

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 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 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.

**(Please Print)**

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Phone # \_\_\_\_\_  
911 Location Address **(No PO BOX)** \_\_\_\_\_ APT # \_\_\_\_\_  
Town or Village \_\_\_\_\_ Zip \_\_\_\_\_ Church Aff. \_\_\_\_\_

**Please fill out below if you go out of state for a period of time or go to workshops or a Facility. 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 etc..**

Local Contact Person Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Please fill out disability information below. Check disabilities that pertain to yourself. If disability is not listed, please enter it in the other field.**

Blind  Hearing Impaired  Physical  Other \_\_\_\_\_  
 Developmental  Medical  Speech Impaired

**Please fill out equipment information below. Check devices that pertain to your disability. If device is not listed, please enter it in the other field.**

Dialysis  Wheelchair  Other \_\_\_\_\_  
 Oxygen  Service Animal

**Check Box If you NON-Ambulatory**

**Check Box If you currently have a Life Line**

I hereby consent to have my name placed in the Washington County emergency registry of disabled persons. 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.

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

OPTIONAL

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  
383 Broadway  
Suite B010  
Fort Edward, NY 12828

Submitting Agency:  Office For Aging  Self  
 Public Health  Spouse  
If other please indicate  Social Services  Other  
on line below!  Veterans \_\_\_\_\_