



of Northeast MS

**Abilities, respect, choices for the disabled**

**The Arc of Northeast MS** – is a volunteer organization which is affiliated with The Arc of MS and The Arc of the US. Our chapter is devoted not only to those citizens with developmental disabilities but also our elderly citizens and those with any type of disability. We are a totally volunteer group committed to making the lives of individuals with special needs more productive. Please fill out the attached questionnaire for yourself or family members with special needs. Please return by mail, internet or to our office. Our goal is to provide Tippah County Emergency Management and other agencies with information that may help you or a loved one in the event of an emergency or disaster. Thank you for our assistance. Arc members working on this project are Elaine McAfee, Sherry Dunnam, Annette Rinehart and Ronny Ketchum.

All information is strictly voluntary. It is not necessary to complete every question in order to register, but the more information emergency responders have, the more they will be able to help those in need. All information will be strictly confidential and used only in the event of an emergency or disaster by emergency responders. Please make sure you read all the information on the form. It is our goal to assist the elderly and disabled with special needs, should an emergency or disaster occur.

We would like to thank the Tippah County Board of Supervisors, the City of Ripley, Tippah County Development Foundation, The Peoples Bank of Ripley, TEMA (Tippah Emergency Management Agency), Dixie-Net and The Arc of MS for all their support. Without their help, this registry would not have become a reality.

If our organization can be of assistance to you or a family member, please contact us 662-993-9486 or at [www.arc@dixie-net.com](mailto:www.arc@dixie-net.com) or at ~~www.ripley.ms.us~~. Our office is located at 403 S. Commerce St. in Ripley. You may also contact Annette Rinehart at 662-728-1900 or 416-3577, Elaine McAfee at 662-223-4781 or Sherry Dunnam at 662-587-0376.

The yearly update of this form is your sole responsibility. Be sure to save a copy of this application either on your computer and/or paper form for referring to yearly updates. This form can be update by mail or by our link site at



403 S. Commerce Street  
Ripley, MS 38663  
(662) 993-9486  
www.arc@dixie-net.com

Association for the Rights of Citizens with Developmental Disabilities

## The Arc of Northeast MS/TEMA SPECIAL NEEDS REGISTRY

THIS APPLICATION CAN BE COMPLETED AND UPDATED ON THE INTERNET AT  
www.tippahcounty.ripley.ms/community and www.ripley.ms/links or by mail.

IF YOU NEED ASSISTANCE WITH THIS FORM, PLEASE CONTACT The Arc of NE MS:  
403 SOUTH COMMERCE RIPLEY, MS 38663  
PHONE: 662-993-9486 E-MAIL: arc@dixie-net.com

TIPPAH COUNTY SPECIAL MEDICAL NEEDS REGISTRATION IS FOR INDIVIDUALS WITH  
DISABILITIES AND/OR THE ELDERLY. DATE: \_\_\_\_\_

### REQUIRED PERSONAL ENROLLMENT DATA

NAME: \_\_\_\_\_  
(Last) (First) (MI) (Age)

STREET ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (ZIP)

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

CIRCLE THE SUPERVISOR'S DISTRICT YOU LIVE IN AND/OR THE SUPERVISOR'S NAME:

1 2 3 4 5 \_\_\_\_\_

DIRECTIONS TO YOUR RESIDENCE: \_\_\_\_\_

WHICH (VOLUNTEER) FIRE DISTRICT SERVES YOUR AREA? \_\_\_\_\_

LIST A PUBLIC BUILDING SUCH AS A CHURCH, PARK, FIRE DEPARTMENT, ETC THAT YOU LIVE  
NEAR: \_\_\_\_\_

### EMERGENCY CONTACTS

(LOCAL) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

(NON-LOCAL) NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

## SPECIAL MEDICAL NEEDS-MOBILITY

CHECK ALL THAT APPLY:

