

SCHOHARIE COUNTY VOLUNTARY EVACUATION REGISTRATION

(This information will be used to assist residents with access and functional 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 _____ Other _____

Check applicable medical conditions:

- Walk unassisted
- Walk with Walker
- Walk with Cane
- Wheelchair
- Motorized Wheelchair
- Confined to Bed
- Intellectual/Cognitive Disability
- Legally Blind
- Hearing-impaired
- Speech-impaired
- Deaf
- Deaf/Blind
- Mental Health
- Other _____

Check any of the following that apply:

- Respirator
- Insulin Pump or Needles
- Feeding Tube
- 24-hr caregiver
- Oxygen
- Have an oxygen machine
- Have a portable oxygen tank _____
- Dialysis
- IV Fluids
- Suction Unit
- Subscribe to Lifeline
- On Prescription Meds
- Other

Accommodations required:

- Need ASL Interpreter
- Need Language Interpreter - Specify _____
- Reads Braille
- Uses Service Animal
- Needs Accessible Transportation: _____

Primary Physician _____ Phone _____

Specialist (if under his/her care) _____ Phone _____

Home Health Care Provider _____ Phone _____

Pharmacy _____ Phone _____

Please remember to take your prescription medications with you when you evacuate.

Evacuation Requirements

If I have to evacuate I will go to: Family Friend Shelter Other

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

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 Schoharie County Office of Emergency Services to release this information to other emergency response agencies for evacuation and sheltering purposes only.

Signature _____ Date _____

Please return registration to: Schoharie County Office of Emergency Services
Voluntary Evacuation Registry
2783 State Route 7, Suite 1
Cobleskill, NY 12043

Schoharie County Voluntary Evacuation Registry

Please complete and return today!

The first line of defense against the effects of a disaster is Personal Preparedness!

Your first choice should be to move to a safe location with family or friends. Make those plans in advance. The availability of public shelters will depend on the size and scope of the emergency.

If you have a caregiver, he/she should accompany you to the public shelter. Make a back-up evacuation plan, in case your caregiver is unavailable.

Only service animals are permitted in public shelters. Every effort will be made to establish a Companion Animal Shelter in close proximity to the open public shelter.

Registration does not guarantee any particular level of emergency services during a disaster. It will however enhance the ability of Emergency Services and First Responders to plan and meet the emergency needs of the community.

Suggested items for each family member to take when evacuating to a shelter:

Prescription and emergency medication

Extra clothing

Pillows

Blankets

Personal hygiene supplies

Flashlight with extra batteries

Small board games

Books

Specialty snacks and juices for those with dietary restrictions

Basic snacks

Baby food and formula

Diapers

Identification

Insurance papers

Other comfort items

PLEASE REMEMBER TO CHECK ON YOUR NEIGHBORS!