

# BYU-H STAKE CENTER SHELTER

## REGISTRATION FORM

Family Name: (Last Name)	Total family members registered:  sheltered:
Current Residential Address:  City/State/Zip	Home Phone: Cell Phone:

**Information about Individual Family Members**

Name: <i>Last, First</i>	Age	Gender (M/F)	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?	<i>Referral to HS-Health Services:</i> <input type="checkbox"/> Y <input type="checkbox"/> N <i>Referral to MH- Mental Health:</i> <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 f known</i>	
Special dietary needs: Special accommodations required:	
<p><b>I have read/been read and understand the Brigham Young University - Hawaii shelter rules and agree to abide by them.</b></p> Family Member Signature (print and sign) _____ Date: _____ BYU-H Worker Name (print and sign) _____ Date: _____	
Release of confidential information form: <input type="checkbox"/> Signed & attached <input type="checkbox"/> Refused Date: _____	