

Juneau County Functional Needs Registry Application

The purpose of this "Functional Needs Registry" is to provide emergency responders in your municipality with important information from individuals who may require assistance during an emergency, such as tornado, flood, blizzard, and power outage or disease outbreak. This program will merely provide the emergency response community with information that is pertinent to developing an effective response. This "Functional Needs Registry" in no way replaces the responsibility of individuals to have their own emergency plan.

Personal Information

Date of Application: New Application Update Application Municipality

Last Name First Name MI Date of Birth Sex

Address/Fire Number: City Zip Code

Mailing Address (if different) City Zip Code

Primary Phone: Alternate Phone: Primary Language

Name of Subdivision, Mobile Home Park, Apartment Building, Etc.

Functional / Physical Needs

- | | |
|--|--|
| <input type="checkbox"/> Wheelchair bound | <input type="checkbox"/> Suction Machine |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Portable Oxygen Machine |
| <input type="checkbox"/> Bedridden | <input type="checkbox"/> Life Sustaining Medications |
| <input checked="" type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Oxygen Concentrator or Ventilator |
| <input type="checkbox"/> Visually Impaired | |

Emergency Contact Information

Primary Emergency Contact Relationship:

Last Name: First Name: Phone:

Pharmacy Information

Pharmacy's Name: Phone:

Shelter Information

Will you require "special" transportation to a shelter in an emergency? Yes No

If so, check what type of vehicle you can ride in:

- Automobile Bus Van with wheelchair lift

Pet Information

Do you have pets that would require special attention if you were asked to evacuate your home? Yes No

If so, indicate the number of:

Service Dog Cat(s) Dog(s)

Other *Explain:*

Authorization Information

By signing/submitting this form, I/legal guardian agree that my name will be added to the "Functional Needs Registry". I give the municipality/County authorization to share this information with other community emergency responders in the event of an emergency in order to facilitate an effective response. I grant emergency responders permission to enter my home following an emergency event or disaster situation, if necessary, to assure my safety and welfare.

Applicant Signature: Date:

Authorized Guardian Signature: Date:

Mail completed form to: Juneau County Emergency Management, 200 Oak Street, Rm 1130; Mauston, WI 53948. For questions regarding this form or program, contact Gervase Thompson, @ (608) 847-9393.