

## TRANSPORTATION ASSISTANCE REGISTRY

Fax to 211 TEXAS at 1-866-557-1074

Date of Survey Response: \_\_\_\_\_

Do you have transportation to evacuate?  Yes  No

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

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Sex:  Female  Male

In case of emergency contact:

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

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

Relationship: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

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

Do you have a pet?  Yes  No

If yes, how many \_\_\_\_\_ Do you have carriers for every pet?  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 or anyone evacuating with you use oxygen?  Yes  No

What category describes your special needs?

Level 1  A person dependent on others or in need of others for routine care (eating, walking, toileting, etc.). Child under 18 without adult supervision, etc.

Level 2  A person who is blind, hearing impaired, deaf/blind, or has an amputation.

Level 3  A person needing assistance with medical care administration, monitoring by a nurse, dependent on equipment, assistance with medications, mental health disorders.

Level 4  A person outside an institutional facility care setting who require extensive medical oversight (i.e., IV chemotherapy, ventilator, peritoneal dialysis, hemodialysis, life support equipment, hospital bed and total care, or is morbidly obese)

Level 5  A person in institutional setting such as hospitals, long-term care/assisted living facilities, or state schools.

Do you use a service animal?  Yes  No

If you selected Level 3, 4 or 5: Do you use a wheelchair?  Yes  No

Are you confined to a bed?  Yes  No

Do you require power for medical equipment?  Yes  No