

City of Albany - Disaster Preparedness

Evacuation Assistance Registry

In order to better serve Albany Residents the Department of Emergency Services has developed a Evacuation Assistance Registry which allows residents to provide voluntary information that would be helpful for emergency responders to know when responding to a call.

Any Albany resident who requires additional assistance due to special needs during a police, fire or medical emergency may submit information to the registry. This includes any physical or mental disability that would keep an individual from leaving the home quickly if they had to do so. In the event that someone with these needs is unable to submit information on their own, a person who is authorized to act on their behalf may do so.

This is a voluntary registry. The information provided will be shared with 911, fire, police, EMS, emergency planners and first responders in times of crisis. Persons on the registry are volunteering for the list and have the choice to agree to assistance, or to say no. If someone does not want to disclose health information, they should not register.

Applicant Information

First Name: _____

Last Name: _____

Middle Initial: _____

Physical Address

Street Address: _____

Apartment Number (if applicable) _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____

This should be the phone number you answer most. This information may be used to contact you in an emergency and may be included in an automated alert notification system.

Do you have TTY / TDD?: _____ Yes _____ No

If yes, is the above number for the TTY / TDD?: _____ Yes _____ No

Email Address: _____

Confirm Email Address: _____

Primary Language: _____

Do you have a service animal?: _____ Yes _____ No

Provide description of service animal and include any special instructions:

Condition / Mobility

Please check ALL that apply which best describes your needs. Please provide an explanation of what type of assistance is needed for each item that is checked.

Do you need any assistance hearing people? _____ Yes _____ No

If yes, what assistance do you need?

Do you have visual impairment? _____ Yes _____ No

If yes, what assistance do you need?

Do you need assistance communicating with people? _____ Yes _____ No

If yes, what assistance do you need?

Do you need assistance understanding or remembering instructions or directions?

_____ Yes _____ No

If yes, what assistance do you need?

Do you have problems getting around without help? _____ Yes _____ No

I have a _____ Wheelchair _____ Walker

What additional assistance do you need?

Is there anything further about your disability or condition that you would like first responders to know?

Do you use Voice Carry Over (VCO)? _____ Yes _____ No

Do you use Hearing Carry Over (HCO)? _____ Yes _____ No

Emergency Contacts

Name: _____

Relationship to Applicant: _____

Home Phone No: _____ Work Phone No. _____

Cell Phone No: _____

Do you require interpretation service for Emergency Responders? _____ Yes _____ No

If yes, please list a name or service to contact in an emergency:

Please provide a phone number for that person or service:

Form Completion

Is the person completing this form the Applicant? _____ Yes _____ No

If no, please provide the following for the person completing this form:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____

Relationship to Applicant: _____

Acknowledgement

The information that I have provided is true and accurate to the best of my knowledge, and I am submitting this application voluntarily. I understand that my contact information may be provided to local, county, state and federal agencies for the purpose of emergency planning and emergency response. I understand that my acceptance to the Evacuation Assistance Registry does not guarantee assistance in evacuation or sheltering.

I authorize emergency personnel to enter my home, if necessary, to assist me and ensure my safety and welfare during an emergency.

Applicant Signature

OR

Signature of Person Authorized to Submit this Application