

OFFICE OF EMERGENCY MANAGEMENT
Functional Needs Notification Form

Name: _____
Address: _____
D.O.B.: _____

Home Phone: _____
Cell Phone: _____

Emergency Contact: _____ Phone: _____

Medical Contact : _____ Phone : _____

Please check all that apply:

B: Blind – Someone at this location is blind or visually impaired.

COG: Cognitive Impairment – Someone at this location has a cognitive impairment.

H/D: Hard of Hearing/Deaf–Someone at this location is hard of hearing or deaf.

LSS: Life Support System - Someone residing at this location is physically linked to equipment required to sustain his or her life.

MI: Mobility Impaired - Someone residing at this location is bedridden, uses a wheelchair, or has a mobility impairment.

PI: Psychiatric Impairment – Someone at this location has a psychiatric impairment.

SI: Speech Impairment – Someone at this location has a speech impairment.

TDD: Telecommunications Device for the Deaf – Someone at this location may be using a TDD/TTY.

O: Oxygen Someone at this location uses oxygen.

Special equipment or assistance: _____

Any Instructions of Entering Your House (i.e, key under mat, neighbor has keys, etc.)

By completing this form, I understand that I am responsible to notify the Office of Emergency Management of any changes with regard to the above information. I further agree that I will defend, and hold harmless the Office of Emergency Management, my municipality and the Public Safety Answering Point from and against any and all claims, suits, and proceedings resulting from or arising out of the provision of this information. In addition, I recognize that the special needs registry is voluntary and in no way ensures that the individual completing this form will receive immediate or preferential treatment in an emergency. The information on this form will merely provide the emergency response community with information that is pertinent to developing an effective response. The New Fairfield Functional Needs Registry in no way replaces the responsibility of individuals to have their own emergency plan.

I understand that this information will remain as part of my record until such time as I notify the Office of Emergency Management to either delete or change it.

X _____
Signature

X _____
Date

Mail to : Office of Emergency Management
302 Ball Pond Rd.
New Fairfield, CT 06812