

# Juneau County Functional Needs Evacuation Registry Application

The purpose of this "Functional Needs Evacuation Registry" is to provide emergency responders in your municipality with important information from individuals who may require **EVACUATION ASSISTANCE** during an emergency, such as tornado, flood, blizzard, power outage or disease outbreak.

Application Date \_\_\_\_\_  New Application  Update Application

## PERSONAL INFORMATION

Last Name	First Name, MI	Date of Birth	Sex
Street Address	City or Village		Zip Code
Township	Name of Subdivision, Mobile Home Park, Apartment Building, etc.		
Primary Phone	Alternate Phone	Primary Language	

## EMERGENCY CONTACT INFORMATION

Last Name	First Name	Phone
Last Name	First Name	Phone

## EVACUATION INFORMATION

Will you require <i>specialized</i> vehicle transportation to a shelter in an emergency	___yes	___no
If so, identify which vehicle types you can ride in.		
___ bus or van with wheelchair lift    ___ ambulance    ___ bariatric transport		
Do you have a Service Animal or Support Animal	___yes	___no

## FUNCTIONAL OR PHYSICAL NEEDS IMPACTING EVACUATION

	Wheelchair bound	Portable Oxygen or Oxygen Concentrator	Developmentally Disabled
	Bedridden	Ventilator	Socially Impaired
	Walker, canes, crutches	Suction	Psychologically Impaired
	Hearing Impaired	CPAP	Other:
	Visually Impaired	Necessary medications	Other:

## ADDITIONAL INFORMATION

## PREPARATION

<input type="checkbox"/>	I have enrolled in the CODE RED Emergency Notification Program. I understand the CODE RED notification will alert me to begin my personal evacuation plan tasks.
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## AUTHORIZATION

I (or legal guardian) agree that my information will be added to the Functional Needs Registry. I give my municipality and Juneau County authorization to share this information with community emergency responders in the event of an emergency to facilitate an effective evacuation. I grant emergency responders permission to enter my home during or following an emergency event or disaster situation if necessary to assist with my safety and welfare.

Applicant Signature	Date
Authorized Guardian Signature	Date

Mail completed form to: Juneau County Emergency Management, 200 Oak St, Room 1130, Mauston, WI 53948.  
For questions regarding this form or program, contact Gervase Thompson at 608-847-9393.