



## Functional Needs Registry Form

### Resident Information

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Email Address \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

### Type of Functional Need

- Mobility difficulties
- Intellectual or developmental disabilities
- Vision or hearing impairments
- Special medical equipment (oxygen, medication refrigeration, etc.)
- No transportation for evacuation
- No access to emergency information (television, radio, internet, etc.)
- Other

**Additional Information:** Please provide additional details regarding your condition that may be helpful to emergency personnel. You may also submit a photo of the resident for the file, if you so choose. If more space is needed, please use a separate sheet of paper.

I expressly understand and agree that Monroe Township (“Township”) has created a Registry for persons with disabilities or special needs that may assist police, fire and other personnel in the event of an emergency. My information or that of a parent, family member, or ward may be included in the Registry only by completing the attached form and providing the completed form to the Township.

The Township and its officials, officers, agents, volunteers and employees are not responsible for determining whether providing information is suitable for my parent, family member, ward, or myself – only I make that decision. All information is voluntarily provided. I must update the information provided if it changes or as requested by the Township.

If I am signing on behalf of a parent, family member, or ward, I represent that I have legal authority through a valid power of attorney or otherwise to do so.

The Township’s police, fire or other personnel will not supply a parent, family member, ward, or me with preferential consideration in an emergency because I have completed and provided the Township with the attached form.

By completing the attached form, I am providing personal health information under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to the Township. My signature below indicates the waiver of my right or the right of my parent, family member, or ward to the release of this information to the Township. I understand that the Township will keep the health information confidential and will use it only as permitted and necessary, which may include public health activities.

I may revoke this authorization at any time by doing so in writing to Monroe Township, 1220 Boiling Springs Road, Mechanicsburg, PA 17055, or by email to [monroetwp@monroetwp.net](mailto:monroetwp@monroetwp.net). I understand that this authorization shall expire one (1) year from the date of my submission of this authorization unless I renew it in writing to Monroe Township at the address above or via email to [monroetwp@monroetwp.net](mailto:monroetwp@monroetwp.net).

I release and hold harmless on behalf of my parent, family member, ward, or myself, the Township and its officials, officers, agents, representatives, volunteers and employees from any liability or potential liability including, but not limited to, accidents, injuries, property damage, or death arising out of or related to the information I have provided on the attached form regardless of whether the Township or its officials, officers, agents, representatives, volunteers and employees are negligent.

I have read this Disclaimer and fully understand its terms and voluntarily accept them or accept them on behalf of my parent, family member or ward.

Registrant/Caregiver Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Return form to Monroe Township, 1220 Boiling Springs Road, Mechanicsburg, PA 17055  
or by email to [monroetwp@monroetwp.net](mailto:monroetwp@monroetwp.net)