AMBULATORY (CAN WALK) \_\_\_\_\_ NON-AMBULATORY \_\_\_\_\_

WALK: INDEPENDENT \_\_\_\_\_ W/ASSISTANCE \_\_\_\_\_ W/MOBILITY AID: CANE \_\_\_\_\_ WALKER \_\_\_\_\_

WHEELCHAIR: MANUAL \_\_\_\_\_ POWER \_\_\_\_\_ SCOOTER \_\_\_\_\_ INDEPENDENT TRANSFER \_\_\_\_\_

VEHICLE REQUIRED: BUS/CAR \_\_\_\_\_ LIFT EQUIPPED \_\_\_\_\_ IND. TRANSFER \_\_\_\_\_ AMBULANCE \_\_\_\_\_

SUBJECT'S WEIGHT: \_\_\_\_\_ UNDER 200 \_\_\_\_\_ 201-300 \_\_\_\_\_ OVER 300 \_\_\_\_\_

OTHER PERTINENT INFORMATION: \_\_\_\_\_

## HEALTH ISSUES

IMPAIRMENT: HEARING \_\_\_\_\_ SIGHT \_\_\_\_\_ SPEECH \_\_\_\_\_ PROSTHETIC \_\_\_\_\_ TYPE \_\_\_\_\_

COMMUNICATION: ASL INTERPRETER \_\_\_\_\_ COMMUNICATION BOARD \_\_\_\_\_ OTHER \_\_\_\_\_

DO YOU HAVE A SERVICE ANIMAL: \_\_\_\_\_ DESCRIPTION OF ANIMAL \_\_\_\_\_

EQUIPMENT: FEEDING TUBE \_\_\_\_\_ LIFE SUPPORT \_\_\_\_\_ SUCTION UNIT \_\_\_\_\_ OXYGEN \_\_\_\_\_

DIALYSIS: AT HOME \_\_\_\_\_ MEDICAL FACILITY NAME \_\_\_\_\_

MEDS : I.V. FLUIDS \_\_\_\_\_ INSULIN \_\_\_\_\_ INSULIN PUMP \_\_\_\_\_ OTHER \_\_\_\_\_

POWER: DO YOU RELY ON ELECTRICITY \_\_\_\_\_ BATTERY BACK-UP \_\_\_\_\_ HOME GENERATOR \_\_\_\_\_

APNEA MONITORS \_\_\_\_\_ OTHER \_\_\_\_\_

CONTAGIOUS DISEASE OR ALLERGIES: \_\_\_\_\_

MENTAL HEALTH ISSUES: \_\_\_\_\_

SPECIAL DIET TYPE: \_\_\_\_\_

HEART CONDITION: \_\_\_\_\_ EPILEPSY \_\_\_\_\_ TERMINAL CONDITION \_\_\_\_\_

GENERAL HEATH CONDITION: GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_ GUARDED \_\_\_\_\_

OTHER: \_\_\_\_\_

PLEASE BRING ALL YOUR MEDICATIONS, ID, INSURANCE CARDS TO THE SHELTER.

## ASSISTANCE REQUIRED

DO YOU HAVE A CAREGIVER WHO WILL BE WITH YOU? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF "YES," NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

WILL YOU NEED ASSISTANCE WITH: MEDICATIONS \_\_\_\_\_ BATHING \_\_\_\_\_ TOILETING \_\_\_\_\_

DRESSING \_\_\_\_\_ EATING \_\_\_\_\_ TRANSFERRING \_\_\_\_\_ OTHER \_\_\_\_\_

DO YOU NEED TRANSPORTATION TO A SPECIAL NEEDS SHELTER IN THE EVENT OF

A DISASTER? CAR \_\_\_\_\_ WHEELCHAIR LIFT \_\_\_\_\_ VAN \_\_\_\_\_ AMBULANCE \_\_\_\_\_

DO YOU OWN ACCESSIBLE TRANSPORTATION THAT TEMA COULD USE TO TRANSPORT INDIVIDUALS TO THE SHELTER? IF "YES", LIST WHAT TYPE OF TRANSPORTATION.

YEAR      MAKE & MODEL      COLOR      CARRIER AND/OR LIFT

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### **MEDICAL SUPPORT INFORMATION**

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHARMACY: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME MEDICAL EQUIPMENT PROVIDER: \_\_\_\_\_ PHONE \_\_\_\_\_

HEALTH INSURANCE COMPANY: \_\_\_\_\_ PHONE \_\_\_\_\_

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### **ADDITIONAL INFORMATION/COMMENT (OPTIONAL-LIFE SUSTAINING MEDICATIONS)**

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### **PERSONAL EMERGENCY PLAN**

