Dutchess County Access & Functional Needs Registry Application

This application must contain complete and accurate information, including a clear description of the level of assistance that would be needed during times of emergency. Please complete both sides of this form, and mail to: Dutchess County Department of Emergency Response, 392 Creek Road, Poughkeepsie, N.Y. 12601 Or, scan and email to: needsregistry@dutchessny.gov.

If you need assistance completing this form, please call (845) 486-2080 to speak to someone who can assist you. Or, to complete this application online, visit: www.DutchessNY.gov/AFNRegistry

Last Name _____ **First Name** _____ **Middle Initial** ____

Physical Address _____ **Town** _____

Mailing Address (if different) _____

Primary Phone _____ **cell** _____ **land line** _____ **TDD/TDY?** _____

Secondary Phone _____ **cell** _____ **land line** _____ **TDD/TDY?** _____

Date of Birth _____

Gender M _____ **F** _____ **TM** _____ **TF** _____ **NB** _____ **Prefer not to answer** _____

Do you live at your physical address all year? **Yes** ☐ **No** ☐

If no: I live at that address from _____ to _____.

Is your other address in Dutchess County? Yes ☐ No ☐

If yes: I live at that address from _____ to _____.

If I have to evacuate, I will go to: family ☐ friend ☐ shelter ☐

Friend or Family Member's Name _____

Friend or Family Member's Primary Contact Number _____

Friend or Family Member's Secondary Contact Number _____

I have no place to go _____

Have you arranged for someone to help you evacuate? **Yes** ☐ **No** ☐

Do you need transportation assistance when evacuating? **Yes** ☐ **No** ☐

If yes:

☐ I need a wheelchair-equipped vehicle

☐ I can transfer from a wheelchair to a seat

☐ I am bedridden and require stretcher transport

☐ My weight is over 250 lbs and I will need more than one person to assist me.

Please review each section and select any/all that apply and may help in assisting you:

I am:

- ☐ Legally Blind
- ☐ Visually Impaired
- ☐ A wandering risk
- ☐ Completely Bedridden
- ☐ Pregnant (Due date: _____)
- ☐ Deaf
- ☐ Hard of Hearing
- ☐ A fall risk
- ☐ Non-English speaking/reading
- ☐ Non-Verbal
- ☐ Partially Verbal
- ☐ On autism spectrum

I have:

- ☐ A physical disability
- ☐ Dementia/Alzheimer's
- ☐ Behavioral or emotional health issues
- ☐ Child(ren) in home under age 2 (# of children under age 2: _____)
- _____ Other reason for needing assistance (Please specify.) _____
- ☐ A learning disability
- ☐ Epilepsy
- ☐ An intellectual disability
- ☐ Speech impairment

I do not have:

- ☐ Telephone
- ☐ Access to a motor vehicle
- ☐ Generator
- ☐ Internet
- ☐ Access to municipal water
- ☐ An emergency supply kit
- ☐ Radio or television

I rely on the following:

- ☐ Walker/Cane
- ☐ Service animal
- ☐ Attendant/caregiver to assist with ambulating
- ☐ American Sign Language interpreter
- ☐ Home modifications such as lifts, lifts, ramps, child security
- ☐ Other items such as hearing aids, glasses, dentures
- ☐ Lift assistance because my weight exceeds 250 lbs
- ☐ Medications which are located in this location:
- ☐ Standard wheelchair
- ☐ Prosthetic limb(s)
- ☐ Motorized wheelchair
- ☐ Dialysis
- ☐ Constant skilled nursing care

I require the following medical equipment that is not easily transportable:

- ☐ Ventilator
- ☐ Suction Machine
- ☐ Oxygen concentrator or cylinder
- ☐ Other equipment: _____

Are your access/functional needs temporary or permanent?

- ☐ permanent
- ☐ temporary

If temporary, please give an anticipated medical release date: _____

I understand that my participation in this registry is voluntary and all information maintained will be secured and held strictly confidential, used only for emergency purposes, and hereby request registration in the Dutchess County Voluntary Access and Functional Needs Registry.

Signature of registrant: _____ **Date:** _____

Caregiver: _____ Date: _____

Caregiver's Phone Number(s): _____