

Please check all that apply.

Maintenance of Health/Medical Needs:

- I use oxygen tanks/cylinders.
- I use an oxygen concentrator (requires electricity).
- I use a ventilator.
- I need assistance with medical care normally provided in my home.
- I have mental health needs.
- I have developmental disability needs.

Transportation

- I would need help with transportation in the event of an evacuation.
- I am unable to drive.
- I do not have access to private transportation in an emergency.

Independence Needs

- I use a: wheelchair scooter walker cane (circle all that apply)
- I am primarily bed-bound.
- I need a power source to charge my battery-powered assistive devices.
- I need bariatric accommodations.
- I need service animal accommodations.

Services/Support/Self-Determination

- I need caregiver assistance with non-medical activities such as grooming, eating, bathing, dressing, toileting, and/or walking.
- I am a child.
- I am an adult.



@LebanonDES



Lebanon County Department of Emergency Services



Lebanon County Special Operations 50

Lebanon County Department of Emergency Services

Emergency Preparedness Access and Functional Needs Registry

400 South 8th Street
Room 12
Lebanon, PA 17042
717-272-7621
EM@lcdes.org



Name:

Address:

City:

Zip Code:

Township/Municipality:

Phone Number:

Mobile:

Home:

Emergency Contact Name:

Emergency Contact Phone Number:

Please check all that apply.

Communication Needs:

English is not my primary language. I speak _____.

I have a hearing impairment.

I have a vision impairment.

I do not speak or have difficulty speaking.

I need access to auxiliary communication services/devices.



- Do you have limited mobility?
- Do you require power for your medical devices?
- Do you have a visual or hearing impairment that would impair your ability to know that a disaster is imminent or that an evacuation is needed?
- Do you have a child with special needs?
- Do you have special medical needs?
- In an emergency, time counts. In a disaster, time becomes even more crucial.
- During disasters it is imperative that your local emergency services providers know who needs their assistance.



Your information will be kept confidential and will only be used for emergency planning and response efforts.

Your participation is voluntary...but we hope that you will help us...to help you!

Please complete the form and mail it to the Lebanon County Department of Emergency Services:

**400 S 8th Street Room 12
Lebanon, PA 17042
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