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Councilmen
Marion Cooke
Anthony Guadagno
Jason Rauf
Brian Wood

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Timothy Lippert

TOWN OF RENSSELAERVILLE

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Town Supervisor
John Dolce

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Superintendent of Highways
Randy Bates

Assessor
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Town Justices
Gregory Bischoff
Muriel Frasher

April 2, 2020

To All Town Residents,

As we continue to follow federal and state guidelines to fight the spread of COVID 19, we are aware that it is a difficult time for all of us, but especially our senior population. Here are some resources and suggestions that we can use to help our senior community.

Included in this packet is a form to be placed on the Albany County Sheriff's Evacuation Functional Needs 911 Registry. This will not only help during this pandemic but will be an ongoing wellness check. If you have internet access, go to:

<https://www.albanycounty.com/government/departments/county-sheriff>

On the left-hand side, go to: **Evacuation Functional Needs "Special Needs" 911 Registry.**

If you prefer, fill out the form and mail it to: Albany County Sheriff's Office-attn Linda Nash
Community and Emergency Services
58 Verda Ave, P.O. Box A
Clarksville, NY 12041

We would also like to use the colored paper system. Again, included in this packet are three colored papers. If you are well and don't need any help, please place the green colored sheet in your front window or door. Make it as visible as possible. If you need help, such as running low on medicines, food or other necessities, place the yellow colored sheet. If you have a real emergency and need immediate help, call 911 and then place the red colored sheet.

Medusa, Rensselaerville and Tri-Village Fire Departments have volunteered to help monitor this system, along with the rest of our caring community. It will help our emergency medical personnel and our firefighters when responding to an emergency call. Even if you're not a senior citizen we urge you to use this tool.

Packets can be found at Town Hall, the Recycling Center and all three Post Offices. Please help us to help others by distributing packets while maintaining a safe social distance.

As your town board, we want to continue to keep you updated and help each other in any way possible. We will get through this and build a stronger community.

Sincerely,
The Rensselaerville Town Board
John Dolce – Supervisor
Jason Rauf – Councilman
Brian Wood – Councilman

Marion Cooke – Councilwoman
Anthony Guadagno - Councilman

Albany County Sheriff's Office
Community and Emergency Services
 58 Verda Avenue
 P.O. Box A
 Clarksville, NY 12041
 Phone: (518) 720-8030 * Fax: (518) 720-8031

Evacuation Functional Needs 911 Registry Application

Last	First	Middle Initial		
Address	Apt.#	City	State	Zip Code
Home Phone /TTY	Cell Phone	Email		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ___/___/___	Weight: _____	Height: _____	
Social Security # (optional): _____				

Number of relatives living with you who will accompany you to a shelter if need be: _____

Residence Type: Private Home Apartment/Condo Mobile Home High-rise
 Group Home Retirement Home Duplex Dorm

Name of Complex/Subdivision: _____

Yearly resident? Yes No If no, from _____ to _____

Do you have pets? Yes No

Do you have arrangements for them in an emergency? Yes No

Please be advised that pets may NOT accompany you to a shelter unless they are service animals.

Evacuation Information: PLEASE GIVE NAME AND PHONE NUMBER BELOW OF SOMEONE WE MAY CALL IF WE ARE UNABLE TO REACH YOU DIRECTLY:

Will you require evacuation assistance? Yes No

Do you: Care for yourself or Regularly have assistance from a caregiver

Name of Caregiver: _____ Phone #: _____ Cell #: _____

Address: _____ City: _____ Zip: _____

Transportation (check all that apply)

- I will provide my own transportation I can get to a bus pickup point
- I am ambulatory, with assistance I Need a wheelchair lift equipped vehicle
- I can transfer from a wheelchair to a seat I am bedridden and require stretcher transport

Is Your Disability: Temporary or Permanent

If temporary, please give a medical release date: _____

Note: unless you notify registry personnel, you will be deleted from registry as of the above date.

Type of Disability (check all that apply)

- None Hearing Impaired require a translator, If so specify: _____
- Blind I have a hearing/seeing service animal which will accompany me
- Mental Disability Bedridden Other: _____

Special Equipment (check all that apply)

- Wheelchair dependent collapsible non collapsible Walker/cane
- Electric Dependent Portable Oxygen – Hours per day: _____ Litre Flow: _____
- Other (please describe): _____

(Over)

Medications:

- Self administered, shelf kept Intravenous, self administered, shelf kept
 Intravenous, self administered, refrigeration required, please list: _____
 Non self administered medication required No medicine
 Medicine Allergy, if so what
 medicine(s): _____

What illness do you take medication for (check all that apply):

- Heart problems Blood pressure Stroke Diabetes Breathing problems
 Back problems Seizures/convulsions contagious diseases Dialysis, # weekly _____
 other (describe): _____

Do you require a special diet? Yes No If yes, what type? _____
 Type of shelter requested: Standard Special Need

Name of Physician: _____ Phone: _____

Do you have any other comments or suggestions that may assist us in your care during evacuation?

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. I hereby grant permission for the release of this information to emergency response agencies and pre-authorize these agencies to enter my residence for the purpose of emergency search and rescue.

I understand my participation in this registry is voluntary and all information maintained will be strictly confidential, used only for emergency purposes and hereby request registration in the Albany County Evacuation Functional Needs 911 Registry.

I also understand that I will be responsible for any charges and costs associated with hospital or other medical facility care or medical transportation.

The information contained herein is true and correct to the best of my knowledge. I understand that assistance will be provided only for the duration of emergency, and that alternative arrangements should be made in advance in case I am not able to return to my home.

I understand, based on the information I have provided that I may or may not be assigned to a special needs unit based on the criteria stated in the information I provided. I understand that I am responsible for assisting in the provision of any prescription medications, oxygen supplies, medical equipment, and dietary items I may require during the emergency.

Registrant Signature: _____ Date: _____
 Caregiver: _____ Date: _____ (if registrant is unable to sign)
 Relationship to Registrant (if any): _____

Please Mail form back to: Albany County Sheriffs Office
 Community and Emergency Services
 58 Verda Ave, P.O. Box A
 Clarksville, NY 12041
 Attn: Linda Nash

Please contact Linda Nash (518) 720-8030 in the event any of the above information changes at any time, such as an address change, medical change, etc. You will be contacted by our office if we have any questions regarding your application, and periodically contacted to update our records.

<p>Agency Use only:</p> <p>Date Registered: _____</p> <p>Updated: _____</p>
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