

What is the Special Needs Registry?

The Special Needs Registry is a completely voluntary program which allows Berlin 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 period 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!

- 1 – Fill out this form as best you can
- 2 – Mail it, fax it or hand deliver it to us!

Berlin Police Department
Attn: Special Needs Registry
240 Kensington Road
Berlin, CT 06037
(860) 828-7080
Fax (860) 828-7590

About Lillian Bolin

This Special Needs registry is dedicated to Lillian Bolin, a resident of Berlin for over 30 years, who was sadly taken by a fire in her home on March 6, 2009. She was active in the Berlin community, as a member of the Berlin Congregational Church, as an avid bridge player at the Senior Center, and for many years, as one of the Timberlin 9 Holers. She was a faithful supporter of the Cabaret Theater and loved dancing and traveling, until several mini-strokes left her dependent on a walker and later a wheelchair. Although she could not get out as often, she remained a cheerful and caring friend, neighbor, devoted mother, grandmother, and continued to enjoy her bridge games and visits with friends and family at home. It would make her very happy to know that because of her life, others might be saved through this registry.



The Berlin Police Department
240 Kensington Road
Berlin, CT 06037
(860) 828-7080
Fax (860) 828-7590
www.berlinpd.org

In cooperation with

The Town of Berlin Fire Department
Hunter's Ambulance
The Berlin Department of Social Services
The Berlin Visiting Nurse's Association
The Berlin Senior Center
The Berlin Fire Marshal's Office



SPECIAL NEEDS REGISTRY

The Lillian Bolin Memorial



Town of Berlin
SPECIAL NEEDS REGISTRY
Application

Submitter Information

(If not applicant)

Name _____

Contact number _____

Relationship _____

Applicant Information

Name _____

Address _____

Number / Street / Apt Number

Berlin Kensington East Berlin

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 then explain the extent)

Hearing Cognitive

Visual Allergies

Mobility Other

Chemical sensitivities

Will your disability status
change in 6 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 dependant

I use a TDD/TT device

I would require special transportation in
the event I had to evacuate my home

I rely on in-home healthcare assistance

I have a mobility concern and rely on the
use of a

Wheelchair

Walker

Cane

Other _____

I would require special transportation in
the event I had to evacuate my home

I depend on electricity powered life
sustaining medical equipment

Respirator equipment

In-home dialysis

Other _____

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. In the event that they wander
away, the picture can be distributed to
officers, firefighters and EMTs to expedite a
search.

I have included a photograph

Signature

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

Signature: _____

Date: _____