



Inyo County
Office of Emergency Services

Dear Inyo County Resident:

The Office of Emergency Services for the County of Inyo partners with many emergency response agencies to better serve the community during a disaster or emergency.

It is very important that all citizens are prepared in the event of a true emergency. As part of the planning process, the County's Office of Emergency Services regularly updates a registry of individuals with special needs that may require additional support or assistance during an emergency or disaster.

If you or a family member have any special needs, such as: physical, medical, mobility, or other conditions that would require special assistance during a disaster, evacuation, or other community emergency, please consider taking the time to complete this form to sign up for the registry. Completion of the form is strictly voluntary and the information you provide will not be available to the public. It will only be shared with emergency response agencies to improve their ability to serve.

While it is the goal of Inyo County preparedness and emergency response agencies to serve the special needs of residents in the event of an emergency, the registry is no substitute for personal preparation. In a disaster, government and other agencies may not be able to meet your needs. It is important for all residents to make individual plans and preparations for their care and safety in an emergency. **YOU** are in the best position to plan for your own safety as you are best able to know your functional abilities and possible needs during and after an emergency or disaster occurs. You can cope with disaster by preparing in advance with your family and care attendants. The County of Inyo makes no guarantees, representations or warranties of any kind or nature whatsoever, whether statutory, oral, written, expressed or implied with respect to the subject matter hereof. Further, nothing contained in the registry form is intended as creating any obligation on the County of Inyo, its agents or disaster response partners, to provide any services, and/or special or additional services to those individuals providing the information requested herein.

Please complete the attached form and be as thorough as possible in your responses. Please mail the form to the address below. You will be contacted occasionally to ensure the information is still accurate and up to date. Or, you may contact the number below if there have been changes in your registry information.

County of Inyo, Attn. AFN
207A W. South St, Bishop, Ca 93514
760.873.7868 (P) | 760.873.7800 (F)
bcappellmcgovern@inyocounty.us | inyocounty.us

**Inyo County Resident
DISASTER PREPAREDNESS INFORMATION**

Name:		Age:	Birth Date:	
Gender: Male/Female		Physical Address:		
Mailing Address:				
Primary Phone #:		Additional Phone #:		
Email:		Primary language:		
Access or Functional Need		Yes	No	If you answered yes, please explain
Do you have mobility limitations? Circle: wheelchair, walker, cane, other				
Are you dependent on supplemental oxygen for daily living?				
Are you dependent on electricity for medical use? (e.g. oxygen that uses electricity, refrigeration of life saving medicines, etc.)				
Do you have a chronic medical or behavioral health condition that requires regular care from a health care provider?				
Do you take regular prescribed medications for a chronic condition? (DO NOT list medications here)				
Do you have vision or hearing impairment?				
Do you depend on another for personal care in daily living? (e.g. assistance with taking medications or eating)				
Do you often need assistance in understanding written or verbal communications?				
Do you rely on others for transportation for your basic needs?				
Do you have daily contact with someone such as a neighbor?				
Do you rely on a community service for support? Circle: Home healthcare, delivered meals, local bus service				
Emergency Contact				
Name:		Relationship:		
Phone #:		Alternate #:		

Signature

Date

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