2020 Pomfret Emergency Registry

The Office of Emergency Management for the Town of Pomfret is developing a 2020 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 during an emergency. This is an opportunity to provide information that may help emergency responders meet your needs during an emergency situation.

This is an annual registration form and must be submitted each year.

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: ___________________________ 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 any vision, hearing, speech or other disability? 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: ___________________________

This is not a substitute for 9-1-1 in an imminent emergency!
First Selectman's Office
Pomfret Town Hall
5 Haven Road
Pomfret Center, CT 06259

Office of the First Selectman
Pomfret Town Hall
5 Haven Road
Pomfret Center, CT 06259