



Easy Does It Emergency Services
3017 Telegraph Avenue, Suite 210
Berkeley, CA 94705
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Easy Does It Emergency Services
City of Berkeley
Voluntary Emergency Registry

For Berkeley Residents with Disabilities & Seniors

Introduction:

The following questionnaire is designed to elicit information from individuals with all kinds of disabilities who wish to be voluntarily registered as needing extra assistance in the event of city-wide emergencies (e.g. earthquake, fire, flood, industrial accident, etc.) because of their disabilities. The information gathered by this questionnaire will be used solely for this purpose and will be shared only with City of Berkeley Emergency Personnel including Police & Fire. Easy Does It Emergency Services is mandated by our contract with the City of Berkeley to gather this information and to provide it to Berkeley Police/Fire for use in disaster planning. Once you sign onto the Registry, You may have your name and information deleted at any time by contacting EDI and requesting the change or deletion. Thank you for participating in this process to better serve the needs of the disability community in the event of community disasters.

Contact or Assistance Information:

Ayanna Keeton

Phone: 510-845-5513

Email: info@easydoesitservices.org

REGISTRY QUESTIONS

Date: _____

It would be helpful to emergency personnel if your first and last name match your driver's license or California identification card.

First Name: _____ Last Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Age: _____ Height: _____ Weight: _____ Gender: _____

Other distinguishing features to help us identify you: _____

Please check or otherwise fill in the following blanks. Thank you.

Do You:

Use items such as a cane / crutches / walker.....

Walk

Use a manual wheelchair.....

Use an electric wheelchair.....

Remain in bed.....

Use a hearing aid, or are you hard-of-hearing.....

Use American Sign Language.....

Have a vision impairment.....

Are you blind.....

Have breathing difficulties.....

	Yes	No	Sometimes
Use items such as a cane / crutches / walker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a manual wheelchair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use an electric wheelchair.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remain in bed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a hearing aid, or are you hard-of-hearing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use American Sign Language.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a vision impairment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you blind.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have breathing difficulties.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REGISTRY QUESTIONS CONTINUED

Do you have any other disabilities that could affect communicating with you, lifting you, or carrying you in the case of emergencies? _____

Of particular interest to City of Berkeley emergency personnel are those individuals who self-identify as needing direct assistance within 72 hours of a city-wide emergency in order to sustain life.

Do you use medical equipment that requires daily gas or electricity and is essential for your survival?

Please circle: Yes No

Please check or otherwise fill in the following blanks. Thanks.

	Yes	No
Ventilator.....	<input type="checkbox"/>	<input type="checkbox"/>
Medication/nutrition infusion equipment.....	<input type="checkbox"/>	<input type="checkbox"/>
Air inflating mattress or seat cushion.....	<input type="checkbox"/>	<input type="checkbox"/>
Hoyer lift.....	<input type="checkbox"/>	<input type="checkbox"/>
IV pump.....	<input type="checkbox"/>	<input type="checkbox"/>
Dialysis treatment.....	<input type="checkbox"/>	<input type="checkbox"/>
Heating or cooling equipment.....	<input type="checkbox"/>	<input type="checkbox"/>
Do you need a special oxygen supply or breathing equipment.....	<input type="checkbox"/>	<input type="checkbox"/>
Other (If yes, please explain below).....	<input type="checkbox"/>	<input type="checkbox"/>

If possible, please estimate how long you could survive if power were disrupted, without attendant assistance, medications, etc., (eg. hours/days, and why): _____

Describe any special instructions that may help in an evacuation: _____

REGISTRY QUESTIONS CONTINUED

CARE OF ANIMALS

Do you have service/companion animals or pets? Please circle: Yes No

If yes, please list how many and what species: _____ What

steps/precautions do you have in place for their safe evacuation if necessary? (eg. pet carriers, food, medications,

relocation address, special instructions). Where are these items located? _____

WHO WOULD YOU LIKE FOR US TO CONTACT IN CASE OF EMERGENCY?

#1 First Name: _____ Last Name: _____

Relationship to you: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

#2 First Name: _____ Last Name: _____

Relationship to you: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

OUT OF TOWN CONTACT INFORMATION

First Name: _____ Last Name: _____

Relationship to you: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____