



Paul A. Pettit, MSL, CPH
Public Health Director

**GENESEE COUNTY
HEALTH DEPARTMENT**
3837 West Main Street Rd.
Batavia, NY 14020
(585) 344-2580 x5555

**ORLEANS COUNTY
HEALTH DEPARTMENT**
14016 State Route 31, Suite 101
Albion, NY 14411
(585) 589-3278

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

*If completed electronically or making any updates, please email completed form to
GOHealthMRC@orleanscountyny.gov*

It is recommended for this form to be reviewed at least annually. However, if important changes occur earlier including either capacities or points of contact, you are encouraged to email an updated copy of the form at any time. Unless it is specified or preferred otherwise, 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:

Date:

Organization Name:

Most Relevant or Specific Agency Website:

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

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

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:

Checklist Items: Please mark with an (X) for any capacity your organization can offer, or use a (?) if uncertain or wanting more information*

(this page optional)

PREPAREDNESS:

- ☐ Mitigation Education
- ☐ Preparedness Planning and Training
- ☐ Public Education
- ☐ Other Preparedness Services: _____

RESPONSE:

- ☐ Information / Referral
- ☐ Disaster Assessment
- ☐ Volunteer Management
- ☐ Donations Management
- ☐ Warehouse Operations
- ☐ Cleanup: Debris Removal, Tarping, Muck and Gut
- ☐ Equipment, Materials, Supplies
- ☐ Logistics and Transportation
- ☐ Feeding / Food Access
- ☐ Food for Emergency Workers
- ☐ Sheltering
- ☐ Sheltering: On-Site Wraparound Services
- ☐ Mental Health / Emotional and Spiritual Care
- ☐ Animal Services
- ☐ Other Response Services: _____

RECOVERY:

- ☐ Access and Functional Needs / Senior Services
- ☐ Children and Family Services
- ☐ Construction, Repair, Rebuild Services
- ☐ Disability Services
- ☐ Disaster Case Management & Unmet Needs
- ☐ Clothing
- ☐ Household Appliances or Furniture
- ☐ Immigration Services
- ☐ Advocacy / Policy
- ☐ Legal or Financial Assistance
- ☐ Physical and Mental Health Services / Rehabilitation
- ☐ Reunification Process
- ☐ Temporary and Permanent Housing / Rental Assistance
- ☐ Unemployment Assistance
- ☐ Other Recovery Services: _____

*Your agency does not need to collectively specialize in any area to mark it on this sheet. If you have individuals who may be willing and able to help within these focused areas, that information is useful!