

## What is the Special Needs Registry?

The Special Needs Registry is a completely voluntary program which allows Canton residents to make police, fire, and EMS aware of any special needs or disabilities they may have in case of emergency, evacuation, or an extended time without utilities. The information on the registry is only used for emergency notification purposes and kept confidential.

## Is the Registry Right for Me?

The Registry is a helpful tool that allows police, fire, and EMS to better serve you in times of need. For example, should there be a need to evacuate a neighborhood, emergency services will be aware of your needs. Or should you call 9-1-1 for an emergency, the emergency dispatchers will be better able to assist you.

## How to Register

Registering is simple!

Fill out this form as best you can.

Mail it, fax it, email, or hand deliver it to us!

Canton Police Department  
Attn: Special Needs Registry  
45 River Road  
Canton, CT 06019  
PoliceReports@TownofCantonCT.org  
Fax: (860) 693-8493

## What is a TRIAD?

A TRIAD is a collaborative partnership between law enforcement, senior citizens, and the community. The three partners share an equal and important relationship with one another. TRIAD activities attempt to empower senior citizens, prevent crime, implement education programs, and provide assistance to older adult victims of crime.

As part of the formal implementation of the Canton TRIAD, the SALT (Seniors and Law Enforcement Together) Committee was established. The SALT Committee is the operational arm of the TRIAD Program where ideas, initiatives and activities are put into action.

**For information, questions, or concerns call:**

**Canton Senior & Social Services  
(860) 693-5811**

**Canton Police Department  
(860) 693-0221**



# SPECIAL NEEDS REGISTRY



Canton CTriad  
Keeping Seniors Safe

## **SPECIAL NEEDS REGISTRY APPLICATION**

### **Submitter Information (If not Applicant)**

Name  
Contact number  
Relationship

### **Applicant Information**

Name  
Address  
Date of Birth  
Male                      Female  
Home Phone  
Cell Phone

### **Emergency Contact Information**

#### *Primary Contact*

Name  
Home Phone  
Cell Phone  
Work Phone  
Relationship

#### *Secondary Contact*

Name  
Home Phone  
Cell Phone  
Work Phone  
Relationship

### **Disability Information**

(check all that apply & explain extent)

Hearing                      Cognitive  
Vision                        Allergies  
Mobility                      Other  
Chemical Sensitivities

Will disability status change within  
six months?                      Yes                      No

### **Special Needs Information**

(check all that apply)

I have a service animal or guide dog.  
Type  
I use in-home oxygen.  
I am home oxygen dependent.  
I use a TDD/TT device.  
I would require special transportation  
if I had to evacuate my home.  
I rely on in-home healthcare assistance.  
I have a mobility concern and use a  
Wheelchair                      Walker  
Cane                                      Other  
  
I depend on electricity-powered life-  
sustaining medical equipment  
Respirator                      In-home dialysis  
Other

### **Physician Information**

Doctor's Name  
Doctor's Phone  
Other Info

### **Alzheimer's Assistance Option**

For those who have a loved one suffering  
from Alzheimer's or dementia, you may  
include a recent photograph of the  
individual. If they wander away, this picture  
can be distributed to officers, firefighters,  
and EMTs to help the search.

I have included a photograph

### **Signature**

I understand that this information is  
voluntary and will remain confidential.

Signature

Printed Name

Date

Email