

**AMERICAN RED CROSS
SHELTER REGISTRATION FORM**

Incident / DR number & Name: _____

Shelter Name: _____

Please print all sections

Shelter City, County, State: _____

Family Name: (Last Name)		Total family members registered: _____ sheltered: _____
Pre-Disaster Address:	Post-Disaster Address (if different):	Identification verified by: (Record Document I.D. number and type)
City /State/Zip:	City/State/Zip:	
Home phone:	Cell phone/Other:.	Primary language:
Method of Transportation: If personal vehicle—plate #/State: (for security purposes only)		If primary language is not English, does anyone speak English? (Who?)

INFORMATION ABOUT INDIVIDUAL FAMILY MEMBERS

Name: Last, First	Age	Gender (M/F)	Rm./Cot #	Arrival Date	Departure Date	Departing? Relocation address and phone

Are there members of your family who currently need medical attention or are taking medication? <input type="checkbox"/> No <input type="checkbox"/> Yes – who?	Referral to DHS: <input type="checkbox"/> Y <input type="checkbox"/> N
Are there other evacuated members of your family who are staying elsewhere? <i>Please list contact information if known:</i>	Referral to DMH: <input type="checkbox"/> Y <input type="checkbox"/> N
Special dietary needs:	
Special accommodations required:	
Housing needs are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Unknown at this time	Is Home insured? <input type="checkbox"/> Y <input type="checkbox"/> N
How is family affected? <input type="checkbox"/> Home Damaged <input type="checkbox"/> Home Destroyed <input type="checkbox"/> Home Inaccessible	<input type="checkbox"/> Evacuated from area

Notes: _____

I have read / been read and understand the Red Cross shelter rules and agree to abide by them.

Family Member Signature (print and sign) _____ Date _____

ARC Worker Name (print and sign) _____ Date _____

For ARC purposes only:		
Release of confidential information form: <input type="checkbox"/> Signed & attached <input type="checkbox"/> Refused	Date: _____	
Copies Separated and distributed by:	Date: _____	
Data entry completed by:	Date: _____	