



**Dane County  
Disaster Assistance Voluntary Registry Program**

**Disaster Assistance Voluntary Registration Form**

Personal Information				
Date of Application:		<input type="checkbox"/> New Application <input type="checkbox"/> Update of Previous Application		
Last Name	First Name	MI	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:	City:	Zip:	Phone/TTY:	
Unit #:				
Mailing Address (If different):	City:	Zip:	Alternate Phone #:	
	Email address:			
Name of person filling out this form if not same as above:				
Relationship to person:		Contact Phone Number:		
Do you live with friends or relatives that could assist you in an emergency?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have dependents living with you?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, how many and what are their ages?: # _____ Ages _____				
Residence Type: (Check the box that best describes your residence)		Name of Complex/Subdivision: _____		
<input type="checkbox"/> Single Family Home <input type="checkbox"/> Apartment/Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex <input type="checkbox"/> High-Rise <input type="checkbox"/> Dormitory		Do you live at the address you listed year-around? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, from _____ to _____		
Evacuation Information (Check all that apply)				
<input type="checkbox"/> I can independently leave my home, but would need transportation to a shelter  <input type="checkbox"/> I cannot independently exit my home		I require assistance with the following: <input type="checkbox"/> Getting out of bed <input type="checkbox"/> Getting around inside your home <input type="checkbox"/> Lifting or moving life-sustaining equipment <input type="checkbox"/> Gathering clothing, medications, identification, or other essential items in an evacuation <input type="checkbox"/> Getting down stairs if the elevator is not working		
Transportation (Check all that apply)				
<input type="checkbox"/> I am ambulatory with assistance (walker/cane) <input type="checkbox"/> I require a wheelchair to evacuate <input type="checkbox"/> I require a wheelchair lift equipped vehicle <input type="checkbox"/> I require stretcher transport		<input type="checkbox"/> I require hospital bed transport <input type="checkbox"/> I require assistance with transferring from a wheelchair to a bus or van/car seat		
Transportation Resources: (Check all that apply)				
<input type="checkbox"/> I can provide my own vehicle for emergency transportation <input type="checkbox"/> I have a wheelchair: <input type="checkbox"/> motorized <input type="checkbox"/> non-motorized		<input type="checkbox"/> I have a non-standard size wheelchair; widest part measures: _____ wheelchair weight: _____ <input type="checkbox"/> I have a motorized scooter		

**Communications: (check all that apply)**

My preferred method of communication is:  
 Sign Language – Please specify:  American Sign Language (ASL)  Signed English (SE)  
 Verbal English  
 Verbal Non-English, my primary language is: \_\_\_\_\_  
     I understand some spoken English  
     I do not understand spoken English at all  
 Written English  
 Written Non-English, my primary language is: \_\_\_\_\_  
     I understand some written English  
     I do not understand written English at all  
 Other (specify) \_\_\_\_\_

**Communication Resources: (Check all that apply)**

I have a computer to assist with communications  
 I have a videophone  
 I am bi-lingual (specify) \_\_\_\_\_

**Other Resources: (Check all that apply)**

I have a service animal that will accompany me in an evacuation  
 I have an oxygen-making machine  
 I receive regular assistance from a personal care worker  
Name of Caregiver Agency: \_\_\_\_\_  
Hours \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

I have other essential, life-sustaining equipment or supplies that I need to bring with me if I am evacuated from my home (specify) \_\_\_\_\_

**General Information: (check all that apply)**

I have the following needs for life sustaining equipment or supplies: <input type="checkbox"/> Supplied Oxygen <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Refrigeration for medicine <input type="checkbox"/> Medication <input type="checkbox"/> Electrical equipment	<input type="checkbox"/> My need for life sustaining equipment necessitates evacuating to a hospital <input type="checkbox"/> I cannot independently feed, dress, medicate or toilet myself <input type="checkbox"/> I have difficulty learning, remembering, or concentrating such that I need assistance with non-routine activities
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Comments and/or additional information:  
\_\_\_\_\_  
\_\_\_\_\_

