

## Instructions for Completing Your Enrollment

**Please follow these instructions to complete your enrollment application:**

1. Use blue or black ink.
2. Complete one form per household member that qualifies to register.
3. If a particular section does not apply to you, move on to the next section.
4. Complete the application as completely as possible.
5. Mail completed application to:

**Saint Louis County**  
**Department of Human Services / AFNR**  
**9666 Olive - Ste. 510**  
**St. Louis, MO 63132**

We'll send you confirmation that we've received your application and that you've been successfully added to the Registry, along with information about preparing for emergencies via mail.

**If you would like to obtain assistance completing this application or have questions about it, please contact our Registry Coordinator at (314) 615-4426 (TTY 800-735-2966 [ Relay Missouri ]), Monday through Friday between 8:30 a.m. and 4:30 p.m. or send an email to [AFNR@stlouisco.com](mailto:AFNR@stlouisco.com)**



You can complete this application **online** by visiting [www.stlouisco.com/registry](http://www.stlouisco.com/registry)

## Date and relationship.

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you completing this application for yourself?  Yes  No

If **NO**: What is your name? \_\_\_\_\_  
First Last

What is your relationship to the applicant? \_\_\_\_\_

Your phone number (\_\_\_\_) \_\_\_\_\_ Your email \_\_\_\_\_

## Tell us about yourself (Applicant information).

Do you live in Saint Louis County?  Yes  No

If **NO**, **Go no further**. Please call the Registry Coordinator at (314) 615-4426.

Are your mobility needs temporary?  Yes  No

If yes, when do you anticipate regaining full mobility? Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_  
City State Zip Code

Is this address temporary?  Yes  No

If yes, how long do you expect to be here? \_\_\_\_\_

Gender  Female  Male Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

I don't have a phone

E-mail \_\_\_\_\_@\_\_\_\_\_

What is your primary language?  English  Other \_\_\_\_\_

(List American Sign Language [ASL] or other primary language here)

## Your emergency contacts.

Please list a **PRIMARY, LOCAL** emergency contact.

Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_  
City State Zip Code

Phone ( ) \_\_\_\_\_

Relationship to you \_\_\_\_\_

Can we discuss your medical information with this person if necessary?  Yes  No

Please list a **SECOND, OUT OF AREA** emergency contact.

Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_  
City State Zip Code

Phone ( ) \_\_\_\_\_

Relationship to you \_\_\_\_\_

Can we discuss your medical information with this person if necessary?  Yes  No

## Your medical needs.

If you have allergies to food, medication, etc., please list them below:

Allergies	Reaction

## Sensory & Speech Conditions

If you have vision – related conditions, please ✓ all that apply to you:

- I am blind     I use a white cane     I read Braille     I have a guide dog  
 I wear glasses     I wear contacts

If you have hearing or speech – related conditions, please ✓ all that apply to you:

- I am deaf     I am hard of hearing     I use a hearing aid     I have a speech disability  
 I have difficulty understanding verbal instructions     I use other assistive technology.

Type \_\_\_\_\_

How do you receive emergency alert notifications?

- Television     Home phone     Cell Phone     Other \_\_\_\_\_

## Mobility

If you use mobility assistance devices, please ✓ all that apply to you:

- I use a cane     I use a walker     I have leg braces     I use crutches  
 I use a protective helmet     I use a wheelchair or scooter. Type \_\_\_\_\_  
 I use an assistance animal. Type \_\_\_\_\_

If you use mobility assistance devices, please indicate what **medical condition(s)** you use them in connection with:

- Diabetes     Frail     Arthritis     Amputations     Scoliosis     Multiple Sclerosis  
 Muscular Dystrophy     Cerebral Palsy     Obesity

Seizures Triggered By \_\_\_\_\_  Other \_\_\_\_\_

Do you weigh more than 300 lbs.?  Yes  No

### Life Sustaining Support

If you depend on life sustaining support, please ✓ all that apply to you:

Feeding Tube  Insulin Pump  IV Medication  Suction Unit  Catheter

Bedridden  Stoma or Ostomy. Type \_\_\_\_\_

Asthma. Inhaler Type \_\_\_\_\_ Triggered By \_\_\_\_\_

Dialysis. Number of treatments per week \_\_\_\_\_

Oxygen. \_\_\_ Portable Unit \_\_\_ Ventilator \_\_\_ Concentrator \_\_\_ Night Mask  
\_\_\_ Tracheotomy

Number of Cylinders \_\_\_\_\_ Oxygen Vendor Name \_\_\_\_\_

Other \_\_\_\_\_

Does your life sustaining device require **uninterrupted electrical service**?  Yes  No

Do you depend on medications?  Yes  No

If Yes, you may list the conditions you take them for (e.g. high blood pressure) \_\_\_\_\_

**\*It is critical that YOU keep a current list of your prescription medications\***

### Personal Care

If you require assistance with personal care, please ✓ all that apply to you:

Feeding  Transferring  Grooming  Dressing  Medications

Bathing  Bathroom  Incontinence  Wound Care

### Cognitive Conditions

If you have cognitive-related conditions, please ✓ all that apply to you:

