

EMERGENCY OPERATIONS PLAN Shelter Registration Form

SHELTER REGISTRATION FORM:

AMERICAN RED CROSS
SHELTER REGISTRATION FORM
Please print all sections

Incident / DR Number & Name: _____
Shelter Name: _____
Shelter City, County/Parish, State: _____

Family Name (Last Name):	Total family members registered: Total family members sheltered:
Pre-Disaster Address (City /State/Zip):	Post-Disaster Address (if different) (City/State/Zip):
Home Phone:	Cell Phone/Other:
Method of Transportation: If personal vehicle—plate #/State: (for security purposes only)	Identification verified by (Record type of ID; if none, write none):
Primary Language: If primary language is not English, please list any family members who speak English.	

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

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

Are you required by law to register with any state or local government agency for any reason?
 Yes No If Yes, please ask to speak to the shelter manager immediately.

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

Signature _____ Date: _____

CONFIDENTIALITY STATEMENT
 American Red Cross generally will not share personal information that you have provided to them with others without your agreement. In some circumstances disclosure could be required by law or the Red Cross could determine that disclosure would protect the health or well-being of its clients, others, or the community, regardless of your preference.

Below, please initial if you agree to release information to other disaster relief, voluntary or non-profit organizations and/or governmental agencies providing disaster relief.

I agree to release my information to other disaster relief, voluntary or non-profit organizations _____
 I agree to release my information to governmental agencies providing disaster relief _____

By signing here, I acknowledge that I have read the confidentiality statement and understand it.

Signature _____ Date: _____

Shelter Worker Signature _____

After registration, each family should go through the Shelter Initial Intake Form to determine if further assistance or accommodation is needed.

For Red Cross Use Only	Form 5972 Rev 02/07
Copy Distribution	
1. Shelter registration on-site file - Mass Care	2. Information Management (Data Entry)
3. Client (if requested)	