



# **York County**

# **Special Needs**

# **Registry**



# **What is the York County Special Needs Registry?**

- Free, voluntary, and CONFIDENTIAL program
- Provides assistance to those with special needs during an emergency who may not have a reliable source of assistance
- Open to ALL county residents
- Works to provide assistance to those with:
  - Immobility: wheelchairs, walkers, canes
  - Service animals
  - Medical support equipment
  - Mental/Physical Disabilities
  - No personal means of transportation

# **Why Register?**

- State law requires each township, city and borough to maintain information about special needs residents in their jurisdiction
- This Special Needs Registry is a tool that makes it easier for your jurisdiction
- Collected info is entered into a database and then mapped for emergency responders
- Developed by York County's Human Services and Emergency Management departments

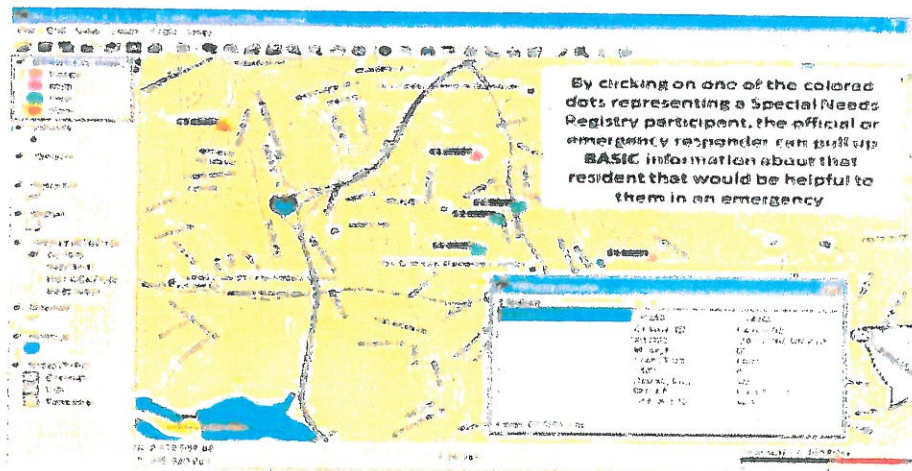
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*61% of people with disabilities have not made plans to quickly and safely evacuate their homes.*

*- National Organization on Disability*

# What information do emergency responders see?

Absolutely NO personal information is displayed on our mapping services for emergency responders. Only basic information such as gender, disabilities,



# How do I sign up?

- Registration is one page form
- Download and print a form at:  
<http://yorkcountypa.gov/health-human-services/human-services-division/forms-and-publications.html>
- Call York County Human Services at (717) 771-9347 to have a form sent to you



# PREPARE YOURSELF!

- Have an emergency kit

- Include medication for several days

- Set-up a support network

- Talk to nearby family, friends and neighbors who can check on you during an emergency

- Create an emergency health card including:

- Name
- Date of Birth
- Medication and dosage instructions
- Emergency Contacts
- Allergies
- Pertinent medical history & medical conditions

**REMEMBER:** Get a kit. Make a plan. Be informed.

For more information, contact:

York County Human Services Department  
(717) 771-9347

[humanservices@yorkcountypa.gov](mailto:humanservices@yorkcountypa.gov)

Or

York County Office of Emergency Management  
(717) 840-2990

[gem@ycdes.org](mailto:gem@ycdes.org)

**Office Use Only**  
ID #: \_\_\_\_\_  
A/I/D: \_\_\_\_\_  
Revised: 09/2012

## York County Special Needs Registry



### Registration Form

#### Personal Information

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male or Female (circle one)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Municipality in which you are located: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

#### Additional Information

Home: Own \_\_\_\_\_ Rent \_\_\_\_\_ Group Home \_\_\_\_\_ Foster Care \_\_\_\_\_

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 Human Services || 100 West Market Street, 4th Floor || York, Pa 17401**



## 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 (formerly ECRIN) , 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?

Email: [kablechertas@yorkcountypa.gov](mailto:kablechertas@yorkcountypa.gov) / [shkreiser@ycdes.org](mailto:shkreiser@ycdes.org)