Alzheimer's  Dementia  Memory Loss  Autism  Intellectual Disability

Schizophrenia  Bipolar  Post Traumatic Stress Disorder

Other \_\_\_\_\_

## Your emergency plan.

### What is your emergency plan?

In the event of any emergency, I plan to:

- Remain at home     Go to a relative or friend's home     Go to a community shelter

Are you able to safely enter and exit a standard vehicle?     Yes     No

If not, please indicate the type of transportation you require

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In an emergency, would you require an interpreter or a guide to communicate with emergency response personnel or to navigate a shelter or hospital?     Yes     No

Do you have any pets?     Yes     No

If yes, please list them below and indicate where they will go if you must evacuate your home:

Pet Type	Pet's Name	Evacuation Plan

Is a crate available if needed?     Yes     No

Is a leash available (if applicable)?     Yes     No

Is a muzzle available (if applicable)?     Yes     No

## Is there anything else you'd like us know?

If so, please indicate that here:

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## Participation Agreement.

## Statement of Purpose

The Access and Functional Needs Registry is a secure database of information administered by the Department of Human Services (DHS). The Registry is intended to serve as an emergency preparedness tool whereby the elderly, disabled, and those with temporary mobility needs can provide Saint Louis County emergency response agencies with information about any medical or physical conditions that could interfere with their ability to respond to disasters or other emergencies in a safe and timely manner. In turn, emergency response agencies can use this information to better plan and more effectively provide emergency response for individuals that may need additional assistance during these events.

## Participation Guidelines

- Participation in the Registry is *strictly voluntary*. You may choose to add yourself to or terminate your participation in the Registry at any time. Should you choose to terminate your participation in the Registry, you may do so by submitting a request in writing.
- Family members, caregivers or friends may enroll qualified registrants with their permission, unless registrant has a Durable Power of Attorney. In such case, designated decision-making agent must complete application for registrant.
- Before being formally added to the Registry, the completeness of your application will be reviewed.
- It is **critical** that you update your Registry profile information, as needed. A disaster or other emergency can occur at any time. In order for emergency response agencies to adequately plan to assist you in an emergency, it is imperative that your profile information is current. **If there are ANY CHANGES to your address, phone number, medical conditions or emergency contacts, please contact the Registry Coordinator as soon as possible at 314 615-4426 or AFNR@stlouisco.com.**

## Privacy of Information

It is the policy of DHS that all Registry participant information remains strictly confidential and that it is used solely for its intended purpose.

DHS has strict oversight of the Registry's use and the distribution of its information. Aggregate Registry information such as non-individually identifiable participant information by geographical area, will be available to Saint Louis County emergency response agencies for the purposes of *planning* for disasters or other emergencies.

Individually identifiable participant information such as name, address, phone number and medical information will be available to Saint Louis County emergency response agencies for the purposes of coordinating emergency response. Emergency response agencies will make every attempt to locate and assist potentially-affected residents, including Registry participants, in actual emergencies.

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**TURN OVER →**

DHS may, from time to time, use the services of volunteers for clerical support. Any person providing volunteer services in connection with the Registry will have restricted

access to protected information and will be required to sign a Confidentiality Agreement as a condition of their service.

**Personal Preparedness**

Your participation in the Registry **does not guarantee** that you will receive priority assistance or preferential treatment in the event of a disaster or other emergency. Registry participants are **strongly encouraged** to make individualized emergency preparedness plans. Learn about how to prepare one and find more emergency preparedness resources by visiting [www.ready.gov](http://www.ready.gov) or [www.stlouisco.com/LawandPublicSafety/EmergencyManagement/GetPrepared](http://www.stlouisco.com/LawandPublicSafety/EmergencyManagement/GetPrepared)

**Acknowledgements**

- By signing this form, I agree that my name and other information as reported on this application will be added to the Saint Louis County’s Access and Functional Needs Registry. I certify that the information I’ve provided in this application is true and to the best of my knowledge.
- I have read and understand the terms of this Participation Agreement. I agree to adhere to the requirements outlined herein. I understand that enrolling in the Registry does not guarantee that I will receive assistance in the event of an emergency. I have been advised about the importance of having an individualized emergency preparedness plan and have received information about resources available to assist me in preparing one.
- I hereby grant Saint Louis County’s Department of Human Services Access and Functional Needs Registry permission to use and share this information with Saint Louis County emergency response agencies including but not limited to the Office of Emergency Management, fire departments, law enforcement, emergency medical service providers and local health care agencies for the purposes of emergency planning and response. I also hereby grant emergency responders permission to enter my residence during an emergency if deemed necessary to ensure my safety and welfare. I understand that I am financially responsible for any charges associated with medical treatment or transportation, should I require these services in the event of an emergency.
- I release Saint Louis County, its officers, agents, employees and volunteers including those of the Office of Community Services, from any act of negligence or fault which arises in the future during the course of the services provided to me in connection with the AFNR.

**Applicant’s Printed Name** \_\_\_\_\_

**Applicant’s Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_