

# SCHENECTADY COUNTY VOLUNTARY EVACUATION REGISTRATION

(This information will be used to assist residents with special needs in an emergency situation.)

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Village/Town/City \_\_\_\_\_ Zip \_\_\_\_\_  
Fire District (if known) \_\_\_\_\_ TDD/TDY (for hearing impaired)  Yes  No  
Mailing Address (if different from above) \_\_\_\_\_  
Person to Contact in an Emergency \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Check applicable medical conditions:

- Walk unassisted
- Walk with Walker
- Legally Blind
- Bedridden
- Contagious Disease
- Use Wheelchair
- Walk with Cane
- Hearing-impaired
- Speech-impaired

Specify other limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Check any of the following you require:

- Respirator
- Insulin
- Feeding Tube
- I require a 24-hr caregiver
- I require Oxygen
- I have an oxygen machine
- I have a portable oxygen tank
- I subscribe to Lifeline
- Dialysis
- IV Fluids
- Suction Unit

Do you require a special diet?  Yes  No If yes, what type? \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Home Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_  
Pharmacist \_\_\_\_\_ Phone \_\_\_\_\_  
Medications Taken \_\_\_\_\_

## Evacuation Requirements

If I have to evacuate I will go to:  Family  Friend  Shelter  
Family/Friend Name \_\_\_\_\_ Phone \_\_\_\_\_  
Can you get to an evacuation shelter without outside help?  Yes  No  
Will a caregiver accompany you to the evacuation shelter?  Yes  No  
If no, what type of transportation will you need?  Standard (car, bus)  Wheelchair Capable  Ambulance  
What pets do you have?  None  Cat  Dog  Bird  Other  
Have you arranged for someone else to care for your pet(s) if you need to evacuate?  Yes  No  
Will your pet(s) need to be evacuated and sheltered?  Yes  No

*I certify all of the above information is correct. I hereby grant permission to Schenectady County Emergency Management to release this information to other emergency response agencies for evacuation and sheltering purposes only.*

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

Please return registration to: Schenectady County Department of Senior and Long Term Care  
107 Nott Terrace, Suite 305  
Schenectady, NY 12308



# Schenectady County Voluntary Evacuation Registry

*Are you prepared for a natural disaster or other emergency?*

The Schenectady County Legislature is pleased to present the Schenectady County Voluntary Evacuation Registry. This free service will help provide emergency first responders with critical information about the location and requirements of our seniors and other residents in the event of an evacuation. We strongly encourage all residents to join this voluntary registry.

Please complete the registration form on the back side of this flyer and return it to the Schenectady County Department of Senior & Long Term Care today!

For more information please call (518) 382-8481 or visit our website at [www.schenectadycounty.com](http://www.schenectadycounty.com).



**Anthony Jasenski**  
Chairman,  
Schenectady County  
Legislature

Dear Neighbor,

Our community has had its share of natural disasters that have caused prolonged power outages forcing many of our neighbors and friends, especially those with health issues, to need assistance during an emergency evacuation.

In 2007, the Schenectady County Legislature created the Schenectady County Voluntary Evacuation Registry to ensure our seniors and other residents who may need assistance receive the help they need during an emergency.

If you, a friend or family member may need help in an emergency situation, such as a power outage, please fill out the registration form and return it today. You can also find more information by visiting the Schenectady County website at [www.schenectadycounty.com](http://www.schenectadycounty.com) or by calling the Department of Senior and Long Term Care at 518-382-8481.



*Anthony W. Jasenski, Jr.*