

# At Risk Registration Form

---

Personal preparedness is at the heart of public safety and emergency response – before, during, and after a disaster. Advance planning and preparedness is especially important for people with special needs, which includes anyone who may find it difficult to self-evacuate because of a physical or cognitive limitation, language barrier, or lack of transportation, particularly if family, friends or caregivers are unavailable to help them during a crisis.

The Town of Windsor has created a voluntary at Risk Registry to identify Windsor residents who might need extra assistance during a major emergency, such as a mass evacuation, a public health emergency like a pandemic, or an independent emergency like a health crisis or weather related event.



**REMEMBER:** The first line of defense against the effects of a disaster is personal preparedness. During an emergency, the government and other agencies may not be able to meet your needs. It is important for all citizens to make individual emergency plans and prepare for their care and safety in an emergency.

Complete this form for you or anyone you know who may need assistance in an evacuation. This information is considered CONFIDENTIAL and will not be shared with anyone other than the emergency responders and participating agencies.

**Mail or drop off completed form to:**

Windsor Social Services

599 Matianuck Avenue

Windsor, CT 06095

**IF YOU NEED ASSISTANCE COMPLETING THIS FORM PLEASE CONTACT  
SOCIAL SERVICES AT (860) 285-1839.**

# At Risk Registration Form

## Your Personal Information:

First Name: \_\_\_\_\_ MI: \_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

I do not have a phone Email: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Height: (Feet) \_\_\_\_\_ (Inches) \_\_\_\_\_

Check if weight is over 300 pounds (lbs) Gender (Check one):  Male  Female

### **Why do you need my height and weight?**

*It is important that emergency responders be aware of any condition you have that requires either special equipment or additional personnel to safely evacuate you. This includes gathering information on your size (both height and weight).*

## Emergency Contact Information

Please provide contact information for an individual with whom we can discuss your situation in the event that an emergency makes this necessary. If you would rather not provide an emergency contact, please check:

I choose not to provide emergency contact information.

First Name: \_\_\_\_\_ MI: \_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency contact's relationship to you (check one):

None  Friend  Family Member  Neighbor  Caregiver  Other

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

# At Risk Registration Form

## Evacuation Information

If there were an emergency requiring evacuation, you may have difficulty evacuating or being notified of the need for evacuation because of the following conditions (check all that apply):

- Sight Impaired
- Hearing Impaired
- Speech Impaired
- Physically Impaired
- Completely Bedridden
- Mental Illness
- Dementia/Alzheimer's
- Dialysis
- Requires Constant Skilled Nursing Care
- Autism Spectrum Disorder
- Other Reason For Needed Assistance: \_\_\_\_\_  
\_\_\_\_\_

### I have difficulty walking and require:

- Walker/cane
- Standard wheelchair
- Motorized wheelchair
- Attendant to assist in ambulating

### I require medical equipment that is not easily transportable:

- Oxygen concentrator or cylinder
- Ventilator
- Suction machine
- Other equipment (please specify): \_\_\_\_\_  
\_\_\_\_\_

### I DO NOT HAVE:

- I do not have access to a motor vehicle
- I do not have a radio or television
- I do not have a telephone
- I do not speak English:  
Primary language \_\_\_\_\_

Are you a seasonal resident?  Yes  No

I am a seasonal resident

from: \_\_\_\_\_ to: \_\_\_\_\_

Do you have a caregiver?  Yes  No

Will the caregiver travel and stay with you?

Yes  No

Do you have medications that must be taken with you?  Yes  No

Do you have a service animal?  Yes  No Service Animals

Please list any service animals

Service Animal	Name	Type	Breed / Description	Weight	Carrier Cage?	Leash?	Muzzle?

# At Risk Registration Form

---

Thank you for completing your special needs survey. The information you provided will be of great value in helping first responders ensure your safety during an emergency. It is crucial to our response efforts that the information you provide be as accurate and up to date as possible. If the information you have provided changes or if you are able to provide additional details in the future, please contact Windsor Social Services at (860) 285-1839, to update your survey form.

## AUTHORIZATION

**I request registration in the Town of Windsor At Risk Registry. I certify that I have voluntarily provided the above information and that it is true and correct to the best of my knowledge. I understand the limitations on services and the level of care available. I understand that I remain responsible for any costs associated with hospital or other medical care.**

I understand that enrollment in the at risk registry is no guarantee that transportation or support services will be provided by the Town of Windsor. I understand that I remain responsible for myself in the event of an emergency and I should call 911 if I find myself in a life-threatening situation even if I am on the At Risk Registry.

**I grant permission for the release of this information to emergency agencies and personnel.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Verbal consent given by consumer Date: \_\_\_\_\_ Caseworker \_\_\_\_\_

**If someone other than the applicant completed this form, please answer the following:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number \_\_\_\_\_ Date: \_\_\_\_\_

Verbal consent given by consumer to be enrolled into Everbridge System which is an emergency notification.