



Westford Special Needs Emergency Registry

Residents with disabilities, chronic conditions, and special healthcare needs

Westford Health Department and Emergency Management maintains a registry for residents of all ages - infants to seniors - who live at home and who have special cognitive, developmental, mental health, sensory and mobility disabilities, chronic conditions, and/or other special healthcare needs. Residents of assisted living or nursing homes already have staff to assist first responders. By participating in the registry, you permit Emergency Management and the Westford Health Department to share your information with local and state emergency responders such as town police and/or fire departments. The registry allows first responders and emergency management officials to plan, prepare for, and respond to the needs of the community in an emergency though assistance cannot be guaranteed.

Instructions: To be included in the Registry, please fill out this form, sign it, and send it to: Westford Health Department, 55 Main St., Westford, MA 01886

If you have questions, please call (978) 692-5509. If you cannot fill out this form on your own, please have a family member, caregiver, or other representative complete the form and submit it on your behalf.

GENERAL INFORMATION

Fields marked with an asterisk(*) are mandatory. Please print clearly.

Name*: _____
First Name Middle Name Last Name

Gender*: M F Age: _____ Date of Birth*: _____
(MM/DD/YYYY)

PHYSICAL STREET ADDRESS

Street*: _____ Apartment unit/floor: _____

City/Town: _____ Zip Code: _____

MAILING ADDRESS AS RECOGNIZED BY THE US POSTAL SERVICE (If different from physical street address)

Street*: _____ Apartment unit/floor: _____

City/Town: _____ Zip Code: _____

CONTACT INFORMATION (*A phone number is required)

Home Phone: _____ Text Only Number: _____

Cell Phone: _____ Videophone Number: _____

Email: _____ TTY: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone: _____ Email: _____

LIVING SITUATION

I live in Westford (check all that apply to you)

- Seasonally from: _____ (month) to: _____ (month)
- Year-round
- Split my time between multiple Westford addresses

I live in (select one type of housing):

- Single Family
- Apartment _____ floor
- Condo / Duplex / Townhouse
- Mobile Home
- Other: _____

I live (check all that apply to you):

- Alone with Spouse
- With Family / Friends
- With Caregiver
- In a group home operated by: _____
- In an independent senior living facility / housing
- With other people who are disabled
- Other: _____

LANGUAGE

I prefer to communicate in (select one):

- English
- American Sign Language
- Spanish
- Chinese
- Indian
- French
- Other: _____

RACE Select one:

- White
- African American / Black
- Asian
- Hispanic or Latino
- Native Hawaiian / Pacific Islander
- American Indian / Alaskan Native
- Other: _____

