

Shelter Dormitory Registration

Date: _____ Incident/DR#: _____ Shelter Name/Location: _____

Observations:

1. Does the client or a family member appear to be in need of immediate medical attention, appear too overwhelmed or agitated to complete registration, or a threat to themselves or others?
2. Does the client have a service animal, use a wheelchair/walker, or demonstrate any other circumstance where it appears they may need help in the shelter?

Questions:

1. Is there anything you or a member of your family needs right now to stay healthy while in the shelter? If not, is there anything you know you will need in the next 6-8 hours?
2. Do you/family member have a health, mental health, disability, or other condition about which you are concerned?

HOUSEHOLD INFORMATION

Family Name (Last Name):	# Family members registered:					
	0-3yrs:	3-7yrs:	8-12yrs:	13-18yrs:	19-65yrs:	65+yrs:
Pre-disaster Address:			Post-disaster Address (if different):			
Primary Phone:	Other Phone:		Email:			
Primary Language:			If Not English, Family Member Present Who Speaks English:			
Method of Transportation:			If Personal Vehicle, Lic. Plate #/State (for security purposes only):			

INDIVIDUAL FAMILY MEMBER INFORMATION (for additional names, use back of page)

Name (Last, First)	Age	Gender (M/F)	Arrival Date	Rm./Cot	Volunteer? (y/n)	Departure Date	Departure Notes:

Yes No Someone in the household is required by law to register with a state or local government agency.
 Yes No Someone in the household is a veteran or active military.
 Yes No I agree to have my information shared with other agencies providing disaster relief services.

By signing here, I acknowledge that the information on this form is accurate, I have initialed the three statements above, and I have read/been read and understand the *Shelter Client Welcome Handout*:

Signature: _____ Date: _____

Shelter Worker Name/Signature: _____