

• • • EMERGENCY ASSISTANCE • • • SENIORS AND PEOPLE WITH SPECIAL NEEDS

The Rhode Island Emergency Management Agency (RIEMA) has developed a computerized registry of seniors and people with special needs who would like to receive evacuation and shelter assistance during natural disasters like hurricanes or severe flooding.

This is a free, voluntary registration. The information you provide will be confidential, in accordance with state law. It will be used by emergency personnel only to assure your safe and timely evacuation. Please fill out the questionnaire and drop it in the mail or return it to a sponsoring organization. Call the Emergency Management Agency: **946-9996 • TDD 751-7635** for information or additional questionnaires.

PLEASE USE A BALL POINT PEN TO COMPLETE
PLEASE TAPE CLOSED BEFORE MAILING

EMERGENCY EVACUATION REGISTRY

NAME _____
Last First Middle

ADDRESS _____ Apt.No. _____

CITY _____ R.I. Zip Code _____

Telephone _____ TDD/TTY _____

PRIMARY LANGUAGE _____

Sex ☐M ☐F ☐ Single Family

☐Apartment/Condo ☐Mobile Home

Floor _____ Seasonal Resident? ☐No ☐Yes

When? _____ Will you be

accompanied to the shelter? ☐No ☐Yes

Number of People _____

Next of Kin or Guardian's Name & Phone:

_____ () _____

Are you receiving home health care? _____

Name and phone number of Agency:

Disability: ☐Legally Blind ☐Deaf

☐Hearing Impaired ☐Speech Impaired

Other _____

Are You confined to: ☐Bed ☐Crutches

☐Wheelchair ☐Walker/Cane

Other _____

If you use a life support system, Please complete:

Instructions Portable? Hours/Day Special

Oxygen _____

Respirator _____

Electrical _____

Other _____

Special Transportation Needs?

☐Lift Gate Vehicle ☐Ambulance

Other _____

Do you have a special Diet? ☐No ☐Yes

If Yes, What Type?

Do you have close-captioned T.V. Service?

☐No ☐Yes

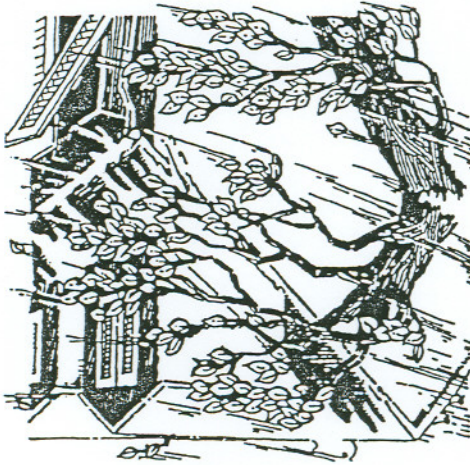
I certify that the above information is correct. I understand that I am responsible for all medical expense associated with evacuation and shelter if admitted to a hospital. I give permission for the Rhode Island Emergency Management Agency to release this information to other Emergency Response Agencies.

Signature _____ Date _____

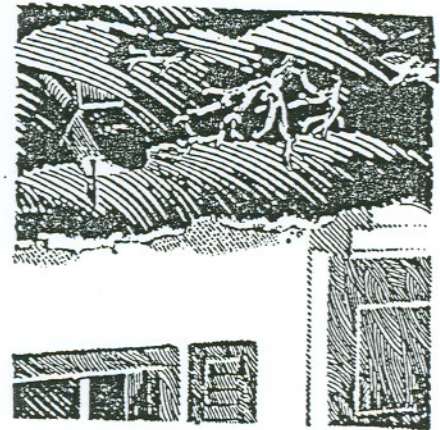
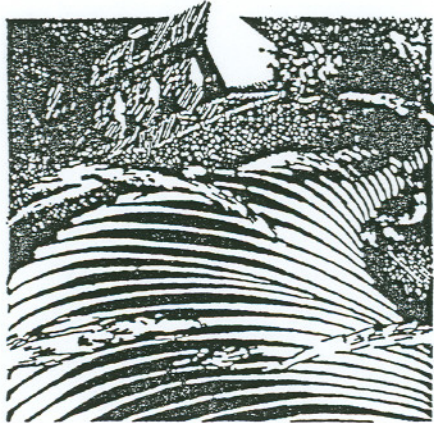
RHODE ISLAND EMERGENCY MANAGEMENT AGENCY
645 NEW LONDON AVENUE
CRANSTON, RI 02920-3003

Stamp
Me

Hurricanes

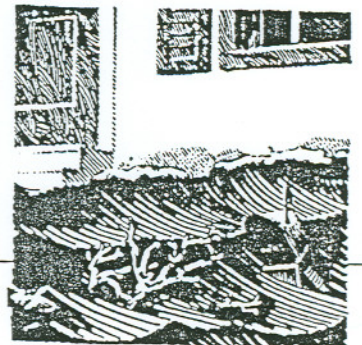
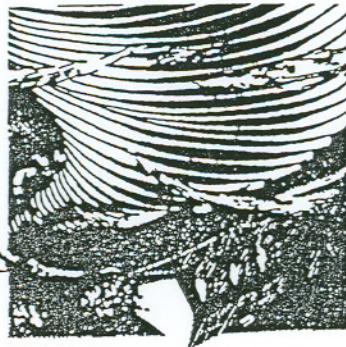


Tornadoes



Severe Floods

We can help you during a natural disaster.



The Rhode Island Emergency Management Agency