

Access & Functional Needs Database

Last Name: _____ Address: _____

First Name: _____

Date of Birth/Sex: _____ City: _____

Phone 1: _____ Zip Code: _____

Phone 2: _____ Primary Language: _____

Residence Type (circle one): Single Family—Mobile Home—Multi-Family—Assisted Living

Living Situation (circle one): Alone—with relatives—with care giver—Other _____

Care Giver's Name: _____ Care Giver's Phone: _____

Functional/Access Need (Check all that apply) [] Medical—conditions that require ongoing medical professional assistance or assistive devices [] Supervision—assistance with maintaining your ability to be independent [] Communication—English is not your primary language and a language translator is needed [] Transportation—either don't have or don't have access to [] Independence—Children who are too young to care for themselves and Older Adults who need assistance with their activities of daily living

Description: _____

Do you have Pets? Y or N Quantity _____ Types _____

Do you have a service animal(s)? Y or N Quantity _____ Types _____

Emergency Contact #1 Name _____ Phone _____

Emergency Contact #2 Name _____ Phone _____

List any required durable medical equipment (Oxygen, nebulizer CPAP machine, wheelchair, etc.).

Durable Medical Goods Provider (Apria, Lincare, etc.) _____

Durable Medical Goods Provider phone number

DISCLAIMER: By completing this form I acknowledge that this is not a guarantee of service between LaSalle County and myself and that LaSalle County may share this information during times of emergencies with local first responders to coordinate my emergency transportation, communication or shelter needs. Revised 2/3/2014 General Release and Consent By signing this form, I give my authorization for the information herein to be released only to the LaSalle County Health Department, LaSalle County Emergency Management Agency, local public safety responders and receiving facilities for the purpose of coordinating my needs and for coordinating emergency transportation and sheltering. I further acknowledge that this is not a guarantee of service between myself and LaSalle County and further recognize that LaSalle County does not provide anything other than the coordination of efforts with local responders. Records relating to registration of persons with functional needs are exempt from the provisions of Freedom of Information inquiries. The information submitted relative to this document will be kept confidential and will be verified annually.

Signature _____ or Representative _____

Date _____

Official Use Only: GIS Date: _____ Record # _____ By: _____

Fire District _____

Ambulance _____

Law Enforcement _____

Township _____

Verification Status by Date

