

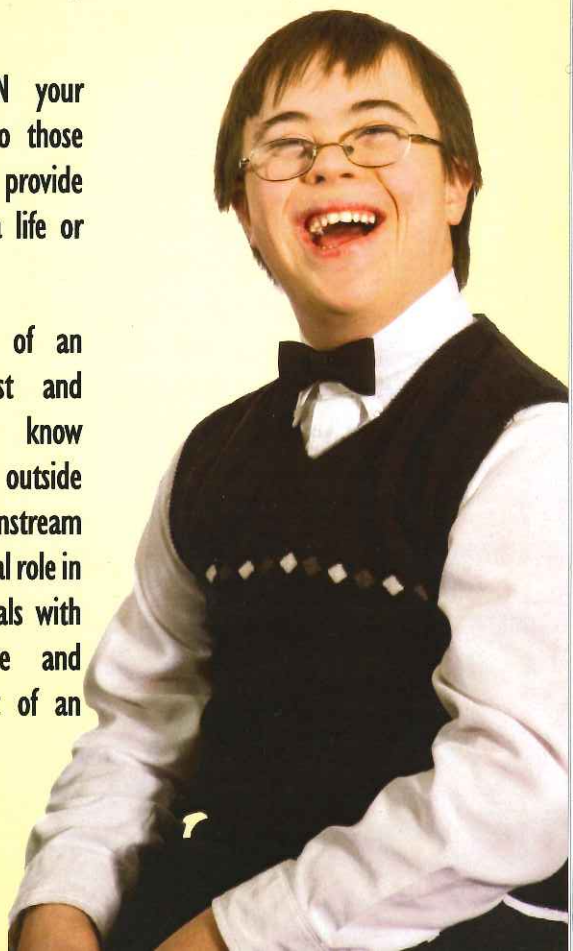
Preparedness Information Network

PiN

The Preparedness Information Network (PIN) is a growing network of organizations that have voluntarily agreed to serve as a channel of information in the event of a disaster or public health emergency to vulnerable, special and at-risk populations who may not otherwise be reached by mainstream media.

By becoming a member of PIN your organization agrees to reach out to those you serve during an emergency and provide direct information that could save a life or minimize individual suffering.

Research shows during the time of an emergency, people tend to trust and rely on people they already know more than they rely on outside sources, such as government or mainstream media. Your organization can play a vital role in our efforts of ensuring that individuals with functional needs receive accurate and timely communication in the event of an emergency.



Established in 2007, PIN is a partnership among community organizations, emergency responders and public health agencies throughout Southwest Ohio.

PIN members include:

Membership is open to all individuals and organizations that serve populations with functional needs which may include deaf/hard of hearing, blind or visually-impaired, limited English speaking individuals and those with low literacy levels, remote rural, elderly and mobility impaired.

Examples of organizations apart of PIN include the following:

- Public Health Agencies
- Emergency Management Agencies
- First Responders
- Advocates and Alliances
- Ethnic Media Outlets
- Direct Service Providers
- Trusted Community Leaders such as Directors of faith-based organizations
- Organizations that have the trust of populations with functional needs.

**For more
information about**



**contact
513.946.7808**



How does PIN work?

The region's local health departments will maintain a database of organizations' contact information. A high-speed calling system will be used to quickly deliver messages to organizations that are a part of PIN. In the event of an emergency or a threat of one, emergency responders will contact organizations that have agreed to serve as conduits of information during large-scale emergencies by phone, text, fax or e-mail. Upon receiving the information members of PIN will, in response, disseminate vital and timely information to the individuals they serve.

What are the responsibilities of a PIN member?

It is up to each member of PIN to determine who they will contact and how best to contact them. We recommend your organization make a plan by taking the following steps.

- Ensure PIN has up-to-date contact information of at least two members of your organization.
- Develop a phone tree/call-out list
- Notify the individuals your organization serves that they may be contacted during an emergency or to test the system
- Prior to any alert, adapt available emergency message(s) to meet the needs of individuals your organization serves.

**Become a more prepared,
responsive and resilient
organization by becoming
a member of PIN.**

MEMBERSHIP FORM

PIN members agree to:

- ✓ Receive important emergency information or alerts from government officials.
- ✓ Participate in exercise/drills to help maintain and evaluate this call out system.
- ✓ Adapt the emergency information/instructions to meet the communication needs of your clients (e.g. language translation).
- ✓ Distribute the information or alerts to a targeted audience in a timely manner.
- ✓ Assist with recruiting other members
- ✓ Advise PIN on new communication networks or techniques to reach vulnerable populations.

Organization Name _____

1. List the major characteristics of the population your organization provides support for, including disability characteristics.

2. Approximately, how many individuals does your organization provides services to on a yearly basis?

3. Indicate which counties your organization provides services in (check all that apply)

- Adams Brown Butler Clermont Clinton Hamilton
 Highland Warren Other (specify) _____

Primary PIN member (Contact Information: Work or Home)

Contact Name _____

Title _____

Street _____

City _____ State _____ Zip Code _____

County _____ Email _____

Phone (____) _____ Cell (____) _____ Fax (____) _____

Secondary (Alternate) PIN member (Contact Information: Work or Home)

Contact Name _____

Title _____

Street _____

City _____ State _____ Zip Code _____

County _____ Email _____

Phone (____) _____ Cell (____) _____ Fax (____) _____