THE PURPOSE OF THE TIPPDAH COUNTY SPECIAL NEEDS REGISTRY IS TO PROVIDE EMERGENCY RESPONDERS AND VOLUNTEERS WITH INFORMATION OF INDIVIDUALS THAT MAY REQUIRE ASSISTANCE DURING A DISASTER. THIS PROGRAM IS VOLUNTARY AND IN NO WAY ENSURES THAT THE INDIVIDUAL COMPLETING THIS FORM WILL RECEIVE IMMEDIATE OR PREFERENTIAL TREATMENT IN AN EMERGENCY. THIS REGISTRY WILL PROVIDE THE EMERGENCY RESPONSE COMMUNITY WITH INFORMATION THAT IS PERTINENT TO THE DEVELOPMENT OF AN EFFECTIVE RESPONSE. THE TIPPDAH COUNTY SPECIAL NEEDS REGISTRY IN NO WAY REPLACES THE RESPONSIBILITY OF INDIVIDUALS TO HAVE THEIR OWN EMERGENCY PLAN. BE PREPARED!!

### **AUTHORIZATION INFORMATION**

BY SIGNING MY NAME BELOW, I CERTIFY THAT I'M THE PERSON IDENTIFIED IN THE PERSONAL INFORMATION SECTION ABOVE OR THE LEGAL GUARDIAN OF THAT PERSON. BY SIGNING/SUBMITTING THIS FORM, I/LEGAL GUARDIAN AGREE THAT THE APPLICANT'S NAME BE ADDED TO THE TIPPDAH COUNTY SPECIAL NEEDS REGISTRY. I GIVE THE TIPPDAH COUNTY EMERGENCY MANAGEMENT, The Arc of Northeast MS, RESCUERS AND VOLUNTEERS AUTHORIZATION TO SHARE THIS INFORMATION WITH OTHER COMMUNITY EMERGENCY RESPONDERS IN THE EVENT OF AN EMERGENCY IN ORDER TO FACILITATE AN EFFECTIVE RESPONSE.

IF NECESSARY, I GRANT PERMISSION TO MEDICAL PROVIDERS, EMERGENCY PERSONNEL AND VOLUNTEER RESCUERS, WHO ARE WORKING UNDER THE DIRECTION OF THESE AGENCIES TO PROVIDE CARE AND DISCLOSE ANY INFORMATION NECESSARY TO RESPOND TO MY NEEDS. INFORMATION WILL BE KEPT CONFIDENTIAL AND ONLY USED IN THE EVENT OF AN EMERGENCY OR DISASTER. IT DOES NOT GUARANTEE THAT EMERGENCY AGENCIES AND PERSONNEL WILL

BE ABLE TO PROVIDE ASSISTANCE IN EVERY TYPE OF EMERGENCY OR DISASTER. TIPPAH COUNTY EMERGENCY MANAGEMENT, TIPPAH COUNTY SPECIAL NEEDS REGISTRY, THE Arc OF NORTHEAST MS, VOLUNTEER RESPONDERS SHALL NOT BE HELD LIABLE FOR ANY CLAIM, BASED UPON GOOD FAITH, FAILURE TO EXERCISE OR PERFORM A FUNCTION OR DUTY ON THE PART OF CARRYING OUT A LOCAL DISASTER PREPAREDNESS PLAN.

THE YEARLY UPDATING OF THIS FORM IS YOUR SOLE RESPONSIBILITY. BE SURE TO SAVE A COPY OF THIS APPLICATION EITHER ON YOUR COMPUTER OR PAPER FOR REFERRING TO FOR YEARLY OR AS NEEDED UPDATES. EMAIL A COPY OF THIS APPLICATION TO [arc@dixie-net.com](mailto:arc@dixie-net.com). THIS FORM CAN BE UPDATE BY MAIL OR AT OUR LINKS SITES, [www.tippahcounty.ripley.ms/community](http://www.tippahcounty.ripley.ms/community), [www.ripley.ms/links](http://www.ripley.ms/links).

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SIGNATURE

PRINTED NAME

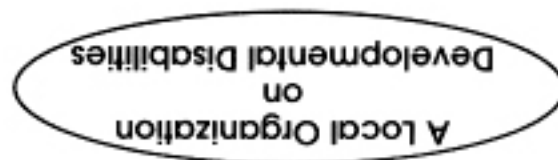
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SIGNATURE OF PERSON FILLING OUT FORM

PRINTED NAME

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DATE



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