

**GLASTONBURY HEALTH DEPARTMENT**

P.O. Box 6523 | 2155 Main Street | Glastonbury, CT 06033



**SPECIAL NEEDS REGISTRATION FORM**

**Purpose:** Assist Glastonbury residents with disabilities and special health care needs who would require additional assistance in the event of a town-wide emergency.

**What will the Health Department do with this information?**

This information is kept confidential and will be used to contact groups with emergency information prior to an event; plan for setting up an emergency shelter with the requirements of special needs populations; supplement the 911 system (from land lines only).

**This information will NOT be used to plan for individual care. Residents should still arrange to have necessary supplies and equipment on hand in the event of an emergency.**

Form Completion Date: \_\_\_\_\_

Contact Information for Person in Need: *(If more than one person with special needs resides at this address, please complete one form per person.)*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
*(Cell phone numbers cannot be connected with the 911 system)*

Special Needs Information: *(Please check ALL that apply)*

- Blind or Visually Impaired
- Special Medical Needs (insulin-dependent diabetes, severe allergy with EpiPen)
- Cognitive Impairment (dementia, learning disability, Alzheimer's)
- Hard of Hearing/Deaf
- Life Support System *(select one)*     oxygen therapy     ventilator     respirator     nebulizer
- Mobility impaired *(select one)*     uses wheelchair     walker     bedridden
- Psychiatric Impairment (some type of mental illness)
- No Transportation
- Speech Impairment
- Non-English Speaking
- Telecommunications Device for the Deaf
- Developmental Disability (e.g. Autism Spectrum Disorder, Attention-Deficit/Hyperactive Disorder, Down Syndrome, etc.)

Any Special Instructions: \_\_\_\_\_

Contact/Support Person Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relation to Registrant: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In what language do you prefer to receive emergency communications? \_\_\_\_\_

Questions and requested changes to your status should please be directed to the Glastonbury Health Department at **(860) 652-7534** or [Wendy.Mis@glastonbury-ct.gov](mailto:Wendy.Mis@glastonbury-ct.gov). Information will be kept confidential and secure on the Glastonbury Police and Health Department databases to be used for Emergency Preparedness and 911 calls only.

<i>Reviewed By: Health Department</i>	<i>Date</i>	<i>Reviewed By: 911 System</i>	<i>Date</i>
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