

Social Services
Telephone (203) 834-6238
Fax (203) 563-0172



TOWN HALL
238 Danbury Road
Wilton, CT 06897

Wilton Emergency Contact Registration Program

Wilton Social Services, in cooperation with the Wilton Department of Health, is developing a "Wilton Emergency Contact Registration" Program. This is to be activated only in case of a town-wide emergency.

The Program is directed to senior citizens, those living alone, handicapped individuals, and any resident with a special need or desire to participate in it.

The information would be helpful in the following ways:

1. Contacting a person's relatives or close friends in the event of a medical emergency or if the individual needed some type of special assistance.
2. Assisting public safety personnel, police, fire, rescue squad and emergency management in locating residents that may need assistance during an emergency situation or evacuation.
3. Permitting the Town of Wilton to be better aware of residents with special needs.

The information will be kept at the Wilton Department of Social Services, Wilton Police Department and the Wilton Fire Department for quick retrieval if needed and will be accessed only for public safety purposes.

The Wilton Emergency Contact registration forms are available at Wilton Social Services or the Wilton Senior Center. Please return the completed form to Social Services at Comstock Community Center. The form can be downloaded from this website.

Catherine Pierce, LCSW
Director
Wilton Social Services

WILTON EMERGENCY CONTACT REGISTRATION FORM

Participant:

Last Name _____ *First Name* _____

Address _____

Phone _____ *DOB* _____ *Email address* _____

Doctor _____ *Preferred Hospital* _____

Emergency Contact 1:

Last Name _____ *First Name* _____

Address _____

Home Phone _____ *Work Phone* _____ *Email address* _____

Cell Phone _____ *Relation* _____

Emergency Contact 2:

Last Name _____ *First Name* _____

Address _____

Home Phone _____ *Work Phone* _____ *Email address* _____

Cell Phone _____ *Relation* _____

Special Needs:

Do You Live Alone ____ *Are Family/Friends Available For Emergency Assistance* ____

Do You Drive ____ *Do You Have A Car* ____

How Long Can You Be Self Sufficient Without Help _____

Do you have a plan if you are unable to stay in your home? _____

Do You Have Any Special Needs In Communicating With Others _____

Is English Clearly Understood ____ *Hearing Impaired* ____

PLEASE COMPLETE OTHER SIDE →→→

Special Needs Continued:

Needed Medications _____

Insulin Dependent _____

Oxygen Dependent _____ **Do You Have A Portable Oxygen Tank** _____

Can You Operate Your Oxygen Tank Without Assistance _____

Wheelchair Bound _____

Bed Bound _____

Walker _____

Cane _____

Deaf _____

Visually Impaired _____

Blind _____

Dementia _____

Alzheimer's _____

Other _____

Form Completed By _____ **Date** _____

Sent in By _____

Please return the completed form to:

Wilton Department of Social Services
180 School Road
Wilton, CT 06897