

## MADISON COUNTY /BRAZOS VALLEY SPECIAL ASSISTANCE REGISTRY

Date \_\_\_\_\_ Do you have transportation to evacuate?  Yes  No

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph#1: \_\_\_\_\_ Ph#2: \_\_\_\_\_

Is address posted?  Yes  No Gender:  Female  Male Date of Birth: \_\_\_\_\_

### In case of emergency, contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Ph#: \_\_\_\_\_

If others are evacuating with you, how many? \_\_\_\_\_

Do you have a service animal and/or pet?  Yes  No If yes, how many? \_\_\_\_\_ What kind? \_\_\_\_\_

Do you have carriers for every service animal and pet?  Yes  No

Do you or anyone evacuating with you use oxygen?  Yes  No

Do you have medical special needs?  Yes  No

(One who needs assistance during 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.)

Do you currently utilize a caregiver or service?  Yes  No Please give their contact phone number: \_\_\_\_\_

Do you currently receive homebound meal services through Madison County?  Yes  No

What category describes your special needs?

- A person who does not have special needs, but is without transportation.
- A person dependent on others or in need of others for routine care (eating, walking, toileting, etc.). Child under 18 without adult supervision, etc.
- A person who is blind, hearing impaired, deaf/blind, or has an amputation.
- A person needing assistance with medical care administration, monitoring by a nurse, dependent on care equipment, assistance with medications, mental health disorders.
- A person outside an institutional facility care setting who requires extensive medical oversight (i.e. IV chemotherapy, ventilator, peritoneal dialysis, hemodialysis, life support equipment, hospital bed and total care, and/or is morbidly obese)
- A person in an institutional facility care setting such as hospitals, long-term care/assisted living facilities, or state schools.

Do you use a wheelchair?  Yes  No

Are you confined to a bed?  Yes  No

Do you require power for medical equipment?  Yes  No



**Return completed forms to:**  
Madison County Office of Emergency Management  
101 West Main, Suite B-13,  
Madisonville, Texas 77864; OR  
FAX: 936-348-6614; OR email to [shelly.butts@madisoncountytexas.org](mailto:shelly.butts@madisoncountytexas.org);  
OR Call 2-1-1.

