

In a Disaster, how do I know that my needs will be met?

- **PREPARE IN ADVANCE**

Make sure you are prepared for an emergency. Create a family plan, put together a kit of emergency supplies, and know where to get information.

[www.specialneedspa.org](http://www.specialneedspa.org) has a list of resources if you need more information.

- **HELP EMERGENCY RESPONDERS HELP YOU**

By signing up for the Registry, you can help us plan to meet your needs.

Remember:

- You are the best person to know what your abilities and needs are before, during and after a disaster. It is important to know how to prepare, plan and communicate your needs and abilities
- In an emergency, the government and other agencies may not be able to meet all of your needs.
- It is important for everyone to make their own plans to care for themselves in an emergency.

[www.specialneedspa.org](http://www.specialneedspa.org)

Place  
postage  
here

**How can I register?**  
Log onto [www.specialneedspa.org](http://www.specialneedspa.org)  
**OR**  
Complete this form and mail it to:  
Chester County Dept. of Emergency Services

Chester County Dept. of Emergency Services  
601 Westtown Road, Suite 012  
West Chester, PA 19380



Are you Registered and Ready?

[www.specialneedspa.org](http://www.specialneedspa.org)

## **Special Needs Registry**

The Special Needs Registry is a planning tool to allow citizens with special needs the opportunity to provide information to emergency response agencies, so emergency responders can better plan to serve them in a disaster.

In an emergency, the first line of defense is personal preparedness. It is important that all citizens have a personal emergency plan.

Complete this form for you or anyone you know who has a special need. This information is strictly CONFIDENTIAL. No information will be shared with anyone other than the emergency responders and participating agencies. Mail completed form to:

Chester County Dept. of Emergency Services, 601 Westtown Road, Suite 012, West Chester, PA 19380

If you need assistance, please call Chester County Dept. of Emergency Services at 610-344-5000 or email [specialneedshelp@chesco.org](mailto:specialneedshelp@chesco.org)

### PERSONAL INFORMATION

FIRST NAME: \_\_\_\_\_ MI: \_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ MUNICIPALITY: \_\_\_\_\_

E-mail address: \_\_\_\_\_

PHONE: \_\_\_\_\_ TTY NUMBER: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

FIRST NAME: \_\_\_\_\_ MI: \_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### OTHER QUESTIONS (Please circle YES or NO)

YES/NO Does the person in need have a 24-hour caregiver

YES/NO Does the person have pets?

YES/NO Does the person in need have a service animal? (i.e. seeing-eye dog)

YES/NO Are ALL of the conditions resulting in the need for evacuation assistance temporary?  
(Example: The individual is bedridden due to recent surgery, but is expected to fully recover in a few days or weeks.)

If Yes, Please provide an estimated date when the condition will be resolved

Month: \_\_\_\_\_ Year: \_\_\_\_\_

There is never a guarantee of immediate assistance during an emergency, so you should be prepared to be self-sufficient for at least three days

### EVACUATION INFORMATION

Height \_\_\_\_\_ Weight \_\_\_\_\_

Gender \_\_\_\_\_

YES/NO Sight Impaired

YES/NO Hearing Impaired

YES/NO Speech Impaired

YES/NO Physically Impaired

YES/NO Completely Bedridden

YES/NO Mentally / Memory Impaired

YES/NO Dementia / Alzheimer's

YES/NO Dialysis

YES/NO Requires Skilled Nursing

YES/NO Wheelchair

YES/NO Motorized Wheelchair

YES/NO Walker / Cane

YES/NO Assistant / Care Giver

YES/NO Oxygen

YES/NO Ventilator

YES/NO Suction Machine

YES/NO Do you have a Car?

YES/NO Do you have a Radio?

YES/NO Other: \_\_\_\_\_

Do you speak English? YES/NO

Other Language Spoken: YES/NO

Please list \_\_\_\_\_

