

Citizens Assistance Registration for Emergencies (CARE)



QUESTIONS?
Call 2-1-1

Would you need help in an emergency or evacuation?

If you have a disability or other special circumstances which may cause you to need special help in an emergency, please complete this form and return it to Vermont 211, P.O. Box 111, Essex Jct., VT 05453 or e-mail to: info@vermont211.org.

PLEASE MARK AN "X" IN EACH BOX THAT APPLIES TO YOU.

I would need assistance if my area was:

being evacuated

isolated (road closures, blizzards, etc.)

had a long-term power outage

PLEASE MARK AN "X" IN EACH BOX THAT APPLIES TO YOU.

- I do not have transportation available to leave the area in an emergency.
- I need help but can ride in car.
- I need help but can ride in a van or bus.
- I use a wheelchair and need a wheelchair van.
- I would need to ride in an ambulance.
- I have specialized medical equipment that is powered by electricity and will require special transportation.
My battery back-up will last: < 24 hours > 24 hours
- My medication needs to be refrigerated.

- I have a service animal.
- I am Deaf or hard of hearing and use TTY or text
- I have a visual disability.
- I use oxygen and have a back-up supply that will last :
 < 8 hours > 8 hours

If you need translation services, please call _____

YOU MUST SUBMIT A NEW FORM EACH YEAR.

Please note: SUBMISSION OF THIS FORM DOES NOT GUARANTEE YOUR SAFETY! You will still be responsible for contacting emergency personnel should you feel you are in danger.

By completing this form, you understand that all groups involved in helping to keep you safe in an emergency may have access to the information.

NAME: _____

TTY: _____

STREET ADDRESS: _____

EMERGENCY CONTACT: _____

TOWN: _____

Phone: _____

PHONE: _____

This form will be destroyed once your personal information is entered into the E911 database.

RETURN COMPLETED FORM TO: Vermont 211, P.O. Box 111, Essex Jct., VT 05453 or e-mail to: info@vermont211.org.