



TOWN OF STONINGTON

Special Needs Registration

The Town of Stonington, in continuing efforts to promote the safety and welfare of Stonington residents, through the work of the Emergency Response Management Team, is creating a Special Needs Registry. The Registry will assist Emergency Response personnel with identifying residents in need of assistance with transportation to the Town shelter during a natural disaster or homeland security situation. Registration with the Special Needs Registry is voluntary. The Registry will provide Emergency Response personnel with a listing of residents who have requested assistance during an evacuation. All information will remain confidential.

If you or a family member is interested in being included on the Special Needs Registry, please complete the registration form below. When special assistance is no longer needed, the Human Services Department should be notified at 535-5015. Registrants will be contacted periodically by the Human Services Department to update information.

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

I/this person will need assistance in the event of an emergency or evacuation:

NAME		DATE OF BIRTH	
STREET ADDRESS			
CITY		STATE	ZIP CODE
PHONE NUMBER (HOME)		(WORK)	
MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	NATIVE LANGUAGE (IF NOT ENGLISH)	
If you are a part-time resident, please list the months you are living at this address:			

Please check each box that applies.

Need assistance for evacuation for the following reasons:

- | | | |
|---|--|--|
| <input type="checkbox"/> Hearing impaired and need assistance | <input type="checkbox"/> Need a wheelchair accessible ride | <input type="checkbox"/> Need a ride for evacuation |
| <input type="checkbox"/> Sight impaired and need assistance | <input type="checkbox"/> Life support device and need assistance | <input type="checkbox"/> Confined to bed and need assistance |

Please list other needs here that will prevent prompt evacuation:

NAME OF PERSON COMPLETING THIS SURVEY	PHONE
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EMERGENCY CONTACT INFORMATION

NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER (HOME)	(WORK)	

MAIL COMPLETED FORMS TO:

Stonington Human Services
166 South Broad Street
Pawcatuck, CT 06379
Attention: ERM Registry