



Effingham County Multi-Agency Call Center
Special Needs Database Registry Request PLEASE NOTE: THIS FORM IS OPTIONAL
AND PROCESSED AT YOUR REQUEST.

PLEASE PRINT

1- This is a: *NEW REGISTRY* or *UPDATED REGISTRY* request. *(Please circle one)*

2- Address:

3- Phone numbers associated with address:

4- Name of person with Special Needs or Considerations:_____

5- Age & Sex_____ Cognitive Age _____

6- What is the Special Need / Condition / Diagnosis of person?

7- Name of primary resident for this address?

8- Emergency contact name and all phone numbers for individual:_____

I am requesting the above information be entered into Effingham County Georgia 911's database. I understand and agree the information provided by me may be included under "THE HIPAA PRIVACY RULE" and will only be disseminated to emergency responders in the event of an emergency, suspected emergency, or impending emergency. I understand the Effingham County Georgia 911 database is a closed in-house database that is neither shared nor accessible to outside parties. It is my responsibility to notify Effingham County 911 of any future changes of information or address changes.

Signed: _____

Date: _____