

Juneau County Vulnerable Populations Registry Application

The purpose of the Vulnerable Populations Registry is to provide Emergency Responders in your municipality with important information from individuals who may require assistance with evacuation, emergency notification, or emergency response during an emergency, such as a tornado, flood, blizzard, power outage, or disease outbreak. The information provided in this registry will be used by first responders as needed during emergency events. Personal health information will be treated confidentially and is not accessible to the general public.



Application Date _____ New Application Update Application

PERSONAL INFORMATION

Last Name	First Name, MI	Date of Birth	Sex
Street Address	City or Village	Zip Code	
Township	Name of Subdivision, Mobile Home Park, Apartment Building, etc.		
Primary Phone	Cell Phone	Primary Language	

EMERGENCY CONTACT INFORMATION

Last Name	First Name	Phone
Last Name	First Name	Phone

EVACUATION INFORMATION

Will you require specialized vehicle transportation to a shelter in an emergency?	YES or NO
If so, identify which vehicle types you can ride in.	
<input type="checkbox"/> bus or van with wheelchair lift <input type="checkbox"/> ambulance <input type="checkbox"/> bariatric transport	
Do you have a Service Animal or Support Animal?	YES or NO

FUNCTIONAL OR PHYSICAL LIMITATIONS THAT IMPACT EMERGENCY RESPONSE CAPABILITIES

<input type="checkbox"/> Wheelchair bound	<input type="checkbox"/> Portable Oxygen or Oxygen Concentrator	<input type="checkbox"/> Developmentally Disabled
<input type="checkbox"/> Bedridden	<input type="checkbox"/> Ventilator	<input type="checkbox"/> Socially Impaired
<input type="checkbox"/> Walker, canes, crutches	<input type="checkbox"/> Suction	<input type="checkbox"/> Psychologically Impaired
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> CPAP	<input type="checkbox"/> Other:
<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Necessary medications	<input type="checkbox"/> Other:

ADDITIONAL INFORMATION

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PREPARATION - It's recommended to be enrolled in the Juneau County CODE RED.

The CODE RED community notification system will send me alerts concerning time sensitive and or emergency information that will impact my area so I may start my personal emergency plan. I wish to receive these notifications.	<input type="checkbox"/> Y or N
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AUTHORIZATION

I (or legal guardian) agree that my information will be added to the Vulnerable Populations Registry. I give my municipality and Juneau County authorization to share this information with community emergency responders in the event of an emergency to facilitate an effective evacuation. I grant emergency responders permission to enter my home during or following an emergency event or disaster situation if necessary to assist with my safety and welfare.

Applicant Signature	Date
Authorized Guardian Signature	Date