

Date of Application: _____

Eastford Emergency Registry

Emergency Management for Town of Eastford has a **registry for residents with disabilities, chronic conditions, and healthcare needs**. Residents are asked to pre-identify themselves in the event they may need special assistance in times of emergency. This is an opportunity for you to provide information that may help emergency responders meet your needs during or after an emergency event. This form should be *updated annually*.

Instructions: Please fill out one form, sign it, then email emd@townofeastford.com, mail, or drop off at the Eastford Selectman's Office, 16 Westford Road, Eastford, CT 06242, **ATT: Emergency Management Director**. If you cannot fill out this form on your own, please have a family member or caregiver complete the form, sign it, and submit it on your behalf. Please call 860) 974-0133 x 3 or email emd@townofeastford.com with any questions or concerns.

General Information

Name: _____ Male: _____ Female: _____ Year of Birth: _____

Street Address: _____ Town: _____

Home Phone: _____ CELL Phone: _____ Email: _____

Name and emergency contact information of relative, friend, or neighbor: _____

Mobility

Do you have any physical limitations or impairments? Please explain: _____

Vision, Hearing, Speech and Other Disabilities

Do you have any hearing, vision or other disability? Please explain: _____

Medical or Life Support Systems or support agencies? Please explain: _____

Transportation assistance

Should Eastford need to set up a community shelter to aid residents in time of disaster, will you need assistance with transport? Yes _____ No _____

Is there other medical information you would like us to know? _____

NOTE: by signing this form and submitting it to the Town of Eastford I agree to permit my information to be shared with local and state emergency responders. I understand that while the Town will share this information to better assist me during an emergency, they cannot guarantee my assistance in all cases. I also understand that this is a volunteer program.

Signature of person filling out form: _____ Date: _____