



OLD LYME EMERGENCY MANAGEMENT SPECIAL NEEDS REGISTRATION FORM

To provide the highest level of assistance to the residents of Old Lyme, the Office of Emergency Management is asking its residents to pre-identify themselves in the event of needing special assistance during an emergency.

If you, or know of someone who, may be in need of transportation or any other assistance during an emergency, please fill out this special needs form and return the form to: emermgnt@oldlyme-ct.gov or OLD LYME EMERGENCY MANAGEMENT, 52 LYME STREET, OLD LYME CT 06371.

In the event of an emergency, local emergency workers can contact you and provide assistance.

NAME: _____

ADDRESS: _____ APT # _____

TOWN: _____ EMAIL: _____

PHONE: _____ This phone can receive text messages

EMERGENCY CONTACT INFORMATION OF A RELATIVE / CAREGIVER / FRIEND.

NAME: _____ PHONE: _____

EMAIL: _____ This phone can receive text messages

SPECIAL DIRECTIONS TO YOUR HOME:

PLEASE CHECK ANY OF ITEMS WHICH MAY ADDRESS YOUR NEEDS

I am hearing impaired I use a TDD/TT device

I am oxygen dependent I have impaired vision

I depend upon electrically powered life sustaining medical equipment

Respirator equipment In-home dialysis Other _____

I have mobility concerns and rely on the use of a:

Wheelchair Walker Cane Other _____

I have a service animal, guide dog or pet I have special dietary needs

I rely on In-home health care assistance I have special prescription needs

I would require special transportation in the event I had to evacuate my home

SIGNATURE: _____ DATE: _____

I understand that this information is voluntary and will remain confidential.