Siskiyou County Public Health Voluntary Registration Request for Access and Functional Needs Individuals Emergency Response Form

This Is Not a Rescue Plan!

By signing up for the Access and Functional Needs (AFN) registry, it places your name and information on a contact list at the Siskiyou County Public Health Department. However, by being on this list participants **MUST** understand the following disclaimers:

- Being added to the list SHOULD NOT be your plan for evacuation. You should always have your own plan to evacuate with neighbors, friends or family to leave if an evacuation is ordered.
- Being on this list DOES NOT guarantee first responders WILL make contact with you during
 any type of disaster or evacuation. DO NOT wait for them to come get you or assist you, but
 rather revert to your "plan A" to leave.
- The AFN list is only intended to inform first responders of your location and that you may need assistance should you be in the evacuation area. It is not a dispatch. If available, first responders may attempt to contact you and/or locate you If the Resources Are Available to do so. Again, the information we share with first responders is to alert them of you and your location, NOT to dispatch resources. Understand that during a disaster with evacuations, the resources will be stretched thin and limited therefore they MAY NOT be able to assist you.

Complete the form on the next pages and return to Siskiyou County Public Health, Emergency Preparedness Division as directed on the last page of the form.

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I consent to have the below information given to Siskiyou County Public Health Department for the creation and maintenance of a crisis/emergency database. This information will only be used in the event of a crisis or disaster for location and evacuation purposes. The database will be updated annually.

Signature of Individual		Date					
Name:		Spouse:					
Physical Address:							
City:							
Mailing Address (if different than	above):						
Do you live in a Mobile Home:	Yes No	or, an aparti	ment:	Yes	No		
If yes to either of the abov	e, what is the co	omplex name:					
Date of Birth:		Age:					
Check All Applicable Medical [Disabilities:						
Legally Blind	Deaf	Terminal		Paralysis			
Specify Other Chronic Me	dical Disabilities	s:					
Are You:							
Ambulatory with Assistance	ce (walker, cane	, arm)					
Confined to a Wheelchair		Non-ambulator	ridden				
Check ALL applicable s	pecial equipme	nt that you are de	pende	nt on:			
Wheelchair	V	Walker/Cane		Crutches			
Life Support Syster	n [Dialysis		Insu	ılin Dependent		
IV	F	Feeding Tube		Ost	omy		
Oxygen: If yes, oxy	ygen need for _	hours per d	ay. Ind	licate liter flo	ow:		
Do vou have a port	able Oxygen tar	nk? Yes	N	lo			

Primary Physician Name:		Phone:				
Psychiatrist/Therapist Name:			Phone: _			
Home Health Care Provider:	Phone:					
Emergency Contact Person:		Phone:				
Do you have a reliable method of Transpo	rtation?		Yes	No		
If no, check the appropriate transporta	ition type	needed:				
Standard Vehicle (Bus or Car)	heelchair Equi	ipped	Ambuland	ce		
Will a caregiver or service animal accomp	any you	to a shelter, i	f needed?	Yes	No	
Relationship of caregiver:						
Do you have a household pet(s)?	Yes	How many?		-		
Medical Condition/Level of Independence	:					
Amount of Assistance Needed (Che	ck One)					
Bedridden						
Maximum Assist – unable to fee	ed self, w	alk alone.				
Moderate Assist – need help to	do daily	activities.				
Minimal Assist – only require a	small am	ount of help.				
Independent						
Type of Heating in Home (Check One)	Wate	r Source in H	ome (Check	One)		
Wood		City or Community System				
Gas (Propane, Diesel)		Well				
Electric Na			ing Water			
Please Check Before Submitting:						

I give consent to the Siskiyou County Public Health Department to share information on this form with Emergency Services only during a disaster that may affect the address provided.

Return completed form to: Siskiyou County Public Health Department

Attn: Emergency Preparedness

810 South Main Street Yreka, CA 96097 530-841-2134

Fax: 530-841-4092