

WESTPORT EMERGENCY REGISTRY APPLICATION

Attention Westport Residents: If you or a loved one require special assistance in cases of weather emergencies, please complete the following form to request consideration for the Department of Human Services Emergency Registry. Only residents with ambulatory and critical medical needs will qualify. All residents should check with the Town's website—www.westportct.gov and can contact **DHS at 203-341-1050** for available resources as needed.



Name _____ Date of Birth _____ / _____ / _____
First Last Month Day Year

Home Address _____

Are you male or female?
 Male Female Other

E-mail _____

Home Phone _____ Cell Phone _____

Marital Status _____ What is your primary language? _____

PERSONAL EMERGENCY CONTACTS

Please share at least one emergency contact that can be reached in the event of an emergency and/or if we cannot reach you.

Do you have children?

Emergency Contact _____
First Last

Yes No

Relationship _____

If yes, may we contact them in case of emergency? If so, please include their names and contact info below:

Emergency Contact PRIMARY Phone _____

Emergency Contact EMAIL Address _____

SPECIAL CIRCUMSTANCES

Please indicate your specific needs in this section. This is how we will determine your eligibility for additional assistance in an emergency situation.

Do you live alone? Yes No

If you live with someone, please indicate with whom and your relationship:

First Name Last Name Relationship

Are you homebound? Yes No

Do you have a part or full-time aide?

Part-time Aide Full-time Aide Home-maker only I do not have any assistance at home

Do you drive? Yes No I do not have a car

Do you have family members or close friends available for emergency assistance if needed?

Yes No Maybe

Do you have a hearing impairment? Yes Yes, I am deaf No

Do you have a visual impairment? Yes Yes, I am legally blind No

Do you have a disability that would require special accommodations in the event of an emergency evacuation? Yes No

If you answered yes above, please specify your specific needs &/or necessary accommodations:

Do you have dementia and/or alzheimers? Yes, Alzheimer's Yes, Dementia No

Do you require: Cane Walker Wheelchair Bed bound Other

Please specify _____

Are you insulin dependent? Yes No

Are you oxygen dependent? Yes No

If yes, do you know how to switch over to a portable tank without assistance? Yes No

Are you currently on any life supporting equipment? Yes No

If yes, please specify _____

Do you have a generator? Yes No

If yes, do you know how to operate it on your own? Yes No

Please indicate any medications that you may need to have with you in the event of an emergency.
(It is important that you keep a current list of your medications on you at all times.)

_____	_____
_____	_____
_____	_____

Do you winter in another State? _____

To the best of my knowledge and belief, all statements in this application are true and accurate.

Signature

_____/_____/_____
Date

Thank you for filling out this form.

We strongly suggest all residents sign up for the new alert system NIXLE. (It has replaced CODE RED The Nixle Community Information Service allows us to create and publish messages to be delivered to subscribed residents instantly via cell phone text message and/or email. Notifications can also be accessed online at Nixle's web site at **www.nixle.com**.)

Please return to Westport Department of Human Services
110 Myrtle Avenue, Westport, CT 06880