

COUNTY OF



ALLEGHENY

Dear Allegheny County Resident:

The 2012 American Community Survey by the U.S. Census Bureau indicates that there are 159,027 people who have some type of disability living in Allegheny County. In order to better serve these residents, the Department of Emergency Services has developed a Special Needs Registry which allows them to provide voluntary information that would be helpful for emergency responders to know when responding to a call.

Any Allegheny County resident who requires additional assistance due to special needs during a police, fire or medical emergency may submit information to the registry. This includes any physical or mental disability that would keep an individual from leaving the home quickly if they had to do so. This can include individuals with autism, those who are deaf-blind, and those who have intellectual disabilities, as well as individuals who have physical challenges. In the event that someone is unable to submit information on their own, a person who is authorized to act on their behalf may do so.

This is a voluntary registry. The information provided will be shared with 911, fire, police, EMS, emergency planners and first responders in times of crisis. Persons on the registry are volunteering for the list and have the choice to agree to assistance, or to say no. If someone does not want to disclose health information, they should not register.

Providing this information does not guarantee that the person will receive immediate or special aid in an emergency or disaster. People should always have their own emergency plan in place. Individuals should be aware that their municipality may not be able to accommodate specific needs, but may be able to make a reasonable accommodation.

Submitting information to the Special Needs Registry confirms that you have read and agree to all of the above. It is your responsibility to notify the Department of Emergency Services when there is a change in submitted information. To make any changes, please:

Email the changes to ACESSpecialNeeds@alleghenycounty.us; or

Phone the office during the hours of 8:30 AM to 4:30 PM, Monday through Friday, at
412-473-1000 (Voice Only)
412-473-3056 (TTY/TDD Only); or

Mail changes/corrections in writing to
Emergency Services
Attn: Special Needs Registry
150 Hookstown Grade Road
Coraopolis, PA 15108

DEPARTMENT OF EMERGENCY SERVICES

911 COMMUNICATIONS • EMERGENCY MANAGEMENT • EMERGENCY MEDICAL SERVICES • FIRE ACADEMY • FIRE MARSHAL
150 HOOKSTOWN GRADE ROAD • CORAOPOLIS, PA 15108
PHONE (412) 473-2550 • FAX (412) 473-2623 • WWW.ALLEGHENYCOUNTY.US



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: