Are You Ok? – R.U.OK?

A Special Needs Registry Program

Clifton Park Citizen Corps Council
Clifton Park Town Hall
One Town Hall Plaza
Clifton Park, NY 12065
Phone: (518) 371-6651
Fax: (518) 371-1136

PLEASE PRINT

This form must be completed in full or it will be returned to you.

Last First Middle

Name of Complex or Subdivision

Street Apt. # Town State Zip

Home Phone Cell Phone E-mail

Mailing address (if different from above)_____

Sex: Male Female Weight _____lbs Height _____ft _____in Date of Birth ___/___/___

Full-time Resident? Yes No Dates residing in Clifton Park: _____

Location of Bedroom (including floor number, front or back and left or right side of house):

_____

Person filling out form if different from above: _____

Name: _____ Address: _____ Phone: _____

Relationship to Registrant: _____

Evacuation Info: Do you require evacuation assistance? Yes No If yes:

Ambulatory Ambulatory with assistance Wheelchair dependent Confined to bed

Medications: Do you have a medication list? Yes No

Do you have a File/Vial of Life? Yes No

Special Equipment: Is electricity required? Yes No

Oxygen Dialysis Intravenous Wheelchair Defibrillator Walker/cane/crutches

Suction Diabetic monitoring equipment Other _____

Disability/Condition (please check all that apply):

Blind Non-Verbal Hearing Impaired Have a hearing/seeing eye dog to accompany you?

Require translator (language)_____

Breathing Problems COPD Asthma Emphysema Require oxygen: occasional or continuous

Mental Disability Dementia Psychiatric Diagnosis _____

Cardiac Dialysis Seizures Diabetic Stroke Other _____

Emergency Contacts:

Family (not residing with you)
Name: _____
Phone: _____
Cell Phone: _____
Address: _____
_____

Neighbor
Name: _____
Phone: _____
Cell Phone: _____
Address: _____
_____

Caregiver
Name: _____
Phone: _____
Cell Phone: _____
Address: _____
_____

Primary Physician (optional)
Name: _____
Phone: _____
Cell Phone: _____
Address: _____
_____

I certify that the information provided is correct to the best of my knowledge and that my participation in this program is entirely voluntary. As a participant in this program I understand that the Town of Clifton Park does not guarantee, nor is under any obligation to provide, any services as a result of my submission of this form(s). I understand that assistance is provided only during emergencies, and that I should make alternative housing arrangements, in advance, in case I cannot return to home.

I hereby grant permission for the release of this information to my local emergency services in order to assist them in responding to my needs and requests during an emergency situation. I understand that I, not the Town of Clifton Park, will be responsible for costs and charges I incur, associated with an emergency or disaster response.

Signature of Applicant: _____ Date: _____

Signature of Legal Guardian: _____ Date: _____

_____**Do not write below this line**_____

Fire District _____ Amb District _____ Evacuation Level_____ Reviewed by _____