

# Chartiers Township Emergency Special Needs Form

## Personal Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male or Female (circle one)

Street Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*(Please use reverse side for additional emergency contact information)*

## Evacuation and Emergency Information, Check ALL that apply:

- Confined to bed
- Non-ambulatory : wheel chair, scooter, walker (circle applicable)
- Requires Dialysis: how often? \_\_\_\_\_
- Requires Medical Support Equipment: Oxygen, Ventilator, Other: Describe \_\_\_\_\_
- Visual Impairment
- Hearing Impairment
- Allergies: \_\_\_\_\_ Epi Pen? Yes \_\_\_ No \_\_\_
- Medications you must take with you if evacuated: \_\_\_\_\_
- May need evacuation assistance due to mental disability, Alzheimer's, Autism or non-verbal
- Service Animal: Breed: \_\_\_\_\_ Name: \_\_\_\_\_ Special Commands: \_\_\_\_\_
- Other (Please Explain): \_\_\_\_\_

## Additional Information:

Home: Own \_\_\_\_\_ Rent \_\_\_\_\_ Group Home \_\_\_\_\_ Foster Care \_\_\_\_\_ Lives with caregiver \_\_\_\_\_

Do you speak English? Yes \_\_\_ No \_\_\_ If No, list your native language: \_\_\_\_\_

Do you have a personal means of transportation to evacuate in an emergency? \_\_\_\_\_

Pets that need evacuated: Yes \_\_\_ No \_\_\_ Type and number: \_\_\_\_\_

*Registrant or his/her legal representative must read and consent to the disclosure on the reverse side of this form.*

# Chartiers Township Emergency Special Needs Registration Acknowledgement / Consent Form

The information that I have provided is true and accurate to the best of my knowledge, and I am submitting this application voluntarily. I understand that my contact information and information about my personal medical information may be provided to local, county, state and federal agencies for the purposes of emergency planning and emergency response to better serve my needs in an emergency.

I understand that my submission of this Special Needs Registration Form does NOT guarantee assistance in an evacuation or sheltering.

I authorize emergency personnel to enter my home, if necessary, to assist me and insure my safety and welfare during an emergency.

Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

Power of Attorney/Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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## Additional Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Additional medical , mobility or social circumstances:

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