

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 Emergency Management Office
Voluntary Evacuation Registry
531 Liberty Street
Schenectady, NY 12305



Susan Savage
Chairwoman,
Schenectady
County Legislature



Dear Neighbor,

The December 2008 ice storm that caused prolonged power outages was a reminder that many of our neighbors and friends, especially those with health issues, 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. There are currently more than 700 County residents who have registered.

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 or by calling me at 388-4280.

visit our website at www.schenectadycounty.com.

For more information please call 370-3113 or

Schenectady County Emergency Management Office today!

Please complete the registration form on the inside of this flyer and return it to the

residents to join this voluntary registry.

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

Are you prepared for a natural disaster or other emergency?

The Schenectady County Voluntary Evacuation Registry

Schenectady County Voluntary Evacuation Registry



Important information for you and your family.

Please open and return today!