

# SELF-REGISTRATION FORM

In the unlikely event of an accident at the Anniston Army Depot or other hazardous event, your county Emergency Management Agency (EMA) may advise you to evacuate, shelter in place or go inside and tune to your local Emergency Alert System radio or TV station. Your county EMA, as part of its public protection strategy, would like to identify people who cannot prepare for or carry out protective actions either on their own or with assistance from nearby family, neighbors or friends. If you qualify as a person with special needs, your county EMA can provide you with special emergency planning information.

**Instructions:** Use one Self-Registration Form for each household member with special needs who requires assistance. If you feel this person can prepare for and respond to emergencies by him/herself or has nearby family, neighbors or friends who can provide assistance, please do not register. If you need additional forms or have questions, please call 256.236.8642 or 800.263.0201 or email [sppinfo@metservices.biz](mailto:sppinfo@metservices.biz). Text telephone users can call 256.236.8812.

This information is being gathered under the authority of the State of Alabama for the purpose of implementing public protection strategies for all types of hazards. The State of Alabama will protect your privacy and all private information that you provide here.

1 (a). Is there anyone in your household who lacks transportation or has physical, mental or medical problems that make him/her unable to evacuate without help and he/she does not have a help network of nearby family, neighbors or friends?

Yes (I need assistance.)      No (I do not need assistance)      *Please circle your response.*

1 (b). Is there anyone in your household who has physical, mental or medical problems that make him/her unable to shelter in place (following your county EMA's basic steps to shelter in place in a safe room) and he/she does not have a help network of nearby family, neighbors or friends who can assist in preparing a safe room and in sheltering in place?

Yes (I need assistance.)      No (I do not need assistance)      *Please circle your response.*

2. Are there times when children would be alone in your home without someone you trust available close by, whom you can count on to help the children in an emergency?

Yes      No      *Please circle your response.*

**If the answer is YES to question 1(a), 1(b) or 2, please register this person.  
If the answer is NO to all three questions, you do not need to register this person.**

**To Register:** Please provide the following information. (PLEASE PRINT.)

Name \_\_\_\_\_ Age \_\_\_\_\_

Apt./Lot No. \_\_\_\_\_ Street Number \_\_\_\_\_ Street Name \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone or Email Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

*Please provide a contact person for the person with special needs. If you are registering a child, please provide contact information for a parent or guardian.*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to person with special needs \_\_\_\_\_

***The Self-Registration Form is continued on the back of this page. Complete the entire form.  
Please answer the questions on the back page about the person with special needs.***

Is your physical or medical condition temporary? Yes No

If you circled Yes, when do you expect your physical or medical condition to improve? \_\_\_\_\_

Do you have a **Severe Vision Problem**? Yes No

If so, what is your severe vision condition? (Please check all that apply.)

Blind\_\_\_ Legally Blind\_\_\_ Partially blind\_\_\_ Night blind\_\_\_ Other (please explain) \_\_\_\_\_

Do you have a **Severe Hearing Problem**? Yes No

If so, what is your severe hearing condition? (Please check all that apply.)

Deaf\_\_\_ Partially deaf\_\_\_ Use hearing aid\_\_\_ Other (please explain) \_\_\_\_\_

Do you have **Difficulty Walking**? Yes No

If so, do you use a walking aid? (Please check all that apply.)

Wheelchair\_\_\_ Walker\_\_\_ Cane\_\_\_ Brace\_\_\_ Crutches\_\_\_ Other (please explain) \_\_\_\_\_

Do you have **Severe Mobility Problems**? Yes No

If so, what are your severe mobility problems? (Please check all that apply.)

Confined to Bed\_\_\_ Paralyzed\_\_\_ Partially paralyzed\_\_\_ Quadriplegic\_\_\_ Paraplegic\_\_\_

Other \_\_\_\_\_

Do you have a **Mental or Cognitive Disability** or are you **Easily Confused**? Yes No

Please explain your condition. \_\_\_\_\_

Do you have **Difficulty Breathing**? Yes No

If so, what causes your difficulty in breathing? (Please check all that apply.)

Asthma\_\_\_ COPD\_\_\_ Emphysema\_\_\_ Other (please explain) \_\_\_\_\_

Do you use oxygen or medical equipment to assist your breathing? Yes No

If so, please explain. \_\_\_\_\_

Do you have **Difficulty Communicating**? Yes No

If so, what causes your difficulty in communicating? (Please check all that apply.)

Cannot speak\_\_\_ Does not understand English\_\_\_ Speech impairment\_\_\_ Other\_\_\_

If you do not understand English, what language do you understand?

\_\_\_\_\_  
If you checked speech impairment or other, please explain.

Do you have a heart condition? Yes No Please explain. \_\_\_\_\_

Are you on dialysis? Yes No

Are you diabetic? Yes No

Do you have a physical disability? Yes No Please explain. \_\_\_\_\_

Do you use medical equipment that requires electricity? Yes No

If so, do you have a back up power supply such as a generator? Yes No

Would you require special transportation such as an ambulance during an evacuation? Yes No

Please explain why. \_\_\_\_\_

Can you drive? Yes No Do you have a vehicle? Yes No