**Remember to include a copy of the attached Conditions and Release of Information form.**

**Please Mail Completed Forms To:**  
Dane County Emergency Management  
Disaster Assistance Voluntary Registry  
Public Safety Building, Room 2107  
115 West Doty St  
Madison, WI 53703-3202  
Phone: 266-4330 Fax: 266-4500 TTY: 277-1597



**Dane County  
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**Conditions and Release of Information**

**Please read and initial each of the following:**

\_\_\_\_ I hereby request that the information I have provided be listed in Dane County's Disaster Assistance  
(initial) Voluntary Registry.

\_\_\_\_ I understand that my participation in this registry is voluntary and that all information that I provide will  
(initial) only be used for disasters and emergency planning purposes.

\_\_\_\_ I understand that at any time I may ask that my name be removed from the Registry by sending a written  
(initial) request to Dane County Emergency Management.

\_\_\_\_ I grant permission to emergency medical providers, transportation providers and other emergency  
(initial) responders to enter my residence if necessary to assist in evacuation, to provide care and to disclose the information I have provided as needed to respond to my immediate disaster/evacuation needs. This is not intended to limit a responder's ability to enter or respond to an emergency as allowable by law.

\_\_\_\_ I understand that while registering this information may help emergency responders to know and  
(initial) understand my emergency needs, registration does not guarantee any particular emergency services or any level of emergency services during a disaster.

\_\_\_\_ I understand that I should call 911 if I am in an emergency, even though I have submitted information to  
(initial) the registry.

\_\_\_\_ I understand that I am responsible for making my own emergency preparations. This may include, but is  
(initial) not limited to, responsibility for establishing communication with family members or caregivers, and the provision of prescription medications, oxygen supplies, medical equipment, and special dietary items that I may require if I am evacuated from my home.

\_\_\_\_ I understand that I am responsible for all expenses associated with my emergency medical evaluation and  
(initial) care.

\_\_\_\_ I understand that I can bring my service animal to an emergency shelter, but I am responsible for the  
(initial) feeding and care of my animal.

\_\_\_\_ I understand that it is my responsibility to update the information I have provided at least once a year or  
(initial) when my information changes, whichever occurs first.



**Dane County  
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**AUTHORIZATION TO RELEASE INFORMATION,  
INCLUDING PROTECTED HEALTH INFORMATION**

I understand that my participation in the Dane County Disaster Preparedness Registry Program is voluntary and that all information I provide, including any Protected Health Information, will be treated as confidential. I further understand that the information I provide will only be released to Dane County Emergency Management; emergency responders, managers and planners; and those individuals who manage the Registry database.

I understand that the information that I have provided to the Registry will only be used in the following circumstances: to respond to disaster-related events; to respond to emergency needs; for evacuation and recovery efforts; and for disaster planning purposes. I understand that under some limited circumstances the information may be released without my permission as allowable by federal or state law.

**EXPIRATION:** This Authorization shall expire one (1) year from the date of my signature below.

**YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION**

I understand that I, or my personal representative, is entitled to receive a copy of the completed authorization form upon request.\* I understand that I have the right to revoke this authorization at any time. I understand that if I revoke the authorization I must do so in writing and submit my written revocation to Dane County Emergency Management. I understand that the revocation will not apply to information that has already been released. I also understand that once information is released to others, it may be re-disclosed to individuals or organizations not subject to state and federal privacy and confidentiality laws and may not be protected.

I have had full opportunity to read and consider the contents of this Authorization, and I confirm that the contents are consistent with the information provided by Dane County Emergency Management with respect to the Disaster Preparedness Registry Program. I understand that, by signing this form, I am confirming my authorization that Dane County Emergency Management may disclose to the person(s)/organization(s) named in this form the information described in this form.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please retain a signed copy of this Authorization for your records.