



Harrison County Emergency Management

Registry for Residents Needing Assistance in an Emergency, Disaster, or Evacuation

Name _____

Street Address _____

City _____ Township _____

Zip Code _____

Telephone: Home _____ Cell _____

Sex: Male _____ Female _____

Residence type: Apartment _____ House _____ Trailer _____

Duplex _____

1st Floor _____

Other _____

Kind of assistance: Bedfast _____ Wheel Chair _____ Oxygen _____

Homebound _____ Dialysis _____

Medical Equipment dependent on electric _____

I am hard of hearing. Yes _____ No _____

I have impaired vision. Yes _____ No _____

I am otherwise disabled. Please briefly explain:

I would need assistance with an evacuation. Yes _____ No _____

Complete reverse side.

Pets: # of Cats _____ # of Dogs _____

Are these registered Service Animals? Yes ____ No ____

Other _____ # of Other pets and
type _____

Number of persons requiring assistance at this location # _____

List months of the year you are at this
residence _____

Emergency Contact (not living with you)

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Daytime _____

Phone Evening _____

Cell _____

Email Address _____

- Registration does not eliminate the individual from taking steps to insure their personal preparedness, health, safety. Completion of this form does not promise evacuation assistance, or obligate first responders to evacuation service. This information will be used in a best effort to approach to ensure resident's safety and comfort.
- When your condition or location changes, it is your responsibility to advise EMA of the change by completing another copy of this form.
- By submitting this form, I am consenting to release this information to first responders, (Fire, Law Enforcement, Emergency Medical Service, Public Health, County Officials and Emergency Management Agency.)

Signed _____ Date _____

Return this form to:

Harrison County EMA

538 N. Main Street, Suite F

Cadiz, Ohio 43907