



VILLAGE OF POINT VENTURE EMERGENCY ASSISTANCE REGISTRY

First Name: _____ Last Name: _____
 Street Address: _____ Apt#: _____
 City: _____ Zip Code: _____
 Gender: Female Male Phone Number: () _____
 Email: _____ Alternate Number: () _____

Emergency Contact:
 First Name: _____ Last Name: _____
 Relationship: _____ Phone Number: () _____

Primary Language: English Spanish Chinese Vietnamese Other _____
 Do you need assistance with Transportation to evacuate? Yes No
 Do you have a pet? Yes No If yes, how many? _____
 Do you have carries for every pet? Yes No
 Do you have medical special needs? Yes No

Definition of Special Need: One who needs assistance during an evacuation and sheltering because of physical or mental handicaps, OR one who requires a level of care and resources beyond the basic first aid level of care that is available in shelters for the general population

If NO, stop here and mail form to address at bottom of page.

If you have medical special needs, which category best describes your needs? **(Please select only one)**

- Level 1: A person dependent on others or in need of others for routine care, (eating, walking, toileting, etc.) or a child under 18 without adult supervision, etc.
- Level 2: A person who is blind, hearing impaired, deaf/blind, or has an amputation
- Level 3: A person needing assistance with medical care administration, monitoring by a nurse, dependent on equipment, assistance with medication, mental health disorders.
- Level 4: A person outside an institutional facility care setting who require extensive medical oversight (i.e. IV chemotherapy, ventilator, peritoneal dialysis, hemodialysis, life support equipment, hospital bed and total care, or is morbidly obese).

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Able to hold conversation/verify information | <input type="checkbox"/> Life-sustaining Medication Required |
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Life-sustaining Equipment Required |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Ventilator Required |
| <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Supplemental Oxygen Required |
| <input type="checkbox"/> Interpreter Required | <input type="checkbox"/> Homecare Assistance needed |
| <input type="checkbox"/> Mental/Cognitive Condition | <input type="checkbox"/> Electricity for life support equipment |
| <input type="checkbox"/> Mobility Impairment (wheelchair, scooter, ect.) | <input type="checkbox"/> Electricity for recharging medical equipment |
| <input type="checkbox"/> Confined to a bed | <input type="checkbox"/> Allergies (Please list all known allergies) |
| <input type="checkbox"/> Service Animal Required | _____ |
| | _____ |

Are there any needs that are not listed on this registry that we need to know to help you in case of an emergency?

Yes No If yes, please explain, _____

Return Form To:
The Village of Point Venture, 18606 Venture Drive, Point Venture, TX 78645
 Or Fax back to us at: 512-267-0818