



# EMERGENCY MANAGEMENT

ANDERSON COUNTY SHERIFF'S OFFICE

[emd.andersonsheriff.org/snregistry](http://emd.andersonsheriff.org/snregistry)

## Anderson County

### Confidential- Special Needs Registry

Complete Form and Mail To:

Anderson County  
Emergency Management  
200 Bleckley Street  
Anderson, SC 29625

If you have a disability that requires special assistance during an emergency, please fill out this form as soon as possible.

This information will be kept confidential by state and local authorities.

This is **NOT** intended for residents who live in long-term care facilities or residential treatment facilities.

**Please Note** - A new form should be submitted each year in order to keep our records current.

#### Name \*

First Name	Middle Name	Last Name	DOB	Email
_____	_____	_____	_____	_____

#### Address \*

Street Address	Street Address Line 2	City	State / Province	Postal / Zip Code
_____	_____	_____	_____	_____

Primary Phone Number \* \_\_\_\_\_

Can your primary phone number receive text messaging? \* \_\_\_\_\_

TDD / TTY number (if applicable) \_\_\_\_\_

Yes No

- Are you completing this form for someone else: \*
- I would like to discuss my special assistance needs in the event of an emergency.
- I would like to register to receive calls in the event of an emergency in my area.
- Can your primary phone number receive text messaging?

Preferred method of contact: Email   Text   Phone Call   Mail

#### Please check off each box that applies to you:

- I do not have transportation available to leave the area during an emergency evacuation
- I use a cane or walker, but can ride in a van, bus or car.
- I am in a wheelchair and would need a wheelchair van.
- I would need to ride in an ambulance.
- I am deaf or hard of hearing.
- I have difficulty understanding or expressing language.
- I am visually/sight impaired and require help.
- I require and use a service animal.
- I have a diagnosis of Autism
- Other (Explain Below)

#### Emergency Contact Information

(Person who can be contacted in the event you have an emergency):

I wish for this person to be contacted in the event of an evacuation notice:

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

Primary Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Scan To Complete The Form Online

