

Instructions for Completing Your Enrollment

Please follow these instructions to complete your enrollment application:

1. Use blue or black ink.
2. Complete one form per household member that qualifies to register.
3. If a particular section does not apply to you, move on to the next section.
4. Complete the application as completely as possible.
5. Mail completed application to:

**Saint Louis County
Department of Human Services / AFNR
715 Northwest Plaza
St. Ann, MO 63074**

We'll send you confirmation that we've received your application and that you've been successfully added to the Registry, along with information about preparing for emergencies via mail.

If you would like to obtain assistance completing this application or have questions about it, please contact our Registry Coordinator at (314) 615-4426 (TTY 800-735-2966 [Relay Missouri]), Monday through Friday between 8:30 a.m. and 4:30 p.m., or send an email to AFNR@stlouisco.com



You can complete this application **online** by visiting www.stlouisco.com/registry

Today's date.

_____/_____/_____

Tell us about yourself.

Do you live in Saint Louis County? Yes No

If you answered **NO**, **Go no further**. Please call the Registry Coordinator at (314) 615-4426 for guidance.

Are your mobility needs temporary? Yes No

If so, when do you anticipate regaining full mobility? Date _____/_____/_____

Name

First

Middle

Last

Address

Street

Apt. #

City

State

Zip Code

Is this address temporary?

Yes

No

If 'Yes', how long do you expect to be here? _____

Gender Female Male

Date of Birth

_____/_____/_____

Home Phone

_____(_____)_____

I don't have one

Cell Phone

_____(_____)_____

E-mail

_____@_____

What is your primary language? English Other _____

(List American Sign Language [ASL] or other primary language here)

Your emergency contacts.

Please list a **PRIMARY, LOCAL** emergency contact.

Name

First

Last

Address

Street

Apt. #

City

State

Zip Code

Phone

()

Relationship

Can we discuss your medical information with this person if necessary? Yes No

Please list a **SECOND, OUT OF AREA** emergency contact.

Name

First

Last

Address

Street

Apt. #

City

State

Zip Code

Phone

()

Relationship

Can we discuss your medical information with this person if necessary? Yes No

Your medical needs.

If you have allergies to food, medication, etc., please list them below:

Allergies	Reaction

Sensory & Speech Conditions

If you have vision – related conditions, please ✓ all that apply to you:

- I am blind use a white cane I read Braille I have a guide dog
 I wear glasses I wear contacts

If you have hearing or speech – related conditions, please ✓ all that apply to you:

- I am deaf I am hard of hearing I use a hearing aid I have a speech disability
 I have difficulty understanding verbal instructions use other assistive technology.

Type _____

How do you receive **emergency alert notification** Television Telephone Cell Phone
 Other _____

Mobility

If you use mobility assistance devices, please ✓ all that apply to you:

- I use a cane I use a walker have leg braces I use crutches
 I use a protective helmet I use a wheelchair or scooter. Type _____
 I use an assistance animal. Type _____

If you use mobility assistance devices, please indicate what **medical condition(s)** you use them in connection with:

- Diabetes Frail Arthritis Amputations Scoliosis Multiple Sclerosis
 Muscular Dystrophy Cerebral Palsy Obesity. *Estimated Weight* _____
 Seizures *Triggered By* _____ Other _____

Life Sustaining Support

If you depend on life – sustaining support, please ✓ all that apply to you:

- Feeding Tube Insulin Pump IV Medication Suction Unit Catheter
- Bedridden Stoma or Ostomy. Type _____
- Asthma. Inhaler Type _____ Triggered By _____
- Dialysis. Treatments per Week _____
- Oxygen. ___ Portable Unit ___ Ventilator ___ Concentrator ___ Night Mask
___ Tracheotomy
Number of Cylinders _____ Oxygen Vendor Name _____
- Other _____

Does your life sustaining device require **uninterrupted electrical service**? Yes No

Personal Care

If you require assistance with personal care, please ✓ all that apply to you:

- Feeding Transferring Grooming Dressing Medications
- Bathing Bathroom Incontinence Wound Care

Cognitive Conditions

If you have cognitive – related conditions, please ✓ all that apply to you:

- Alzheimer's Dementia Memory Loss Autism Intellectual Disability
- Schizophrenia Bipolar Post Traumatic Stress Disorder
- Other _____

Your emergency plan.

What is your emergency plan?

