



# TOWN OF MONROE

## EMERGENCY MANAGEMENT

### COMMUNITY & SOCIAL SERVICES DEPARTMENT

## **Emergency Evacuation Registry**

### **DO YOU OR A LOVED ONE HAVE SPECIAL NEEDS THAT WOULD REQUIRE HELP IN AN EMERGENCY OR EVACUATION?**

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The Emergency Evacuation Registry is for individuals living in the Town of Monroe, Connecticut who need assistance for evacuation during an emergency due to various medical conditions such as: hearing impairment, sight/visual impairment, confined to bed, wheelchair dependent, utilizing a life support device, use TTY/TTD, need a ride or other needs that will prevent prompt evacuation.

The Town, through the Department of Community and Social Services, conducts a **yearly** survey to ensure we have the most current and accurate information on file. This information is kept confidential and shared only with the Town's Emergency Management Team, which is activated when a major storm or disaster occurs.

This form asks for information regarding necessary life supports and/or impairments that will impede self-evacuation from your home.

***Enrolling in the program doesn't guarantee you will get help first during an emergency or disaster, however the Town's Emergency Management Team will know of your need for special assistance should the need arise.***

For more information regarding the program  
contact Amy LaChioma, Elderly Services Coordinator,  
Department of Community & Social Services  
by phone (203) 452-2815, ext. 3 or via email [alachioma@monroect.gov](mailto:alachioma@monroect.gov)



# TOWN OF MONROE

## Emergency Evacuation Registry

PLEASE PRINT

Name: _____	
Street Address: _____	
Home Phone: _____	Cell Phone: _____
TTY/TTD #: _____	Primary Language: _____
Date of Birth: _____	Gender: _____
Service Animal: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comfort Animal: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Please mark an "X" in each box that applies:**

The above-named person may need assistance in an emergency or evacuation for the following reasons:

- Deaf or hearing impaired
- Limited mobility or difficulty walking
- Blind or sight impaired
- Utilize a wheelchair
- Speech impaired
- Confined to bed
- Language barrier – doesn't understand English
- Require 24-hour care
- I need standard transportation
- Use TTY/TTD
- Mental health condition or cognitive impairment (dementia, psychiatric)
- I need special transportation (wheelchair van, ambulance, lift, etc.): \_\_\_\_\_
- Life Support Device Dependent on electricity; type of device or need: \_\_\_\_\_
- Other needs that will prevent prompt evacuation (Explain): \_\_\_\_\_

**Relative or another person(s) we can notify to help you in the event of an emergency evacuation:**

Name: _____	
Street Address: _____	
Relationship: _____	Cell Phone: (    )
Home Phone: (    )	Work Phone: (    )

**Authorization:**

I certify that I have voluntarily completed the Town of Monroe's Emergency Evacuation Registry and the information is true and correct to the best of my knowledge.

I understand that by enrolling in the program it doesn't guarantee that I will get help first during an emergency or disaster, but that the Town of Monroe's Emergency Management Team will know of my need for special assistance should the need arise.

I understand that I remain responsible for myself in the event of an emergency and I will call 9-1-1 if I find myself in a life-threatening situation.

***My signature grants permission for my information to be shared with the Town's Emergency Management Team.***

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

If someone other than the applicant completed this form, please complete the following:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Return completed form to:**

Amy LaChioma, Elderly Services Coordinator  
Monroe Senior Center  
235 Cutlers Farm Road  
Monroe, CT 06468

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For Office use only:

Date entered into data base: \_\_\_\_\_