



## ***Frequently Asked Questions (FAQs)***

### ***What is the Special Needs Registry?***

It is a list of county residents who may require additional assistance, transportation and/or sheltering in the event of a major emergency or disaster.

### ***Who is eligible for the Special Needs Registry?***

Any county resident with a physical or mental disability who would have trouble leaving their home quickly if told to do so. The Registry is only intended for use by those who live independently, and not in a residential special needs facility (i.e., nursing home or hospital).

### ***Will my information be kept confidential?***

Yes. However, the county will share the information with local, county, state and federal agencies for the purpose of emergency planning and emergency response.

### ***Are the Special Needs Registry and 911 the same thing?***

No. You must still dial 911 in an emergency.

### ***Is participation in the Special Needs Registry voluntary?***

Yes. Your submission of an application is your voluntary request to be included.

You may request to be removed from the Registry at any time by writing to:

Westchester County Department of Emergency Services  
Office of Emergency Management  
4 Dana Road  
Valhalla, New York 10595.

The submission of an application does not guarantee your inclusion in the Registry. Each application will be screened and evaluated on a case-by-case basis. You will be notified within 45 days of receiving your application if your application has NOT been approved.

Registrants are obligated to provide updated information on an annual basis. The county reserves the right to terminate registration at its discretion.

### ***Where can I obtain additional information?***

To receive additional information about this program, please call 2-1-1.



This application can also be submitted by calling 2-1-1 or visiting <http://specialneeds.westchestergov.com>.

This is an Initial Application  Information Update

Please print clearly or type. \* Denotes required fields

Is the person completing this form the Applicant?: \* Yes  No

If "NO," please provide the following:

Name (first, middle, last): \* \_\_\_\_\_

Street Address: \* \_\_\_\_\_

City, State, Zip Code: \* \_\_\_\_\_

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

Phone Numbers (+ at least one)

Home #: + \_\_\_\_\_ Work #: + \_\_\_\_\_ Cell #: + \_\_\_\_\_

## Applicant Information

Name: \*

First: \* \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last: \* \_\_\_\_\_ Suffix: (E.G. Jr., Sr., III): \_\_\_\_\_

Are Your Mailing Address and Residential Address the same? \* Yes  No

**Note:** A Residential address is the physical street address and the **Official Municipality** in which you reside (i.e. to which taxes are paid). This may not be the same town in which your post office is located.

**Mailing Address**  
(Where does your mail go?)

**Residential (Physical) Address**  
(If different from Mailing Address)

Street Address: \* \_\_\_\_\_

Apartment #: \* \_\_\_\_\_

Town/Village/City: \* \_\_\_\_\_

State: \* \_\_\_\_\_

Zip Code: \* \_\_\_\_\_

Are you a temporary resident of Westchester County? \* Yes  No

**Note:** Moving out of the County in less than 12 months.

**Primary Phone Number:** (      )  
\_\_\_\_\_

**Note:** This should be your Primary phone number; 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 and notification system.

If the above # is a Cell Phone, please indicate your cell phone carrier:

ATT  Nextel  Sprint  T-Mobile  Verizon  Virgin Mobile  Other  \_\_\_\_\_

**Do You Have a TTY? \*** (Telecommunication Device for the Deaf) Yes  No

If "YES," Is the above Phone Number for your TTY? Yes  No

If "YES" and TTY is a different number, please provide your number: (      )  
\_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Date of Birth: \*** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_ **yyyy**

**Gender: \*** Male  Female

**Primary Language: \*** English  Spanish  American Sign  Other  \_\_\_\_\_

**Do you have a Service Animal?: \*** Yes  No

**Do you have access to transportation?: \*** Yes  No

**Note:** Access to transportation must be fulltime/dedicated, not public or para transit.

**Condition / Mobility Information: \***

Please check **ALL** that apply that best describe your disability or medical condition.

- Deaf/Severe Hearing Impairment
- Blind/Severe Visual Impairment
- Developmental Disability (i.e. Autism, Mental Retardation, etc)
- Alzheimer's/Dementia/Psychiatric Disability
- Cannot Communicate Verbally
- No Evacuation Assistance Required (Completely mobile and will not need mobility assistance)
- Use a Walker or Cane (Mobility is dependent on a walker or cane)
- Use a Wheelchair (Mobility is dependent on a wheelchair, powerchair, etc.)
- Confined to a Bed (Have no mobility)
- Require a Ventilator (Needed to sustain life)
- Require Portable Oxygen Equipment (Needed to breathe)
- Require Electricity For Life Sustaining Equipment (Needed to operate any life sustaining devices)

**Are any of the conditions that you have checked above temporary?: \*** Yes  No

**Are you on Dialysis?: \*** Yes  No

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**Emergency Contacts: \***

	<b>Primary Contact *</b>	<b>Secondary Contact</b>
First Name: *	_____	_____
Middle Initial:	_____	_____
Last Name: *	_____	_____
Relationship: *	_____	_____
E-Mail:	_____	_____
Phone Numbers ( <b>+ at least one</b> )		
Home #: + ( )	_____	_____
Work #: + ( )	_____	_____
Cell #: + ( )	_____	_____

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**Acknowledgment: \***

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 added to an automated alert and notification system, and I authorize Westchester County to release my information to local, county, state and federal agencies for the purposes of emergency planning and emergency response. I understand that my acceptance to the Special Needs Registry does not guarantee assistance in evacuation or sheltering.

**OR**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Caregiver or other person authorized to submit this application

Dated: \_\_\_\_\_

**Optional Authorization:**

I authorize emergency personnel to enter my home, if necessary, to assist me and ensure my safety and welfare during an emergency? I understand that this does not replace the need to Dial 911 in an emergency situation.

**OR**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Caregiver or other person authorized to submit this application

Dated: \_\_\_\_\_

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**If mailing this application, please send to:**

Westchester County Department of Emergency Services  
Office of Emergency Management  
4 Dana Road  
Valhalla, New York 10595  
Attn: Special Needs Registry