

## Stewartstown Emergency Management—Information Sheet

Do you or anyone living in your household have any disabilities? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Physically Disabled: \_\_\_\_\_ Developmentally Disabled: \_\_\_\_\_ Dialysis Treatments: \_\_\_\_\_

Visually Impaired: \_\_\_\_\_ Legally Blind: \_\_\_\_\_ Hard of Hearing: \_\_\_\_\_

Bed Ridden: \_\_\_\_\_ Asthma or Allergies requiring medicine on a daily or regular basis: \_\_\_\_\_

Do you or anyone living in your household require any special equipment? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Lift Van: \_\_\_\_\_ Wheel Chair: \_\_\_\_\_ Oxygen Tanks: \_\_\_\_\_ Dialysis Machine: \_\_\_\_\_

Walker or Cane: \_\_\_\_\_ Guide Dog: \_\_\_\_\_ Respirator: \_\_\_\_\_

Medicines or Inhalers: \_\_\_\_\_ TTY or Teletype: \_\_\_\_\_ Oxygen Concentrator: \_\_\_\_\_

Ambulance: (Individuals cannot ride in bus/car or van): \_\_\_\_\_

Municipal Transportation (private car not available or not able to share a ride): \_\_\_\_\_

Other: \_\_\_\_\_

If Yes, please list their names and age?

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Requirements: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Requirements: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Requirements: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Requirements: \_\_\_\_\_

Can everyone (Adults) in your house understand English?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Which Language do you understand? \_\_\_\_\_

**IF YOU ANSWERED ANY OF THE QUESTIONS ABOVE PLEASE COMPLETE THE FOLLOWING AND  
RETURN TO THE STEWARTSTOWN BOROUGH OFFICE**

**C/O EMERGENCY MANAGEMENT TEAM  
6 N. Main Street / Suite A, Stewartstown, PA 17363**

**(PLEASE PRINT)**

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

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

Apartment or Unit #: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Is it Unlisted: \_\_\_\_\_

How many individuals live in your household (include all adults & children): \_\_\_\_\_

Name of Person completing this form: \_\_\_\_\_

Relationship / Position: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Note:** This information is considered *confidential* and will only be used for emergency purposes.

**Stewartstown Borough/EMA Office**  
6 N. Main St. / Suite A  
Stewartstown, PA 17363  
(717) 993-2963  
Internet: [www.stewartstown.org](http://www.stewartstown.org)

BULK RATE  
U.S. POSTAGE PAID  
Stewartstown, PA 17363  
Permit No. 26

### **Office Hours:**

Monday-Friday  
9:00 AM – 3:00 PM



## **Stewartstown Borough Emergency Management Resident Information**

The Emergency Management Office of Stewartstown Borough is asking that all residents take a few minutes to complete the EMA survey, and if applicable, complete the form and mail it back to the EMA Office for Stewartstown Borough. Completed surveys can also be dropped off in the "Overnight Drop Box" located on the side entrance of the borough office (next to M&T Bank).

All residents with special needs, as well as day care centers, nursery centers and adult/senior centers should complete this form. If you know of someone that this survey would apply to, please make sure that they complete this form or provide them with some assistance to complete it for them.

Note: All information will be used for "Emergency" purposes only and is considered "**confidential**". The State of Pennsylvania and York County require that our Emergency plans include procedures for the evacuation of residents with special needs or require assistance in the event of an evacuation.