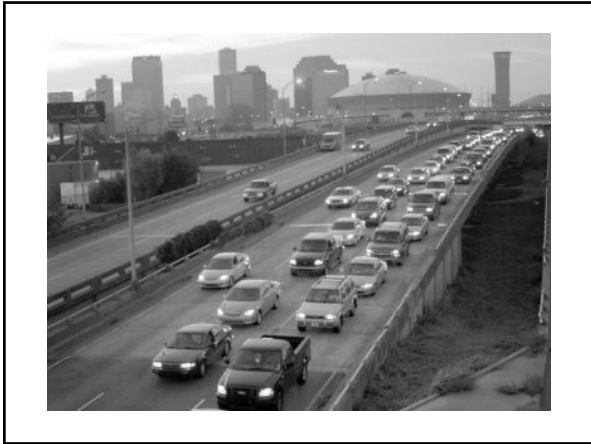


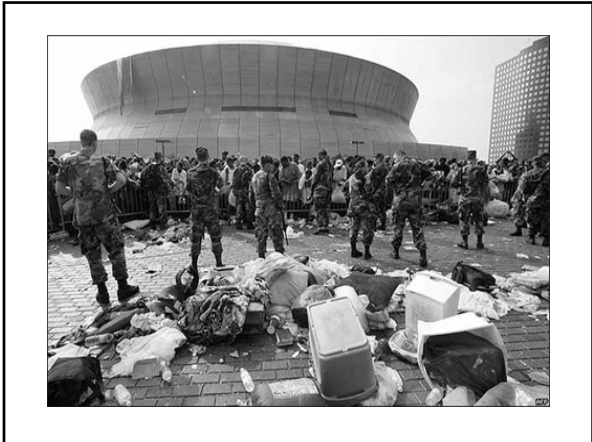
**There is No Time
Like the Present**











Jefferson Parish Council on Aging

- JCOA.NET
- Disaster Preparedness Forms
(Word and PDF format)

Consent and Authorization to Release Information

Having been fully informed of and understanding my rights in this matter,

I, _____ Date of Birth _____

hereby request and authorize the **Jefferson Council on Aging** to release to Parish, State, and Federal emergency agencies the following information:

- Evaluation Memorandum of Understanding
- Application for Evaluation Assistance
- Demographic Information Face Sheet
- Request For Medical Eligibility Determination for Special Needs Evaluation

This authorization to release information is for the purpose of: **Establishing/updating client records, creating medical/social history, and providing continuity of care in time of emergency evacuation.**

This authorization is subject to revocation at any time except to the extent that action has been taken in reliance thereon. This authorization to release information shall continue without expiration unless a written authorization is received by JCOA to remove your name from the associated emergency special needs list.

Signature _____ Date _____

Witness _____ Date _____

REQUEST FOR MEDICAL ELIGIBILITY DETERMINATION FOR SPECIAL NEEDS EVACUATION

I. RECIPIENT INFORMATION

A. Recipient's Name: _____ SSN: _____ Medicaid #: _____
 B. Address (City, State, Zip Code, Postal): _____
 C. Responsible Party Contact: _____
 Address (City, State, Zip Code, Postal): _____

Telephone: _____ Home: _____ Fax: _____
 Mobile: _____ Date of Birth: _____ Relationship: _____ Telephone #: _____

D. What services are being arranged? One home Relative's home Other _____
 E. What services institutional care (including nursing facilities) has this person received? _____
 Facility: _____ Date: _____ Facility: _____ Date: _____
 Facility: _____ Date: _____ Facility: _____ Date: _____

F. What home/community-based services have been considered? ADRC MHRP PCA ELMORE SLS
 G. Why were services not utilized? _____

H. Requesting services have placement: Temporary Permanent

I. Applicant/Responsible Party Signature: _____ Date: _____

II. EVACUATION LEVEL OF CARE DETERMINATION

Institutional care may be provided under classification dependent upon the type and/or complexity of care and services needed, as well as, the amount of time required to render the necessary care and services. The attending physician must designate the required level of care during a mandatory evacuation by selecting the appropriate level below. Please select one of the following levels of care:

A. Category II - Intermediate Care - considered medically fragile and unable to withstand the physical strain of transport during a mandatory evacuation. Requires assistance with extensive personal care, medication, and mobilization.

