



2025 State of Texas Emergency Assistance Registry (STEAR)

Local Jurisdiction:
Organization Collecting Information:
Organization Contact Telephone: Ext:
Organization Contact E-mail:

STEAR Individual Registration Form

Not for use by assisted living facilities or nursing homes. That form can be found

<https://tdem.texas.gov/wp-content/uploads/2019/08/NursingAsstdLvngRegForm.pdf>

One (1) form should be completed for each registrant.

****By registering in STEAR you are consenting to sharing your information with first responders and other state agencies during a disaster. ****

Please understand that the Emergency Assistance Registry assists emergency officials in planning for emergency events. Having your information helps to determine what kinds of services might be required during a disaster and helps responders plan and train more effectively. Communities use the information in different ways, so realize that having your information in the registry **DOES NOT** guarantee that you will receive a specific service during an emergency. Registration is not a substitute for developing and maintaining your own family disaster plan.

We would like to gather some basic information from you. To be registered, some basic information is required. *If filling out a paper form, please write the registrant's name in the designated space at the bottom of every page of the form.*

Basic Registrant Information - Required information marked with red *

1. * Primary Language. If you speak more than one language, choose the best language that you would use for emergency communications. For persons who cannot communicate vocally, please enter non-verbal.

☐ English ☐ Spanish ☐ Vietnamese ☐ Hindi ☐ Korean
☐ Chinese _____ (dialect) ☐ Other: _____

2. * Do you need a sign language interpreter? ☐ Yes ☐ No

Registrant Name: _____

Basic Registrant Information

3a. * **First Name:**

3b. * **Last Name:**

4. * **Physical Street Address**

4a. * **Street Number and Name:**

4b. **Apt/Suite Number:** _____

4c. * **ZIP code (5-digit):** 4e. **+4 Zip code, if known:** _____

4d. * **City:**

5. **County, if known:** _____

6. * **Mailing Street Address** ☐ Note: If the box is clicked the mailing address will be auto populated.

6a. * **Street Number and Name:**

6b. **Apt/Suite Number:** _____

6c. * **ZIP code (5-digit):** 6e. **+4 Zip code, if known:** _____

6d. * **City:**

7. **E-mail Address (if you have one):** _____

8. * **Best phone number to reach you:** **Ext:** _____

9. Do you have a second telephone number in case we cannot reach you at the previous number? _____ **Ext:** _____

10. If you are a minor (younger than 18) or if the person you are registering is a minor, please enter their age in years. Enter 0 for children less than 1 year old. Leave blank for adults.

Emergency Contact Information

In these questions, emergencies are defined as hazards to public health and safety, such as hurricanes, tornadoes, terrorist attacks, chemical accidents, and other disasters that may cause death, injury, or damage, which could require evacuation and sheltering of the public.

11. We need to gather some information about the best person for emergency planners to contact in case of an emergency.

11a. Emergency contact person's **First Name:** _____

11b. Emergency contact person's **Last Name:** _____

Emergency Contact Information

11c. What is this person's relationship to you? ☐ **Spouse** ☐ **Parent**
☐ **Sister/Brother** ☐ **Daughter/Son** ☐ **Aunt/Uncle** ☐ **Guardian** ☐ **Friend**
Other: _____

11d. Emergency contact's telephone number. Remember, this needs to be the best way to contact this person in case of an emergency: _____ Ext: _____

Caregivers and Animals

12.* If you had to evacuate your home, would you be accompanied by a service animal?
☐ **Yes** ☐ **No**

13a.* Do you have a caregiver, advocate or legal guardian? This person may or may not be the same person who is your emergency contact. ☐ **Yes** ☐ **No**

13b. [If answered Yes to Q13a] During an emergency would your caregiver, advocate or legal guardian evacuate with you? ☐ **Yes** ☐ **No**

14.* How many people do you expect to accompany you when you evacuate? Include your caregiver or legal guardian if evacuating with you: _____

15a.* If you had to evacuate your home, would you take a pet with you?
☐ **Yes** ☐ **No**

15b. [If answered Yes to Q15a] How many total pets would need to evacuate with you? _____

15c. [If answered Yes to Q15a] Do you have carriers for all of your pets?
☐ **Yes**

