

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 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

Place
postage
here

Upper Uwchlan Township
140 Pottstown Pike
Chester Springs, PA 19425

**How can I register for
The Special Needs Registry**
Log onto www.specialneedspa.org

OR

Complete this form and mail it to:
Upper Uwchlan Township
140 Pottstown Pike
Chester Springs, PA 19425



Are you Registered and Ready?

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 may need have 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:

Upper Uwchlan Township 140 Pottstown Pike Chester Springs, PA 19425

This form if for residents of Upper Uwchlan Township. To request a paper brochure for your township, please call Chester County Department of Emergency Services at (610) 344-5000 or specialneedshelp@chesco.org

PERSONAL INFORMATION

FIRST NAME: _____ MI: ___ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ MUNICIPALITY: _____

PHONE: _____ TTY NUMBER: _____

EMERGENCY CONTACT INFORMATION

FIRST NAME: _____ MI: ___ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

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

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 Car

YES/NO Radio

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 Other: _____

Do you speak English YES/NO

Other Language Spoken: YES/NO

Please list _____



Sign up if you or a loved one may have trouble:

- Receiving emergency orders
- Understanding emergency orders
- Acting upon emergency orders