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Community Organizations Active in Disaster (COAD) Contact and Capacity Registration Form

Please submit your registration form:
Using the online submission tool found here:
Or by email at: GOHealthmrc@orleanscountyny.gov

It is recommended for this form to be reviewed at least annually. If important changes occur earlier you are encouraged to email an updated copy of the form at any time. Unless it is otherwise specified, points of contact names, emails, office phone numbers, and website will be shared with other COAD members with a Communication Directory.
(Only front of page required for participation)

Name of Person Completing this Form:

Which COAD Would You Like to Join: ◯ Genesee ◯ Orleans ◯ Both

Date:

Organization Name:

Most Relevant or Specific Agency Website:

Primary Contact (name, title, email, phone with cell/office/home specified):

Secondary Contact (name, title, email, phone with cell/office/home specified):

Organization Mission or short summary of purpose:

Short summary of skills, assets, or resources most likely to be useful during times of disaster and disaster recovery:

For each item below, select the option that best reflects your organization's capacity or interest level.

For printed forms, you may use the following symbols instead of writing out responses:

- **X** Not relevant
- ✓ Routine activity
- **+** Can lead or coordinate wider efforts
- **?** Wanting more information

Your organization does not need to specialize in a service to assist efforts beyond your organization. Even if you have individuals who may be willing and able to help, that information is useful.

These sections are optional. You may leave items blank if they are not applicable or if you are unsure.

PREPAREDNESS:	
	Communication through regular public or client interactions
	Active use of social media
	Regular trainings offered related to preparedness or safety (i.e, naloxone, CPR)
	Social support groups or activities
	Mental health resiliency-building activities
	Targeted educational programming
Please provide additional details and include other relevant capabilities:	

RESPONSE:	
	Information (including reference or referrals)
	Physical property inspection or damage assessment
	Volunteer coordination
	Donations collection
	Storage or warehouse use
	Cleanup: debris removal, tarping, or muck and gut
	Ability to share or contract equipment, materials, or supplies
	Ability to purchase new equipment, materials, or supplies
	Transportation (involving people and/or materials)
	Food (either hot food provision or non-perishable food access)
	Food for Emergency Workers
	Hot food provision (either for emergency workers or public)
	Non-perishable food distribution
	Sheltering (including services that might support sheltering)
	Mental Health or emotional and spiritual care
	Animal support or caretaking services
Please provide additional details and include other relevant capabilities:	

RECOVERY:	
	Support for access and functional needs (including senior services or disability services)
	Childcare, daycare programs, or other family support services
	Construction, repair, or rebuild services
	Case management or client advocacy experience
	Clothing distribution (new or gently used)
	Household appliances or furniture replacement assistance
	Immigration services
	Legal assistance
	Financial assistance (including specialized lending programs)
	Mental health counseling, therapy programs, or support groups
	Physical rehabilitation or exercise promotion services
	Experience with death, dying, and bereavement
	Housing assistance
	Unemployment assistance
Please provide additional details and include other relevant capabilities:	