

2013 Pomfret Emergency Registry

The Office of Emergency Management for the Town of Pomfret is developing a **registry for residents with disabilities, chronic conditions, and healthcare needs**. We are asking that residents pre-identify themselves in the event of needing special assistance during an emergency. This is an opportunity for you to provide information that may help emergency responders meet your needs during an emergency situation.

Instructions: Please fill out one form, sign it, and return by either folding and adding postage to the back of this form or dropping it off at the Pomfret Town Hall. 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) 974-0191 with any questions or concerns.

General Information

NAME: _____ Male Female Year of Birth _____

STREET ADDRESS: _____ APT/UNIT or FLOOR: _____

TOWN: _____ TDD/TTY: _____ HOME PHONE: _____

CELL PHONE: _____ E-MAIL: _____

Can you be reached by text message? Yes No Other methods? _____

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 and vision, hearing, speech or other disabilities? Please explain.

Medical or life support systems or agencies

Do you rely on medical or life support systems or agencies? Please explain.

Transportation Assistance

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

NOTE: by signing and submitting this form to the Town of Pomfret, 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 in order to better assist me during an emergency, they cannot guarantee my assistance in all cases. I also understand that this is a voluntary program. This form is an annual registration and must be submitted each year.

Signature of person filling out form: _____ Date: _____

You will be contacted when this form is received to confirm information provided.

This is not a substitute for 9-1-1 in an imminent emergency.