



**Dane County  
Disaster Assistance Voluntary Registry Program**

**Disaster Assistance Voluntary Registration Form  
Text Only Version:**

**Personal Information**

**Instructions for filling out this form:** For all questions listed in this Voluntary Registration form please answer the question to the right side of the question. There are some questions that have multiple answers and you are asked you to say yes when one or more answers are true. Please right yes to the right of each answer that is true for you. Leave blank all answers that do not apply to you.

Date of this Application:

Is this a New Application?

Is this an Update of a Previous Application?

Last Name:

First Name:

Middle initial:

Date of birth:

Sex:

Male

Female

Address:

Phone number

Is this a TTY phone number?

Mailing address (if Different than above):

Name of person filling out this form if not the person above:

Relationship to person:

Contact phone number:

Do you live with friends or relatives that could assist you in an emergency? Yes or No:

Do you have dependents living with you? Yes or No:

If yes, how many and what are their ages?

**Instructions:** The following questions have multiple answers so please read all of them and then if you have a "yes" answer, please write "Yes" on the right side of the each correct answer.

**Question: Residence Type:**

Single Family Home

Apartment/Condominium

Mobile Home

Duplex

High-Rise

Dormitory

Name of Complex/Subdivision:

**Question:** Do you live at the address you listed year-around?

If no, what are the dates when you do live at this address?

**Evacuation Information** (Answer yes to the right of all of the following that apply)

**Question: I require assistance with the following:**

Getting out of bed

Getting around inside your home

Lifting or moving life-sustaining equipment

Gathering clothing, medications, identification, or other essential items in an evacuation

Getting down stairs if the elevator is not working

I cannot independently exit my home

I can independently leave my home, but would need transportation to a shelter

**Transportation** (Answer yes to the right of all of the following that apply)

I am ambulatory with assistance (walker/cane/other)

I require a wheelchair to evacuate

I require a wheelchair lift equipped vehicle

I require stretcher transport

I require hospital bed transport

I require assistance with transferring from a wheelchair to a bus or van/car seat

**Transportation Resources:** (Answer yes to the right of all of the following that apply)

I can provide my own vehicle for emergency transportation

I have a wheelchair:

I have a motorized wheelchair:

I have a non-motorized wheelchair:

I have a non-standard size wheelchair;

the widest part measures:

the wheelchair weighs:

I can independently transfer from a wheelchair to a seat

**Communications:** (Answer yes to the right of all of the following that apply)

My preferred method of communication is:

Sign Language – two choices Please specify: American Sign Language (ASL) Signed English (SE)

Verbal English:

Verbal Non-English, my primary language is:

- I understand some spoken English:

- I do not understand spoken English at all

Written English

Written Non-English, my primary language is:

- I understand some written English:

- I do not understand written English at all:

Other (specify):

**Communication Resources:** (Answer yes to the right of all of the following that apply)

I have a computer to assist with communications:

I have a videophone:

I am bi-lingual (specify):

**Other Resources:** (Answer yes to the right of all of the following that apply)

I have a service animal that will accompany me in an evacuation

I have an oxygen-making machine

I have other essential, life-sustaining equipment or supplies that I need to bring with me if I am evacuated from my home (specify):

I receive regular assistance from a personal care worker: Yes or No:

Name of Caregiver:

Name of Agency:

Agency Address:

Agency Phone:

Hours of Care from personal care worker:

**General Information:** (Answer yes to the right of all of the following that apply)

I have the following needs for life sustaining equipment or supplies:

Supplied Oxygen

Air Conditioning

Refrigeration for medicine

Medication

Electrical equipment

My need for life sustaining equipment necessitates evacuating to a hospital

I cannot independently feed, dress, medicate or toilet myself

I have difficulty learning, remembering, or concentrating such that I need assistance with non-routine activities

**Do you have any other comments and/or additional information on assistance you need that you would like to share?**

**Mailing Instructions: When you are ready to mail in your “Registration” form please remember to include a copy of your completed “Conditions” document and your “Release of Information” form along with this “Registration” form. Thank you.**

**Please Mail Completed Forms To:**

Dane County Emergency Management

Public Safety Building, Room 2107

115 West Doty St

Madison, WI 53703-3202

Phone: 266-4330 Fax: 266-4500 TTY: 277-1597