

Place
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Postage
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After Folding
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Office of Social Services
ATTN: SENS
PO Box 628
Covington, LA 70434-0628

Why is SENS important?

After a storm or other major emergency, it is vital to know which St. Tammany Senior Citizens stayed in their homes and which of them evacuated. This allows the first responders to know who to contact for assistance.

The SENS program is also the primary tool for St. Tammany Senior Citizens to sign up for possible transportation assistance to local shelters in the event of an emergency evacuation order.

FOR MORE INFORMATION:

Mail:
St. Tammany SALT Council
P.O. Box 596
Mandeville, LA 70470

Phone:
985-809-5450

Internet:
WWW.STSALT.ORG

E-Mail:
Info@STSALT.ORG

TO SUBMIT YOUR REGISTRATION:

Mail:
Office of Social Services
ATTENTION: SENS
PO Box 628
Covington, LA 70434

FAX:
985-898-3030

Online:
WWW.STSALT.ORG/LINKS

SENS

**Senior
Evacuation
Notification
System**



**SENIORS
AND
LAW ENFORCEMENT
TOGETHER**

A JOINT PROJECT OF
ST. TAMMANY PARISH
GOVERNMENT
AND THE
ST. TAMMANY SALT COUNCIL

What is the Senior Evacuation Notification System?

SENS is a voluntary program to register St. Tammany Parish residents age 50 or older for a program to determine if they plan to stay in their homes or evacuate after an emergency evacuation order.

SENS is also the system used to sign up for Parish transportation to an emergency shelter in the event of an evacuation order.

How It Works

When the Parish President issues an emergency evacuation order and the related phone call is made, the same automated system will make another call to **SENS** registrants. This call will ask the registrants to press a number on their telephone keypad to indicate if they will evacuate or stay in their homes. The automated system will produce a list that shows the responses. When Public Safety personnel return to service, they will be given the list of **SENS** registrants who planned to remain in their homes. They will be asked to check on the registrants when circumstances permit.

After the initial emergency subsidies, St. Tammany SALT Council volunteers, on behalf of the St. Tammany Parish Emergency Operations Center, will try to call **SENS** participants by phone to find out if they need assistance.

Transportation Information

If you will require transportation from the Parish to travel to a St. Tammany Parish shelter, complete the **SENS** form and submit it as listed on the back of the brochure.

When a "named storm" enters the Gulf of Mexico, a call will be made to all **SENS** registrants who indicated they will need Parish transportation to a shelter. Those people who will need transportation will be put on a list, and if the storm causes an evacuation order, the people on the list will be called again to arrange the transportation.

Senior Evacuation Notification System

Registration Form for St. Tammany Parish Residents Age 50 & Older

FAILURE TO COMPLETE ALL "REQUIRED" INFORMATION MAY RESULT IN A REJECTION OF THE REGISTRATION.

To register for the St. Tammany Parish Senior Evacuation Notification System, complete the information below and return it to St. Tammany Parish Office of Social Services by mail or facsimile as listed on the back of this brochure. Two people may register on the form.

Check here if this updates a previous **SENS** registration
REQUIRED INFORMATION — PLEASE PRINT

First Name _____

Last Name _____

Address _____

City _____ Zip Code _____

Contact Phone #: _____
(This is the number to be called by **SENS**)

Fire District _____

EVACUATION INFORMATION (REQUIRED):

- #1 If ordered to evacuate, I plan to leave St. Tammany Parish YES NO
 - #2 If I do not evacuate, I will probably need St. Tammany Parish transportation to a shelter of last resort YES NO
 - #3 I need a wheelchair lift for transportation YES NO
 - #4 I receive Home Health or Hospice Care or I am electricity dependent YES NO
- I live in: Assisted Living Facility Apartment Mobile Home Single Family Dwelling Other: _____

EMERGENCY CONTACT INFORMATION (NOT REQUIRED):

Name: _____

Home Phone #: _____

Cell Phone #: _____

E-Mail: _____

Check here if this updates a previous **SENS** registration
REQUIRED INFORMATION — PLEASE PRINT

First Name _____

Last Name _____

Address _____

City _____ Zip Code _____

Contact Phone #: _____
(This is the number to be called by **SENS**)

Fire District _____

EVACUATION INFORMATION (REQUIRED):

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EMERGENCY CONTACT INFORMATION (NOT REQUIRED):

Name: _____

Home Phone #: _____

Cell Phone #: _____

E-Mail: _____