Dear York County Resident:

We want to know if you have a medical condition or need help getting around. In the event of an emergency or natural disaster (ice storm, flooding, power outage) your local emergency response personnel (fire, ambulance, or police) are here to help.

For us to do a good job in helping you during/after an emergency, we can best serve residents 72 hours after an emergency or storm who have medical or other conditions if we know about you and your needs before a disaster happens.

ALL RESIDENTS ARE EXPECTED TO KEEP SUPPLIES ON HAND IN ORDER TO REMAIN SELF-SUFFICIENT UP TO 72 HOURS DURING AN EMERGENCY.

York County Emergency Management Agency (YCEMA) is creating a voluntary well-check registry of residents who may require special assistance **AFTER** an emergency.

All you have to do is complete and submit the confidential registration form on the other side of this brochure.

Please know that you are not required to provide this information, but the information you provide will help us provide better service to you. The information you provide is <u>confidential</u> and will only be used by York County EMA or your Local EMA Personnel for emergency preparedness and response planning. It will not be shared with any other organizations, except at the time of a disaster, if necessary, to assist you.

If you have questions, please contact the York County Emergency Management Agency at (207)324-1578.

## Do you Need Assistance During An Emergency?



Will you need transportation or help obtaining emergency supplies in a flood, blizzard, lengthy power outage, epidemic or other disaster?

Do you have a medical condition or trouble getting around?

## **DISASTER RESPONSE VOLUNTARY WELL-CHECK REGISTRY** FOR YORK COUNTY RESIDENTS

Jake OI DITHI.
Mailing Address:
Physical address:
If seasonal please give dates of residency in town
Town/City:
Phone:
Email: (not required)
Emergency Contact: (name)
Emergency Contact Telephone #:
I may require assistance because: (check off all that apply)
I live alone.
I do not speak English.
I do not have personal transportation.
l am a single parent.
I lave dilideli dildel age 3 il III il lone.
I take medication daily.
I have diabetes, cancer, epilepsy, heart or other disease.
Thave trouble seeing.
I have difficulty hearing.
I use a cane, walker, wheelchair or other equipment.
I am confined to a bed.
I use oxygen.
I use the following medical equipment
I need electricity for my medical equipment.
I have these other needs you should know about
I have a service animal.
I have household pets.
I would like to know more about emergency response planning for myself.
I completed this form on: Date: