State of Texas Emergency Assistance Registry (STEAR)

Local Jurisdiction: _____

Organization Collecting Information: _____

Organization Contact Telephone: _____ Ext: _____

Organization Contact E-mail: _____

STEAR Individual Registration Form

Not for use by assisted living facilities or nursing homes
One (1) form should be completed for each registrant

Please understand that the Emergency Assistance Registry assists emergency officials in planning for emergency events. Having your information helps to determine what kinds of services might be required during a disaster, and helps responders plan and train more effectively. Communities use the information in different ways, so realize that having your information in the registry DOES NOT guarantee that you will receive a specific service during an emergency. Registration is not a substitute for developing and maintaining your own family disaster plan.

We would like to gather some basic information from you. Sharing this information is completely optional. To be registered, some basic information is required. You may choose to answer all or only some of the optional questions. *If filling out a paper form, please write the registrant's name in the designated space at the bottom of every page of the form.*

Basic Registrant Information

Required information marked with *

1. What is your primary language? * ☐ English ☐ Spanish ☐ Vietnamese ☐ Hindi
   ☐ Chinese _____ (dialect) ☐ Korean ☐ Other _____
2. Do you need a sign language interpreter? * ☐ Yes ☐ No ☐ Declined
3. What is your **first** name? * _____
4. What is your **last** name? * _____
5. What is your street address? *
   _____ Apt/Suite # _____
6. What is your ZIP code? * _____

Registrant Name: _____

Basic Registrant Information

Required information marked with *

7. What is your city?* _____

8. If known, what is the county you live in? _____

9. Are you registering a minor or are you younger than 18? If yes, what is the minor's age? ____

10. What is the best phone number to reach you? * _____ ext._____

11. Do you have a second telephone number in case you can't be reached at the previous number? _____ ext._____

Emergency Contact

In this document, emergencies are defined as hazards to public health and safety, such as hurricanes, tornadoes, terrorist attacks, chemical accidents, and other disasters that may cause death, injury, or damage, which could require evacuation and sheltering of the public.

12. We need to gather some information about the best person for emergency planners to contact in case of an emergency.
    What is your emergency contact person's **first** name? _____

13. What is your emergency contact person's **last** name? _____

14. What is this person's relationship to you?

    ☐ Wife/Husband ☐ Parent ☐ Sister/Brother ☐ Daughter/Son ☐ Aunt/Uncle

    ☐ Guardian ☐ Friend ☐ Other _____ ☐ Declined

15. What is your emergency contact's telephone number? Remember, this needs to be the best way to contact this person in case of an emergency. _____ ext._____

Caregivers / Animals

16. If you had to evacuate your home, would you be accompanied by a service animal?

    ☐ Yes ☐ No ☐ Declined

Registrant Name: _____

Caregivers / Animals

17. Do you have a caregiver or advocate? This person may or may not be the same person who is your emergency contact. ☐ Yes ☐ No ☐ Declined

18. **[If Yes to Q17]** During an emergency would your caregiver or advocate evacuate with you?
☐ Yes ☐ No ☐ Declined

19. How many people do you expect to accompany you when you evacuate? _____

20. If you had to evacuate your home, would you take a pet with you?
☐ Yes ☐ No ☐ Declined

21. **[If Yes to Q20]** How many total pets would need to evacuate with you? _____

22. **[If Yes to Q20]** Do you have carriers for all of your pets?
☐ Yes ☐ No ☐ Declined

Transportation Assistance

23. Will you need transportation assistance in order to evacuate your home?
☐ Yes ☐ No ☐ Declined

24. Are you able to receive emergency warnings or instructions?
☐ Yes ☐ No ☐ Declined [If No to Q24 proceed with Q25-Q26.]

25. **[If No to Q24]** Would you need help reading information because you are blind or have low vision?
☐ Yes ☐ No ☐ Declined

26. **[If No to Q24]** Do you have any other communication needs? If yes, please describe here:

Registrant Name: _____

Transportation Assistance

27. Do you have a disability, functional or medical need that may require you to rely on additional assistance during an emergency? ☐ Yes ☐ No ☐ Declined

    If yes, proceed to answer Functional Needs questions. If no, please go to the comments section [Q39] on the last page of the form.

Functional Needs

Please answer the following questions about the type of assistance you may need during an emergency. Some of the questions ask for specific health information, but remember, you are not required to answer these questions if you do not want to.

28. Do you receive medical treatment from a nurse or doctor at your home or in a doctor's office more than 3 times a week? ☐ Yes ☐ No ☐ Declined

29. If you were away from home, would you need help carrying out daily activities, such as bathing, eating, walking, or going to the bathroom? ☐ Yes ☐ No ☐ Declined

30. **[If yes to Q29]** Are these services currently provided by someone other than family or friends? If yes, please record the service provider and their contact information as a comment in Q39 on page 5. ☐ Yes ☐ No ☐ Declined

31. Are you on portable oxygen? ☐ Yes ☐ No ☐ Declined

32. Do you need assistance leaving your home due to limited mobility?
    ☐ Yes ☐ No ☐ Declined

33. Do you have a disability that prevents you from riding in an upright position for up to 4 hours?
    ☐ Yes ☐ No ☐ Declined

34. Do you have a life sustaining medical device that requires power?
    ☐ Yes ☐ No ☐ Declined

35. **[If yes to Q34]** How many hours of power are provided by your back-up power source?
    _____ hours (up to 72 hours)

36. Do you weigh more than 350 pounds? ☐ Yes ☐ No ☐ Declined

Registrant Name: _____

Functional Needs

37. What durable medical equipment, such as a wheelchair, cane, or walker, do you need to have evacuated with you in an emergency?

☐ Wheelchair ☐ Cane ☐ Nebulizer ☐ Crutches ☐ Walker

☐ Other _____

38. **[If wheelchair is noted in Q37]** Do you have a motorized or custom wheelchair?

☐ Yes ☐ No ☐ Declined

Final Comments

39. Are there any additional comments or notes that we should enter into your record?

40. Are there other people in your home who would need assistance during an emergency? Do you want to register them as well? ☐ Yes ☐ No ☐ Declined

Fax completed paper form to (866) 557-1074 or, preferably,

Email completed electronic form to stear@unitedwayhouston.org

This form can be filled electronically using Adobe Reader or Adobe Acrobat.
When filled electronically, save the form as a uniquely named PDF file.
Example name: StearIndividualForm_*uniquename*_*date*.pdf

Registrant Name: _____