Who Needs Additional Assistance During an Emergency?

Individuals who have physical, cognitive, sensory or developmental disabilities or those who have certain medical conditions.

If you believe you fit into one of these categories, and might need additional assistance during an emergency—you can register with Reno County Emergency Management by completing the attached form. This information will be valuable during emergency situations in Reno County such as an evacuation.

Another way to be ready for any emergency in Reno County is to register for the Code Red System. (The Code RED system gives city and county officials the ability to send recorded emergency information by phone to targeted areas or the entire county.) To sign up for this service you can go to the following websites: www.hutchgov.com or www.renogov.org. Or send your name, address and phone number by mail to:

Reno County Sheriff’s Department CODE RED
210 West 1st Ave
Hutchinson, KS 67501

Be Prepared For Any Emergency!

▶ Keep copies of your important papers in a secure, fireproof, waterproof case.
▶ First aid supplies should be kept in a toolbox or fishing tackle box, which are waterproof and easy to carry.
▶ Develop an emergency kit.
▶ Visit with your family members on what you would do in case of an emergency.

Local Contacts for more information:
Reno County Emergency Management
210 W 1st
Hutchinson, KS 67501
620-694-2974

Reno County Health Department
209 W 2nd
Hutchinson, KS 67501
620-694-2900

American Red Cross, Reno County Chapter
111 N Walnut, Suite B
Hutchinson, KS 67501
620-662-3336
Privacy Statement for
At Risk Assistance Registration

This Emergency Assistance Registration information is being collected by the Reno County Department of Emergency Management. It will be placed in a secure database. This information can only be accessed by employees of the Reno County Department of Emergency Management. The information is intended to be used to alert local Reno County Emergency and Health agencies or their personnel of a need to offer additional assistance to you in an emergency event.

In the event of an emergency, such as a need to evacuate an area and/or contact individuals or their families, the information will be used to make those responding to the event aware of the need to offer additional assistance where identified.

By completing the general information section individuals may provide information on the need for additional assistance for themselves or other individuals. By completing the optional information section more specific assistance may be offered. Individuals are encouraged to update the registration information as often as their information changes.

Updates may be provided to the Reno County Department of Emergency Management either by submitting an updated form (mark new or update) or by calling the Department at 629-694-2974 or on the web at www.rengov.org.

Individuals should learn how and be prepared to take care of themselves and their families. This registration is not required, but providing this information gives emergency responders the ability to provide additional assistance. Those submitting information may opt out at any time by contacting the Reno County Department of Emergency Management. This program does not guarantee that additional assistance will be immediately available.

Reno County is committed to preventing unauthorized access, maintaining data accuracy and ensuring the correct use of information. To safeguard and secure information collected we have in place appropriate physical, electronic and managerial procedures, security measures and policies covering security on our computer systems, databases and networks to strictly protect information contained within our systems from loss or misuse.

Registration Form

Name ___________________________ Today's date ________________________

Physical Address ___________________________ Apt. Number ____________

City ___________________________ Phone Number ________________

Cell Phone ________________ E-mail address _______________________

Temporary Need - Start date ____________ End date ____________

(Assistance is only needed until a limitation due to injury, illness or disability is resolved.)

Optional Information

Nature of limitation: (Mark or check all that apply)
☐Mobility ☐Limited vision/blindness ☐Cognitive
☐Registered Service Animal ☐Limited hearing/deaf ☐Mental Health
☐Use Electrical Powered Medical Device

This information has been reviewed, understood by the affected party and is accurate. The person submitting this information may receive a follow-up phone call from Reno County Emergency Management to further clarify the registration.

Name/relationship of person completing form ___________________________

Caregiver Name: ___________________________ Phone Number ____________

Emergency Contact:

Name ___________________________ Phone Number ______________________

See back of brochure for Registration Locations

This form can be filled online at www.rengov.org

Reno County Emergency Management may contact individuals for more details.