



Rafael Medina III
Chief of Police

Wethersfield Police Department

250 Silas Deane Highway
Wethersfield, CT 06109



Tel 860 721-2900
Fax 860 721-2995

SPECIAL NEEDS REGISTRY APPLICATION

The Town of Wethersfield has established a registry of persons who wish to inform first responders (police, fire, medical) and emergency management of their special needs or circumstances. Providing information is voluntary, and individuals must qualify under the established criteria noted below in order to be included in the registry.

The purpose of this registry is to notify emergency responders that people with special needs are present, and to provide the responders with the proper background information needed for an effective responder–citizen contact. The registry is designed to be utilized by public safety while: checking the welfare of a special needs resident during a major storm, etc.; while responding to a special needs residence / work / school; or when a non-communicative individual has wandered from their home or place of safety and must be identified in order to be returned.

SPECIAL NEEDS REGISTRY ELIGIBILITY CATEGORIES:

1. The individual has a condition which makes a resident with mobility or cognitive / intellectual disabilities at heightened risk for being without power, certain resources, or special care for three or more days at home (such as during a major winter storm). The resident does not have a support system or person that can be relied upon.

This category will encompass those with oxygen dependency, critical medication needs, requirement of professional care givers, the inability to reliably contact others for help, etc. The Town will make effort to contact residents in this category to check on their welfare during a significant and protracted event, such as a major storm. Contact will likely be done by means of a recorded phone call with message that will ask for a response from the resident. The call will be made at the discretion of the Emergency Operations Center and will generally coincide with the opening of the town shelter.

2. The individual has a condition that should be brought to the attention of first responders who are responding to the resident’s home.

This category is intended for those with a special condition that may hinder communication or give the appearance of being uncooperative, hostile, erratic or other behaviors that should be made known to those responders who are called to the house for assistance. Residents with blindness, deafness, disabilities described in category 3, and others should be included in this category as well.



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3. Condition which makes an individual at-risk for wandering from their residence / school / other, becoming disoriented, and / or being unable to adequately communicate with others in order to get back to their place of safety.

This category is intended for those with various cognitive and/or intellectual disabilities, Alzheimer's, Autism, unstable diabetes, etc. who may be encountered by first responders / general public away from their own home, and they may not have the ability to communicate their name and address to those wishing to assist them. This category may be used for cataloging identifying information of walk / runaways, and others who find their way out of their home and become "missing persons." It is intended for residents, students in town, and those who frequently stay in town.

There must be a photo included with the application for persons in this category– contact the administrators at the bottom of form if assistance is needed.

**IF RESIDENT QUALIFIES UNDER ONE OR MORE OF THE ABOVE CATEGORIES,
PLEASE COMPLETE REMAINDER OF APPLICATION.**

The completed application should be sent to:
Wethersfield Police Department

Attn. Patrol Division
250 Silas Deane Hwy.
Wethersfield, CT 06109

For assistance with the form, or any questions, contact 860-721-2945 and ask for the Patrol Bureau Commander.



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Name of Resident: _____ Date of Birth: _____

Home Address: _____

Home Phone #: _____ Cell Phone #: _____ Receive texts: __ Yes __ No

Resident Email Address: _____

Individual's Physical Description:

___ Male ___ Female

Height: _____ Weight: _____ Race: _____ **Attach recent photo here (if applicable)**

Eye Color: _____ Hair Color: _____ Ethnicity: _____

Scars or other identifying marks: _____

Specific Condition or Disability: _____

In order to properly classify the applicant's special needs, please rate the applicant's ability to perform the following tasks (leave non-applicable questions blank):

Please check, and briefly describe if followed by a space, all medical conditions that the applicant should be considered to possess:

- | | |
|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Blind / Visual Impairment | <input type="checkbox"/> Deaf / Hard of Hearing |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Alzheimer's |
| <input type="checkbox"/> Non-Ambulatory (wheelchair, etc.) | <input type="checkbox"/> Bedridden |
| <input type="checkbox"/> Mobility Assistance Required | <input type="checkbox"/> Oxygen Required |
| <input type="checkbox"/> Verbal Impairment | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Prescriptions | |
| <input type="checkbox"/> Cognitive Disability: _____ | |
| <input type="checkbox"/> Intellectual Disability: _____ | |
| <input type="checkbox"/> Behavioral Concerns: _____ | |
| <input type="checkbox"/> Other Medical Concerns: _____ | |



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Please indicate which statements are true of the applicant:

- lives alone
- may become disoriented
- may roam away from home and would be considered at risk
- may be unable to communicate own name, address, etc. if put under stress
- likely unable to cope with three or more days of power outage at home
- unable to evacuate from home and summons proper assistance if required
- possesses a medical condition causing a lack of necessary communication with first responders, or a medical condition that may mimic hostility, intoxication, etc.

Please explain statements checked above (if explanation is needed):

Please explain any answer / condition further, or add information that you want first responders and emergency operations staff to be aware of:

You may attach additional information to this form and / or a photo for those persons who may be qualified in category 3

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact:

Emergency Contact's Address: _____

Emergency Contact's Phone Numbers:

Home: _____ Work: _____

Cell Phone: _____ TTD/TTY: _____



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Name of Emergency Contact 2: _____

Emergency Contact's Address: _____

Emergency Contact's 2 Phone Numbers:

Home: _____ Work: _____

Cell Phone: _____ TTD/TTY: _____

*By completing this form, I understand that I am responsible to notify The Town of Wethersfield Police Department **annually** of any changes with regard to the above information. I further agree that I will indemnify, defend, and hold harmless the Town of Wethersfield from and against any and all claims, suits, and proceedings resulting from or arising out of the provision of this information. I understand that this information will remain as part of my registry record until such time as I notify the Town of Wethersfield to either change or delete it. I understand that the Town of Wethersfield cannot be expected to ensure confidentiality of information that was provided on this form. It is the responsibility of the person with disabilities to ensure that their physical / medical supplies are stocked in their home and transported with them if necessary. The Town will not generally and / or directly provide resources, transportation or service to persons on the registry.*

Signature of person Authorized to provide information and waiver:

_____ Date: _____

(Print Name)

<u>Office Use Only</u>
Police Intake Date/Signature: _____
Entry: <input type="checkbox"/> Everbridge(1) <input type="checkbox"/> CAD(2) <input type="checkbox"/> E911(2) <input type="checkbox"/> Database(3)
Purge Date/Signature: _____
Purge Reason: _____