

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 for individuals who may require assistance with **Evacuation, Emergency Notification, or Emergency Response** during an emergency, such as tornado, flood, blizzard, and 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.		
<input type="checkbox"/> bus or van with wheelchair lift <input type="checkbox"/> ambulance <input type="checkbox"/> bariatric transport		

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

The CODE RED community notification system will send me alerts concerning time-sensitive and/or emergency information that will impact my area, so I may start my personal emergency plan. () I choose to opt out.

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 or emergency response. 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 Health Department, 200 Hickory St, Mauston, WI 53948.
For questions regarding this form or program, contact Mary Crowley, JCHD Preparedness Coordinator, at 608-847-9588.