



**Steven Santa Maria**  
Director/Fire Coordinator

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**PLEASE RETURN THE COMPLETED FORM TO THE ABOVE ADDRESS**

## Fulton County Disabled Persons Voluntary Registry

This information will be kept confidential and only used in the event of an emergency or natural disaster. It does not guarantee that agencies will be able to provide assistance in every type of emergency. Fulton County shall not be held liable for any claim based upon good faith failure to exercise or perform a function or duty on the part of any officer or employee in carrying out a local disaster preparedness plan.

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

911 Street Addresses: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Town/Village/City \_\_\_\_\_ Zip Code \_\_\_\_\_

I live in a: (circle one)    Single Home    Trailer    Apartment Complex

Telephone Home: (\_\_\_\_) \_\_\_\_\_    Cell Phone: (\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Gender: (circle) Male Female

**Do you live alone?**    Yes    No                      **Do you have Pets\*\***    Yes    No

\*\* Please make arrangements for pets. Pets (except service animals) are not allowed in Red Cross Shelters.

**Do you have a functioning generator?**    YES    NO

**Local Emergency Contact Person** \_\_\_\_\_

Relationship:(check one) Spouse\_\_\_\_ Family Relation/Specify\_\_\_\_ Other/Specify\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

**Backup Emergency Contact Person** \_\_\_\_\_

Relationship: (check one) Spouse\_\_\_\_ Family Relation Specify\_\_\_\_ Other/Specify\_\_\_\_

Home Phone; (\_\_\_\_) \_\_\_\_\_ Work Phone;(\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**School Attending** (if applicable) \_\_\_\_\_

School contact Name \_\_\_\_\_

Contact Phone Number at School (\_\_\_\_) \_\_\_\_\_

Grade and/or Program \_\_\_\_\_

**Please list all agencies which you attend or receive services from:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SPECIAL NEED

I have a hearing and /or speech problem and need to be notified of emergencies in person.

- I am deaf                                       I cannot speak and need an interpreter or TTY  
 I have very limited hearing       I have a TTY (Teletypewriter)  
 I do not speak English---I speak \_\_\_\_\_

I have a medical problem which may require assistance in case of an emergency:

**Check all that apply:**

- Wheel Chair/Walker       Oxygen               Visual Impairment       Ventilator  
 Lifeline                       Bed bound               Dialysis                       Other \_\_\_\_\_  
 Bariatric needs               Electrically Operated Medical Equipment

**Please explain the following in terms of what an emergency rescuer may need to know upon entering a house or facility looking for or trying to assist this individual:**

Mental/Developmental Disability – (explain) \_\_\_\_\_

Other(explain) \_\_\_\_\_

Transportation Needs:

- I require special Transportation      (explain) \_\_\_\_\_  
 I have adequate Transportation

I leave the state for a portion of the year from: \_\_\_\_\_ to: \_\_\_\_\_

Primary Physician \_\_\_\_\_ Pharmacy \_\_\_\_\_  
Phone # (    ) \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

### Prescription Medications

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\* Make sure all current medications are brought to the shelter with you

I hereby consent to have my name placed in the Fulton County Disabled Persons Voluntary Registry. I understand this information may be shared with appropriate emergency personnel.

I hereby Authorize       I Do Not Authorize  
Emergency response personnel to enter my home during an emergency to assure my safety and welfare.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date