



Allegheny County Emergency Services Special Needs Registry Form

Applicant Information

First Name:

Last Name:

Middle Initial:

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

Physical Address

Street Address:

Apartment No. (if applicable):

City/Township/Borough:

This should be the name of the municipality you live in, NOT what is listed in your mailing address.

State:

Zip Code:

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.

Do you have a TTY/TDD?: Yes No

If yes, is the above number for the TTY/TDD?: Yes No

E-Mail Address:

Confirm E-Mail Address:

Primary Language:

Do you have a service animal?: Yes No

Provide description of service animal and include any special instructions:

Condition/Mobility

Please check ALL that apply which best describes your needs. Please provide an explanation of what type of assistance is needed for each box that is checked.

Do you need any assistance hearing people? Yes No

If yes, what assistance do you need?

Do you have a visual impairment? Yes No

If yes, what assistance do you need?

Do you need assistance communicating with people? Yes No

If yes, what assistance do you need?

Do you need assistance understanding or remember instructions or directions? Yes No

If yes, what assistance do you need?

Do you have problems getting around without help? Yes No

I have a Wheelchair Walker

What additional assistance do you need?

Is there anything further about your disability or condition that you would like first responders to know?

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

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

Emergency Contacts

Name:

Relationship to Applicant:

Home Phone No:

Work Phone No:

Cell Phone No:

Do you require interpretation service for Emergency Responders? Yes No

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

Please provide a phone number for that person or service:

Form Completion

Is the person completing this form the Applicant? Yes No

If no, please provide the following 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: