McLEAN COUNTY FUNCTIONAL NEEDS REGISTRATION

LAST NAME:_____ FIRST: _____ MI: _____ DOB: _____SEX: _____

STREET ADDRESS:_____ APT/LOT#:_____

CITY:_____ZIP:_____ PHONE#:(H)_____(C)_____

I Require Transportation: ☐ Yes ☐ No **Living Situation:** ☐ Alone ☐ with Relative ☐ Other

☐ Single Family Residence ☐ Mobile Home ☐ Apt / Condo, Complex Name: _____

☐ Care Taker:_____ ☐ Hospice, Team ID: _____ ☐ Home Health Care: _____

☐ Do you have a Pet? How Many/Type? _____ Do you have a SERVICE Animal? ☐ Yes ☐ No

SPECIAL NEED (CHECK ALL THAT APPLY)

☐ Kidney Disease	☐ Emphysema	☐ Walker/Cane	☐ Feeding Tube
☐ Diabetes/☐ Insulin depend	☐ Memory impaired	☐ Wheelchair assist	☐ Ventilator
☐ High Blood Pressure	☐ Seizure	☐ Bedridden	☐ Dialysis
☐ Mental health impaired	☐ Incontinence	☐ Sight impaired	☐ Speech impaired
☐ Electric dependent, Why? _____	☐ Cancer	☐ Oxygen (lpm_____)	☐ Geri Chair
☐ Breathing treatment	☐ Deaf / Hard of Hearing	☐ Stroke	

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Prearranged: ☐ Hospital ☐ Nursing Home ☐ Alternate Living Facility

Facility Name: _____

Doctor's Name: _____Phone: _____

By signing this form I give my authorization for the medical information herein to be released only to the County Health Department, Emergency Management, Public Safety Responders and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and sheltering. Records relating to registration of Persons with Functional Needs are exempt from the provisions of Public Records Law. This information contained here will be kept confidential.

Signature or Representative: Date:

Official use only:

Transport to: ☐ General Shelter ☐ Functional Needs Shelter ☐Hospital ☐ Source Code

☐ Register for Functional Needs Shelter Only _____ _____

Type of Transport: ☐ Own vehicle ☐ Van/Bus ☐ Wheelchair ☐ Stretcher/Ambulance

Fire District: _____ **Grid:** _____ **Evacuation Level:** _____ **Shelter Name:** _____

Comments: _____

_____

_____

Referred By: _____

Mail to: McLean County EMA, 104 W. Front St. B10, Bloomington, IL 61701