



Functional Needs Registry Registration Form

Personal Information

Name _____ Date of Birth _____
Street Address _____ Apartment # _____
City _____ Zip _____ Male _____ Female _____
Home Phone _____ Cell _____ E-mail _____

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 have 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, intellectual disability, Autism, Alzheimer's, or due to not being able to respond verbally (circle applicable)
- Service animal
- Sight Impairment
- Hearing Impairment
- Other (Please explain) _____

Continued on next page.

Do you have a radio, TV or internet-connected device that you can receive emergency information and instructions. Yes No

I have read and understand the information below.

Registrant / Caregiver Signature: _____ Date: _____

Return form to Silver Spring Township EMA, 8 Flowers Drive, Mechanicsburg, PA 17050

Registrant Consent

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 individual's 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).

Registrant Consent

- ◆ I consent to having my information be shared with Silver Spring Township Emergency Management Agency, others involved in the Silver Spring Township Special Needs Registry, as well as local emergency responders and municipal officials.
- ◆ **Liability Notice:** Neither Silver Spring Township (or any of its elected officials, employees, agencies, or departments) 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 Silver Spring Township or 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 the Silver Spring Township, Emergency Management Coordinator at 717-591-9067.



8 FLOWERS DRIVE | MECHANICSBURG | PENNSYLVANIA 17050

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