

**Appendix I
Draft**

Dane County/Madison Metropolitan Area
Evacuation Plan
Appendix I
Special Needs Registry

Draft

Version 2.0



Dane County Disaster Assistance Voluntary Registry Program

You might want to apply to be on the Disaster Assistance Voluntary Registry if you or someone you care for would:

- Need outside help to safely leave your home during a disaster;
- Be in jeopardy if you had to stay in your home for three days, without assistance;
- Need special notification about the need for evacuation, due to impairment.

What is it?

The Disaster Assistance Voluntary Registry is a database containing information about individuals in Dane County who will require special assistance in the event of a disaster. Emergency planners and responders know that there are many people living in our communities who will need individual help to respond to a natural disaster or a homeland security situation. The registry is a way for you to voluntarily tell us where you live and what help you would need, before a disaster even occurs.

The program allows people who will need direct, personal assistance to voluntarily register their name, address, and emergency needs into a secure database. Your home address will also be marked on a map that is linked to the database. During an emergency or disaster, the registry will provide emergency responders with important information about people in the affected area who will need specialized help. The emergency responders will then use this information to develop a more effective response. The information from the database will also be used to assist emergency planners to develop policies and procedures to address community needs in the event of a disaster.

Situations where this information could be used include, but are not limited to:

- Regional flood
- Widespread, prolonged power outage
- Tornado or other severe weather causing significant damage
- Chemical release
- Other community-level emergencies

Registration in the system is purely voluntary. By registering, you agree to the release of your information, including protected health information:

- in the event of a disaster;
- for emergency planning purposes; and
- as needed to effectively maintain the system.

The information collected here will **only** be made available to disaster responders, disaster planners and persons who manage the information database. It will **not** be made available to the public or any agency or organization that is not involved in the disaster response or disaster planning.

Registration does not guarantee any particular emergency services or level of emergency services during a disaster. It will however enhance the ability of emergency management and local officials to meet the emergency needs of the community.

Who can register?

The system is intended to assist people who may need specialized assistance to evacuate in an emergency or disaster. This may include, but is not limited to:

- People with restricted mobility that may need help evacuating their residence.
- People with medical conditions requiring special equipment.
- People requiring life-support equipment that is dependent on electrical power.
- People with sensory disabilities needing emergency messages to be presented in an accessible format.
- People who need wheelchair accessible or other specialized transportation assistance.
- People with cognitive or developmental disabilities.

How will the information be used?

In the event of a disaster or the potential for a disaster, the information provided may be used to:

- Provide emergency managers and responders with maps and a listing of residents who have registered as needing specialized assistance during an evacuation.
- Assist emergency services responders to understand your situation and to provide emergency assistance.
- Assist emergency planners and those who manage the database.

The information you provide will help emergency planners make better pre-disaster plans. Personal identification and address information will be removed from the data used for planning purposes, leaving only the assistance needed categories. This information will then be used to develop better evacuation, transportation and sheltering plans for our communities.

The information you provide will not be:

- A substitute for calling 911 when you have an emergency.
- Shared with the general public.
- A guarantee of assistance.

Who maintains the registry?

Dane County Emergency Management will serve as the system administrator, maintaining the database and electronic mapping system. Emergency Management will receive assistance from the county's Information Management Division and Land Information Office in developing and maintaining the system.

Who will be able to see the information you provide to the Registry?

Dane County Emergency Management personnel will receive the registration requests and enter information into the computer-based maps and database. All paper copies will be kept secure in the Emergency Management office. Emergency Management will regularly print out maps and data reports to be kept in the County's 911 Center and the County Emergency Operations Center for rapid access in an emergency or disaster. In all cases, the printed reports and maps will be kept confidential and secure. The information will be shared by Dane County Emergency

Management with emergency responders in the event of a disaster. It will also be used by emergency planners.

Dane County Emergency Management will:

- Confirm that we have received your request to register.
- Provide information about preparing for emergencies.
- Contact you annually, requesting that you update your information.
- Purge outdated registrations.
- Share your information with authorized emergency responders in the event of an emergency or disaster.
- Remove your name from the Registry if you request in writing that we do so.

What else should you do?

Personal preparedness is everyone's responsibility. In a disaster, government and other agencies may not be able to meet all of your needs. It is important for all residents to make individual or family plans and preparations for their care and safety. This includes:

- Check out the Emergency Management page on the Dane County website for information on disaster planning.
- Make sure you have a working smoke alarm.
- Create a family disaster plan.
- Make emergency arrangements with caregivers or health care providers.
- Make emergency arrangements for pets.
- Practice and maintain your plan.
- Keep your registration information current. Send us an update if your situation changes.
- Call 911 if you have an emergency, even if you are on the registry.
- Prepare an emergency supply kit.
- Make sure you have at least a three-day supply of your medications available.

Contact Dane County Emergency Management or visit these websites to learn more about how to prepare for emergencies:

- www.countyofdane.com/ems/
- www.redcross.org and click on 'Get Prepared'
- www.ready.gov



**Dane County
Disaster Assistance Voluntary Registry Program**

Disaster Assistance Voluntary Registration Form

Personal Information				
Date of Application:		<input type="checkbox"/> New Application <input type="checkbox"/> Update of Previous Application		
Last Name	First Name	MI	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:	City:	Zip:	Phone/TTY:	
Unit #:				
Mailing Address (If different):	City:	Zip:	Alternate Phone #:	
Name of person filling out this form if not same as above:				
Relationship to person:		Contact Phone Number:		
Do you live with friends or relatives that could assist you in an emergency?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have dependents living with you?: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, how many and what are their ages?: # _____ Ages _____				
Residence Type: (Check the box that best describes your residence) <input type="checkbox"/> Single Family Home <input type="checkbox"/> Apartment/Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Duplex <input type="checkbox"/> High-Rise <input type="checkbox"/> Dormitory		Name of Complex/Subdivision: _____ _____ Do you live at the address you listed year-around? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, from _____ to _____		
Evacuation Information (Check all that apply)				
I require assistance with the following: <input type="checkbox"/> Getting out of bed <input type="checkbox"/> Getting around inside your home <input type="checkbox"/> Lifting or moving life-sustaining equipment <input type="checkbox"/> Gathering clothing, medications, identification, or other essential items in an evacuation <input type="checkbox"/> Getting down stairs if the elevator is not working		<input type="checkbox"/> I cannot independently exit my home <input type="checkbox"/> I can independently leave my home, but would need transportation to a shelter		
Transportation (Check all that apply)				
<input type="checkbox"/> I am ambulatory with assistance (walker/cane) <input type="checkbox"/> I require a wheelchair to evacuate <input type="checkbox"/> I require a wheelchair lift equipped vehicle <input type="checkbox"/> I require stretcher transport		<input type="checkbox"/> I require hospital bed transport <input type="checkbox"/> I require assistance with transferring from a wheelchair to a bus or van/car seat		
Transportation Resources: (Check all that apply)				
<input type="checkbox"/> I can provide my own vehicle for emergency transportation <input type="checkbox"/> I have a wheelchair: <input type="checkbox"/> motorized <input type="checkbox"/> non-motorized		<input type="checkbox"/> I have a non-standard size wheelchair; widest part measures: _____ wheelchair weight: _____ <input type="checkbox"/> I can independently transfer from a wheelchair to a seat		

Communications: (check all that apply)

My preferred method of communication is:

- Sign Language – 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: (Check all that apply)

- I have a computer to assist with communications
- I have a videophone
- I am bi-lingual (specify) _____

Other Resources: (Check all that apply)

- I have a service animal that will accompany me in an evacuation
- I have an oxygen-making machine
- I receive regular assistance from a personal care worker

Name of Caregiver Agency: _____

Hours _____ Phone _____

Address _____ City _____ Zip _____

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

General Information: (check all that apply)

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

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Supplied Oxygen<input type="checkbox"/> Air Conditioning<input type="checkbox"/> Refrigeration for medicine<input type="checkbox"/> Medication<input type="checkbox"/> Electrical equipment | <ul style="list-style-type: none"><input type="checkbox"/> My need for life sustaining equipment necessitates evacuating to a hospital<input type="checkbox"/> I cannot independently feed, dress, medicate or toilet myself<input type="checkbox"/> I have difficulty learning, remembering, or concentrating such that I need assistance with non-routine activities |
|--|--|

Comments and/or additional information:

Remember to include a copy of the attached Conditions and Release of Information form.

Please Mail Completed Form 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



**Dane County
Disaster Assistance Voluntary Registry Program**

Conditions and Release of Information

Please read and initial each of the following:

____ I hereby request that the information I have provided be listed in Dane County's
(initial) Disaster Preparedness Registry.

____ I understand that my participation in this registry is voluntary and that all
(initial) information that I provide will only be used for disasters and emergency planning purposes.

____ I understand that at any time I may ask that my name be removed from the
(initial) Registry by sending a written request to Dane County Emergency Management.

____ I grant permission to emergency medical providers, transportation providers and
(initial) other emergency responders to enter my residence in an emergency, to provide care and to disclose the information I have provided as needed to respond to my emergency needs. This is not intended to limit a responder's ability to enter or respond to an emergency as allowable by law.

____ I understand that while registering this information may help emergency
(initial) responders to know and understand my emergency needs, registration does not guarantee any particular emergency services or any level of emergency services during a disaster.

____ I understand that I should call 911 if I am in an emergency, even though I have
(initial) submitted information to the registry.

