

Special Needs Registry Form

In the event of a public emergency or natural disaster, county residents with special needs may require assistance during evacuations and sheltering. The Madison County Office for the Aging maintains a **voluntary** registration of individuals in need. To participate please complete and return this form. **Please Print Clearly**

Name: Last: _____, First: _____

Phone Number: _____ Date of Birth: ____ / ____ / ____

Physical Address: _____

____ I live alone ____ I live with _____

____ in my own home; ____ in an apartment complex;

____ other: _____

I reside at a different location during the months of _____ to _____

My primary physician: _____ Phone: (____) _____

My emergency contact: _____ Relationship: _____

Their address: _____

Their phone number(s): (____) _____ or (____) _____

Please place an "X" for any of the below that pertain to you:

____ I am bed bound ____ I use a wheel chair ____ I use a walker

____ I carry oxygen ____ I am visually impaired ____ I require dialysis

____ I cannot speak ____ I require assistance with transportation

____ I am hearing impaired and cannot be notified by phone

____ I am hearing impaired - I can be notified by phone

____ I have the following chronic health problem(s): _____

____ I receive aide or health care services through:

Agency Name: _____ Phone: (____) _____

Special Note:

- Pets are not allowed in many Shelters, however, service animals are. Please arrange for pets in advance in case of an emergency.
- In the event of an emergency and going to a shelter is required, please make sure all medications are brought with you in the original containers.

By signing below, I hereby consent to have my name placed in the Madison County Office for the Aging Voluntary Registry of persons with special needs. I understand this information may need to be shared with a 911 Department for emergency dispatch purposes. I hereby authorize emergency response personnel to enter my home during an emergency to assure my safety and welfare.

All information is confidential and will only be used in the event of an emergency or natural disaster. It does not guarantee assistance will be provided nor does it hold Madison County Office for the Aging 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 preparedness plan.

Signature

Date

Return this form to:

Madison County Office for the Aging, Inc
138 Dominic Bruno Blvd
Canastota, NY 13032

Questions? Call us at 315-697-5700