



Town of Northborough
Board of Health
63 Main Street
Northborough, MA 01532

Northborough Registry of Emergency Needs

Please print out and mail to the above address or fax back to 508-393-6996.
For questions or assistance in completing this form, call (508) 393-5009.

Identifying Information

Name: _____ Date of Birth: _____ Sex: M__ F__
Language Spoken: _____ Interpreter required: _____
Physical Address: _____ Floor: ____ APT: ____
Single Family Home _____ Number of residents in your dwelling: ____
(Each resident with a disability must complete a separate form)
Mailing Address: _____ E-Mail: _____
Telephone 1: _____ (V/TTY) Telephone 2: _____ (V/TTY)
V-Telephone: _____ Other: _____
Work Telephone: _____ Hours: _____
Emergency Contact (local): _____ Relationship: _____
Address: _____ Phone: _____
Next of Kin (out of state): _____ Relationship: _____
Address: _____ Phone: _____

In a state of emergency may we release information to this person if they inquire about your status? _____

Evacuation Plan

In case of a disaster do you plan to:

- Stay at home (if the situation is safe to do so)
 Stay with family or others. If other than Emergency Contact, give the name, address, telephone number & relationship to the person:

 Evacuate to a shelter. Can you get to a shelter on your own? _____
 Caregiver/PCA will accompany you to the evacuation shelter.

If you are a sole provider/caregiver, how many rely on you alone: _____
Children: _____ Adults: _____ Other: _____
Explain: _____

Do you have a pet: _____ Pet Breed (i.e. cat, dog, etc.): _____
Pets Name: _____ Is this pet an assistant animal: _____
Veterinarian's name & phone: _____

Bring pet's license and vaccination records. You are responsible for the care, food & other essential needs of any animal.



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Mobility

Walk: Independent__ w/assistance__ w/mobility aid: cane__ walker__

Wheelchair: Manual__ power__ scooter__ independent transfer? __

Vehicle required: Bus/car__ ambulance__ lift equipped__ ind. transfer? __

Individuals weight: Under 200__ 201-300__ over 300__ other_____

Other pertinent information: _____

Health Issues

Impairment: hearing__ sight__ speech__ prosthetic__ (type)_____

Communication: ASL interpreter__ Communication board__ HA/CI__

Other: _____

Equipment: feeding tube____ life support____ suction unit____ oxygen____

Dialysis: at home____ at medical facility__ (Name: _____)

Meds: I.V. fluids____ insulin____ other: _____

Power: Do you: rely on electricity__ battery back-up__ home generator__

Contagious disease or allergies: _____

Mental health issues: _____

Special diet type: _____

Other: _____

Activities requiring assistance if your own caregiver/PCA is unavailable:

Bathing____ dressing____ eating____ transfer to/from bed____ toileting____

Health Contacts

Oxygen provider: _____ Phone: _____

24-hr caregiver/PCA: _____ Phone: _____

Home health provider: _____ Phone: _____

Primary physician: _____ Phone: _____

Pharmacist: _____ Phone: _____

If conditions change or this registrant no longer needs to be listed on the Special Needs Registry, please contact the Registry office at (508)393-5009.

I hereby grant permission to release this information to other emergency response or human service agencies or officials.

I also give local law enforcement and/or medical personnel permission to enter my home in case of an emergency.

I certify that the above information is correct.

Signature of registrant or authorized
representative_____ Date_____

