

**\*\*Emergency Information – Confidential\*\***

**E.C.R.I.N. (Evacuating County Residents In Need)  
West Manheim Twp. Emergency Management-2010**

Date of Completion: \_\_\_\_\_

**House:** Own: \_\_\_\_\_ Rent: \_\_\_\_\_ MH/R Group Home: \_\_\_\_\_ CYS Foster Care: \_\_\_\_\_

Do you **SPEAK** English? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Do you **Read** English? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If the answer is **No** what is your **Native Language**? \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Male: \_\_\_ Female: \_\_\_ Age: \_\_\_ E-mail: \_\_\_\_\_

**Mobility: Check if the answer is "Yes."**

\_\_\_ Confined to Bed \_\_\_ Confined to Wheelchair \_\_\_ Hearing Impairment \_\_\_ Sight Impairment

\_\_\_ Walk with Walker, Cane or Other: \_\_\_\_\_

\_\_\_ Require Medical Support Equipment, Oxygen/Ventilator, or Other: \_\_\_\_\_

\_\_\_ Service Animal \_\_\_ Without Personal Means of Transportation

\_\_\_ Other Personal Situation: \_\_\_\_\_

I might not be able to evacuate without help due to a Mental Disability, Autism, Alzheimer's or not being able to verbally respond. Yes: \_\_\_ No: \_\_\_

▶ These things make me afraid – Loud Noises, Sirens, Being Approached from Behind, Animals, Other.  
\_\_\_\_\_

▶ This is where I would hide if I was fearful – Inside, Outside. Describe where. \_\_\_\_\_  
\_\_\_\_\_

▶ I must take **medicine** daily which is prescribed by my doctor. Yes: \_\_\_ No: \_\_\_

▶ Do you have **pets** in the household needing evacuation? Yes: \_\_\_ No: \_\_\_ What kind? \_\_\_\_\_

**Primary Care Physician:** Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Contact #1**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Emergency Contact #2**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**MY CONSENT**

**My Signature Below Authorizes Us to Share Information With:**

\*Emergency Officials \*Fire Dept./EMS \*Police \*Emergency Responders \*Municipal Officials \*York Co. Human Services

**My Signature Below Also Represents Agreement With the Following Statements:**

**Liability:** Neither the County of York (or any of its elected officials, employees, agencies, or departments), York County Planning Commission, West Manheim Township, nor any of the individuals or entities involved in the accumulation of data, entry of data, or the use of the data can assure the accuracy, completeness, or reliability of the of the information provided or the use of that information in an emergency situation. Under no circumstances shall the County of York nor the other entities as noted previously be liable to you, including claims of negligence, for any special, incidental, direct, indirect, punitive, or consequential damage.

**Information:** I agree that you may retain any information and use it for emergency planning and response, effective from the date of my signature and continues 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 contact me to verify my information, and if I fail to respond, the Municipality may remove my name from the E.C.R.I.N. service. I understand that I am also responsible for notifying my Municipality if I change my address.

X \_\_\_\_\_  
(Signature of Authorized Person)

X \_\_\_\_\_  
(Witness)

X \_\_\_\_\_  
(DATE)

X \_\_\_\_\_  
( Relationship)