Revision: 09-2014

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
- ❑ Confined to 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 mental disability, mental retardation, Autism, Alzheimer's, or due to not being able to respond verbally (circle applicable)
- ❑ Service animal
- ❑ Sight Impairment
- ❑ Hearing Impairment
- ❑ 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

I have read and understood the information release on the back of this form.

Registrant / Caregiver Signature: _____ **Date:** _____

Return To: York County Emergency Management ‖ 120 Davies Drive ‖ York, Pa 17402

Client Consent Form

Privacy of Health Information / HIPAA Disclosures in Emergency Situations

HIPAA permits various agencies and public officials who are responding to a manmade or natural emergency to disclose needed information to public officials in a variety of ways. This allows emergency responders to communicate effectively in the face of an emergency. Covered entities may disclose protected health information, without the individuals authorization, to a public health authority acting as authorized by law in response to a man -made or natural emergency.

See: 45 CFR 164.512 (b); 45 CFR 164.512 (j); 45 CFR 164.512 (f); 45 CFR 164.512 (k) (2); or judicial and administrative proceedings; 45 CFR 164.512 (e).

Client Consent

- I consent to having my information be shared with York County Human Services, York County Emergency Management, others involved in the York County Special Needs Registry, as well as local emergency responders and municipal officials.

- **Liability Notice:** Neither the County of York (or any of its elected officials, employees, agencies, or departments), York County Planning Commission, your local municipality, nor any of the individuals or entities involved in the accumulation of data, entry of data, or use of the data can assure the accuracy, completeness, or reliability of the information provided or the use of that information in an emergency situation. Under no circumstances shall the County of York nor the other entities as noted previously be liable to you, including claims of negligence, for any special, incidental, direct, indirect, punitive, or consequential damages.

- **Information Notice:** I agree that you may retain my information and use it for emergency planning and response, effective from the date of my signature and continuing until / if I submit a signed, dated notice to my local municipal office, to the attention of Emergency Management, requesting that they remove my information. I understand that my local municipality may remove my name from the Special Needs Registry service. I understand that I am also responsible for notifying my municipality if I change my address or health status.

Questions?
Contact York County Emergency Management
Email: oem@ycdes.org
Phone: (717) 840-2990