



1132 Woodward Drive, Suite A  
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## HEMPFIELD TOWNSHIP EMERGENCY SPECIAL NEEDS REGISTRY

The Hempfield Township Emergency Management Agency (HEMA) is concerned for those persons in our community who may have special needs during emergency situations. As part of our planning process, we are attempting to obtain information about these individuals and families. Please complete and return the emergency special needs survey on the page below. This will allow specific departments and agencies to contact these persons to aid them in preparing for an emergency. The survey does not imply that Hempfield Township departments, personnel, and mutual-aid agencies will provide any special responses to the recorded address. Our goal is to assist those residents in making a pre-planned family emergency preparedness plan.

In order to determine the special needs of Township residents during an emergency, please complete the questionnaire below. Information received through the Emergency Special Needs Survey, may be maintained in a confidential database in the Hempfield Township Emergency Operations Center. If you have any questions about this form please refer to the FAQ's on the HEMA Website ([www.HempfieldEMA.com](http://www.HempfieldEMA.com)) or contact HEMA at 724-834-7232 ext. 107.

### EMERGENCY SPECIAL NEEDS SURVEY

*Check the box beside those items which apply to you or anyone living in your home. Please mark ALL boxes that apply to any person who lives in your home.*

<input type="checkbox"/> Cannot hear (hearing disability)	<input type="checkbox"/> Cannot see well or cannot see (blind)
<input type="checkbox"/> Cannot walk around well or needs assistance to move around	<input type="checkbox"/> Cannot understand English and no one is nearby to interpret
<input type="checkbox"/> Requires an ambulance or medical care to leave home, DESCRIBE:	List language(s) spoken:
<input type="checkbox"/> Requires a special vehicle or leave home (wheelchair van, etc.), DESCRIBE:	<input type="checkbox"/> Need a ride (transportation not available or cannot ride with a friend, family, or neighbor)
<input type="checkbox"/> Other needs:	<input type="checkbox"/> Has a service animal. Please describe type and size:

If you checked off any items showing that you or someone in your household needs help during an emergency, **please fill out the following:**

**PLEASE PRINT**

Name(s):		
Street Address:		
City:	State:	Zip Code:
Telephone: (        )	Is it unlisted? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Name & Telephone of person completing form (if different from person requiring assistance):		

Please return completed form to:

Hempfield Twp. EMA  
Re: Special Needs Registry  
1132 Woodward Drive, Suite A  
Greensburg, PA 15601-9310