B. Category I - Technology Dependent Care - necessitates the use of a caregiver before special level of care: TIC MRP Caring Rehab

C. Is this person recommended to be admitted into a medical facility (hospital, nursing facility, etc.) for at least seven (7) consecutive days? Yes No

D. Is this person likely to need services in a medical facility (hospital, nursing facility, etc.) for at least thirty (30) consecutive days? Yes No

E. Comments: _____

III. MEDICAL INFORMATION

A. Recipient's Name: _____

B. Medications (specify dosage, frequency, and route): _____
 ALLERGENS: _____
 1. _____ 2. _____ 3. _____ 4. _____
 5. _____ 6. _____ 7. _____ 8. _____
 9. _____ 10. _____ 11. _____ 12. _____

C. Recent hospitalizations (include procedure): _____

D. Mental Status/Behavior (check Yes or No. If Yes, indicate frequency: 1 = seldom, 2 = frequently, 3 = always)
 1. Yes No 2. Frightful Yes No 3. Confused Yes No 4. Cautious Yes No 5. Warden Yes No

E. Activities of Daily Living (check appropriate box)
 SELF: I. Eating II. Verbal III. Required vision IV. Hearing aid
 V. Dressing VI. Non-verbal VII. Climb VIII. Hearing
 IX. Personal X. Blood Incontinence XI. Required hearing XII. Hearing aid
 XIII. Oral hygiene XIV. Shallow Incontinence XV. Hearing aid
 XVI. Ambulation XVII. Urinary Catheter XVIII. Restroom

F. SPECIAL CARE PROCEDURES (check appropriate box, also type appropriate dosage, frequency, etc., drug, and dose)
 Oxygen use A. Medication being B. Medication being
 C. Oxygen monitoring D. Bedside E. Bedside
 F. Respiration G. Respiration H. Respiration
 I. IV J. Respiration K. Respiration
 L. Nutrition M. Respiration N. Respiration
 O. Specialized wheel P. Other

G. PHYSICAL EXAMINATION:
 Height _____ Weight _____ Pulse _____ Resp _____ Temp _____ BP _____
 Lab tests: HCT _____ HGB _____ UA _____ Rnd _____
 General _____ Head & CNS _____
 Heart & LENT _____ Chest _____
 Head & circulation _____ Abdomen _____
 Genitalia _____ Extremities _____
 N/A _____ Other _____

H. Physician's Name (Type or print): _____ Phone: _____
 Address: _____
 Physician's Signature: _____ Date: _____

JEFFERSON COUNCIL ON AGING **Aging & Disability Resource Center** **JEFFERSON COUNCIL ON AGING**

Jefferson Council on Aging • 4400 Riverside Drive, Ste. 101 • Metairie, LA 70002 • (504) 886-5800 • Fax: (504) 886-5807

Demographic Information Data Sheet

Name: _____ Title: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____ Age: _____ Sex: _____
 Height: _____ Weight: _____ Hair Color: _____
 Eye Color: _____ Marital Status: _____ Religion: _____
 Employment: _____
 Education: _____
 Ethnicity: _____
 Disability: _____
 Emergency Contact: _____
 Signature: _____ Date: _____

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Application for Evacuation Assistance

Name: _____ Age: _____ Date of Birth: _____ Sex: _____
 Phone #: _____ Email address: _____
 Current Address: _____ City: _____ State: _____ Zip: _____ Parish: _____

Reason for request:
 Type of transportation required:
 regular transport wheelchair accessible ambulance (bedridden)

I hereby acknowledge that I have exhausted all possible resources available to me before applying for evacuation assistance. I further certify that the information provided in this application is true and correct to the best of my knowledge as of the date set forth above. I understand that the medical information of information contained in this application may be subject to public release and will be made available to the public. Persons representing applicants must attach copy of Power of Attorney or court appointment guardianship.

Signature of Applicant: _____ Date: _____

Are you currently receiving services through the Jefferson Council on Aging? yes no

JCOA Use Only:
 Approved: yes no
 Not approved: yes no
 Signature of JCOA Representative: _____ Date: _____

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Memorandum of Understanding

You have requested that your name be placed on the Public Evacuation Database List for the Elderly & Disabled through Jefferson Council on Aging, Inc. This plan will evacuate those elderly and handicapped citizens that do not have the means to evacuate themselves.

This list does not guarantee rescue or evacuation in the event of an emergency. Its function is to give your personal and medical information to federal, state, or parish agencies, which may assist in times of critical emergency. In the event of an emergency requiring mandatory evacuation, it is the sole responsibility of the individual to ensure their own safety by implementing a "Buddy System" or by seeking help from family, friends, or neighbors.

When the time comes to implement the publicly assisted evacuation plan, government officials will announce on television and radio the phone numbers to call and the locations of pick up points for citizens to be transferred to buses for evacuation.

