

**Town of Essex – Health Department
29 West Avenue, Essex CT 06426
860-767-4340 x 118**

Evacuation Registry For Citizens with Special Needs

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

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

People who register will be asked to keep their information current and update it annually. Personal information will be kept confidential in accordance with state and federal law, and will be maintained by the Essex Health Department. Data will only be used by emergency personnel during preparedness planning and evacuations.

The registration form is attached. It is also available on the Essex Health Department website (www.essexct.gov), and from various resources 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, 29 West Avenue, Essex, CT 06426.**

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

Registration Instructions:

A separate form is required for each individual requesting evacuation registration.

Please Answer ALL questions.

If your form is missing information (such as correct phone number, 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. Upon receipt of your completed form, your information will be entered into our restricted database.

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 file can be updated. If we cannot contact you during an emergency evacuation, we cannot assist you.

- This 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 our registry.
- Registration is **FREE** and **VOLUNTARY**. Your information is used solely by those public health and safety agencies who will assist you during an emergency. It does not imply or guarantee any other service.

ESSEX EMERGENCY PLANNING AND EVACUATION FORM

The Essex Health Department and Emergency Management maintain a registry of seniors and people with special needs who might need evacuation and shelter assistance during natural disasters or public health emergencies. The information you provide will be kept confidential. It will be used only by emergency planning and evacuation personnel.

Please fill out the registration form and mail it to the **Essex Health Department, 29 West Avenue, Essex CT 06426**. If you have additional questions, call the Health Department at **860-767-4340 x118**.

PLEASE PRINT OR TYPE

WHO YOU ARE:

First Name

Middle Initial

Last Name

Date of Birth: _____

Male Female

English Spoken: Yes No If "no," what is your primary language _____

RESIDENCE INFORMATION:

Location: Village of: Essex Centerbrook Ivoryton

Street address:

Do you live in a: Single Family House Apartment Condo
Rest Home / Assisted Living Facility

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

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 care giver in the area?

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 animals:

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? _____

If ambulance, name of ambulance 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 the 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

Mental disability: Yes No

Memory impaired: Yes No

Diabetic: Yes No

 If yes, insulin dependent: Yes No

 Pills: Yes No

 No treatment: Yes No

Cardiac problems: Yes No

Respiratory problems: Yes No

Paralysis: Yes No

Allergies: Yes No

If yes, describe: _____

Other Conditions: _____

TREATMENT / EQUIPMENT

Do you take prescription medications: Yes No

If yes, do you have a current list of medications? Yes No

Respirator: Yes No

Foley Catheter: Yes No

Oxygen: Yes No

If yes, supplier name/type of equipment or machine: _____

Oxygen Usage: Continuous Part-time Oxygen _____ liter flow

Tracheotomy: Yes No

Dialysis: Yes No

Home Dialysis: Yes No

Intravenous Line: Yes No

PICC line/Hickman Catheter: Yes No

Feeding Tube: Yes No

Other emergency equipment: _____

AMBULATION CAPACITY

Are you confined to a: Bed Wheel Chair Power Wheel Chair

Do you use a: Wheel Chair Walker Cane Service Animal

Other assistance needs: _____

IMPORTANT NAMES AND PHONE NUMBERS:

Physician Name: _____ Phone No.: _____

Hospital Preference: _____

Home Health/Hospice Name: _____ Phone No. _____

Pharmacy Name: _____ Phone No. _____

Care Giver/Visiting Nurse Assoc Name: _____ Phone No. _____

Comments/Notes: _____

PERSON / RELATIVE CONTACTS:

Can we release your evacuate status to anyone? Yes No If yes, to whom?

Name: _____ Phone: _____

Relationship: _____