



# People with Special Needs REPORTS

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**Data Entry**

**By County**

**Equipment**

**Evac Zones**

**Mental Cond**

**Impairments**

**Medical Cond**

**Ambulatory**

**Print a Blank Form**

**Data Entry for a New Client - Lotus Notes**

File Edit View Create Actions Text Window Help

Exit Discard Save & Exit

All Fields checked with ✓ are required fields. This means you must enter some value or text for that field.

# People with Special Needs

Created by: Anna Orbe on 08/10/99 03:52 PM

## Client Information

✓	<input type="text"/>	First	<input type="text"/>	Last	<input type="text"/>	MI	
<hr/>							
<input type="text"/>					Street		
<input type="text"/>					Apt, Suite, etc..		
<input type="text"/>	<input type="text"/>	GA.	<input type="text"/>	✓	<input type="text"/>	County	
City		State	Zip	County responsible for services			
( <input type="text"/> )	<input type="text"/>	<input type="text"/>					
Area Code		Home Phone #					
<hr/>							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	Male	<input type="radio"/>	Female
Birthdate		16	Height	Weight	Sex		
Directions to Individuals's home:							
<input type="text"/>							

# Contacts

- Nearest Relative**    **Payee**    **Guardian**    **Case Manager**

Name:

Address:

City   State   Zip   Phone

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## Local Emergency Contacts

Name:

Phone:

Name:

Phone:

# Medical Information

Impairments:

- Visually Impaired
- Hearing Impaired
- Speech Impaired
- Non-English Speaker

Mental Condition:

- Alert
- Semi-Confused
- Confused
- Not Conscious

Ambulatory

- Independent
- Needs Assistance

Medical Condition:

- Catheter/Ostomy
- Cardiac or Stroke Cond
- Seizures
- Diabetic
- Respiratory
- Quadriplegic
- Paraplegic
- Special Diet
- Asthma
- Dementia
- Other (B)

Equipment Needs:

- Oxygen
- Respirator
- Suction
- IV
- Dialysis
- Tube Feeding
- Wheelchair
- Crutches
- Walker/Cane
- Working Animals
- Mask
- Other (C)

Non Ambulatory

- Wheelchair
- Stretcher
- Other (A)

Allergies

- Severe Allergies
- Medication
- Food Allergy
- Environmental Sensitivity

Special Notes:

# Agency Providing Home Health Care

Agency Name:

Address:

City State Zip

Case Manager   Agency Phone

Physician Name   Phone

Pharmacist   Phone

## Destination:

Destination Name:

Address:

City State Zip

Destination Type

- Congregate Shelter
- Relatives Home
- Hospital
- Shelter /Med Capability

Telephone:   Medicaid  Medicare

## Insurance Information:

Comp #1:  Insurance Company:  Policy #  Phone

# Information Provider

Information Provided by:


Client

Other

(relationship)

Date Provided:

16

<b>For Official Use Only</b>		Level of Need	<input type="text" value="Level 1"/>
Emergency Planning Zone	Local Planning Zone		
<input type="text" value="A"/>	<input type="text"/>		
Date	Time		
Record Created:	<b>08/10/99</b>	<b>03:52:59 PM</b>	
Last Modified:			

**For Official Use Only**

Emergency Planning Zone

**A**

Level of Need **Level 1**

Persons who are capable of self-care  
requiring only minimal support.  
Congregate shelter.

	Date	Time
Record Created:	<b>05/10/99</b>	<b>03:18:19 PM</b>
Last Modified:	<b>05/11/99</b>	<b>02:03:20 PM</b>

## **Confidentiality Guide**

**The development of a confidential system for the special needs database is the responsibility of the Emergency Management Agency Director. The director is also responsible for maintaining the database or designating another special needs database manager. The manager maintains and keeps information for each individual in a confidential manner. Further, the manager maintains and assists in keeping the secrecy of such information, to prevent it from coming into unauthorized hands or being used for purposes other than for emergency management preparedness, mitigation, response and recovery.**

Press here to Continue