



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 of Submitter / Date

Mail completed form to:

Or

Chelan County Sheriff's Office
Emergency Management Division 401
Washington St., #1 Wenatchee, WA
98801