The function of this list is for planning purposes only. You will not automatically be picked up in the event of a mandatory evacuation. All elderly and handicapped evacuees will need to call in to the phone number that is released to schedule a pick-up or to use of the published bus stops.

Please note that the medical and personal information you have submitted will be forwarded to 911, Jefferson Parish Sheriff's Office, or appropriate city police departments, as well as any parish, state, or federal emergency response agency. Attached you will find two forms acknowledging that you consent for Jefferson Council on Aging to release this information on your behalf in preparation for such an emergency. This cannot be placed on the Public Evacuation Database List for the Elderly & Disabled and no action will be taken unless JCOA has received the signed Release of Information for Jefferson Council on Aging, Inc. and the signed Federal ERTA's release of information.

At the immediate time of an emergency, a hotline number 13866-288-2867 will be activated for the New Orleans area. In the event of any other emergency, you will be required to call 911 to request aid of any type. When you call the hotline number, 911 operators will review your medical and personal information, i.e. use of wheelchair use or oxygen tanks.

[over]

dependent, etc. These area hospitals will be designated as last resort shelters for those individuals who are technology dependent or medically needy and are unable to withstand the rigors of an extensive evacuation. Those individuals that do not meet the criteria for admission into the hospital as a Category 3 Special Needs Evacuee will be placed on buses controlled by the State of Louisiana and transported to shelters run by the State and the Red Cross in north Louisiana.

Again, there is no guarantee of priority in the event of evacuation and from experience we know that the systems do not always work as planned. Be prepared for handling in telecommunications and have emergency medications, supplies, and preparations at hand. Only one caregiver will be allowed to enter into any hospital facility should you be deemed eligible for admittance. Accommodations will be of a general nature and in an austere setting. A hospital room will not be provided and admittance into the hospital as a patient cannot be expected.

If you understand this information and would like to be placed on the Public Evacuation Database List for the Elderly & Disabled, please sign below and return this letter and completed attached application packet within ten (10) days of receipt of this letter to Jefferson Council on Aging, Inc. in the enclosed postage paid envelope.

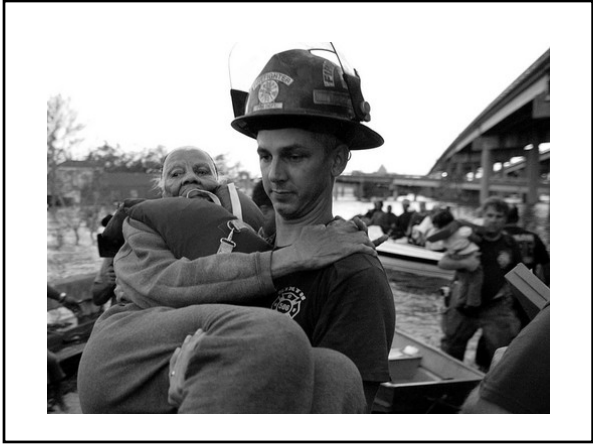
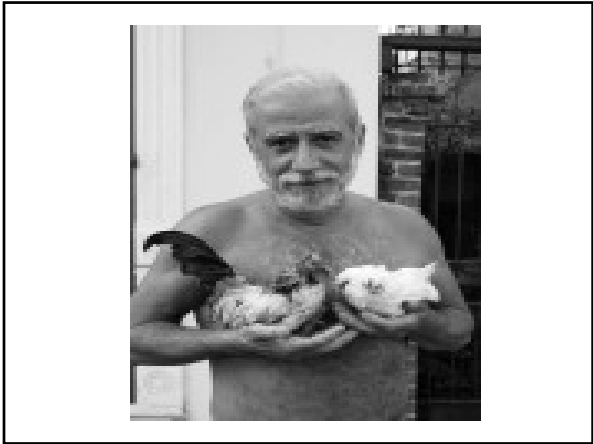
If you have any questions or need our services in the future, please call us at (504) 886-5800 or (504) 886-1437.

Sincerely,
 Aging & Disability Resource Center
 Jefferson Council on Aging

I hereby understand that by signing this letter and the attached release of information forms (2), I acknowledge that I have received and comprehend this information regarding the "Public Evacuation Database List for the Elderly & Disabled."

SIGNATURE _____ DATE _____

Jefferson Council on Aging • 4400 Riverside Drive, Ste. 101 • Metairie, LA 70002 • (504) 886-5800 • Fax: (504) 886-5807





Credits

- **Photography**
BBS News, Michael Hess, Editor
- **Jefferson Parish Council On Aging,**
Leslie Ann Cioti, Director
JCOA.net