

Special Needs Registry - Conditions and Release of Information

Name of Applicant: _____

Agency assisting in application (if applicable) _____

Please read and initial each of following. Refusal to sign does not mean you will not be placed on the Registry. It may, however, affect our ability to process this application **and** our ability to assist you.

_____ I recognize that neither the County Department of Public Health, County _____ (initial)
Emergency Management Agency nor any of their partners are responsible for
providing medical care for evacuees and that the intent of the Special Needs Registry is to
provide, to the extent possible under emergency conditions, an environment in which the current level
of health of the evacuees with special needs can be sustained within the capabilities of available
resources.

_____ I recognize that completion of this application does not guarantee my placement
(initial) in the Special Needs Registry, and that even if I am placed on the registry, I remain
responsible for myself in the event of a disaster.

_____ I am completing and submitting this application of my own free will.
(initial)

_____ (If applicable) I authorize the agency listed above to obtain the information
(initial) requested on this application and to release it to the County Special Needs Registry.

_____ In the event of an emergency, I authorize the County Special Needs
(initial) Registry to release this information to other emergency response personnel, human service
agencies, officials, or those they deem necessary.

_____ I give local law enforcement and emergency services personnel permission to enter (initial)
my home in the event of an emergency.

_____ I authorize the contact of the person(s) I have listed herein as my emergency
(initial) contact in the event of an emergency.

_____ I certify that the above information is correct. I understand that I am responsible
(initial) for all expenses associated with medical evacuation and shelter at a hospital.

_____ or _____
Applicant Signature Authorized Representative or Agency

_____ Witness Date (Necessary only if applicant signs with an "X")