

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:** _____