In the event of any emergency, I plan to:

- Remain at home Go to a relative or friend's home Go to a community shelter

Are you able to safely enter and exit a standard vehicle? Yes No

If not, please indicate the type of transportation you require

In an emergency, would you require an interpreter or a guide to communicate with emergency response personnel or, to navigate a shelter or hospital? Yes No

Do you have any pets? Yes No

If so, please list them below and indicate where they will go if you must evacuate your home:

Pet Type	Pet's Name	Evacuation Plan

Is there anything else you'd like us know?

If so, please indicate that here:

Participation Agreement.

Statement of Purpose

The Access and Functional Needs Registry is a secure database of information administered by the Department of Human Services (DHS). The Registry is intended to serve as an emergency preparedness tool whereby the elderly, disabled, and those with temporary mobility needs can provide Saint Louis County emergency response agencies with information about any medical or physical conditions that could interfere with their ability to respond to disasters or other emergencies in a safe and timely manner. In turn, emergency response agencies can use this information to better plan and more effectively provide emergency response for individuals that may need additional assistance during these events.

Participation Guidelines

- Participation in the Registry is *strictly voluntary*. You may choose to add yourself to or terminate your participation in the Registry at any time. Should you choose to terminate your participation in the Registry, you may do so by submitting a request in writing.
- Family members, caregivers or friends may enroll qualified registrants with their permission, unless registrant has a Durable Power of Attorney. In such case, designated decision-making agent must complete application for registrant.
- Before being formally added to the Registry, the completeness of your application will be reviewed.
- It is **critical** that you update your Registry profile information, as needed. A disaster or other emergency can occur at any time. In order for emergency response agencies to adequately plan to assist you in an emergency, it is imperative that your profile information is current. **If there are ANY CHANGES to your address, phone number, medical conditions or emergency contacts, please contact the Registry Coordinator as soon as possible at 314 615-4426 or AFNR@stlouisco.com.**

Privacy of Information

It is the policy of DHS that all Registry participant information remains strictly confidential and that it is used solely for its intended purpose.

DHS has strict oversight of the Registry's use and the distribution of its information. Aggregate Registry information such as non-individually identifiable participant information by geographical area, will be available to Saint Louis County emergency response agencies for the purposes of *planning* for disasters or other emergencies.

Individually identifiable participant information such as name, address, phone number and medical information will be available to Saint Louis County emergency response agencies for the purposes of coordinating emergency response. Emergency response agencies will make every attempt to locate and assist potentially-affected residents, including Registry participants, in actual emergencies.

DHS may, from time to time, use the services of volunteers for clerical support. Any person providing volunteer services in connection with the Registry will have restricted access to protected information and will be required to sign a Confidentiality Agreement as a condition of their service.

Personal Preparedness

Your participation in the Registry **does not guarantee** that you will receive priority assistance or preferential treatment in the event of a disaster or other emergency. Registry participants are **strongly encouraged** to make individualized emergency preparedness plans. Learn about how to prepare one and find more emergency preparedness resources by visiting www.ready.gov or www.stlouisco.com/LawandPublicSafety/EmergencyManagement/GetPrepared

Acknowledgements

- By signing this form, I agree that my name and other information as reported on this application will be added to the Saint Louis County's Access and Functional Needs Registry. I certify that the information I've provided in this application is true and to the best of my knowledge.
- I have read and understand the terms of this Participation Agreement. I agree to adhere to the requirements outlined herein. I understand that enrolling in the Registry does not guarantee that I will receive assistance in the event of an emergency. I have been advised about the importance of having an individualized emergency preparedness plan and have received information about resources available to assist me in preparing one.
- I hereby grant Saint Louis County's Department of Human Services Access and Functional Needs Registry permission to use and share this information with Saint Louis County emergency response agencies including but not limited to the Office of Emergency Management, fire departments, law enforcement, emergency medical service providers and local health care agencies for the purposes of emergency planning and response. I also hereby grant emergency responders permission to enter my residence during an emergency if deemed necessary to ensure my safety and welfare. I understand that I am financially responsible for any charges associated with medical treatment or transportation, should I require these services in the event of an emergency.
- I release Saint Louis County, its officers, agents, employees and volunteers including those of the Office of Community Services, from any act of negligence or fault which arises in the future during the course of the services provided to me in connection with the AFNR.

Applicant's Printed Name

Applicant's Signature

Date
