

### *What is the Special Needs Registry?*

The Special Needs Registry is a completely voluntary program which allows Canton residents to make police, fire and EMS aware of any special needs or disabilities they may have in case of emergency, evacuation or an extended time period without utilities. The information on the registry is only used for emergency notification purposes and kept confidential.

### *Is the Registry right for me?*

The Registry is a helpful tool that allows police, fire and EMS to better serve you in times of need. For example, should there be a need to evacuate a neighborhood, emergency services will be aware of your needs. Or, should you call 9-1-1 for an emergency, the emergency dispatchers will be better able to assist you.

### *How to register*

**Registering is simple!**

Fill out this form as best you can.

Mail it, fax it or hand deliver it to us!

Canton Police Department  
Attn: Special Needs Registry  
45 River Road  
Canton, CT 06019  
Fax: 860-693-8493

### *What is a TRIAD?*

A TRIAD is a collaborative partnership between law enforcement, senior citizens, and the community. The three partners share an equal and important relationship with one another. TRIAD activities attempt to empower senior citizens, prevent crime, implement education programs and provide assistance to older adult victims of crime.

As part of the formal implementation of the Canton TRIAD, the SALT (Seniors and Law Enforcement Together) Committee was established. The SALT Committee is the operational arm of the TRIAD Program where ideas, initiatives and activities are put into action.

For information, questions or concerns call:

Canton Senior & Social Services  
860-693-5811

Canton Police Department  
860-693-0221



# **SPECIAL NEEDS REGISTRY**



**Canton CTriad**  
Keeping Seniors Safe

Town of Canton  
**SPECIAL NEEDS REGISTRY**  
Application

**Submitter Information**  
(If not applicant)

Name \_\_\_\_\_  
Contact number \_\_\_\_\_  
Relationship \_\_\_\_\_

**Applicant Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Number / Street / Apt Number \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Male  Female

Home Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_

**Emergency Contact Information**

*Primary Contact*

Name \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_

*Secondary Contact*

Name \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_  
Relationship \_\_\_\_\_

**Disability Information**

(Check all that apply then explain the extent)

- Hearing  Cognitive
- Visual  Allergies
- Mobility  Other
- Chemical sensitivities

Will your disability status change in 6 months?  Yes  No

**Special Needs Information**

(Check all that apply)

- I have a service animal or guide dog  
Type \_\_\_\_\_
- I use in-home oxygen
- I am home oxygen dependant
- I use a TDD/TT device
- I would require special transportation in the event I had to evacuate my home
- I rely on in-home healthcare assistance

- I have a mobility concern and rely on the use of a
  - Wheelchair
  - Walker
  - Cane
  - Other \_\_\_\_\_

- I depend on electricity powered life sustaining medical equipment
  - Respirator equipment
  - In-home dialysis
  - Other \_\_\_\_\_

Physician \_\_\_\_\_  
Phone number \_\_\_\_\_

**Alzheimer's Assistance Option**

For those who have a loved one suffering from Alzheimer's or dementia, you may include a recent photograph of the individual. In the event that they wander away, the picture can be distributed to officers, firefighters and EMTs to expedite a search.

- I have included a photograph

**Signature**

I understand that this information is voluntary and will remain confidential.

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

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