



Emergency Planning & Evacuation Registry Form for Citizens with Special Needs

The Essex Health Director and Essex Emergency Management Director maintain a database of seniors and residents with special needs who may require evacuation and shelter assistance during a natural or man-made disaster.

Residents with medical disabilities or transportation needs during an emergency are encouraged to pre-register with the Essex Health Department for these services.

Those who register will be asked to keep their information current and to update it annually. Personal information is kept confidential in accordance with State and Federal law and is retained by the Essex Health Department. Information will only be used by emergency personnel during preparedness planning and evacuations.

The registration form is attached. It is also available in the Essex Town Hall, on the town's Emergency Management website at <https://www.essexct.gov/emergency-management>, and from various local agencies such as Meals-on-Wheels, FISH (Friends in Service Here), Visiting Nurses of the Lower Valley, local libraries and the Essex Ambulance Association.

Completed forms should be mailed to:

Essex Health Department
Essex Town Hall
29 West Avenue, Essex, CT 06426.

Registration Instructions:

A separate form is required for each individual requesting evacuation registration. Please retain a copy for your records.

Answer ALL questions.

If your form is missing information (such as correct phone numbers, address, etc.) we may not be able to contact you. We cannot determine your needs unless you answer ALL questions regarding any medical and transportation requirements.

Keep your registration information current.

You are responsible for informing the Health Department of any changes. If you move, change your phone number, or no longer need to be registered, let us know immediately so your information can be updated. If we cannot contact you during an emergency evacuation, we cannot assist you.

- The registry will be updated annually.
- New forms will be mailed to registrants to update information and verify eligibility.
- Registrants who DO NOT reply or cannot be reached will be removed from the registry.
- Registration is FREE and VOLUNTARY. Your information is used solely by those public health and safety agencies who may assist you during an emergency. It does not imply or guarantee any other service.

Questions or concerns may be directed to the Health Department at 860-767-4340 x 118.



PLEASE PRINT OR TYPE

NAME OF PERSON REQUIRING ASSISTANCE

Date: _____

Full Name: _____

Gender: ☐ Male ☐ Female

English Spoken? ☐ Yes ☐ No

Date of Birth: _____

If "no," what is your primary language? _____

RESIDENCE INFORMATION

Street Address: _____

- ☐ Essex
☐ Centerbrook
☐ Ivoryton

Phone #: _____ Alternate #: _____ TDD/TT: _____

Do you live in a: ☐ Single Family House ☐ Apartment ☐ Condominium
☐ Adult Care Facility/Assisted Living Facility/Long-term Care Facility

If electricity goes out, do you have an alternate heat source? ☐ Yes ☐ No

If yes, what type of alternate heat source will you use to heat your residence?

- ☐ Wood/Pellet stove ☐ Electrical Generator to power the furnace
☐ Wood Burning Fireplace ☐ Other: _____

Do you live by yourself? ☐ Yes ☐ No

If no, who lives with you? ☐ Spouse ☐ Family Member ☐ Caregiver ☐ Companion

Their Name(s) _____

Would this individual be capable of assisting you during an emergency? ☐ Yes ☐ No

If you are a part-time resident (i.e. summer only), please list the months you reside at this location.

Do you have a primary caregiver in the area? ☐ Yes ☐ No

Name: _____ Phone No. _____

Relationship to you: _____ Does a caregiver live with you? ☐ Yes ☐ No

Are you seen by a health aide or a visiting nurse? ☐ Yes ☐ No

If yes, number of visits per week: _____ Anyone else? _____



Do you have any pets? ☐ Yes ☐ No

If yes, please give the name, type and weight of the pets: _____

EVACUATION PLANNING

If ordered to evacuate, do you have an evacuation plan? ☐ Yes ☐ No

Do you have a car? ☐ Yes ☐ No Do you drive? ☐ Yes ☐ No

Do you have someone to drive you? ☐ Yes ☐ No

If no, will you go by: wheel-chair van, ambulance other? _____

Name of the transport company: _____ Phone No: _____

Will your companion/spouse/caregiver go with you? ☐ Yes ☐ No

Name: _____ Relationship: _____

Will you need assistance to evacuate to a shelter? ☐ Yes ☐ No

SHELTER PLANNING

What is your plan for shelter if evacuation is necessary? _____

If you have no plan, would you like Office of Emergency Management to contact you? ☐ Yes ☐ No

SPECIAL CONDITIONS

Elderly/frail: ☐ Yes ☐ No

Difficulty walking: ☐ Yes ☐ No

Blind or sight impaired: ☐ Yes ☐ No

Deaf or hearing impaired: ☐ Yes ☐ No

Diabetic: ☐ Yes ☐ No

Insulin Dependent ☐ Yes ☐ No

Diabetic Meds/Rx ☐ Yes ☐ No

No Treatment ☐ Yes ☐ No

Respiratory problems: ☐ Yes ☐ No

Cardiac problems: ☐ Yes ☐ No

Paralysis: ☐ Yes ☐ No

Memory impaired: ☐ Yes ☐ No

Mental disability: ☐ Yes ☐ No

Allergies: ☐ Yes ☐ No

Describe Allergies: _____

Other Conditions: _____



TREATMENT / EQUIPMENT

Do you take prescription medications: ☐ Yes ☐ No

Do you have a current list of medications? ☐ Yes ☐ No

Respirator: ☐ Yes ☐ No

Foley Catheter: ☐ Yes ☐ No

Tracheotomy: ☐ Yes ☐ No

Feeding Tube: ☐ Yes ☐ No

Dialysis: ☐ Yes ☐ No

Home Dialysis: ☐ Yes ☐ No

Intravenous Line: ☐ Yes ☐ No

PICC line/Hickman Catheter: ☐ Yes ☐ No

Oxygen: ☐ Yes ☐ No

Oxygen Usage: ☐ Continuous ☐ Part-time ☐ Oxygen _____ liter flow

Oxygen supplier's name/type of equipment: _____

Other emergency equipment: _____

AMBULATION CAPACITY

Are you confined to a: ☐ Bed ☐ Wheel Chair ☐ Power Wheel Chair ☐ Other device: _____

Do you use a: ☐ Walker ☐ Wheel Chair ☐ Cane ☐ Service Animal

Other assistance needs: _____

IMPORTANT NAMES AND PHONE NUMBERS

Physician Name: _____ Phone _____

Hospital Preference: _____

Home Health/Hospice Name: _____ Phone _____

Pharmacy Name: _____ Phone _____

Care Giver/Visiting Nurse Assoc. Name: _____ Phone _____

Comments/Notes: _____

PERSON / RELATIVE CONTACTS

Can we release your evacuation status to anyone? ☐ Yes ☐ No If yes, list person(s) below:

Name: _____ Phone: _____

Relationship: _____