

Special Needs Registry (East Petersburg Borough, Lancaster County, PA)

The East Petersburg Borough Special Needs Registry is designed to assist first responders in providing support and care to individuals with special needs in emergency situations. *By voluntarily enrolling in this registry, residents can share critical information about medical conditions, mobility limitations, communication barriers, or other unique needs that may impact emergency response.*

Confidentiality Disclaimer All information provided to the Special Needs Registry is kept strictly confidential and will only be accessed by emergency personnel in the event of an emergency. This information is securely stored and used solely to enhance response efforts, ensuring the safety and well-being of registered individuals. Participation in the registry is completely voluntary, and residents may update or remove their information at any time.

If you wish to update or remove your information, please get in touch with Violet De Stefano at vdestefano@eastpetersburgborough.org or call the East Petersburg Borough Office and request a phone call from the Emergency Management Coordinator.

Any questions regarding this form can be directed to the East Petersburg Emergency Management Coordinator: vdestefano@eastpetersburgborough.org.

Registration in the Special Needs Registry **does not** guarantee rescue, evacuation, or emergency response during a disaster or other emergency. This registry is a tool to assist emergency personnel in planning and prioritizing response efforts; however, individual preparedness remains the **first and most important line of defense** in any emergency.

Participants in the registry should maintain personal emergency plans, secure necessary supplies, and arrange for alternative assistance whenever possible. Emergency services may be overwhelmed during a crisis, and response times cannot be guaranteed.

By enrolling in this registry, you acknowledge that personal preparedness is essential, and you understand that participation does not create an obligation or guarantee of service by any emergency agency. Please sign below agreeing that you understand.

Registrant Information:

Please write the information relating to the individual who this form pertains to.

Registrant Name: _____ Registrant Age: _____

Registrant Street Address: _____

Mailing Address (If Different than Street Address): _____

Home Phone Number: _____ Cell Phone Number: _____

Email: _____

Circle the following for Registrant's Place of Residence:

Own Rent Group Home Foster Care With Family Other

Do you speak English? Yes No If no, please list your native language _____

Do you read English? Yes No If no, please list your native language _____

Emergency Contact Information for Registrant:

Contact Name: _____ Relationship to Registrant: _____

Phone Number: _____ Email: _____

Please check all that apply:

___ Confined to a Bed

___ Use a Wheelchair

___ Use a Motorized Scooter

___ Require Dialysis

___ Require Medical Support Equipment

___ Walk with a Walker, Cane, or other Walking Aid

___ May not be able to evacuate without help due to a developmental or intellectual disability

___ Service Animal

___ Low vision or Blind

___ Deaf or Hard of Hearing

___ Oxygen Tank in Home

___ Other: Please List _____

Do you have a personal means of transportation, such as a car or truck, to evacuate in an emergency? Yes or 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 or No

Any additional information you wish to share with First Responders in the event of an emergency?

By signing your name below, permission is granted to share the provided information with local emergency service providers.
