



**ACCESS & FUNCTIONAL NEEDS REGISTRY**  
**For use by Public Safety Officials**  
**Chelan County**



During a **disaster**, individuals with disabilities and others with **access and functional needs** may require special assistance from the **emergency management** system. **Planning** before an incident ensures that **response** and recovery operations are inclusive of the whole community.

**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**MIDDLE INITIAL:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACCESS &/OR FUNCTIONAL NEEDS:** (i.e., mobility issues, hearing impaired, sight impaired, speech impaired, etc...)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**RELATIONSHIP:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**MIDDLE INITIAL:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHONE NUMBER(S):** \_\_\_\_\_

I UNDERSTAND THE INFORMATION INCLUDED ABOVE IS BEING PROVIDED VOLUNTARILY AND WILL BE MAINTAINED BY RIVERCOM FOR EMERGENCY SERVICES. THIS INFORMATION MAY BE SUBJECT TO THE PUBLIC RECORDS ACT AND MAY BE RELEASED IN THE EVENT OF A PUBLIC RECORDS REQUEST.

\_\_\_\_\_  
**Signature**

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

**Mail completed form to:**

<p><b>Chelan County Sheriff's Office</b>  <b>Emergency Management Division</b>  <b>401 Washington St., #1</b>  <b>Wenatchee, WA 98801</b></p>
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