



EAST LYME RESIDENT REQUEST FOR ASSISTANCE DURING AN EMERGENCY

In order to provide the highest level of assistance to the residents of East Lyme during an emergency, the Office of Emergency Management is asking our residents who would require assistance during an evacuation or an extended power outage to please complete this form. We can only help you if we know where you are, how to contact you and what your specific needs are.

If you are a caregiver for someone who, may be in need of assistance during an emergency, please assist them with filling out this form and return it to:

East Lyme Emergency Management, P.O. Box 519, Niantic, CT 06357
or by email to Julie Wilson at: jwilson@eastlymepolice.org

*In the event of local emergency, local public safety personnel will contact you to arrange for assistance.
This information is voluntary and confidential.*

Please check the box below that applies to the application:

This is a NEW request form: _____ OR This is an UPDATE to an existing form: _____

RESIDENT INFORMATION

Name: _____ Address: _____ Apt. # _____

Zip Code: _____ Home Phone: _____ Cell Phone: _____

I have emergency backup power at my residence _____

I do not have emergency backup power at my residence _____

EMERGENCY CONTACT INFORMATION

(Relative, Caregiver or Friend):

Emergency Contact #1: _____ Contact number: _____

Emergency Contact #2: _____ Contact number: _____



PLEASE CHECK ANY ITEMS BELOW THAT ADDRESS YOUR NEEDS

Oxygen Dependent _____ Hearing Impaired _____ TDD/TT Device _____ Impaired Vision _____

I depend upon electrically powered life sustaining medical equipment checked below:

In-home dialysis _____ C-Pap _____ Other: _____
(Please provide description above)

I have mobility concerns and rely on the use of a:

Manual Wheelchair _____ Electric Wheelchair _____

However, I can walk with assistance _____ I can not walk _____ I am confined to bed _____

I use a walker _____ I use a cane _____ I have a service animal _____

I rely on in-home health care services _____ I have special dietary needs _____

I have special prescription needs because: _____ I will require special transportation during an evacuation: _____

(Please provide special transportation needs above)

____By checking this box, I am affirming my consent to provide East Lyme Emergency Management with my information so they can contact me to provide assistance during a life-safety emergency event. I understand that this information is voluntary and will remain confidential.

____I understand that it is very important to update my information **annually** with East Lyme Emergency Management or sooner if I move out of my current residence, or if any of the information on this form has changed, in order to facilitate a timely evacuation or to provide other life safety assistance during an emergency event.

SIGNATURE: _____ DATE: _____