Town of Ross Emergency Management
Special Needs Application

Ross Police and Fire Department
Emergency Management
Special Needs Application

The Ross Police and Fire Departments are compiling voluntary information on Ross residents who during an emergency or crisis situation might be unable to communicate the information themselves. This information will enable us to be better prepared to assist you should a life threatening emergency or disaster require your evacuation. If you are a resident with special needs, or have someone living in your household with special needs, please take the time to fill out this voluntary form and provide us with the information that we might need in an emergency.

Please print clearly or type the information, feel free to add additional pages if needed, and return the form to:

Ross Police Department
P.O. Box 320
Ross, CA 94957-0320

Attn: Special Needs Application

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Federal law requires that information contained in your medical records be held in strict confidence and not be released without your written consent. The consent you sign on this document will remain in effect until your request in writing that your consent be withdrawn, which you may do at any time. You have a right to request and obtain a copy of this consent. This form is intended for "Special Needs Registration" purposes only. Dissemination, distribution, or copying of this completed form is strictly prohibited except for use by authorized persons. The original of this form shall be secured in a locked file.

Application Date: ______________________

PERSONAL INFORMATION

Last Name: ______________________ First: ______________

Street Address: ______________________ City: ______________

Mailing: ______________________ Phone: ______________

Living Situation (check all that apply)

( ) Lives Alone ( ) with Spouse ( ) with children ( ) with parents
( ) Other (please explain) ______________________

EMERGENCY CONTACT INFORMATION

Full Name: ______________________ Phone: ______________

Address: ______________________ Cell phone: ______________

Relationship: ______________________ Misc: ______________

Full Name: ______________________ Phone: ______________

Address: ______________________ Cell phone: ______________

Relationship: ______________________ Misc: ______________

AUTHORIZATION INFORMATION:

I authorize emergency response personnel to enter my home during search and rescue operations following a disaster, if necessary, to assure my safety and welfare.

Authorized Signature:	Date:

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MEDICAL INFORMATION:
Check and complete those that apply to your medical condition.

{ } Required or life-Sustaining Medical Equipment
- ( ) Oxygen Concentrator ( ) respirator
- ( ) portable Oxygen ( ) suction machine
- ( ) Nebulizer ( ) other ________

{ } Oxygen- Continuous
Amount of Oxygen? ______________

{ } Oxygen Treatments Only
Amount of Oxygen? ______________
How Often? ______________

{ } Oxygen-PRN (as needed)
Nighttime-# of hours? ______________
Daytime-# of hours? ______________
Amount used per day? ______________

{ } Cardiac History
{ } Dialysis How Often? ____________________
{ } Incontinent
{ } Life-Sustaining Medications
{ } Frail
{ } Mobility Impaired

{ } Wheelchair Bound
{ } Bedridden
{ } Weight >300 lbs
{ } Hearing Impaired
{ } Sight Impaired
{ } Speech Impairment
{ } Memory Impairment
{ } Anxiety/Depression
{ } Medical Alert Equipment
{ } DNR Order (if so, attach copy)
{ } Mental Health Impairment (explain)
____
{ } Special Dietary Needs (explain)
____
{ } Allergies (list)
____
____
____
{ } Other (explain)
____
____
____

I,____________________________________, understand that all of my medical records are confidential and not to be disclosed to anyone without my consent of that of my guardian.

I hereby provide my consent for the members of the Ross Police/Fire Departments to have access to the medical information contained in this form. I understand that my medical information will be utilized to determine/assess plans appropriate for my care and treatment during an emergency.

I further understand that only those persons who have a need to know this information, will have access to it. This release remains in effect until further notice unless revoked by me in writing.

Signature: ______________________________ Date: ___________________

(Mail completed form to the Ross Police Dept. P.O. Box 320, Ross, CA 94957-0320
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