Voluntary Registration for People with Medical, Access, Mobility, Special Needs, and/or Safety Concerns During an Emergency

INSTRUCTIONS

- **Complete a separate form for each person in your household that may require assistance during an emergency.**
- **Check off all items that apply.**
- **Please notify HCPHNS of any changes to your needs by calling 518-648-6497.**

- **Mail completed form to:**
  Hamilton County Public Health & Nursing Service (HCPHNS)
  PO Box 250, 139 White Birch Lane
  Indian Lake, NY 12842
- **Questions?** Call 518-648-6497

PERSONAL INFORMATION

Name:

Physical Address:	**Do you live alone?** ☐Yes ☐No ☐ **24-hour caregiver**
Primary Phone: **Cell** ☐ **Landline** ☐	**Alternate Phone:** **Cell** ☐ **Landline** ☐
Year of Birth:	**Email:**
Primary Emergency Contact Name & Phone:	**Secondary Emergency Contact Name & Phone:**

Have you made arrangements with someone local to check on you during an emergency? ☐Yes ☐No

Are you out of county for a period of time during the year? ☐Yes ☐No **Dates in county:**

Do you have pets? ☐Yes ☐No | If yes, type and number:

Have you made arrangements for your pets in the event that you need to evacuate? ☐Yes ☐No | If yes, describe:

SENSORY & MENTAL HEALTH CONDITIONS

(check all that apply)

☐ Visually impaired ☐ Hearing impaired
☐ Seizure disorder ☐ Dementia disorder
☐ Mental health condition
☐ Other (list)

LIFE SUPPORT SYSTEMS & DEVICES

(check all that apply)

☐ Oxygen: [☐ Tank? or ☐ Concentrator?]
☐ Dialysis: [☐ Home? or ☐ Clinic?]
☐ Lifeline device ☐ IV fluids ☐ Suction unit
☐ Feeding tube ☐ Ventilator
☐ Other (list)

MOBILITY

(check all that apply)

Are you confined to a bed? ☐ Yes ☐ No **Do you need assistance walking?** ☐ Yes ☐ No
Check mobility aids you use: ☐ Wheelchair ☐ Walker ☐ Cane ☐ Prosthesis ☐ Assistive animal
☐ Other (list)

EVACUATION REQUIREMENTS

(Check all that apply

Do you have a back-up generator? ☐ Yes ☐ Automatic start ☐ Manual start ☐ No
If I have to evacuate my home, I plan to go to: ☐ Family ☐ Friend ☐ Shelter
Have you arranged for someone to help you evacuate? ☐ Yes ☐ No

Name:	**Phone:**

What type of transportation do you need? ☐ Standard vehicle ☐ Wheelchair ☐ Ambulance

☐ **I have no medical, access, mobility or special needs at this time, but wish to be contacted during any emergency to check on my safety. I understand that this request may be considered a low priority during an emergency, in the event of limited resources.**

CONSENT AND PRE-AUTHORIZATION

By registering, I consent and pre-authorize emergency response personnel/volunteers to enter my home during search and rescue operations if necessary to ensure my safety and welfare during an emergency or natural disaster. I acknowledge that completing this registration form is not a guarantee of service during an emergency. I understand that this information is reviewed and compiled by HCPHNS and shared with my participating Town.

Print Name:	**Signature:**	**Date:**

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