



Town of Suffield Special Assistance List Registration

I/this person(s) will need assistance in the event of an emergency or evacuation: PLEASE PRINT

|  |
|--|
| Resident #1:   |
| Resident #2:   |
| Street Address:  |
| City: <span style="margin-left: 200px;">State:</span> <span style="margin-left: 100px;">Zip Code:</span> |
| Email address:   |
| Home Phone # <span style="margin-left: 150px;">Cell Phone#</span>  |
| TDD/TT #   |

*Place an X in First Box If the item applies to Resident #1 second box if it applies to Resident #2*

|  |   |
|--|---|
| <input type="checkbox"/> <input type="checkbox"/> Hearing impaired and need assistance for evacuation<br><input type="checkbox"/> <input type="checkbox"/> Sight impaired and need assistance for evacuation<br><input type="checkbox"/> <input type="checkbox"/> Confined to bed<br><input type="checkbox"/> <input type="checkbox"/> Needs Oxygen<br><input type="checkbox"/> <input type="checkbox"/> Life support device other than Oxygen<br>(Explain) _____<br><input type="checkbox"/> <input type="checkbox"/> Other needs that will prevent prompt evacuation<br>(Explain): _____ | <input type="checkbox"/> <input type="checkbox"/> Uses Wheelchair<br><input type="checkbox"/> <input type="checkbox"/> Need a ride for evacuation<br><input type="checkbox"/> <input type="checkbox"/> Mentally impaired<br><input type="checkbox"/> Live alone<br><input type="checkbox"/> Have companion animal<br>(type and #) _____ |
|--|---|

Relative or other person we can notify to help you in the event of an emergency or evacuation:

|                           |             |           |
|---------------------------|-------------|-----------|
| Name:                     | Relation:   |           |
| Street Address:           |             |           |
| City:                     | State:      | Zip Code: |
| Email address:            |             |           |
| Home Phone #              | Cell Phone# |           |
| Work Phone #              | TDD/TT #    |           |
| Name of Nearest Neighbor: | Phone #     |           |

Please return this form to: First Selectman, 230C Mountain Road, Suffield, CT 06078

|   |
|---|
| Name of Individual completing Form: _____   |
| Relation to Resident: _____ Phone #: _____  |
| If filling out this form as a referral, is the individual aware you are making the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No |

**THIS INFORMATION WILL BE KEPT CONFIDENTIAL**