Emergency Warnings and Instructions

16a.* Do you have a disability or medical condition that would prevent you from receiving or understanding emergency warnings or instructions whether in your home or away from home?
☐ **Yes** ☐ **No**

16b. [If answered Yes to Q16a] Would you need help reading information because you are blind or have low vision? ☐ **Yes** ☐ **No**

16c. [If answered Yes to Q16a] Do you have any other communication needs? ☐ **Yes** ☐ **No**
☐ If "Yes", please describe here: _____

Transportation Assistance

17.* Do you have transportation to evacuate? Answer **"Yes"** if you have a vehicle or someone you know to drive you to an out-of-town location. Answer **"No"** if you **DO NOT** have a way to evacuate. Planners use this question to estimate how many people need transportation during an evacuation. ☐ **Yes** ☐ **No**

18.* Do you need transportation assistance to get to a **local** evacuation assembly point or shelter? A **"Yes"** means you **DO NOT** have a way to get from your home to a local assembly point. ☐ **Yes** ☐ **No**

19.* Do you need physical assistance because of a disability to evacuate your home?
☐ **Yes** ☐ **No**

Medically Fragile

20.* Do you identify as a medically fragile individual? If **"Yes"**, proceed to answer questions 21- 25b. If **"No"**, proceed to question 26.

☐ **Yes** ☐ **No**

21. Have you been diagnosed with Alzheimer's or other related disorders?

☐ **Yes** ☐ **No**

22. Have you been diagnosed with a debilitating chronic illness?

☐ **Yes** ☐ **No**

23. Do you receive dialysis services?

☐ **Yes** ☐ **No**

24. Do you have a medical condition that requires 24-hour supervision from a skilled nurse?

☐ **Yes** ☐ **No**

25a. Do you use life sustaining medical devices that requires power? (Examples would include a breathing machine, suction unit, oxygen concentrator, ventilator, or feeding pump)

☐ **Yes** ☐ **No**

25b. [If answered Yes to Q25a] How many hours of power are provided by your back-up power source? _____ hours

Functional Needs
26.* Do you have a disability or access and functional need that will require additional assistance during an emergency? If “ Yes ”, proceed to answer questions 27-31. If “ No ”, proceed to question 32. ☐ Yes ☐ No
27. Do you receive critical medical treatment from a nurse or doctor at your home or in a doctor's office more than 2 times a week? ☐ Yes ☐ No
28a. If you were away from home, would you need help carrying out activities of daily living, such as bathing, eating, walking, or toileting? Your answer helps to improve plans made for shelters. ☐ Yes ☐ No
28b. [If answered Yes to Q22a] Are these services currently provided by someone other than family or friends? If “ Yes ”, please record the service provider and their contact information in the comments section [Question 29]. ☐ Yes ☐ No
29. Do you have a disability or medical need that will require you to lie down while traveling? ☐ Yes ☐ No
30. Do you weigh more than 350 lbs.? Emergency transport requires special equipment in certain cases if this weight is exceeded. ☐ Yes ☐ No
Functional Needs (cont.)
31a. What durable or bulky medical equipment, such as a wheelchair, cane, or walker, do you need to have evacuated with you in an emergency? Please check all that apply. Your answer helps evacuation transportation planners. ☐ Wheelchair ☐ Cane ☐ Walker ☐ Nebulizer ☐ Crutches ☐ Other: _____ ☐ None
31b. [If Yes to Wheelchair to Q27a] Do you have a motorized or custom wheelchair? Please answer “ Yes ” if you have a scooter or power wheelchair. ☐ Yes ☐ No
32.* Do you have a storm cellar or safe room in your residence? ☐ Yes ☐ No

33. Are there any additional comments or notes that we should enter into your record?

☐ **Yes** ☐ **No**

Click this Button to Email
Completed electronic form to
STEAR@tdem.texas.gov

This form can be filled electronically using Adobe Reader or Adobe Acrobat.
When filled electronically, click above button to send.

If you have trouble sending form electronically,
Complete form and save to desktop as a uniquely named PDF file.
(Example name: StearIndividualForm_***uniquename_date***.pdf)
Then attach PDF to an email and send to **STEAR@tdem.texas.gov**.

OR

Complete form, print, and then fax paper form to (866) 557-1074.

****Please fill out and submit a new form if any of the information above changes.***