



Dear Community Member,

The Camano Center administers a special needs registry or “Disaster Registry” for vulnerable seniors and other residents with disabilities who may need additional assistance during emergencies and disasters.

The program maintains a listing of registrants and provides this information to first responders during an emergency or following a disaster. Because Fire and EMS resources will be limited, Camano Center volunteers will provide assistance to the Fire Department by checking on neighbors and on those who are on the “Disaster Registry”. While filling out the registry form you are given the choice to be contacted by a volunteer from the Camano Center, also known as a “Disaster Buddy”, prior to an emergency so that they can better understand your needs and situation.

Persons with medical conditions are encourage to keep a list of medications, allergies, and special needs preferable in one of the Camano EMI tubes to be kept in the refrigerator (the tubes are available at the Camano Center). Later, should you need to go to a shelter, or otherwise leave your residence quickly, having your medications and list together with your out of state contact information will greatly assist in your care.

If you think the Disaster Registry is right for you, please fill out the form on the opposite side of this page, and mail it to the address on this letterhead. While registration does not guarantee you a priority response or special consideration, it does help us plan and respond to community needs more effectively. Also registration goes hand-in-hand with being prepared including having a personal disaster or emergency plan and an emergency kit to get you through 5-7 days on your own. Working together we can achieve more!

Sincerely,

Karla Jacks
Executive Director, Camano Center

Mary Neal
Resource Specialist
Island Senior Resources



CamanoCenter
Get connected.

DISASTER REGISTRY

For vulnerable seniors and persons with disabilities

How do I register or get more information?

Fill out the form below or call us at 360-387-0222 to register by phone.



Your name: _____

Home address: _____

City _____ Zip _____

Your phone number: _____

Email address: _____

What is the primary condition that makes you vulnerable to a disaster? (Insulin-dependent, live alone, vision impaired, mobility impaired, need oxygen, wheelchair user, etc.) Please describe

condition here:

Emergency contact name and phone number of relative or friend not living with you:

Name _____ No. _____

What type of assistance would you like during an emergency? Please initial the box(s).

- I may need transportation assistance if an evacuation is required
- I would like someone to call me or check in on me after a disaster and give permission to pass my address and condition on to a CSSA volunteer "Disaster Buddy"
- I would like my "Disaster Buddy" to contact me prior to an emergency to discuss my particular needs

I authorize this information to be maintained confidentially at the Camano Center for use only during an emergency that may affect me in my home. By signing below I acknowledge the release of information I have provided knowing it may provide me aid in time of emergency or disaster.

Signature of special needs registrant or responsible caregiver:

Today's date: _____

Send form to:

Camano Center
606 Arrowhead Road, Camano Island WA 98282
or fax to 360-387-4636