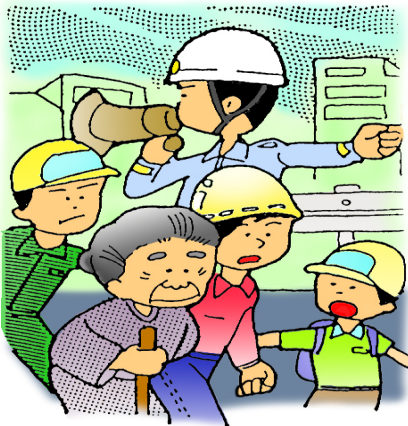


Protect the elderly and physically challenged people from a disaster, and support them in the community

Information of
“Supporting System for People who need Assistance during a Disaster”

What is “Supporting System for People who need Assistance during a Disaster”?

A system to support people who need help in daily life, such as elderly who are living alone or physically challenged people, during a disaster in the community.



Why do we need this system?

- When a massive earthquake occurs....
- When a flood occurs from typhoon or heavy rain....
- If there is someone who you can talk to in the neighborhood when you are feeling anxious.

To make everyone feel secured and safe during a disaster!

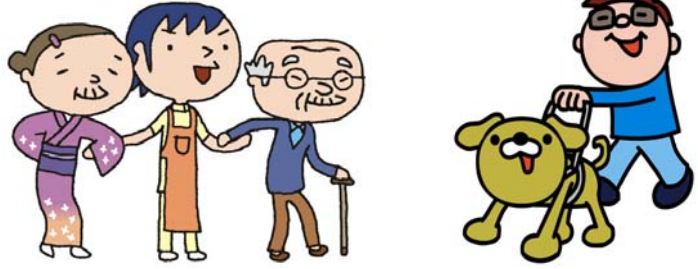
4 things to Remember

- 1 If you wish to use this system, please **register in advance**.
- 2 We would decide your supporter from your neighbor (**Community Supporter**) and have their consent to put their names on the register book.
- 3 When you register, **we would need to have your consent to submit your personal information to community supporters**, etc.
- 4 We ask all the Community Supporters to communicate regularly with people who need assistance, and check their safety during an emergency.

However, please understand that this **support system will not involve any responsibilities**.

People who can register

People who need assistance in daily life, people who cannot transport or acquire any information on their own during a disaster, or people who would need some kind of help during evacuation.



About Community Supporters

☆ Most desirable “Community Supporter” is your neighbor.

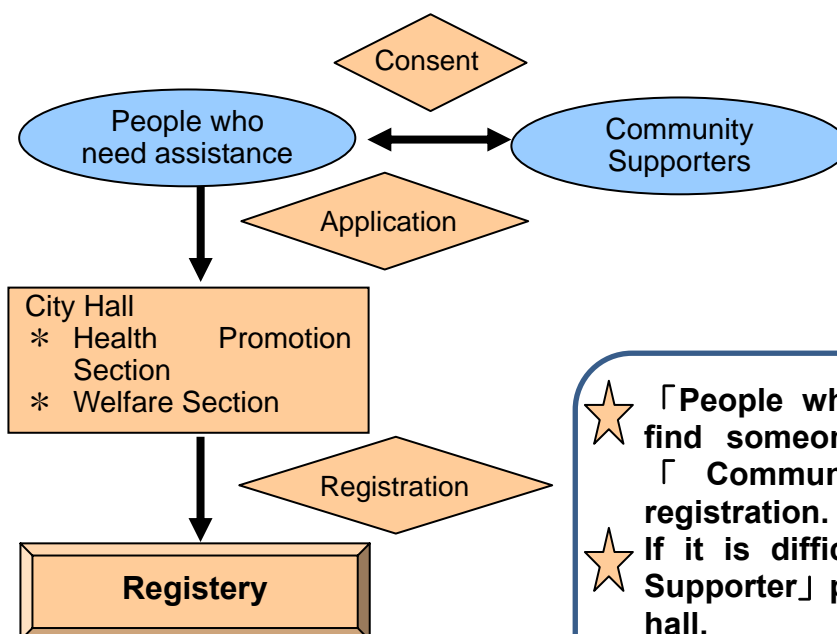
★ Each member of Social Worker, Child Committee and Welfare Committee are in charge of wide area, therefore it will be difficult to help each individuals during a disaster.

Prepare for an Emergency

Information of people who need assistance would be submitted to Community Care Committee, Voluntary Disaster Prevention Group, Kasuga · Onojo · Nakagawa Fire Departments for safety purposes.

