

# 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](mailto: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.**