

Citizens Assistance Registry 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 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: _____

PHONE: _____

E-MAIL: _____

ALTERNATE CONTACT NAME: _____

PHONE: _____

E-MAIL: _____

This form will be destroyed once your personal information is entered into the 911 database.

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