
12/9/2008

Dear Shelton Resident

Thank you for your interest in the Shelton Police Department's Medical/Special Needs Registration Database. The purpose of the database is to be able to provide information quickly to emergency responders in the event of any emergency pertaining to persons registered in our database. Adding a photo to the registration forms can help emergency responders identify registered person who may not be able to communicate their name or address due to a medical problem.

Please find the two (2) attached forms that we ask you to fill out as part of your registration with the Shelton Police Department's Medical/Special Needs Registration Database. The first is a form for the Shelton Police Department to enter information into our Computer Aided Dispatch (CAD) database. The second form will obtain information to be added into the State of Connecticut Enhanced-911 (E-911) Information Database.

Information entered into the Shelton Police Department's CAD database will trigger special information "alerts" when your address is entered into the CAD for a call for service. This alert will inform the dispatchers of a particular medical problem or emergency contact information for this residence. Additional information is added to our "Master Name" file that can assist emergency responders.

Information that is entered into the E-911 database will display the information on the E-911 Screen when 911 is called from your residence.

Thank you for your participation in this program. Please feel free to contact me with any questions or suggestions that will ensure that this program is a great success.

Shelton Police Department

Medical/Special Needs Database Registration

Patient Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Distinguishing Characteristics (Scars/Marks/Tattoos):

Medical Conditions:

Medical Prosthetics/Devices

Cautions:

Primary Care Physician: _____ Phone Number: _____

Secondary Physician: _____ Phone Number: _____

Preferred Hospital: _____

Emergency Contact Person: _____ Phone Number: _____

Address: _____ Relationship: _____

Emergency Contact Person: _____ Phone Number: _____

Address: _____ Relationship: _____

I certify that I am the primary care provider for this person: I understand that this information is provided only to assist the Shelton Police Department in the event of emergency to assist this patient or to make contact with the above named emergency contact persons. I understand that I am required to update the Shelton Police Department in the event that any of the above information changes.

Send the completed form to: Shelton Police Department, Special Needs Database, 85 Wheeler Street, Shelton, CT 06484

Primary Care Provider

Date:

How to Alert 9-1-1 to Your Special Needs

You should complete this form if you want your police department, fire department, ambulance, or other emergency response agencies to know about medical conditions or disabilities when you call 9-1-1 in an emergency.

When you call 9-1-1 from a wireline phone, Connecticut's 9-1-1 emergency telephone service displays your name, address, and telephone number at your local 9-1-1 answering point. (A wireline phone is a phone that has a wire from a telephone pole to your home.) Filling out this form will alert the 9-1-1 operator that you or someone else living in your household has a medical condition or disability. This information helps the 9-1-1 operator to provide appropriate emergency help.

If you want the 9-1-1 operator and emergency response staff, (that is the police department, fire department, or emergency medical staff) to know that you or someone else living in your household has a medical condition or disability, fill out this form. This information will be displayed at the 9-1-1 answering point *only* when you call 9-1-1.

This service is *not* available for cell or internet phones.

The information that you provide will be put into the 9-1-1 system and will stay there until you request that it be changed or removed or your account is closed. It is your responsibility to notify us when there is a change in the condition described on this form. When there is a change, send us an updated form.

When filling out this form, be sure to:

1. Provide your name, address, and telephone number.
2. Check the box or boxes which apply.
3. Sign and date the form,

Mail this form to AT&T at this address:

AT&T
Enhanced 9-1-1 DMS Group
310 Orange St., 2nd Floor
New Haven, CT 06510

How to Alert 9-1-1 to Your Special Needs

Telephone Number (include area code) _____

Name _____

Address _____

Town/City _____

Check all the boxes that apply.

- ☐ **B Blind** – Someone at this location is blind or visually impaired.
- ☐ **COG Cognitive Impairment** – Someone at this location has a cognitive impairment.
- ☐ **H/D Hard of Hearing / Deaf** – Someone at this location is hard of hearing or deaf.
- ☐ **LSS Life Support System** - Someone residing at this location is physically linked to equipment required to sustain his or her life.
- ☐ **MI Mobility Impaired** - Someone residing at this location is bedridden, uses a wheelchair, or has a mobility impairment.
- ☐ **PI Psychiatric Impairment** – Someone at this location has a psychiatric impairment.
- ☐ **SI Speech Impairment** – Someone at this location has a speech impairment.
- ☐ **TDD Telecommunications Device for the Deaf** – Someone at this location may be using a TDD/TTY.
- ☐ Please **remove** any existing indicators presently being displayed.
- ☐ Please **change** existing indicators to the ones above.

By completing this form, I understand that I am responsible to notify AT&T of any changes with regard to the above information. I further agree that I will indemnify, defend, and hold harmless AT&T, the State of Connecticut, the Public Safety Answering Point, and my municipality from and against any and all claims, suits, and proceedings resulting from or arising out of the provision of this information.

I understand that this information will remain as part of my 9-1-1 record until such time as I notify AT&T to either change or delete it.

X _____

Signature

_____ Date