



TOWN OF MONROE

EMERGENCY MANAGEMENT

COMMUNITY & SOCIAL SERVICES DEPARTMENT

SPECIAL NEEDS REGISTRY

DO YOU OR A LOVED ONE HAVE SPECIAL NEEDS THAT WE SHOULD KNOW ABOUT IN THE EVENT OF A MAJOR EMERGENCY OR EVACUATION?

Our Special Needs Registry is for individuals living in the Town of Monroe who may need assistance in the event of a major emergency such as during an evacuation. This may be due to various medical conditions or transportation needs.

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 does NOT guarantee you will get help first during an emergency or disaster, however the Town's Emergency Management Team will be aware of your possible need for special assistance.

For more information regarding the program
contact Veronica Jensen, Elderly Services Coordinator
Department of Community & Social Services
by phone (203) 452-2815, ext. 3 or via email vjensen@monroect.gov



TOWN OF MONROE

SPECIAL NEEDS 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: () _____

CONTINUED →

Authorization:

I certify that I have voluntarily provided my information to the Town of Monroe (“Town”) for the purpose of being included in the Town’s Special Needs Registry (“Registry”), and that the information is true and correct to the best of my knowledge.

I understand that enrolling in the Registry does NOT guarantee that I will get help first during an emergency or disaster and is solely intended to inform the Town of my special needs that may impact my ability to self-evacuate or take other actions as recommended by the Town during a major emergency. I understand and consent to allow access to, and utilization of, my personal information by the Town Emergency Management Team for this purpose.

I understand that I remain responsible for taking all appropriate and reasonable actions to prepare for emergencies and to have my own emergency action plan. I understand that in the event of an emergency, I remain responsible for contacting the Town if I need emergency services, and to call 9-1-1 if I find myself or others in a potentially life-threatening situation.

Printed Name: _____ Date: _____

Signature: _____

If someone assisted the applicant in completing this form, please complete the following:

Name: _____ Relationship: _____

Phone Number: _____ Date: _____

Signature: _____

Return completed form to:

Veronica Jensen, Elderly Services Coordinator
Monroe Senior Center
235 Cutlers Farm Road
Monroe, CT 06468

For Office use only:

Date entered into database: _____ Entered by: _____