Are You Ok? – R.U.OK?  
A Special Needs Registry & Call Program  

Clifton Park Town Hall
One Town Hall Plaza
Clifton Park, NY 12065

Phone: (518) 371-6651 -------- Fax: (518) 371-1136 -------- cfitzgerald@cliftonpark.org

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

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Name of Complex or Subdivision

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt. #</th>
<th>Town</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

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  
Where: ______________________

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:

<table>
<thead>
<tr>
<th>Family (not residing with you)</th>
<th>Neighbor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ________________</td>
<td>Name: ________________</td>
</tr>
<tr>
<td>Phone: ________________</td>
<td>Phone: ________________</td>
</tr>
<tr>
<td>Cell Phone: ________________</td>
<td>Cell Phone: ________________</td>
</tr>
<tr>
<td>Address: ________________</td>
<td>Address: ________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caregiver or Family at home</th>
<th>Primary Physician (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ________________</td>
<td>Name: ________________</td>
</tr>
<tr>
<td>Phone: ________________</td>
<td>Phone: ________________</td>
</tr>
<tr>
<td>Cell Phone: ________________</td>
<td>Cell Phone: ________________</td>
</tr>
<tr>
<td>Address: ________________</td>
<td>Address: ________________</td>
</tr>
</tbody>
</table>

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 __________