

Do you have special needs that would require help in an emergency or evacuation? If "yes", please fill out the survey below.

Please complete and return yearly or if your situation changes. Check the New Survey box below if this is the first time you are completing this survey or haven't done so in years. When special assistance is no longer needed, please email wem@waterfordct.org.

When completed you can either: email it to wem@waterfordct.org; mail to 204 Boston Post Road, Waterford, CT 06385, or drop off at the Waterford Senior Center.

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

I / this person will need assistance in the event of an emergency or evacuation: PLEASE PRINT

name		date	
street address			
city		state	zip code
phone number	cell ()	*TDD/TTY ()	
home ()	work ()		
If you are a part-time resident (i.e., summer only), please list the months you are living at this address: From: _____ To: _____			

* Telecommunication Device for the Deaf/Text Telephone

Please mark an "X" in each box that applies.

This is a new survey, or one that hasn't been updated in years. ☐

Need assistance for evacuation for the following reasons:

☐

Hearing impaired and need assistance for evacuation.

☐

I use a wheelchair and need an accessible ride.

☐ Folding Wheelchair
☐ Electric Wheelchair

☐

Life Support Device and need special assistance.
(Explain) _____

☐

Sight impaired and need assistance for evacuation

☐

Use *TDD/TTY

☐

Other needs that will prevent prompt evacuation.
(Explain) _____

☐

Confined to bed.

☐

Need a ride for evacuation.

Name of person completing this survey _____ Phone: () _____

Relative or other person we can notify to help you in the event of an emergency or evacuation:

NAME			
STREET ADDRESS			
CITY		STATE	ZIP CODE
PHONE NUMBER	CELL ()	*TDD/TTY ()	
HOME ()	WORK ()		



Waterford Emergency Management

204 Boston Post Road
Waterford, CT 06385
860-442-9585



Follow us on Facebook