

Emergency Evacuation Assistance Program

The Emergency Evacuation Assistance Program is designed for special needs people living at home who need assistance with evacuation. Eligible applicants have a medical condition that requires nursing care or need assistance with activities of daily living. Residents of assisted living facilities or nursing homes do not qualify.

Complete **all** sections of the application. Indicate medical conditions, especially medical equipment requiring electricity, and any specialized transportation needs. You will be contacted on an annual basis to re-certify your need for this program. Once you are registered, you will not have to resubmit this application. If more than one person in your household needs assistance during evacuations, each one should complete a separate application.

The registry may be used for any emergency requiring evacuation, such as ice storms, tornadoes or hazardous material spills (such as a gas leaks.) In order for us to process your application in time before the next emergency situation, you need to submit it as soon as possible. Resources are limited and those who are registered will have priority. If you wait until the evacuation begins to ask for help, it will be too late.

Emergency shelters, whether for general or special needs, will **only** be available as a **last resort** for people who have **no other place to go**. If you need to evacuate, you should first seek shelter with relatives, friends or community organizations. Emergency shelters do not offer the same level of care available in a hospital or other health care facility. Only basic care and assistance are available. If you require the services of a caregiver, the caregiver must accompany you and remain with you during your stay in the emergency shelters. Dialysis patients who do not have other special needs should go to emergency shelters and carefully follow instructions from your dialysis center.

Medications, 24-hour skilled nursing care and life support equipment, including oxygen, are **not** available in emergency shelters, and continuous electricity cannot be guaranteed. If your condition requires this level of care we may attempt to find placement for you in a health care facility that participates in this program, but cannot commit that we will do so, or that we can obtain placement.

Supplies at emergency shelters are limited to food, water and first aid kits. You must bring with you an emergency supply kit that includes bedding, medications and personal supplies. It is highly recommended that you eat a meal prior to leaving your home and bring with you special dietary foods. Special instructions and a registration card will be mailed to you once your application has been processed. Read these instructions **carefully** and keep them in a safe place. Prepare wisely and stay alert to the media for evacuation times during emergencies. The Town has designated WGY AM and Star 101.3 FM as emergency broadcast stations.

If you have any questions or need further information, please call (518) 899-2502. Return the completed application to:

Town of Malta Emergency Preparedness Committee
2540 Route 9
Malta, New York 12020
www.malta-town.org

Call the Town of Malta Emergency Preparedness Committee at (518) 899-2502 for special requests. If you need disaster preparedness tips, please visit the Town of Malta web site at malta-town.org or the information centers located in the Town Hall and Community Center lobby areas.

Application for Emergency Evacuation Assistance

Please read the instructions and information provided before completing the form.
This form must be completed in full or it will be returned to you. Please print clearly.

Date of application: ____/____/____

Last name: _____ First name: _____ MI: _____ Sex ___M ___F

Type of Residence: House Apt./Condo (What floor _____) Mobile Home/Trailer
/Duplex Group Home Nursing Home

Address: _____ Apt/Lot #: _____

City: _____ Zip Code: _____

Mailing address (if different from above):

Telephone: Home: (____) _____ Work: (____) _____

Primary Language: _____

Do you live at the above address all year round? Yes No If no, indicate the dates you are in Malta

Name of nearest friend or relative (not living with you): _____

Home phone: (____) _____ Work phone: (____) _____

Address: _____ City: _____ Zip: _____

In case of an emergency evacuation, where do you plan to go?

- I have made arrangements to stay with relatives, friends, a community organization, or hotel.
- I am unable to make other arrangements and must go to an emergency shelter.

I have a caretaker or companion* who will accompany me to the emergency shelter. Yes No

* If your companion is also in need of assistance they should fill out a separate form.

Do you require assistance with activities of daily living? ___ Yes ___ No

What type of assistance do you require on a daily basis? (Check all that apply)

- personal care (dressing/toileting) mobility (walking/transferring) taking medication
- guidance (blind/visual) feeding dialysis

impairment)

communicating: (deaf nonverbal)

skilled medical/mental health care:

(intermittent continuous)

I use medical equipment requiring electricity:

(intermittent continuous)

Wound care. If yes, what type of wound: _____

oxygen:

(intermittent continuous)

airway suctioning

Specify medical equipment needing electricity: _____

Other _____

I have the following conditions: (Check all that apply)

Alzheimer's Disease

early moderate advanced

Chronic Obstructive Pulmonary Disease (COPD)

Continuous Ambulatory Peritoneal Dialysis (CAPD)

Parkinson's Disease

early stages advanced

Cardiac

stable unstable

Cystic Fibrosis

Emphysema

Mental Health

medicated unmedicated

Cerebrovascular Accident (CVA)

Dementia

Seizures

medicated unmedicated

Other

Are you receiving hospice care? Yes No

Agency: _____ Phone: _____

Are you receiving community services? Yes No

Agency: _____ Phone: _____

Are you receiving home health care? Yes No

Agency: _____ Phone: _____

On a day-to-day basis, what type of transportation do you use?

Special transportation service (STS)

Private transportation (I can drive myself, have someone who will drive me, will make my own arrangements or my building/condo association has a vehicle they will use to transport me.)

- Public transportation (I will rely on a bus or taxi) I can walk ____ blocks.
- I am in a wheelchair and need a lift gate vehicle.
- I require transportation by stretcher.
- I need an ambulance for transport. My condition requires:
 - Basic Life Support Advanced Life Support

I am unable to use any of the above. Reason: _____

I use: Wheelchair (self transferable Yes No) Walker/Cane Crutches Guide dog/Service animal

I am bed bound: Yes No

Name of person filling out form: _____ Telephone number: _____

Applicant Signature

I certify that this information is correct. I understand that based on this application and the data I have provided, the Office of Emergency Management will determine which emergency evacuation assistance, if any, this program may be able to provide. I understand that the Town of Malta is under no obligation to me to provide any services as a result of my submission of this form(s). I understand that assistance will only be provided for the duration of the emergency and that alternative arrangements should be made in advance in the event I am not able to return to my home. I also understand that I will be responsible for any charges and costs associated with hospitals or other medical facilities or transportation. I grant permission to medical providers and transportation agencies and others as necessary to provide care and disclose any information necessary to respond to my needs.

Signature of applicant: _____ Date: _____

Signature of legal guardian: _____ Date: _____

Do Not Write Below This Area

Trans Sector: _____ **EC:** _____ **Loc:** _____ **Evac Level:** _____

TP Zone: _____ **Reviewed by:** _____ **Date:** _____ **Record No:** _____

**Town of Malta Emergency Preparedness Committee
2540 Route 9
Malta, New York 12020**