

Teller County

Emergency Assistance and Response Program (EARP)

Teller County's Local Emergency Planning Committee (LEPC) and the Office of Emergency Management have initiated a program to identify individuals within our area that may require special assistance during a future emergency or disaster. Known as the "Emergency Assistance and Response Program (EARP)," the LEPC will solicit participation in this voluntary program through cooperation with the Teller County Senior Coalition, Prospect Home Care & Hospice, local churches, and social groups. Interested individuals can fill out the simple form below that will allow authorities to quickly contact that individual during an emergency, such as an evacuation, and determine if that individual needs help or assistance. The EARP program will be integrated with the El Paso – Teller 911 System and allow authorities to automatically call the entire "group" or selected individuals within a specific area depending upon the emergency. Additionally, the program will allow authorities to display the exact residence location on an electronic map allowing response teams to quickly locate those individuals.

If you would like to participate in this program, please fill out the required form below and send to the Teller County Sheriff Office, ATTN: EARP, PO Box 27, 11400 West Highway 24, Divide, CO 80814. Questions can be directed to the Office of Emergency Management at 689-2988.

Please Print Clearly

Date of Application ____/____/____ (Month / Day / Year)

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Sex: M F (circle)

Address: _____ Apt/Lot # _____

City: _____ Subdivision _____ Zip Code: _____

How many people reside at this address: _____

Mailing Address (if different than above): _____

Telephone: Home: (____) _____ (TTY/TDD line Yes) Work: (____) _____

Preferred E-mail address: _____

The following information will further help us prepare for your evacuation. Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Deaf/hearing impaired | <input type="checkbox"/> Mobility impaired (need cane, walker, crutches, wheelchair etc) |
| <input type="checkbox"/> Blind/sight impaired | <input type="checkbox"/> Bed bound |
| <input type="checkbox"/> Use oxygen | <input type="checkbox"/> Dialysis |
| <input type="checkbox"/> Use respirator | <input type="checkbox"/> Mentally challenged |
| <input type="checkbox"/> Alzheimer/dementia | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Elderly/frail | _____ |

What is your weight range: Less than 300 lbs Over 300 lbs

Do you use medical equipment requiring electricity? Yes No (intermittent continuous)

Are you receiving home hospice or home health care assistance? Yes No

Agency: _____ Phone: _____

Shelter-In-Place

Would you require the delivery of food or medical supplies during a “stay-in-place” situation (i.e., winter storm, dangerous animal or fugitive in your area, epidemic quarantine order, etc.)? Yes No

Pets

Do you have pets living with you? Yes No Do you have a service animal/guide dog? Yes No
You are responsible for providing cages (for small animals), leashes, food, medicine etc for your pet.

Evacuation Transportation

In the event of an emergency what type of transportation do you require?

Standard transportation (car, van, bus) Can you slide transfer? Yes No

Vehicle with a wheelchair lift

Transport by ambulance

List life-saving equipment or medication you must take with you:

Name of nearest friend, caregiver, or relative: _____

Home phone: (_____) _____ Alternate phone: (_____) _____

STATEMENT OF UNDERSTANDING

I understand that based on this application and the data I have provided, the Teller County Office of Emergency Management will determine which emergency evacuation assistance, if any, will be provided to me during an emergency situation. I am providing this information voluntarily for use by emergency personnel in the event of a disaster or emergency. Providing this information does not create any special relationship between me and Teller County or any other agency. I realize that I should provide for my own safety to the best of my ability. **I also understand that I may be responsible for transportation charges for my evacuation and any costs associated with my stay at a hospital or other medical facility.**

Signature of Applicant: _____ **Date:** _____

Note: the Health Insurance Portability and Accountability Act (HIPAA) does not apply as you are voluntarily providing your information to us for use during an emergency.

In addition to this Emergency Assistance and Response Program, Teller County has initiated two other related programs:

- 1) **FILE OF LIFE:** The File of Life is a small red envelope with a magnetic strip that you can place on your refrigerator which contains a form listing your emergency contacts, special medical conditions, and medications. Emergency personnel that may come to your rescue are trained to look for this red envelope. This program is free of charge. Are you interested in receiving one of the envelopes? Yes No

- 2) **PROJECT LIFESAVER:** Supported by a federal grant, the Teller County Sheriff Department will issue special electronic bracelets to selected individuals that can be used to locate these special needs individuals should they become lost and disoriented. This bracelet will send out a signal that will assist rescue personnel in finding that individual quickly. Are you interested in learning more about this program? Yes No