How to register

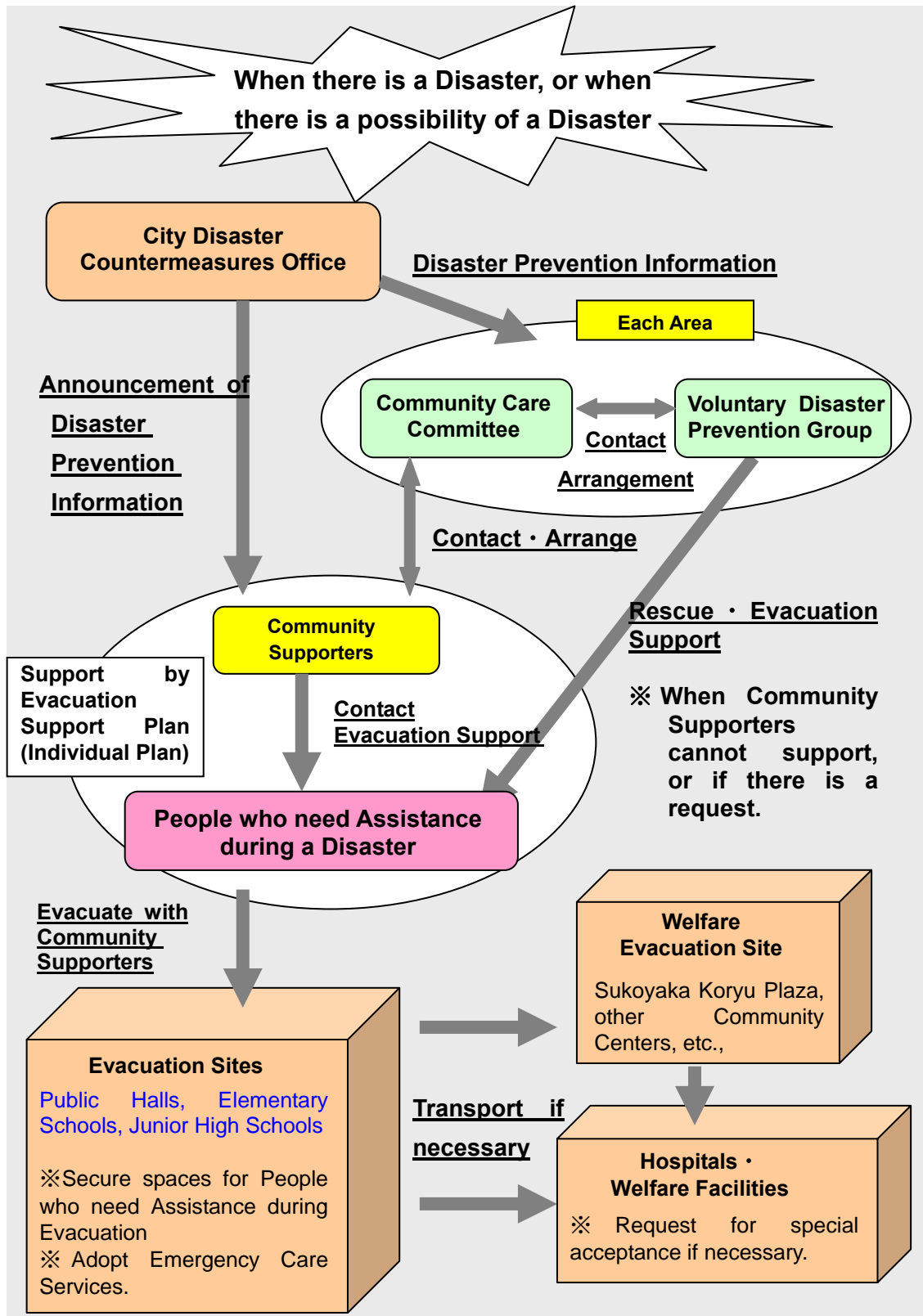
☆ Please submit a 『Registration Application』.



★ 「People who need assistance」 would find someone who can become their 「Community Supporter」 before registration.

★ If it is difficult to find a 「Community Supporter」 please consult with the city hall.

How to support People who need assistance during Disasters



☆ This flow will change according to the condition of a disaster.

Object Person	①	Elderly (People over the age of 65)
	②	People who are in need of care and under the age of 65.
	③	Physically challenged (children)
	④	Intractable Patient
	⑤	Mothers-to-be or young children
	⑥	Foreigners
	⑦	Others who cannot evacuate on their own.
Procedures for People who needs Assistance	①	Submit a Registration Application (A consent for sharing personal information will be necessary)
	②	Select a Community Supporter (Written in the Registration Application)
Community Supporters	①	People who you are familiar with.
	②	People from your community (Chosen from Community Care Committee will decide from Neighborhood Community Association and/or Voluntary Disaster Prevention Groups, etc.,)
Roles of Community Supporters	①	Check the condition and/or safety of the Registrant listed in the "People who needs assistance Registry", and help them during evacuation.
	②	Try to communicate with the people who need assistance on daily basis.

How to Apply

- ★ Fill in the necessities in the attached "People who needs Assistance during a Disaster Registration Application Form" and submit it to the city hall.
- ★ The copy of the application form will be submitted to your Community Supporter, Community Care Committee in your neighborhood, Voluntary Disaster Prevention Groups, Fire Departments.

< For More Information >

Onojo Public Safety and Security Section

Address: 2-2-1, Akebono-machi, Onojo

TEL: 092-501-2211(Call Center)

FAX: 092-572-8432

Onojo City, People who need Assistance during a Disaster Registration Application Form

Date: _____

To Onojo City Mayor

I hereby apply for the “Onojo City, People who need Assistance during a Disaster System” to receive a community support during a disaster. Further, I agree to submit the following information to Community Supporters, Community Care Committee, Voluntary Disaster Prevention Group and Kasuga · Onojo · Nakagawa Fire Departments.

