



Baca County Special Needs Program

Dear Neighbor,

The Special Needs Program, in cooperation with local churches and the emergency services agencies, is creating a database containing information about individuals within the town who have special needs that may require assistance in the event of a disaster. The information may also be used to assist emergency personnel and volunteers in providing assistance. Participation and registration in this program is voluntary.

Our mission is to assess and plan for hazards and emergencies and work with other public safety and municipal agencies to ensure public welfare. As a pre-planning tool, registration should be considered for all people who have special medical needs (i.e. oxygen or life support systems that are dependent upon electrical power) or have physical disabilities that would make it difficult to independently follow public safety directions, such as evacuation, if the need arose. Reasonable efforts will be used to protect this information including pursuing legal action to prevent disclosure when deemed necessary. However, this does not warrant that the information provided will be held confidential under the Colorado Open Records Act. Please do not provide information that you believe would compromise your security.

If you have further questions regarding this program or any other needs that you may have, please feel free to contact your local law enforcement office, the public health department, home health or the pastor of your church or any other clergy person within the county.

Thank you,

Special Needs Committee

Baca County Sheriff's Office
265 E 2nd Ave
Springfield, CO 81073
719-523-4511

Campo Police Department
PO Box 116
Campo, CO 81029
719-787-2416

Springfield Police Department
748 Main St.
Springfield, CO 81073
719-523-6241

Walsh Police Department
401 N Colorado
Walsh, CO 81090
719-324-5566

Baca County Public Health
741 Main St. Suite 4
Springfield, CO 81073
719-523-6621



Baca County Special Needs Program



Baca County Special Needs Program
741 Main St.
Suite # 4.
Springfield, Colorado
81073
Phone: 719-523-6621
Fax: 719-523-6537

Liability Release Agreement

Effective Date ___/___/___

The undersigned agrees and does hereby release from all liability and hold harmless the Baca County Special Needs Program and any of its volunteers representing or related to the Baca County Special Needs Program.

This liability release is for any and all liability for personal injuries including death and property losses or damage in connection with any activity or accommodation of the above mentioned Organization.

Applicable Law

This contract shall be governed by the laws of the State of Colorado in Baca County and any applicable Federal Law.

_____ Date _____
Signature of Participant

_____ Print Name

Special Needs Registration

Baca County Special Needs Program
 741 Main St.
 Suite # 4.
 Springfield, Colorado
 81073
 Phone: 719-523-6621
 Fax: 719-523-6537

Name:

Street Address:

City/State:

Zip/Postal Code:

Home Phone:

Cell Phone:

Emergency Contact:

Name:

Phone:

Would you like to be taken to a shelter in the event of a tornado watch or warning? Yes No



Please list equipment or medications that must be transported with you. Is electricity required?

What are your transportation needs in the event of a disaster? i.e. Special vehicle, ambulance etc...

Medical Conditions

<input type="checkbox"/> Anxiety / Depression	<input type="checkbox"/> Para or Quadriplegic
<input type="checkbox"/> Blind or Deaf	<input type="checkbox"/> Respiratory Disorder
<input type="checkbox"/> Cancer or Chemo	<input type="checkbox"/> Special Medications
<input type="checkbox"/> Diabetes or Dialysis	<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Feeding Pump	<input type="checkbox"/> Suction Required
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Ventilator
<input type="checkbox"/> Mental Disorder	<input type="checkbox"/> Vision Impairment
<input type="checkbox"/> Open Wounds	<input type="checkbox"/> None
<input type="checkbox"/> Oxygen Concentrator	<input type="checkbox"/> Other _____

Other forms of mobility assistance used

<input type="checkbox"/> None	<input type="checkbox"/> Wheel Chair
<input type="checkbox"/> Walker	<input type="checkbox"/> Cane

Home Care Status

I take care of myself at home.

I have outside nursing help at home.

I have a live in care provider at home.

Do you have any pets or service animal? Yes No
 If yes, please describe below.

Home Care Provider Contact Information(if applicable):

