

Polk County Special Needs Registry



The Polk County Special Needs Registry is a program developed and sponsored by the Polk County Departments of Public Health, Emergency Management, Aging, Veterans Affairs and Human Services.

The Registry allows individuals with critical health and medical conditions that may require assistance during an emergency or disaster, such as a power outage, tornado, flood or infectious disease outbreak, an opportunity to voluntarily register with the program and get their name into the PCVSNP database. Then during an emergency or disaster, the Registry will provide emergency responders in the effected area with important information about your health and medical needs. This is important so that emergency responders know about you and can develop a more effective response.

The Registry is a voluntary program and in no way ensures that the individual enrolling in the program will receive immediate or preferential treatment in an emergency. This program will merely provide the emergency response community with information that is pertinent to developing an effective response, whether sheltering-in-place or evacuation. **The Registry in no way replaces the responsibility of individuals to have their own emergency plan.**

The Registry is a voluntary program that should be considered by individuals who have NO Alternative or have no family or friend support structure in their community. Emergency Management recommends using this program only as a Last Resort and individuals with special needs should consider sheltering or evacuating with relatives or friends first.

Program Eligibility

The Registry is for those individuals who are not in a care facility, such as a hospital, nursing home or congregate living facility. These facilities are required to have an evacuation plan in place for their residents and patients to be transported to another healthcare facility. The Registry is for individuals who are not part of a group facility and have no other alternative but to seek assistance from the County.

1. Individuals require assistance with ostomy and indwelling catheter management.
2. Activities of daily living are so restricted by immobility that others provide assistance to meet their basic needs and those people may be unavailable during an emergency or disaster.
3. They have a respiratory condition requiring special equipment such as monitors or oxygen.
4. There may be other conditions which would render an individual eligible for special needs emergency sheltering and these will be considered by a Review Team.

Frequently Asked Questions

- 1. What is the process for determining whether someone meets the program eligibility?**

Once an individual submits their application, they are automatically placed in Special Needs Registry database. A Review Team consisting of emergency response and health and medical partners will meet regularly to review the applications and make a determination.
- 2. How do I register?**

Individuals can submit applications to the program by printing, completing and submitting the Special Needs Registry Application Form to Polk County Emergency Management or by completing the Special Needs Registry On-Line Application Form at www.co.polk.wi.us/emgt
- 3. How will I be notified if I am enrolled in the program?**

After the Review Team looks at the application, they will either accept the application, deny the application or will contact the individual for more information before making a decision. Individuals will be notified via letter of the status of their application.
- 4. Can I register a family member or friend?**

Yes. The application provides a section acknowledging that a person other than the applicants name is completing the form.
- 5. Will the database be sold or given to non-emergency responders?**

No. The database will only be distributed to emergency responders within the geographical area at the time that emergency or disaster is occurring. Polk County Emergency Management will house the database and will determine who will receive database information. All records will be protected by Security Software.
- 6. What is the process for updating individual's information?**

It is critical that participant's information stay current including addresses, contact information, and health status. Individuals enrolled in the Registry will be sent a renewal notice in March of each year asking the individual to complete the re-application via paper or through the on-line registration process.
- 7. The application form indicates that emergency responders can enter my home during an emergency or disaster. Is this true?**

Yes. Depending the nature of the 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 does it cost for me to be enrolled in the program?**

Nothing. Polk County values our residents and we understand the importance of taking care of our own. Therefore, the costs incurred for developing, operating and maintaining this program come from a partnership of government agencies.
- 9. What can I expect if I am asked to evacuate my home and I have no place to go?**

If no other alternatives are available, individuals apart of the Special Needs Registry may be transported to a Special Needs Emergency Shelter. This shelter will be staffed by individuals from the American Red Cross, Human Services, Public Health and others.

10. What if I am asked to shelter-in-place?

The nature of the Special Needs Registry allows emergency responders to check in on those individuals who have serious health and medical needs especially those that rely on medical equipment and medication for survival.

For additional questions, please contact the Polk County Emergency Management office at (715) 485-9280.

Polk County Special Needs Registry Application

Disclaimer

The purpose of the Polk County Special Needs Registry is to provide emergency responders in Polk County with important information from individuals that may require assistance during an emergency, such as tornado, flood, blizzard, power outage or disease outbreak. This program is voluntary and in no way ensures that the individual completing this form will receive immediate or preferential treatment in an emergency. This program will merely provide the emergency response community with information that is pertinent to developing an effective response. The Polk County Special Needs Registry in no way replaces the responsibility of individuals to have their own emergency plan.

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:
Street Address:	City:	Zip:	Primary Phone #:	
Mailing Address (If different):	City:	Zip:	Alternate Phone #:	
Name of Subdivision, Mobile Home Park, Apartment Building, etc.:		Primary Language:		
Living Situation (check one): <input type="checkbox"/> Live Alone <input type="checkbox"/> With Spouse <input type="checkbox"/> With Children <input type="checkbox"/> With Parents <input type="checkbox"/> Other (<i>Explain</i>)				

Medical Information (*Check and complete those that apply to your medical condition.*)

<input type="checkbox"/> Wheelchair Bound <input type="checkbox"/> Walker <input type="checkbox"/> Bedridden <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Sign Language <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Seizures <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Memory Impaired (Explain) <input type="checkbox"/> Ostomy Care <input type="checkbox"/> G-tube Feeders <input type="checkbox"/> Developmentally Disabled:	<input type="checkbox"/> Mental Health Condition <input type="checkbox"/> Special Dietary Needs <input type="checkbox"/> Required or Life-Sustaining Equipment <input type="checkbox"/> Portable Oxygen Machine <input type="checkbox"/> Suction Machine <input type="checkbox"/> Oxygen Concentrator or Ventilator <ul style="list-style-type: none"> <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Life Sustaining Medications <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Other (Explain)
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Explain any that have been checked above including listing any types of diagnosis, medication, etc.:

Emergency Contact Information

Primary Emergency Contact			
Last Name	First Name	Relationship	Phone
Alternate Emergency Contact			
Last Name	First Name	Relationship	Phone

Medical Provider Information (Fill in all that apply)

Physician Name:	Phone:
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Pharmacy Name:	Phone:
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Home Health Care Agency Name:	Phone:
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Shelter Information	Pet Information
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<p>Can you, a family member or friend provide you with transportation to a shelter in an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you need assistance with transportation, check one of the following:</p> <p><input type="checkbox"/> Automobile <input type="checkbox"/> Van with wheelchair lift <input type="checkbox"/> Bus <input type="checkbox"/> Medical transport required</p>	<p>Do you have pets that would require special attention if you were asked to evacuate your home? If so, indicate the number of:</p> <p>_____ Cat _____ Dog _____ Service Dog _____ Other (Explain)</p>
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Applicant Additional Comments

Authorization Information

By signing / submitting this form, I / legal guardian agree that my name be added to the Polk County Special Needs Registry. I give the Polk County Emergency Management authorization to share this information with other community emergency responders in the event of an emergency in order to facilitate an effective response. I grant emergency responders permission to enter my home following an emergency event or disaster situation, if necessary, to assure my safety and welfare.

Applicant Signature	Date
X	

Authorized Guardian Signature	Date
X	

Mail Completed Form to:

**Polk County Emergency Management
1005 West Main, Ste 900,
Balsam Lake, WI 54810**

For questions regarding this form or this program, contact the Polk County Emergency Management Office at 715-485-9280 or by email at kathyp@co.polk.wi.us. This form can be filled out and submitted on-line at www.co.polk.wi.us/emgt