

# Tilden Township Special Needs Form

IF YOU OR SOMEONE IN YOUR HOUSEHOLD REQUIRES SPECIAL ASSISTANCE DURING AN EMERGENCY DUE TO A MEDICAL CONDITION, PLEASE COMPLETE THIS FORM.  
**EVEN IF YOU HAVE COMPLETED THIS FORM PREVIOUSLY, YOU WILL NEED TO RESUBMIT ANNUALLY TO UPDATE ANY POSSIBLE CHANGES.**

In accordance with Pennsylvania Public Law 1332 (1978), the Emergency Management Services Act, we are requesting certain information from Tilden Township residents. This law mandates that each municipality in Pennsylvania form a disaster emergency management plan to handle natural or man-made disasters. One aspect of the plan is to prepare for the needs of persons with special medical situations, those requiring transportation, non-English speaking persons, and residents with serious hearing impairments that will require special notification in case of emergency.

Please provide us with the following information as it applies to you or anyone in your household. Any information provided will be considered confidential and will be used only in the event of an emergency.

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Physical Address (No P.O. Boxes) \_\_\_\_\_ Apt./Room # \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_ Date Completed \_\_\_\_\_

Name of Person Completing Form \_\_\_\_\_

Name	Special Medical Needs? (Yes/No)	Hearing Impaired? (Yes/No)	Requires Transportation? (Yes/No)	If non-English speaking, list language spoken

If you marked “Yes” for Special Medical Needs, please give a brief description for each person to whom this applies: (Example – John Doe – Uses a walker and wheelchair, Jane Doe relies on Insulin)

Name (if under 18 please list age)

Special Requirement

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**When complete, please return to the Tilden Township Office at 874 Hex Highway, Hamburg, PA 19526 or by email to [shartman@TildenTownship.com](mailto:shartman@TildenTownship.com). If you have any questions, please call the township office at 610-562-7410.**

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Place  
Stamp  
Here

Tilden Township  
874 Hex Highway  
Hamburg, PA 19526