## Portage County Special Needs Registration Form

MY PERSONAL DISASTER PLAN		
I will have a caregiver	Caregiver Name	
Relationship	Phone Number	
I will evacuate//shelter with family/	friend	
Relationship	Family/Friend Name	
Relationship	Phone Number	
Address		
My transportation will be provided by		
I will have all necessary medications an I will have a list of current medications I will have a disaster supplies list		
MY PETS DISASTER PLAN		
Do you have a pet?YesNo	If yes, list type, size, wei	ight
My pet's disaster plan		
Do you have a service animal? Yes	No	
*When bringing a service animal to a shelter, p	please have identification indicating	your need for the animal.
Information Release		
	rtage County Special Needs Registry	ge County 911 to use this information for the following purposes ONLY: ( r: and/or (2) to give to emergency response agencies for assistance with idential.
Signature:		Date:
Guardian:		
Report prepared by Agency/Organization		
Phone:		
Please mail form t Portage County 911 Dispatch		For Office Use Only: Entered into TC911

Attn: Special Needs Registry/ Katie Royer 8240 Infirmary Road Ravenna, Oh 44266

You may also email this form to: kroyer@portageco.com

Date:

Initial:

CAD

## It is your responsibility to verify your special needs information with the Portage County Special Needs Registry, Failure to do so may result in the distribution of outdated or unknown information to first responders.

Citizens utilize the services of the Portage County Special Needs Registry at their own discretion. The Special Needs Registry, acting in good faith, is permitted to waive certain rules to order to provide temporary shelter or services during disasters and emergencies. Temporary sheltering facilities, and the Portage County Special Needs Needs Needs registry aren't liable for providing care. A personal caregiver is required during the period of temporary placement.