters. Minor children will be permitted to stay with their parents, guardians or caregivers. However, the shelter will not be equipped to provide child care services for the children staying in the shelter. Parents/caregivers will be responsible for supervising and caring for their own children just as they were in their home prior to the emergency situation.

Name Of Emergency Contact

This individual identified will be contacted only during an actual emergency. There will be no routine contact made. The emergency contact identified should be aware that their name is being disclosed.

What is the name of your home health care agency?

If you routinely receive assistance from a home care agency it is anticipated that they will provide this care in the Medical Needs Shelter. You should inform the agency of your intent to seek shelter in a medical shelter during an emergency. The agency will be contacted and made aware of your presence in the medical shelter and arrangements made for them to provide care to you at that location. Please bring the home care agency phone number and contact information with you.

What Is The Name Of Your Medical Equipment Supplier(S)?

This information will be used for planning purpose and in the rendering of services in the Medical Needs Shelter. Please bring the medical equipment supplier phone number and contact information with you.

Is Your Medical Condition Temporary/Permanent?

This information will be helpful in maintaining the registry. If your medical condition is temporary you will be contacted for verification purposes prior to your medical release date or at least annually to determine your need for a Medical Needs Shelter. If your medical condition is permanent you will be contacted annually to confirm your interest in remaining on the registry.

Check All That Apply To Your Condition

Fairfax County staff and contractors will use this information to meet your needs during your stay in the

medical shelter. This information will assist when staffing requirements are being determined and when equipment is ordered for the shelter.

Weigh Over 300 Lbs

This information is important for ordering the correct size equipment such as cots at the shelter site and for arranging transportation to ensure the proper vehicle is dispatched to your location.

Are You Dependent On Any Of The Following?

This information will be used by shelter staff to determine the equipment and power needs at the shelter site. If you routinely use a device such as a CPAP machine, plan on bringing your equipment with you to the shelter.

Dialysis

Dialysis clients (hemodialysis and peritoneal) will be transported to an off site center for dialysis; there will be no dialysis at the shelter.

Prescription Medication

It is important that you bring a three-day supply of your medications, preferably in their original bottle, with you to the shelter. You should also bring a list of the medications that you are currently taking, and your physician's and pharmacy's phone numbers.

Mobility

This refers to equipment that you use routinely. You are strongly encouraged to bring your own equipment to the Medical Needs Shelter. Prior knowledge of your equipment needs will assist staff in planning for space and power needs. There will be limited equipment available at the shelter site.

Do You Require Assistance With?

This information will assist shelter staff prepare for and meet your needs during your stay in the Medical Needs Shelter.

Name Of Your Primary Physician

The shelter staff may need to contact your primary physician to discuss your care needs and medications.

Who Should Be Contacted For Verification Of Information On This Form?

Once we receive your information you will be contacted to verify the information that has been entered and to clarify any questions staff may have about care.



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