

ESSEX 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 Essex County Office for the Aging and Emergency Services are compiling a VOLUNTARY registry of persons who need assistance during evacuations and sheltering because of physical or mental handicaps. 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. Registration does not guarantee that Essex County, or any other agency, will provide assistance. In accordance with state law, Essex 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.

PLEASE PRINT

NAME _____ DATE OF BIRTH _____ PHONE NUMBER _____

911 LOCATION (ADDRESS) _____ TOWNSHIP _____

MAILING ADDRESS _____ TOWNSHIP _____

WHO DO YOU LIVE WITH: ALONE SPOUSE RELATIVES NON-RELATIVES/DOMESTIC PARTNER SPOUSE AND OTHERS

MARITAL STATUS _____ ARE YOU A VETERAN YES NO

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

LOCAL CONTACT PERSON _____ RELATIONSHIP _____

HOME PHONE # _____ WORK PHONE # _____ CELL PHONE # _____

Please fill out disability information below. Check disabilities that pertain to yourself.

BLIND HEARING IMPAIRED PHYSICAL DEVELOPMENTAL SPEECH LIMITED MOBILITY
 MEMORY MEDICAL – PLEASE BE SPECIFIC _____

Please fill out equipment information below. Check devices that pertain to your disability. If device is not listed, please list under "other" field.

IN – HOME DIALYSIS OUTPATIENT DIALYSIS OXYGEN SERVICE ANIMAL RESPIRATOR
 INSULIN WHEELCHAIR OTHER - _____

Check Box if you currently have a lifeline If checked, who is your lifeline provider - _____

Do you live in Senior Housing? Yes No Do you pay for formal support in your home? Yes No

I hereby consent to have my name placed in the Essex County Emergency Registry of disabled/vulnerable persons. The undersigned understands that registration does not guarantee that Essex County, or any other agency, will provide assistance. In accordance with state law, Essex 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. 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. By my signature hereon, I waive any and all claims against Essex County arising from use of this registry pursuant to law. I further understand that Essex County will rely upon the information given by me in this registration and agree to provide updated information as soon as it becomes available.

SIGNATURE _____ DATE _____

Please return to: Essex County Office for the Aging
132 Water Street
PO Box 217
Elizabethtown, NY 12932

Email forms back to: kleerkes@co.essex.ny.us
or pbashaw@co.essex.ny.us

Fax forms back to: 518-873-3784