

<input checked="" type="checkbox"/>	a way to protect you in a major emergency
<input checked="" type="checkbox"/>	strictly confidential
<input checked="" type="checkbox"/>	voluntary
<input checked="" type="checkbox"/>	free
The Special Needs Registry is	

Personal preparedness is at the heart of public safety and emergency response - before, during, and after a disaster. Advance planning and preparedness is especially important for People with Special Needs, which includes anyone who may find it difficult to self-evacuate because of a physical or cognitive limitation, language barrier, or lack of transportation - particularly if family, friends, or caregivers are unavailable to help them during a crisis.

# Specialneeds.pa.org

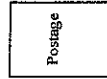
This Special Needs Registry is designed to help emergency responders locate and safely evacuate people who could find it difficult to help themselves in the event of a major disaster, such as a hurricane.

Emergency responders need to know where you are and what special help you might need to assist in helping to evacuate you quickly and safely.

Complete this form for you or anyone you know who may need assistance in an evacuation. This information is considered CONFIDENTIAL. No information will be intentionally shared with anyone other than the emergency responders and participating agencies. Mail completed form to: County Office of Emergency Management, 50 Eagleville Road, Eagleville, PA 19403

# Specialneeds.pa.org

Montgomery County OEP  
50 Eagleville Road  
Eagleville, PA 19403



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First Name: \_\_\_\_\_ M: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Municipality: \_\_\_\_\_  
 Phone: \_\_\_\_\_  TTY Phone \_\_\_\_\_  
 Secondary Phone: \_\_\_\_\_  
 Does Not Have a Phone

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height: \_\_\_\_ (Feet / Inches) Weight: \_\_\_\_ (Pounds)  
 (mm / dd / yyyy)

**Personal Information for Emergency Contact:**

Please provide the requested information for an individual with whom we can discuss your situation in the event that an emergency necessitates this.

I choose not to provide emergency contact information

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
Relationship to Individual: \_\_\_\_\_ Email: \_\_\_\_\_

**Evacuation Information:**

If there were an emergency requiring evacuation, the individual may have difficulty evacuation or being notified of the need for evacuation because of the following condition(s). Check all that apply:

- Sight Impaired
- Hearing Impaired
- Speech Impaired
- Physically Impaired
- Completely Bedridden
- Mentally / Memory Impaired
- Dementia / Alzheimer's
- Dialysis
- Requires Skilled Nursing
- Other: \_\_\_\_\_
- Does Not have access to a car
- Does Not have a radio
- Does Not have a television
- Does Not speak English
- Primary Language: \_\_\_\_\_
- Has Difficulty Walking & Requires:**
- Manual Wheelchair
- Motorized Wheelchair
- Walker / Cane
- Attendant to Assist Ambulating

**Requires medical equipment that is not easily transportable**

- Oxygen or Concentrator Cylinder
- Ventilator
- Suction machine
- Other Equipment: \_\_\_\_\_

**Duration of Need**

Are ALL of the conditions resulting in the need for evacuation assistance temporary?  
(Example: *The individual is bedridden due to pregnancy complications, but is expected to be recover fully after delivery.*)

- Yes
- No, the conditions are expected to be permanent

If Yes, Please provide an estimated date when the condition will be resolved  
Month: \_\_\_\_\_ Year: \_\_\_\_\_

**1. Does the person in need have a service animal? (i.e.: a seeing-eye dog)**

- Yes
- No

**2. Does the person have pets?**

- Yes
- No

**3. Does the person in need have medications that must be taken with them if evacuated?**

- Yes
- No

**4. Does the person in need have a 24 hr. caregiver ?**

- Yes
- No

**5. Does the person in need require evacuation assistance 24/7 ?**

- Yes I need Assistance from \_\_\_\_\_ A.M. / P.M. \_\_\_\_\_ A.M. / P.M. \_\_\_\_\_
- No

If there is any information that may be useful for our emergency personnel that cannot be answered in this survey, please list it here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_