



## WILL COUNTY, ILLINOIS

EMERGENCY MANAGEMENT AGENCY

JENNIFER BERTINO-TARRANT  
WILL COUNTY EXECUTIVE

ALLISON ANDERSON  
DIRECTOR

P. 815-740-8351  
E. ema@willcountyillinois.com

Will County Office Building  
302 N. Chicago Street  
Joliet, IL 60432

# Access and Functional Needs Registry

## Registrant

- I am completing this for myself?
- I am completing this on behalf of an individual

Relationship to Individual \_\_\_\_\_

First and Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_

Other Languages: \_\_\_\_\_

Address: \_\_\_\_\_

Apt #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Living

**Please check the correct answers that describes your current living situation:**

- House
- Apartment
- Mobile Home
- Assisted Living
- Condo

**I live:**

- Alone
- With my spouse
- With my caregiver
- With a relative/child(ren)



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### Functional Needs

**Please check what applies to you:**

- |   |  |
|---|--|
| <input type="checkbox"/> Mobility/Physical                                | <input type="checkbox"/> Low Vision              |
| <input type="checkbox"/> Intellectual or developmental                    | <input type="checkbox"/> Memory loss             |
| <input type="checkbox"/> Sensory  | <input type="checkbox"/> Dementia or Alzheimer's |
| <input type="checkbox"/> Deaf   | <input type="checkbox"/> Speech-related          |
| <input type="checkbox"/> Blind  | <input type="checkbox"/> Mental health           |
| <input type="checkbox"/> Hard of Hearing                                  |  |
| <input type="checkbox"/> I have another functional need (please describe) |  |

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### Medical

**Please check what applies to you:**

- |  |  |
|--|--|
| <input type="checkbox"/> Oxygen  | <input type="checkbox"/> Urinary catheter                                      |
| <input type="checkbox"/> Ventilator/respirator                         | <input type="checkbox"/> Colostomy/Ileostomy                                   |
| <input type="checkbox"/> Suction machine                               | <input type="checkbox"/> Dialysis  |
| <input type="checkbox"/> Tracheostomy tube                             | <input type="checkbox"/> Pregnant  |
| <input type="checkbox"/> Diabetes                                      | <input type="checkbox"/> I take pill medication                                |
| <input type="checkbox"/> Seizure/epilepsy                              | <input type="checkbox"/> I'm on intravenous medication<br>(Port, Central Line) |
| <input type="checkbox"/> High blood pressure                           | <input type="checkbox"/> I have medication allergies                           |
| <input type="checkbox"/> Feeding tube                                  | <input type="checkbox"/> I have environmental allergies                        |
| <input type="checkbox"/> Currently receiving<br>Chemotherapy/Radiation | <input type="checkbox"/> Dietary restrictions                                  |
| <input type="checkbox"/> Weight over 350lbs                            |  |
| <input type="checkbox"/> Other (please describe)                       |  |

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## Support

### Please check what applies to you:

- Personal assistance with activities of daily living (bathing, changing, toileting)
- Assistance with transfer or  Use of lift device for transfer
- Walker/Cane
- Manual wheelchair or  Electric powered wheelchair or scooter
- Prosthetic limb(s)
- American Sign Language interpreter (ASL)
- Spanish Sign Language (LSE)
- Use of language interpreter
- Communication device
- Hearing aids
- Service animal: Name \_\_\_\_\_ Type of animal \_\_\_\_\_
- Shelter for my pet: How many \_\_\_\_\_ Type of pet \_\_\_\_\_
- Other support services:  
\_\_\_\_\_

## Transportation

### Please check what applies to you:

- I do not have a vehicle
- I need a wheelchair-lift vehicle
- I can transfer from a wheelchair/scooter to a vehicle seat
- I am bedridden and need stretcher transport
- Other (please describe)  
\_\_\_\_\_

## Emergency Contact

First and Last Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Additional Information

When you sign up for this registry, your name and information will be added to a contact list.

However, it's important to understand some disclaimers:

1. This registry should not be your only plan for evacuation. You should always have your own plan to evacuate with neighbors, friends, or family in case of an emergency.
2. Being on this list does not guarantee that first responders will contact you during a disaster or evacuation. You should not wait for them to come and assist you.
3. The Access and Functional Needs Registry is designed to inform first responders of your location and the fact that you may need help if you are in the evacuation area.

By signing up for this registry, you are giving permission to the Will County Emergency Management Agency to share your information with first responder agencies.

It's your responsibility to update the information on this form every year. You can mail or email the completed form to us.

Email To:  
ema@willcountyillinois.com

Mail To:  
Will County Emergency  
Management Agency  
302 N Chicago Street  
Joliet, IL 60432

Signature of Individual/Primary Caregiver/Responsible Party:

\_\_\_\_\_ Date: \_\_\_\_\_

This form can also be completed on our website at:  
[www.willcountyema.org/afn](http://www.willcountyema.org/afn) and smartphone/tablet via the Ready  
Will County App.