

# LAKE COUNTY DEPARTMENT OF PUBLIC SAFETY EMERGENCY MANAGEMENT DIVISION PUBLIC SHELTER REGISTRY FORM

## PERSONAL INFORMATION:

1. LAST NAME		2. FIRST NAME		3. MI	
4. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		5. DATE OF BIRTH		6. PHONE (   )	
7. ETHNIC GROUP					
<input type="checkbox"/> African/American (B)		<input type="checkbox"/> American Indian or Alaskan Native and White (AI/AN&W)			
<input type="checkbox"/> Caucasian (W)		<input type="checkbox"/> American Indian or Alaskan Native and Black (AI/AN&B)			
<input type="checkbox"/> Hispanic (H)		<input type="checkbox"/> Asian or Pacific Islander and White (AS&W)			
<input type="checkbox"/> Asian or Pacific Islander (AS)		<input type="checkbox"/> 2+Races Non-Hispanic (2+NH)			
<input type="checkbox"/> American Indian or Alaskan Native (AI/AN)					
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (NH/PI)					
<input type="checkbox"/> Black and White (B&W)					
8. STREET ADDRESS			9. CITY		10. ZIP
11. MAILING ADDRESS (If different)			12. CITY		13. ZIP
14. NAME OF SUBDIVISION, MH PARK, APT. BLDG.		15. MOBILE HOME? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. FLOOD PRONE AREA? <input type="checkbox"/> Yes <input type="checkbox"/> No		

17. LIST ALL PERSONS ACCOMPANYING YOU TO THE SHELTER (More space is available on back of form if needed.):

LAST NAME	FIRST NAME	DATE OF BIRTH	ETHNIC GROUP (Use Abbreviations from Above List)

CONTINUE ON BACK OF FORM

LAST NAME	FIRST NAME	DATE OF BIRTH	ETHNIC GROUP (Use Abbreviations from #7.)

**TRANSPORTATION INFORMATION:**

18. Do any persons on this form need assistance with transportation to the shelter?  Yes  No

18a. If yes, indicate number of persons who need transportation? \_\_\_\_\_

18b. If yes, are any persons needing transportation in a wheelchair?  Yes  No

18c. If yes, indicate number of persons in a wheelchair? \_\_\_\_\_

18d. If yes, do any persons needing transportation require a stretcher?  Yes  No

18e. If yes, indicate number of persons requiring a stretcher? \_\_\_\_\_

**PET INFORMATION:**

19. Do any persons on this form have pets that need to be sheltered?  Yes  No

19a. If yes, indicate type of pet and quantity below:

Dog(s)      Quantity\_\_\_\_\_

Cat(s)      Quantity\_\_\_\_\_

Bird(s)      Quantity\_\_\_\_\_

Other      Type\_\_\_\_\_      Quantity\_\_\_\_\_

Other      Type\_\_\_\_\_      Quantity\_\_\_\_\_

Other      Type\_\_\_\_\_      Quantity\_\_\_\_\_

I understand that this form is not a reservation for the public shelter. The information contained on this form will be used for developing a database used to identify the shelter and transportation needs of the residents of Lake County.

Signature: