**Appendix 1-22 – Evacuation Call Center Group - Evacuation Registration Form**

## City of Beaumont Evacuation Registration Form

**Local ID Number: _____**

| | | |
|---|---|---|
| Date of Registration: | Time of Registration: | |
| Do you have transportation to evacuate? ☐ | Engine Company District: | |
| Do you have transportation to the staging area? ☐ | | |
| Last Name: | First Name: | |
| Date of Birth: | Age: | |
| Address: | Apt.# | City: |
| Zip: | Phone Number: | |
| Male? | Female? | |
| Contact Last Name: | Contact First Name: | |
| Contact Phone Number: | Relationship: | |
| If others are evacuating with you, how many? | | |
| Do you have pets or service animals? ☐ | How many? | Type: |

| | | |
|---|---|---|
| Do you have special medical needs? ☐ | | |
| | Do you only need transportation to evacuate? | ☐ 0 |
| | Are you dependent on others or in need of others for routine care (eating, walking, toileting, etc.? | ☐ 1 |
| | Are you blind, hearing impaired, deaf/blind, or do you have an amputation? | ☐ 2 |
| | Are you in need of assistance with medical care administration, monitoring by a nurse, help with equipment, assistance with medications, or care for a mental disorder? | ☐ 3 |
| | Are you someone living outside of an institutional facility that requires extensive medical oversight? | ☐ 4 |
| | Are you living in an institution, such as a hospital, long-term care, assisted living facility of state school? | ☐ 5 |

| | |
|---|---|
| Is an ambulance required for evacuation? ☐ | Do you have a care giver? ☐ |

**List additional Evacuees at this address, including Care Givers.**

| | | | | |
|---|---|---|---|---|
| Last Name: | First Name: | Male ☐ | Female ☐ | Age: |
| Last Name: | First Name: | Male ☐ | Female ☐ | Age: |
| Last Name: | First Name: | Male ☐ | Female ☐ | Age: |
| Last Name: | First Name: | Male ☐ | Female ☐ | Age: |

| |
|---|
| Comments: |