WASHINGTON COUNTY

VOLUNTARY REGISTRATION FOR SPECIAL POPULATIONS EMERGENCY RESPONSE

DO YOU HAVE A SPECIAL NEED IN CASE OF AN EMERGENCY?

Pursuant to NYS Executive Law §23-a, the Washington County Office for the Aging and Emergency Services are compiling a VOLUNTARY registry of persons who would need assistance during evacuations and sheltering because of physical or mental disabling condition. This information will be used to make various response agencies aware of those with special needs.

Information provided WILL BE KEPT CONFIDENTIAL to the extent allowed by law. *Registrations will remain in the system for <u>one year</u>, after which the registration will have to be renewed by simply notifying Washington County Office for Aging of any changes in status and their desire to remain in the database*

(Please Print)

Name_____ Date of Birth _____

Home Phone# ( ) _____ Cell Phone# ( )_____

911 Location Address **(No PO BOX)** _____APT # _____

Town or Village _____Zip _____ Church Aff. _____

Please fill out if you go out of state for a period of time or go to workshops/facilities. This will prevent sending someone to rescue you when you are not at home. Time during such situations is valuable.

(Please Print)

State / Workshop / Facility etc. _____

Starting Hour _____Ending Hour _____

Starting Date _____Ending Date _____

Please fill out local contact person information below. This could be a family member, neighbor, caregiver etc..

Local Contact Person

Name_____Relationship _____

Home Phone # _____ Work Phone # _____Cell Phone # _____

Please check all disability\equipment information that pertains to you below.

☐ Blind ☐ Hearing Impaired ☐ Physical ☐ Developmental ☐ Medical

☐ Speech Impaired ☐ Dialysis ☐ Wheelchair ☐ Oxygen ☐ Service Animal

☐ Other (please indicate) _____

Check Box If you are NON-Ambulatory ☐ **Check Box If you currently have any type of medical alert service** ☐

I hereby consent to have my name placed in the Washington County emergency registry of people with disabling conditions. The undersigned understands that registration does not guarantee that Washington County, or any other agency, will provide assistance. In accordance with state law, Washington County is not liable for any claim based upon the good faith failure to exercise or performance or the 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. By my signature hereon, I waive any and all claims against Washington County arising from use of this registry pursuant to law. I further understand that Washington County will rely upon the information given by me in this registration and agree to provide updated information as soon as it becomes available. I hereby consent and pre-authorize emergency response personnel to enter my home during search and rescue operations if necessary to assure my safety and welfare during an emergency or natural disaster.

Signature _____ Date _____

Please return to: Washington County Office for the Aging
Aging & Disabilities Resource Center
383 Broadway
Fort Edward, NY 12828

Submitting Agency: ☐ Self ☐ Spouse
☐ Public Health ☐ Veterans ☐ Social Services
☐ Office for Aging Other _____
please indicate