



CAYUGA COUNTY DISABLED PERSONS REGISTRY

In the event of a public emergency or natural disaster, some residents with special needs may require assistance during evacuations and sheltering. The Cayuga County Office for the Aging, on behalf of the Cayuga County Emergency Management Office, is updating the registration of those individuals in need. Please provide the following information:

Last Name: _____ **First Name:** _____

Street Address: _____ Apt # _____

City / Town / Village: _____ Zip Code: _____

Mailing Address (if different): _____

I live alone I live with (name): _____

(relationship): _____

Home Telephone: (____) _____ Cell Phone: (____) _____

Birth Date: ____/____/____ Gender: Male Female

Local Emergency Contact Person: _____

This person's relationship to you: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Address: _____

Back-up Emergency Contact Person: _____

This person's relationship to you: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell: (____) _____

Address: _____

- () I have a hearing and/or speech impairment & need to be notified of emergencies in person.
 - () I am deaf
 - () I cannot speak & need an interpreter or TTY
 - () I have a TTY (teletypewriter)
 - () I wear a hearing aid
- () I have a physical or mental condition which may require assistance in case of emergency.

Check all that apply:

- () Wheel Chair
- () Oxygen
- () Visual Impairment
- () Walker / Crutches
- () Bed bound
- () Dialysis
- () Alzheimer's / Dementia
- () Autism
- () Other (explain): _____

- () Transportation:
 - () I require a special vehicle (explain): _____
 - () I have access to my own transportation.
 - () I leave my home for a portion of the year from _____ to _____.

Who is your Primary Care Physician? _____
 Telephone: _____

I hereby consent to have my name placed on the Cayuga County Disabled Persons Registry. I understand this information may be shared with appropriate emergency response personnel. By signing this form, I agree to have emergency personnel enter my residence in the event of an emergency.

Signature: _____ Date: ____/____/____

Your 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. Cayuga County shall not be held liable for any claim based on 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. This information must be resubmitted each year to remain in effect.

**RETURN THIS FORM TO: CAYUGA COUNTY OFFICE FOR THE AGING
 160 GENESEE STREET, BASEMENT
 AUBURN, NEW YORK 13021
 QUESTIONS? Call: 315-253-1226**