



No Person Left Behind Hurricane & Disaster Registration Form

Please **PRINT** and fill out the requested information below in case of Hurricane or Disaster, assistance may be provided by any agencies who are assisting in this emergency.

Date Submitted _____

Last Name _____

First Name _____

Middle Name _____

Address _____

City _____

State _____

Zip Code _____

County _____

Email Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Do you use a TTY? _____

**If so, what is the TTY
Number?** _____

Nearest Cross Streets _____

Please Enter Local Emergency Contact Information

**Name of Nearest Local
Emergency Contact** _____

**Phone Number of Local
Emergency Contact** _____



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Please Enter ALTERNATE Emergency Contact Information

**Person outside of the
local area not impacted
by this emergency**

**Phone Number of
Alternate Emergency
Contact**

Please enter information about you and your disability

Gender

Age

Type of Disability

**Functional Limitations or
Impairments**

Please enter information about your service animal

**Do you have a Service
Animal?**

(enter Yes or No)

Type of Service Animal?

**Does your Service
Animal have an ID?**

(enter Yes or No)

**Name of Agency Issuing
Service Animal ID**

Name of Service Animal

**If you use a manual wheel chair, power chair, or scooter – please
enter a – yes, if not leave blank (click as many as applies)**

**Do you use a manual
wheel chair?**

(enter Yes or No)



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Do you use a power chair? _____ (enter Yes or No)

Do you use a scooter? _____ (enter Yes or No)

Can you use a manual wheel chair, in case of an Emergency? _____ (enter Yes or No)

Enter Information about your doctor in case of emergency

Name of Doctor _____

Phone Number of Doctor _____

Address of Doctor _____

Enter Information about your family situation

Do you live with family? _____

Do you live alone? _____

List names of family living with you _____

If you drive enter the following information

Type of vehicle _____

License Plate of Vehicle _____

In case of an Emergency will you be needing transportation Before _____ (enter Yes or No)

After _____ (enter Yes or No)

Enter information about your living situation

Type of Dwelling you live in? (Check One)

Condo _____ What Floor?

Apartment _____ What Floor?



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Single Residence _____

Duplex Residence _____

Mobile Home _____

Manufactured Home _____

**If you have shutters for
your residence, do you
need help putting them
up for the hurricane?**

_____ (enter Yes or No)

Enter information about what type of water system you have

Well _____

City _____

**Who is your water
supplier** _____

**Phone Number of your
water supplier** _____

Enter information about your electric company

**Who is your electric
company?** _____

**Phone Number of your
electric company** _____

Enter information if you have a generator for use

**Do you have a generator
that use in case of
power loss?**

_____ (enter Yes or No)

**What size is your
generator?** _____



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No Person Left Behind - Hurricane & Disaster Center
704 Homer Ave North
Lehigh Acres, Florida 33971

Please make a copy for your records.

DISCLOSURE:

By, Voluntarily submitting this form: I grant permission to medical providers and transportation and others, to provide care and to disclose any information necessary to respond to my needs. I hereby grant permission for the release of this information to the emergency response agencies and also pre-authorized these agencies to enter my residence for the purpose of emergency search and rescue.

This program does not supersede the local EOC's "Special Needs Programs" but rather enhances it when used in conjunction. If you require special needs at a shelter, please also register with your local EOC and their special needs programs. Lee County as well as other EOC's accepts no responsibility for services offered, or claims made by "No Person Left Behind".