

**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*  
*7 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: \_\_\_\_\_