



Dane County
Disaster Preparedness Registry Program

Draft
10-8-07

Emergency Assistance Registration Form

Date \_\_\_\_\_

Last First Middle Initial

Address Street Unit # City State Zip

Phone/TTY E-Mail

Sex: [ ] Male [ ] Female

Date of Birth \_\_\_\_\_

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? [ ] Yes [ ] No

Do you have dependents living with you? [ ] Yes [ ] No
If Yes, how many and what are their ages? \_\_\_\_\_

Residence Type: (check the box that best describes your residence)

- [ ] Single Family Home
[ ] Apartment/Condominium
[ ] Mobile Home
[ ] High-rise
[ ] Duplex
[ ] Dormitory

Name of Complex/Subdivision: \_\_\_\_\_

Do you live at the address you listed year-around? [ ] Yes [ ] No
If no, from \_\_\_\_\_ to \_\_\_\_\_

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

I cannot independently exit my home

I require assistance with the following: (check all that apply)

- Getting out of bed
- Lifting or moving life-sustaining equipment
- Getting down stairs if the elevator is not working
- Dressing or getting around inside your home
- Gathering clothing, medications, identification, or other personal items in an evacuation

I can independently leave my home, but would need transportation to a shelter

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

- I am ambulatory with assistance (walker/cane)
- I require a wheelchair to evacuate
- I require assistance with transferring from a wheelchair to a bus or van/car seat
- I require a wheelchair lift-equipped vehicle
- I require stretcher transport
- I require hospital bed transport

**Transportation Resources:**

- I can provide my own vehicle for emergency transportation
- I have a wheel chair:    motorized            non-motorized
- I have a wide wheelchair; widest part of my wheelchair measures: \_\_\_\_\_ wheelchair weight \_\_\_\_\_
- I can independently transfer from a wheelchair to a seat

**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

**Communication Resources:**

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

**Other Resources:**

- 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 equipment or supplies that I need to bring with me if I am evacuated from my home; they are:

\_\_\_\_\_  
\_\_\_\_\_

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

I have the following needs for life sustaining equipment or supplies:

- Supplied Oxygen
- Air Conditioning
- Refrigeration for medicine
- Medication
- Electrical equipment
- My need for life sustaining equipment necessitates evacuating to a hospital
- I cannot independently feed, dress, medicate or toilet myself
- I have difficulty learning, remembering, or concentrating such that I need assistance with non-routine activities
- I cannot function independently in an emergency because of my level of cognitive functioning
- I cannot function independently in an emergency because of my level of emotional functioning

Comments and/or additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Mail Completed Form To:**

Dane County Emergency Management  
Public Safety Building, Room 2107  
115 West Doty St  
Madison, WI 53703-3202  
Phone 266-4330 Fax 266-4500 TTY 267-1597

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

# Conditions and Release of Information

Draft

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

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

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

\_\_\_\_\_ I hereby request that the information I have provided be listed in Dane County's Disaster Preparedness Registry.

\_\_\_\_\_ I understand that my participation in this registry is voluntary and all information I provide will be kept confidential and will be used only for emergency purposes.

\_\_\_\_\_ The information I have provided is true and correct to the best of my knowledge.

\_\_\_\_\_ In the event of an emergency, I authorize the Dane County Disaster Preparedness Registry to release this information to emergency response personnel as deemed necessary by local or county emergency managers.

\_\_\_\_\_ In an emergency or disaster, I authorize emergency responders to enter my residence for the sole purpose of search and rescue if contact cannot be made using my preferred means.

\_\_\_\_\_ I grant permission to emergency medical providers, transportation providers, and other emergency responders to provide care and disclose information as needed to respond to my emergency needs.

\_\_\_\_\_ I understand that while registering this information will help emergency responders to know and understand my emergency needs, registration does not guarantee emergency services during a disaster.

\_\_\_\_\_ I understand that I should call 911 if I am in a life-threatening situation, even though I have submitted information to the registry.

\_\_\_\_\_ I understand that to the best of my ability, I am responsible for making my own emergency preparations. This includes 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 care.

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

\_\_\_\_\_ I understand that it is my responsibility to update the information I have provided at least once very two years or when my situation changes.

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