



Schuyler County Emergency Services

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VOLUNTARY REGISTRY

Help Us to Help You!

During some types of public emergencies or natural disasters, some County residents may have special needs that require special assistance during evacuations and sheltering. In order to provide that assistance in a timely manner, we are creating a voluntary registry of those residents who may require special assistance.

In order to help us help you during an emergency, please complete the following information as soon as possible and return it to your case worker or the Emergency Management Office at the address above.

ADDRESS INFORMATION

Office Use:
1 2 3

Date of Application: ____/____/____

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____ Apt/Lot #: _____ P.O. Box: _____

City: _____ Zip Code: _____ Located in the Town/Village of: _____

Is this an apartment complex or certified residential facility? Yes No

Mailing Address, if different: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

I reside at a different address during a portion of each year from _____ to _____

PRIMARY PHYSICIAN

Primary Physician Name: _____ Office Phone: _____

EMERGENCY CONTACT

Please provide an Emergency Contact Person (family, friend, neighbor):

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Other _____:

Fire - EMS - 911 - EMO - Hazmat

SPECIAL NEEDS

- I have a hearing problem and need to be notified of emergencies by TDD/TTY.
- I have a hearing problem and need to be notified of emergencies in person.
- My emergency contact person will notify me of emergencies.

- | | |
|---|---|
| <input type="checkbox"/> Oxygen/Dialysis | <input type="checkbox"/> Wheelchair/Walker |
| <input type="checkbox"/> Lifeline | <input type="checkbox"/> Ventilator dependent |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Cognitive/Developmental Disability |
| <input type="checkbox"/> Bed bound | <input type="checkbox"/> Alzheimer's/Dementia |
| <input type="checkbox"/> Prescription Medications***** | |
| <input type="checkbox"/> Chronic Health Problem - Explain: _____ | |
| <input type="checkbox"/> I require a special diet – Explain: _____ | |
| <input type="checkbox"/> Medical Equip. requiring electric – Explain: _____ | |
| <input type="checkbox"/> I receive Hospice or other Home Health Care Services | |
| <input type="checkbox"/> I require special transportation – Explain: _____ | |
| <input type="checkbox"/> I have adequate transportation | |

Do you live alone? Yes No

Do you have pets?***** No Yes and Type of pet(s): _____

**** If you need to go to a shelter: Please make sure all current medications are brought to the shelter with you, and please make arrangements for pets. Pets are not allowed in shelters, except for guide dogs.

What agency referred you to this program? _____

I hereby consent to have my name placed in the Schuyler County Voluntary Registry of persons with special needs. I understand this information will be shared with the 911 Department for emergency dispatch purposes.

I hereby AUTHORIZE... I DO NOT AUTHORIZE...
emergency response personnel to enter my home during an emergency to assure my safety and welfare.

Signature: _____ Date: _____

Information will be kept confidential and only used in the event of an emergency or natural disaster. It does not guarantee that agencies will be able to provide assistance in every type of emergency. Schuyler County shall not be held liable for any claim based upon good faith failure to exercise or perform a function or duty on the part of any officer or employee in carrying out a local disaster.

Fire - EMS - 911 - EMO - Hazmat