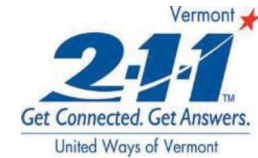


# Citizens Assistance Registry for Emergencies (CARE)



## 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 **State of VT Enhanced 911 Board, 6 Baldwin St., 2nd FL, Montpelier, VT, 05633-7960** or [e911.info@vermont.gov](mailto:e911.info@vermont.gov).

### 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 can ride in car.

I 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

I have a service animal.

I am deaf or hard of hearing and/or do not speak English.

I have a visual impairment.

I use oxygen and have a back-up supply that will last:

< 8 hours  > 8 hours

**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.

REGISTRANT NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ALTERNATE CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**A representative of CARE may contact you in the future to update your registration.**