

MURRYSVILLE EMERGENCY MANAGEMENT SHELTER SPECIAL NEEDS

Murrysville Emergency Management Agency (EMA) has established an Emergency Shelter Program. While we hope to never need these services, we are prepared to offer residents either an overnight shelter or a warming station (depending on circumstances). A shelter will only be activated upon declaration of a community emergency by EMA. In order for Emergency Management to better serve the community, we are asking those with special needs and serious medical conditions, e.g. oxygen dependency, blind, deaf, wheelchair, etc. to please pre-register with us in advance. In the event of an emergency in your area, it will be your responsibility to arrange your transportation to the designated shelter. In order to do this efficiently, only those who seriously need help should call the emergency number 724-733-5005 and we will attempt to send someone for you. Do not call this number unless a community emergency has been declared by EMA.

Upon arrival, the shelter requires:

- A form of proper Identification (preferably a photo ID) will be needed to be admitted to the shelter.
- All necessary medications and a formal list to be submitted to the shelter's nurse.
- If oxygen is required, have a twenty-four hour supply.
- Medical equipment such as walkers, wheelchairs, etc. Please list these on your application.
- If unable to care for yourself, please be sure that a caregiver accompanies you to the shelter.

If we assess your needs to be greater than what can be handled, other arrangements will be made for you.

We are able to board your pets at a separate local pet facility. If your pets have special dietary needs or medications, please bring them and a formal list for registration. The facility also requires proof of rabies vaccination.

Local law enforcement agencies will be given complete shelter roster information upon request. You may be removed from this list if your circumstances should change or you move out of the area. The office of the Murrysville Alliance Church has agreed to be a contact should you need more information or make any changes, please call 724-327-7206.

Please take this time to organize your important information so that everything will be handy in the event that you would need it in a hurry.

Thank you for helping your community serve you better.

MURRYSVILLE EMERGENCY MANAGEMENT SHELTER SPECIAL NEEDS REGISTRATION

YOUR NAME _____

SPOUSE/GUARDIAN NAME _____

IF UNDER 18, LIST GUARDIAN NAME _____

ADDRESS _____

MAILING ADDRESS IF DIFFERENT _____

DO YOU RESIDE AT THIS ADDRESS THE ENTIRE YEAR _____ **YES** _____ **NO**

IF NO, WHAT MONTHS DO YOU RESIDE AT THIS ADDRESS _____

YOUR PHONE _____ **SPOUSE/GUARDIAN PHONE** _____

YOUR CELL _____ **SPOUSE/GUARDIAN CELL** _____

YOUR DATE OF BIRTH _____ **SPOUSE/GUARDIAN DATE OF BIRTH** _____

EMERGENCY CONTACT NUMBER _____ **RELATIONSHIP** _____

DO YOU DRIVE _____ **YES** _____ **NO**

ARE YOU ON MEDICATION _____ **YES** _____ **NO**

PLEASE LIST ANY SPECIAL NEEDS YOU HAVE: _____

PLEASE LIST ANY SPECIAL NEEDS YOUR SPOUSE HAS _____

DO YOU HAVE A CAREGIVER _____ **YES** _____ **NO**

IF SO, NAME OF CAREGIVER _____ **PHONE** _____

CAREGIVER PHONE _____

ARE THEY ABLE TO GET YOU TO A SHELTER IN AN EMERGENCY _____ **YES** _____ **NO**

WOULD THEY REMAIN WITH YOU _____ **YES** _____ **NO**

DO YOU HAVE PETS _____ **YES** _____ **NO** **IF YES, HOW MANY** _____ **CATS** _____ **DOGS**
_____ **BIRDS** _____ **OTHER (LIST)** _____

DO THEY HAVE A CURRENT RABIES VACCINATION _____ **YES** _____ **NO**

CAN YOUR HOME BE ACCESSED EASILY _____ **YES** _____ **NO/WHY NOT** _____

PLEASE LIST BELOW ANY OTHER INFORMATION EMERGENCY SERVICES WOULD NEED TO ASSIST YOU IN CASE OF AN EMERGENCY _____