Revision: 10-2018

York County Special Needs Registration Form

Date: ____/____/____

Personal Information

Name:_____ Date of Birth: _____
Street Address: _____ Apartment #: _____
City:_____ Zip:_____ Male or Female (circle one)
Municipality in which you are located: _____
Home Phone: _____ Cell: _____ Email:_____

Additional Information

Home: Own_____ Rent_____ Group Home____ Foster Care____ With Family____
Do you speak English? Yes____ No___ If NO, list your native language: _____
Do you read English? Yes____ No____
Pets that need evacuation? Yes___ No___ If yes, what type of pets? _____

Emergency Contact Information

Name:_____ Phone: _____
Address: _____ Cell: _____
_____ Relationship: _____

Evacuation and Emergency Information

Check All That Apply:

- ❑ Confined to bed
- ❑ Use a wheelchair or motorized scooter (circle applicable)
- ❑ Require dialysis: how often? _____
- ❑ Require medical support equipment (oxygen, ventilator, other)
- ❑ Walk with walker, cane, or other walking aid
- ❑ May not be able to evacuate without help due to a developmental or intellectual disability, Autism, Alzheimer's, or inability to respond verbally (circle applicable)
- ❑ Service animal
- ❑ Low vision or Blind
- ❑ Hard of hearing or Deaf
- ❑ Other (Please Explain) _____

Do you have a personal means of transportation, such as a car or truck, to evacuate in an emergency ? ☐ Yes ☐ No
Do you have a radio, TV or internet-connected device (such as a computer or smartphone) from which you can receive emergency information and instructions? ☐ Yes ☐ No

By signing below, permission is granted to share the provided information with local emergency service providers.

Registrant/Caregiver Signature: _____ Date: _____

Return To: York County Emergency Management ‖ 120 Davies Drive ‖ York, PA 17402
oem@ycdes.org ‖ 717-840-2990