



FIRST RESPONDERS RESIDENT ALERT REGISTRY

Town of Yorktown • Police Chief Robert M. Noble

ENROLLMENT FORM – For *YORKTOWN RESIDENTS ONLY* – We want to learn about any *SPECIAL NEEDS* you have, in order to better serve you in the case of an emergency.

MAIL completed form with photo to:

Chief of Police • Yorktown Police Department • 2281 Crompond Rd • Yorktown Hts, NY 10598

OR EMAIL completed form (PDF) with a scanned photo to: **info@yorktownpd.org**



We care about your privacy. Information shared is strictly **VOLUNTARY**. Personal information will remain **CONFIDENTIAL** and protected according to federal HIPAA regulations. It will only be used to help you in the event of an emergency. It will not be used or result in the alteration or change in standard Police, Fire or EMS emergency procedures. It is your responsibility to inform us about what you would like First Responders to know about you. We will keep your information registered in our First Responders' files, until we are told by you to remove it.

Please answer all questions **ON BOTH SIDES** of this form. Write in your information, or check the box that applies to you.

HOW DO WE FIND YOU?

NAME		DATE	AGE
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL ADDRESS		
PHONE NO.		CELL PHONE NO.	
ADDRESS		APT	CITY AND STATE ZIP
<input type="checkbox"/> SINGLE FAMILY HOUSE <input type="checkbox"/> MULTI FAMILY HOUSE			
APARTMENT BUILDING <input type="checkbox"/> YES <input type="checkbox"/> NO		FLOOR	ELEVATOR <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU LIVE ALONE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU LIVE WITH FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHERS	
IS THERE AN OWNER OR MANAGER OR NEIGHBOR IN YOUR BUILDING TO CONTACT TO HELP US IN CASE OF AN EMERGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHO ELSE HAS KEYS OR ACCESS TO YOUR HOME TO HELP US REACH YOU?			
CONTACT NAME		UNIT OR APT#	PHONE

PLEASE TELL US IF YOU HAVE SPECIAL MEDICAL NEEDS, OR SPECIAL MEDICAL EQUIPMENT

DO YOU MOVE FREELY ON YOUR OWN? <input type="checkbox"/> YES <input type="checkbox"/> NO		NEED ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		YOUR WEIGHT	
DO YOU USE OXYGEN AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW IS IT STORED?			
DO YOU HAVE LIFE SUPPORT EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		DIALYSIS EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE AN ELECTRIC POWERED WHEELCHAIR OR MOTORIZED SCOOTER? <input type="checkbox"/> YES <input type="checkbox"/> NO		STANDARD WHEELCHAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO			

HEARING IMPAIRMENT YES NO DO YOU USE A TDD SYSTEM? YES NO

BLIND YES NO LEGALLY BLIND YES NO OTHER VISUAL PROBLEMS YES NO

IF YES, PLEASE EXPLAIN

PLEASE TELL US IF YOU HAVE DEVELOPMENTAL DISABILITIES OR MENTAL HEALTH ISSUES

DEVELOPMENTAL OR NEUROLOGICAL DISABILITIES YES NO AUTISM OR SIMILAR CHALLENGES YES NO

DIFFICULTY SPEAKING WITH OTHER PEOPLE YES NO ARE YOU UNABLE TO SPEAK YES NO

PROBLEMS DEALING WITH STRANGERS YES NO DIFFICULTY RESPONDING TO WHAT PEOPLE ASK YOU TO DO YES NO

SIGNIFICANT MOBILITY DIFFICULTIES YES NO LIFESAVER TRACKING DEVICE YES NO

PTSD YES NO WANDER AWAY YES NO SERVICE ANIMAL YES NO

FRIENDS, FAMILY, AND EMERGENCY CONTACT INFORMATION

ARE YOU FILLING OUT THIS ENROLLMENT FORM OR IS SOMEONE ELSE FILLING OUT THIS FORM FOR YOU? SELF OTHER

NAME	PHONE NO.
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EMERGENCY CONTACT (WHO TO CALL IN THE EVENT OF AN EMERGENCY)

NAME	PHONE NO.
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WHO IS YOUR DOCTOR, IN CASE WE NEED TO CALL ON YOUR BEHALF?

NAME	PHONE NO.
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OTHER INFORMATION

NICKNAME YES NO IF YES:

PRIMARY LANGUAGE ENGLISH SPANISH OTHER IF OTHER:

IS THERE A WEAPON IN YOUR HOME? YES NO A GUN OR OTHER FIREARM? YES NO

DOGS? YES NO OTHER PETS? YES NO IF YES, ARE THEY AGGRESSIVE? YES NO

ALARM SYSTEM YES NO

KEYHOLDER NAME	KEYHOLDER PHONE NO.
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IS THERE ANYTHING ELSE SPECIAL OR DIFFERENT ABOUT YOU THAT WE SHOULD KNOW IN ORDER TO HELP YOU?

SIGNATURE	DATE
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ALL RESPONSES ARE VOLUNTARY AND CONFIDENTIAL AND PROTECTED UNDER FEDERAL HIPAA LAW. THE INFORMATION CONTAINED IN THIS DOCUMENT WILL BE USED FOR INFORMATIONAL PURPOSES ONLY AND WILL NOT BE USED OR RESULT IN THE ALTERATION OR CHANGE IN STANDARD POLICE, FIRE OR EMS EMERGENCY PROCEDURES. IT IS THE RESPONSIBILITY OF EACH RESIDENT TO INFORM THE POLICE DEPARTMENT OF ANY CHANGES OR UPDATES TO THE INFORMATION CONTAINED THEREIN.