____ I understand that I am responsible for making my own emergency preparations.
(initial) This may include, but is not limited to, responsibility for establishing communication with family members or caregivers, and the provision of prescription medications, oxygen supplies, medical equipment, and special dietary items that I may require if I am evacuated from my home.

____ I understand that I am responsible for all expenses associated with my emergency
(initial) medical evaluation and care.

____ I understand that I can bring my service animal to an emergency shelter, but I am
(initial) responsible for the feeding and care of my animal.

____ I understand that it is my responsibility to update the information I have provided
(initial) at least once a year or when my information changes, whichever occurs first.

**AUTHORIZATION TO RELEASE INFORMATION,
INCLUDING PROTECTED HEALTH INFORMATION**

I understand that my participation in the Dane County Disaster Preparedness Registry Program is voluntary and that all information I provide, including any Protected Health Information, will be treated as confidential. I further understand that the information I provide will only be released to Dane County Emergency Management; emergency responders, managers and planners; and those individuals who manage the Registry database.

I understand that the information that I have provided to the Registry will only be used in the following circumstances: to respond to disaster-related events; to respond to emergency needs; for evacuation and recovery efforts; and for disaster planning purposes. I understand that under some limited circumstances the information may be released without my permission as allowable by federal or state law.

EXPIRATION: This Authorization shall expire one (1) year from the date of my signature below.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION

I understand that I, or my personal representative, is entitled to receive a copy of the completed authorization form upon request.* I understand that I have the right to revoke this authorization at any time. I understand that if I revoke the authorization I must do so in writing and submit my written revocation to Dane County Emergency Management. I understand that the revocation will not apply to information that has already been released. I also understand that once information is released to others, it may be re-disclosed to individuals or organizations not subject to state and federal privacy and confidentiality laws and may not be protected.

I have had full opportunity to read and consider the contents of this Authorization, and I confirm that the contents are consistent with the information provided by Dane County Emergency Management with respect to the Disaster Preparedness Registry Program. I understand that, by signing this form, I am confirming my authorization that Dane County Emergency Management may disclose to the person(s)/organization(s) named in this form the information described in this form.

Print Name: _____

Signature: _____ Date: _____

* Please retain a signed copy of this Authorization for your records.



Dane County Disaster Assistance Voluntary Registry Program

Frequently Asked Questions

1. How do I register?

Individuals can submit applications to the program by printing a copy, completing and submitting the Special Needs Registry Application Form to Dane County Emergency Management or by completing the Special Needs Registry On-line Application Form at www.co.dane.wi.us/ems

2. Am I required to register?

No. There is no requirement for you to register. This is a completely voluntary registry.

3. Can I register a family member or friend?

Yes. The application however, must be signed by the individual whose name is requested to be placed on the registry.

4. What does it cost for me to be enrolled in the program?

There is no cost for the program. The costs incurred for developing, operating and maintaining this program come from a partnership of government agencies.

5. What is the process for determining whether someone meets the program eligibility?

Once an individual submits their application, they are automatically placed in the Special Needs Registry database. This does not mean however, that emergency response will automatically be available to assist you in a disaster. You are responsible for your own planning and welfare. This application acts only as a planning and response tool to determine what needs the community may have.

6. Will the database be sold or given to non-emergency responders?

No. The database will only be distributed to persons within the emergency management system of Dane County for planning purposes and/or within the geographical area at the time that emergency or disaster is occurring.

7. The application information indicates that emergency responders can enter my home during a disaster. Is this true?

Yes. Depending on the nature of an incident, and as a last resort, if you are not responding to multiple attempts to contact you whether via phone calls or visits to your home or we can not reach your emergency contact listed on your application, emergency responders may enter your home to check on you.

8. What can I expect if I am asked to evacuate my home and I have no place to go?

If no other alternatives, such as relatives, friends, or other locations are available, individuals may be transported to a Shelter. Please remember to take with you, your

medications (or list of medications) and any essential items you may need to sustain you for up to three days.

9. Am I eligible for the registry if I live in an assisted living facility, nursing home or CBRF?

Dane County is asking that you register if you live at home and need assistance if you need to exit your home in the event of a disaster. Assisted living facilities, nursing homes, and CBRF are required to have a plan for the facility to take care of their residents in the event of a disaster.

10. I have other concerns (cognitive/emotional/other) and may require further assistance in a disaster. Should I register?

Yes. Please add any additional information in the “Comments and/or additional information” section of the Special Needs Registration Form that would help emergency responders assist you in a disaster.

11. What if I move out of the county? Can I remove my name from the registry?

Yes. If you wish to have your name removed from the registry for any reason, you may do so. Please request this in writing and mail it directly to the Dane County Emergency Management office.

For additional questions, please contact the Dane County Emergency Management Office at (608) 266-4330.