

Voluntary Registration for People with Medical, Access, Mobility, Special Needs, and/or Safety Concerns

This Registry is a voluntary program designed to help residents living in participating Towns in Hamilton County that may need additional assistance during an emergency due to short-term or chronic medical, access, mobility, special needs, or safety concerns.

Typical emergencies in Hamilton County include power/utility outages and weather-related events during the winter months.

Hamilton County Public Health Nursing Service reviews the information provided on the registration form and provides a Vulnerable Population List to participating Towns.

Participating towns use this list to reach out to you during an emergency to ensure your safety and determine if assistance is required for the duration of the emergency.

This Registry is not a guarantee of services during an emergency.

INSTRUCTIONS

- Complete a separate form for each person in your household that may require assistance during an emergency.
- Check off all items that apply.
- Return this form to the Hamilton County Public Health Nursing Service at the address on the front of this brochure.

For more information or questions, please do not hesitate to contact us.



**In the event of an Emergency,
Dial 911**

USEFUL RESOURCES TO HELP YOU PREPARE FOR EMERGENCIES

- www.ready.gov
- www.nyalert.gov. to get local emergency information
- Download the FEMA Emergency App
- Hamilton County Department of Emergency Services Facebook page.
- If someone in your household uses electrically powered life-sustaining equipment:
 - NYSEG: enroll in the NYSEG program at 1-800-572-1111 to be updated on power restoration efforts if the duration of an outage extends beyond 24 hours.
 - National Grid: fill out Special Needs form at www.nationalgridus.com/Upstate-NY-Home/Storms-Outages or call 1-800-642-4272.

ABOUT US

The Hamilton County Public Health Nursing Service (HCPHNS) provides Public Health Programs, Home Health Care Services, Women, Infant and Children Nutritional Services (WIC), and Programs for Children with Special Needs within Hamilton County, NY.

HCPHNS is governed and financially supported by the Hamilton County Board of Supervisors, in cooperation with and under the regulation of, the New York State Department of Health (NYSDOH).

HCPHNS is committed to providing preventative and restorative health services to the residents and guests of Hamilton County. Services are provided in the home and clinic setting in compliance with all federal, state and local laws, rules and regulations.

We work with other health care providers, agencies and community resources for the betterment of the individual resident and their family. We believe each individual should enjoy the highest attainable standard of health regardless of race, creed, religion, political belief, sexual orientation, marital status, economic or social condition, age, gender, or disability.

Hamilton County Public Health Nursing Service



Voluntary Registration for People with Medical, Access, Mobility, Special Needs, and/or Safety Concerns During an Emergency

**Erica Mahoney, DPT
Director of Public Health**

**Carriann Grexa-Allen, DNP, RN, CIC
Director of Patient Services**

**PO Box 250
139 White Birch Lane
Indian Lake, NY 12842
Phone: 518-648-6497
Fax: 518-648-6143**



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Voluntary Registration for People with Medical, Access, Mobility, Special Needs, and/or Safety Concerns During an Emergency

INSTRUCTIONS

- Complete a separate form for each person in your household that may require assistance during an emergency.
- Check off all items that apply.
- Please notify HCPHNS of any changes to your needs.
- Mail completed form to:
Hamilton County Public Health Nursing Service (HCPHNS)
PO Box 250, 139 White Birch Lane
Indian Lake, NY 12842
- Questions? Call 518-648-6497

PERSONAL INFORMATION

Name:

Physical Address:

Do you live alone? Yes No 24-hour caregiver

Primary Phone:

Cell
Landline

Alternate Phone:

Cell
Landline

Year of Birth:

Email:

Primary Emergency Contact Name & Phone:

Secondary Emergency Contact Name & Phone:

Have you made arrangements with someone local to check on you during an emergency? Yes No

Are you out of county for a period of time during the year? Yes No **Dates in county:**

Do you have pets? Yes No If yes, type and number:

Have you made arrangements for your pets in the event that you need to evacuate? Yes No If yes, describe:

SENSORY & MENTAL HEALTH CONDITIONS

(check all that apply)

- Visually impaired Hearing impaired
 Seizure disorder Dementia disorder
 Mental health condition
 Other (list)

LIFE SUPPORT SYSTEMS & DEVICES

(check all that apply)

- Oxygen: [Tank? or Concentrator?]
 Dialysis: [Home? or Clinic?]
 Lifeline device IV fluids Suction unit
 Feeding tube Ventilator
 Other (list)

MOBILITY

(check all that apply)

- Are you confined to a bed? Yes No **Do you need assistance walking?** Yes No
Check mobility aids you use: Wheelchair Walker Cane Prosthesis Assistive animal
 Other (list)

EVACUATION REQUIREMENTS

(Check all that apply)

- Do you have a back-up generator? Yes Automatic start Manual start No
 If I have to evacuate my home, I plan to go to: Family Friend Shelter
 Have you arranged for someone to help you evacuate? Yes No

Name:

Phone:

What type of transportation do you need? Standard vehicle Wheelchair Ambulance

- I have no medical, access, mobility or special needs at this time, but wish to be contacted during any emergency to check on my safety. I understand that this request may be considered a low priority during an emergency, in the event of limited resources.

CONSENT AND PRE-AUTHORIZATION

By registering, I consent and pre-authorize emergency response personnel/volunteers to enter my home during search and rescue operations if necessary to ensure my safety and welfare during an emergency or natural disaster. I acknowledge that completing this registration form is not a guarantee of service during an emergency. I understand that this information is reviewed and compiled by HCPHNS and shared with my participating Town.

Print Name:

Signature:

Date:

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