Town of East Haddam
Department of Emergency Management
Special Needs Registration Form

If you or someone within your household would be in need of transportation or any other assistance during an emergency, please complete this special needs form and return it to:

East Haddam Emergency Management
Main Street, PO Box K
East Haddam, CT 06423
860-873-5103

The information requested below will allow us to contact you in a timely manner in the event of an emergency requiring transportation from your residence.

NAME: _____

ADDRESS: _____ TOWN: _____

TELEPHONE: _____ TDD/TT: _____

CELL: _____

If Part-time resident (i.e. summer only), list dates you live at this address: _____

SPECIAL DIRECTIONS TO YOUR HOME: _____

_____

EMERGENCY CONTACT INFORMATION OF A RELATIVE OR FRIEND

NAME: _____ TELEPHONE_____

CELL: _____ RELATIONSHIP: _____

PLEASE CHECK ANY ITEMS WHICH ADDRESS YOUR NEEDS:

I am hearing impaired _____ I use a TDD/TT device ____

I am oxygen dependent _____ I have impaired vision ____

I depend on electricity to power my life sustaining medical equipment checked below:

Respirator equipment ____ In-home dialysis ____ Other (list all) _____

I have mobility concerns and rely on the use of:

Wheelchair ___ Bed Confined ____ Walker ___ Cane _____ Other _____

I have a service animal or guide dog _____ I have special dietary needs _____

I rely on in-home healthcare assistance_____ I have special prescription needs ___

I would require transportation in the event I had to evacuate my home _____

If you require transportation to evacuate your home, please list all special requirements of that transportation: _____

I understand that this information is voluntary and will remain confidential.

SIGNATURE: _____ DATE: _____