



Dear Borough of Mechanicsburg Resident:

The Borough of Mechanicsburg is launching a voluntary Special Needs Registry to help first responders provide assistance to residents with special needs during an emergency or disaster.

The Special Needs Registry is a database maintained by the Borough which includes the names and information for residents with special needs who voluntarily submit information regarding their special needs during an emergency or disaster.

A person with special needs is defined as, "An individual who is likely to require assistance in excess of that provided to the general public during a police, fire, or medical emergency, or in a time of disaster, particularly in the event that large scale evacuation is necessary."

Populations who may be interested in signing up for this registry include persons:

- With a physical disability
- Who are deaf/hearing impaired
- Who are blind/visually impaired
- Who are bedridden
- With a mental illness
- With a developmental disability or autism
- With limited English-speaking skills, or those who do not speak English
- Lacking transportation necessary to evacuate

If the person with special needs is unable to submit the information, a person who is authorized to act on his/her behalf may do so (guardian, power of attorney, etc.).

Providing this information does not guarantee that the person will receive immediate or special aid in an emergency or disaster but is a tool to assist first responders and emergency management coordinators to plan for contingencies in advance of an emergency or disaster, as well as to formulate a plan of action in the event of an actual emergency or disaster.

All residents are encouraged to prepare themselves and their families for potential emergencies and disasters. A good rule of thumb is that you should be able to survive in your home for 72 hours with no outside assistance.

The Special Needs Registry is entirely voluntary. Persons with special needs choose whether to provide their information to the Borough. Persons electing to participate in the Special Needs Registry will be required to sign a form when submitting their information.

Applicant Information (please provide information)

First Name:

Last Name:

Middle Initial:

Suffix (e.g. Jr., Sr., III):

Date of Birth:

Sex:

Physical Address (please provide information)

Street Address: _____

Apartment No. (if applicable): _____

State: _____ Zip Code: _____

What is your current housing status? (circle one)

- Own
- Rent
- Congregate Facility (group home, etc.)
- Other

Do you live with family members? (circle one)

Yes No

How many people live in your house? (provide a number)

Can these people assist you in an emergency? (circle one)

Yes No

Primary Phone No.:

This should be the phone number you answer most often. This information may be used to contact you in an emergency and may be included in an automated alert notification system.

What type of phone is this? (circle one)

Cell phone Landline

Do you know your cell phone provider? (provide information)

Do you have a TTY/TDD? (circle one)

Yes No

If yes, is the above number for the TTY/TDD? (circle one)

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? (circle one)

Yes No

E-Mail Address: (provide information) _____

Confirm E-Mail Address: (provide information) _____

Can you speak English? (circle one) Yes No

Can you read English? (circle one) Yes No

What language do you prefer to communicate in, if not English? (provide information)

Do you use Voice Carry Over (VCO)? (circle one) Yes No

Do you use Hearing Carry Over (HCO)? (circle one) Yes No

Do you require interpretation services for emergency responders? (circle one) Yes No

If yes, please list a name or service to contact in an emergency:

(provide information) _____

Please provide a phone number for that person or service:

(provide information) _____

Do you have a service animal? (circle one) Yes No

*Provide description of service animal including **kind, service it provides, and any special instructions:***
(provide information)

Do you have other pets that may need sheltering if you were to evacuate? (circle one) Yes No

If yes, what type of pets? (list all types of pets)

Condition/Mobility

Please **circle** Yes for ALL that apply which best describes your needs. Please provide an explanation of what type of assistance is needed for each item **circled** Yes.

Do you need assistance with transportation if you had to evacuate, for example, do you normally walk or rely on a bus? (circle one) Yes No

Do you need any assistance hearing people? (circle one) Yes No

If yes, what assistance do you need? (provide information)

Do you have a visual impairment? (circle one) Yes No

If yes, what assistance do you need? (provide information)

Do you need assistance communicating with people? (circle one) Yes No

If yes, what assistance do you need? (provide information)

Do you need assistance understanding or remembering instructions or directions? (circle one)

Yes No

If yes, what assistance do you need? (provide information)

Do you have problems getting around without help? (circle one) Yes No

I have a (circle one) wheelchair walker other device (please list)

What additional mobility assistance do you need? (provide information)

Are you confined to bed? (circle one) Yes No

Do you require dialysis? (circle one) Yes No

If so, how often? (provide information) _____

Do you require medical support equipment, such as oxygen, a ventilator, other? (circle one)

Yes No

If yes, please list what medical support equipment is needed? (provide information)

Do you have a developmental disability such as Autism, Alzheimer's or other condition that affects your ability to evacuate? (circle one) Yes No

If so, what is your condition that would affect your ability to evacuate? (provide information)

Is there anything further about your disability or condition that you would like first responders to know? (provide information, if applicable)

Emergency Contact (this should be an individual that we can contact in an emergency. It should be someone in the local community who can provide care, as needed.)

Name: (provide information)

Relationship to Applicant: (provide information)

Home Phone Number: (provide information)

Work Phone Number: (provide information)

Cell Phone Number: (provide information)

Form Completion

Is the person completing this form the Applicant? (circle one) Yes No

If **NO**, please provide the following information for the person completing this form

Name:

Address:

City/Township/Borough:

State:

Zip Code:

Phone Number:

Relationship to

Applicant:

Acknowledgement

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 may be provided to local, county, state, and federal agencies for the purpose of emergency planning and emergency response. I understand that my acceptance to the Special Needs Registry does not guarantee assistance in evacuation or sheltering.

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

Applicant Signature: _____

OR

Signature of Person Authorized to Submit this Application: _____

Once completed, this form can be either mailed to the Borough Office, 36 West Allen Street, Mechanicsburg, PA 17055, c/o of the Emergency Management Coordinator, or dropped off at the Borough Office.