

**CAYUGA COUNTY  
DISABLED PERSONS VOLUNTARY REGISTRY**

**DO YOU HAVE SPECIAL NEEDS??**

In the event of a public emergency or natural disaster, some residents may need special assistance during evacuations and sheltering because of physical or mental handicaps. The Cayuga County Health & Human Services Office on behalf of the Cayuga County Emergency Management Office is compiling a **VOLUNTARY** registration list of those individuals who may need assistance.

The purpose of this information is to make the Cayuga County Emergency Management Office aware of those with special needs. **THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL BE USED ONLY IN CASE OF AN EMERGENCY or NATURAL DISASTER.** It does not guarantee that agencies will be able to provide assistance in every type of emergency Cayuga County shall not be liable for any claim based upon the 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/emergency plan.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

MUNICIPALITY IN WHICH YOU LIVE (NAME OF TOWN, VILLAGE OR CITY) \_\_\_\_\_

MY DISABILITY IS \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

LOCAL CONTACT PERSON \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

OUT OF STATE CONTACT PERSON \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PET(S) (YES OR NO) \_\_\_\_\_ HOW MANY \_\_\_\_\_ WHAT KIND \_\_\_\_\_

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

I have a TTY (Teletypewriter).

I have a medical disability which may require assistance in case of an emergency (check all that apply):

Wheelchair     Vision     Mental Disability

Oxygen (need electricity)     Dialysis (need electricity)     Other (explain) \_\_\_\_\_

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

I hereby consent to have my name placed in the Cayuga County voluntary registry of disabled persons, including periodic updates.

The undersigned realizes that Cayuga County cannot guarantee or ensure that any officer, employee, agent or volunteer shall properly perform a function or duty in carrying out a local disaster/emergency plan and therefore waives any and all claims against Cayuga County for such the failure of anyone to exercise or perform such a function or in the event such a function is performed negligently.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby consent and pre-authorize that the emergency response personnel shall be able to enter my home during search and rescue operations if necessary to assure my safety and welfare during an emergency or natural disaster.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to Cayuga County Health & Human Services Department, Cayuga County Office Building,  
160 Genesee Street, Auburn, NY 13021.**