

REGISTRATION FOR AT RISK COMMUNITY

Are you an individual that would need assistance during an emergency, whether remaining at home or relocating to a shelter?

In the **event of an emergency**, the Wells Police Department would like to know who you are and where you are. Wells Police Dept. would like you to fill in the confidential registration form and it will be kept in a secure location at the police department. It would only be used in the event of an emergency situation.

ELIGIBILITY

This program is offered to residents of Wells, Maine with any of the following situations:

- Dependent upon others for routine care (eating, walking, shopping, etc.)
- A child under 18 years without adult supervision
- Blind, visually impaired
- Deaf, hearing impaired
- Has an amputation
- Requires assistance with medical care, medications
- Dependent upon equipment, special devices, such as wheelchair, walker, cane, etc.
- Receiving chemotherapy, dialysis, hospital bed care
- Have a mental health diagnosis
- Elderly and/or housebound
- Concerned about your well being during an emergency

AT RISK REGISTRATION FORM

CONFIDENTIAL

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First Name _____ Middle Initial _____

Last Name _____

Street Address _____

Mailing Address _____

Home Telephone# _____ Cell _____

Male _____ Female _____ Marital Status _____

Pets: NO YES What type _____

How Many _____ Carriers for them _____

In case of emergency, please list next of kin, person we can contact concerning your well-being.

Name: _____

Relationship _____

Address _____

Phone #s: _____
Home Cell Work

Name: _____

Relationship _____

Address _____

Phone #s: _____
Home Cell Work

AT RISK REGISTRATION FORM

Are you an individual that would need assistance during an emergency, whether remaining at home or relocating to a shelter?

What level of assistance would you need? What best describes your circumstances? Circle the level which best describes you.

Level 1: You are dependent on others for routine care (eating, walking, etc.) Child under 18 w/o adult supervision.

Level 2: You are visually impaired, hearing impaired, or has an amputation. Do you have a service animal?_____

Level 3: You need assistance with medical care, dependent on equipment requiring electricity, have a mental health diagnosis. (Autism – please fill out additional form)

Level 4: You require extensive medical oversight (i.e. dialysis, IV medication, chemotherapy, life support equipment)

Level 5: You require equipment or devices, wheelchair, walker, cane, motorized cart, etc.

Level 6: You live alone, elderly, housebound, or are without family/friend to help.

Name:_____ (Print)

Signature:_____

By signing this registration, I agree that Wells Police has permission to release information to a medical provider if necessary.