

**GLASTONBURY HEALTH DEPARTMENT**  
P.O. Box 6523 2155 Main Street Glastonbury, CT 06033  
**SPECIAL NEEDS REGISTRATION FORM**

**Purpose:** To assist town residents with disabilities and special health care needs who would require additional assistance in the event of a town wide emergency or evacuation to a shelter.

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

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.**  
**People should still make arrangements to have emergency supplies and equipment on hand.**

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

**Person in Need Information:** *(If more than one person with special needs is at this address, complete one form per person)*

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

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

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

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

- Blind or Visually Impaired
- Special Medical Needs ( insulin dependant 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

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

**Contact/Support Person Information:**

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

What language do you prefer to receive emergency communications in? \_\_\_\_\_

Call or Email the Public Health Department with questions or if there are any changes in your status.  
860-652-7534 or Email [krista.timken@glastonbury-ct.gov](mailto:krista.timken@glastonbury-ct.gov) Information will be kept confidential and secure on Glastonbury Police Department and Glastonbury Health Department databases to be used for Emergency Preparedness and 911 calls only.

Reviewed By: Health Department \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By: 911 System \_\_\_\_\_  
Special Needs Form

Date \_\_\_\_\_  
Rev 04/02/2015