



STEBEN COUNTY OFFICE OF EMERGENCY SERVICES
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 Bath, NY 14810
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Special Needs Registry Form

(PLEASE COMPLETE FRONT AND BACK OF THIS FORM)

In the event of a public emergency or natural disaster, some Steuben County residents have special needs which may require assistance during evacuations and sheltering.

The Steuben County Office of Emergency Services is updating the Special Needs Registry. Participation in this program is **VOLUNTARY**.

In order to help us help you, please complete the following information as soon as possible. It should be returned to your case worker or mailed/faxed to:

Steuben County Office of Emergency Services
3 East Pulteney Square
Bath, New York 14810
607-776-3334 (fax)

ADDRESS INFORMATION

Date of Application: ____/____/____ Date of Birth: _____

Last Name: _____ First Name: _____

Street Address: _____

Town/Village: _____ State: _____ Zip Code: _____

Mailing Address, if different: _____

Town/Village: _____ State: _____ Zip Code: _____

Local Fire Department: _____

I live in a: Single Family Home Mobile Home Apartment Complex Group Home

Phone (home): (____) _____ Phone (cell): (____) _____

I reside at a different address during a portion of each year from _____ to _____.

Do you have an emergency contact person? Yes No Relationship: _____

Please list your Emergency Contact Person: _____

(Place additional contacts in comment section on next page)

Contact's Phone (home): (____) _____ Phone (cell/work): (____) _____

Primary Physician: _____ Phone: (____) _____

SPECIAL NEEDS

Method of Notification:

() My emergency contact person will notify me of emergencies.

I have a hearing problem and need to be notified of emergencies by telephone.

I have a hearing problem and need to be notified of emergencies in person.

I am deaf I cannot speak I need an interpreter or TTY

I am blind/have visual impairment I live alone

() I have a medical problem which may require assistance in case of an emergency.

Wheel Chair/Walker Bed Bound Medical Equipment (requiring electricity)

Oxygen/Dialysis Lifeline (Please list provider)_____

Chronic Health Problem Mental/Developmental Disability

Prescription Medications

Note: Please make sure all current medications are brought to the shelter with you.

I require a special diet (Explain) _____

() I receive Hospice Home Health Care Services Other (Explain)

Transportation: I require Special Transportation (Explain) I have adequate Transportation

Comments: _____

Pets:

I have pets. Please make advance emergency care arrangements for your pets.

Pets are not allowed in Red Cross Shelters. Service animals ARE allowed in Shelters.

What agency referred you to this program? _____

I hereby consent to have my name placed voluntarily in the Steuben County Registry of Persons with Special Needs. The Special Needs Registry is managed by the Steuben County Office of Emergency Services. I understand the information I have provided in this application is health information that is protected from disclosure by the Health Insurance Portability and Accountability Act, except upon my specific authorization and release, which I hereby grant to the Steuben County Emergency Management Office. I understand this information may be shared with the Enhanced 911 Department for emergency dispatch purposes.

() **I hereby Authorize** () **I Do Not Authorize** emergency response personnel to enter my home during an emergency to assure my safety and welfare.

Signature

Date

Information will be kept confidential and only used in the event of an emergency or natural disaster. It does not guarantee that agencies will be able to provide assistance in every type of emergency. Steuben County shall not be held 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.