Address	Onojo City	Katakana	
		Name	seal
Administrative Region			
TEL		D.O.B	(M · F)
FAX		Email Address	
Family members · living condition			
Reason	Elderly · People who are in need of Care · Physically Challenged (Children) · Young Children		
	Mother-to-be (Due Date : Year Month Day)		
	Foreigner (Mother Language : Period of Staying : Year Month)		
	Others		
Community Supporters	<p>※ Please choose your Supporter from the following and circle the number. It is desirable to choose a Supporter from your neighbor (Someone who you are familiar with).</p> <p>① Your Acquaintance (※Please write their name in the below after you have their consent. One name would be enough, if you cannot find two.)</p> <p>② People from your Community (※ Community Care Committee will decide from Neighborhood Community Association or Voluntary Disaster Prevention Groups, therefore you would not need to fill their name in.)</p>		
	Katakana		Address Onojo City
	Name		
			Tel
	Katakana		Address Onojo City
	Name		
		Tel	
Remarks			

※ You do not have to give the following information if you do not wish to. However, if you feel the information is necessary for the support, please fill in.

Emergency Contact	※Please have their consent before you fill in the following information.		
	Katakana		Address
	Name		
	Relation		Tel
	Katakana		Address
	Name		
Relation		Tel	
Blood Type	A · B · AB · O · RH + -		
Allergies	(Yes · No) Type of Allergy		
Ailment under treatment	Name of Ailment:		
	Drugs currently been taken:		
Name of your regular insurance, medical, welfare service facility or your house doctor (your regular medical facility).			
Special Instructions (Things to be careful during evacuation)			

※ We will submit the above information to other related facilities (Chikushino Police Department, Fire Fighting Groups, Hospitals, etc.) if it is necessary to protect your life in emergency.

Please fill in the following

Example

Onojo City, People who need Assistance during a Disaster Registration Application Form

Year〇〇Month〇〇Date〇〇

To Onojo City Mayor

I hereby apply for the "Onojo City, People who need Assistance during a Disaster System" to receive a community support during a disaster. Further, I agree to submit the following information to Community Supporters, Community Care Committee, Voluntary Disaster Prevention Group and Kasuga Onojo Nakagawa Fire Departments.

Address	Onojo City 〇〇 △ - □ - ◇ (★★★Apartment No.〇〇)	Katakana	If you submit this application, the following information will be submitted to related facilities. 〇 〇 〇 〇 seal		
	Administrative Region	〇〇 Region			
TEL	〇〇〇—〇〇〇〇	D.O.B	Year	Month	Date (M・F)
FAX	(If you do not have a fax, please leave this space blank)	Email Address	(If you do not have an email address please leave this space blank)		
Family members ・ living condition Living alone, elderly living alone (or with spouse or partner), etc., example					
Reason for	Elderly ・ People who are in need of Care ・ Physically Challenged (Children) ・ Young Children				
	Mother-to-be (Due Date : Year Month Day)				
	Foreigner (Mother Language : Period of Staying : Year Month)				
	Others				
Community Supporters	※ Please choose your Supporter from the following and circle the number. It is desirable to choose a Supporter from your neighbor (Someone who you are familiar with).				
	① Your Acquaintance (※Please write their name in the below after you have their consent. One name would be enough, if you cannot find two.)				
	② People from your Community (※ Community Care Committee will decide from Neighborhood Community Association or Voluntary Disaster Prevention Groups, therefore you would not need to fill their name in.)				
	Katakana				
Name					
Katakana					
Name					
		tel			
Remarks					

Choose one.

Please fill in their name and address after you have their consent. If you do not have any acquaintance, circle number ② and leave the name and address in blank.

Please fill in the following if you think it is necessary.

Example

※ You do not have to give the following information if you do not wish to. However, if you feel the information is necessary for the support, please fill them in.

※Please have their consent before you fill in the following information.				
Emergency Contact	Katakana		Address ○○ △ - □ - ◇ (★★★Apartment No.○○)	
	Name	○ ○ ○ ○		
	Relation	Eldest Son	Tel	○○○-○○○○
	Katakana		Address ○○ △ - □ - ◇ (★★★Apartment No.○○)	
	Name	example ○ ○		
Relation	Niece	Tel	○○○-○○○○	
Blood Type	A · B · AB · O · RH + -			
Allergies	(Yes · No) Type of Allergy			
Ailment under treatment	Name of Ailment:			
	Drugs currently been taken:			
Name of your regular insurance, medical, welfare service facility or your house doctor (your regular medical facility). ○○Hospital Surgery Dr. ○○○○ Please write if you know.				
Special Instructions (Things to be careful during evacuation) It is difficult for me to walk because my knees hurt (weak eye sight). I would need assistance to walk. example				

※ We will submit the above information to other related facilities (Chikushino Police Department, Fire Fighting Groups, Hospitals, etc.) if it is necessary to protect your life in emergency.