



FIRST RESPONDERS DISABILITY REGISTRY

Village of Pleasantville • Police Chief Erik Grutzner

ENROLLMENT FORM – For PLEASANTVILLE 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 • Pleasantville PD • 80 Wheeler Ave • Pleasantville, NY 10570

OR EMAIL completed form (PDF) with a scanned photo to: policechief@pleasantville-ny.gov



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="radio"/> MALE <input type="radio"/> FEMALE	E-MAIL ADDRESS		
PHONE NO.		CELL PHONE NO.	
ADDRESS		APT.	Pleasantville NY
<input type="radio"/> SINGLE FAMILY HOUSE <input type="radio"/> MULTI FAMILY HOUSE			
APARTMENT BUILDING <input type="radio"/> YES <input type="radio"/> NO	FLOOR	ELEVATOR <input type="radio"/> YES <input type="radio"/> NO	
DO YOU LIVE ALONE? <input type="radio"/> YES <input type="radio"/> NO	DO YOU LIVE WITH FAMILY? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> OTHERS		
IS THERE AN OWNER OR MANAGER OR NEIGHBOR IN YOUR BUILDING TO CONTACT TO HELP US IN CASE OF AN EMERGENCY? <input type="radio"/> YES <input type="radio"/> 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="radio"/> YES <input type="radio"/> NO	NEED ASSISTANCE? <input type="radio"/> YES <input type="radio"/> NO	YOUR WEIGHT:
DO YOU USE OXYGEN AT HOME? <input type="radio"/> YES <input type="radio"/> NO	HOW IS IT STORED?	
DO YOU HAVE LIFE SUPPORT EQUIPMENT? <input type="radio"/> YES <input type="radio"/> NO	DIALYSIS EQUIPMENT? <input type="radio"/> YES <input type="radio"/> NO	
DO YOU HAVE AN ELECTRIC POWERED WHEELCHAIR OR MOTORIZED SCOOTER? <input type="radio"/> YES <input type="radio"/> NO		
STANDARD WHEELCHAIR? <input type="radio"/> YES <input type="radio"/> NO		

HEARING IMPAIRMENT <input type="radio"/> YES <input type="radio"/> NO DO YOU USE A TDD SYSTEM <input type="radio"/> YES <input type="radio"/> NO	
BLIND <input type="radio"/> YES <input type="radio"/> NO LEGALLY BLIND <input type="radio"/> YES <input type="radio"/> NO OTHER VISUAL PROBLEMS <input type="radio"/> YES <input type="radio"/> NO	
IF YES, PLEASE EXPLAIN	
PLEASE TELL US IF YOU HAVE DEVELOPMENTAL DISABILITIES OR MENTAL HEALTH ISSUES	
DEVELOPMENTAL OR NEUROLOGICAL DISABILITIES <input type="radio"/> YES <input type="radio"/> NO AUTISM OR SIMILAR CHALLENGES? <input type="radio"/> YES <input type="radio"/> NO	
DIFFICULTY SPEAKING WITH OTHER PEOPLE <input type="radio"/> YES <input type="radio"/> NO ARE YOU UNABLE TO SPEAK <input type="radio"/> YES <input type="radio"/> NO	
PROBLEMS DEALING WITH STRANGERS <input type="radio"/> YES <input type="radio"/> NO DIFFICULTY RESPONDING TO WHAT PEOPLE ASK YOU TO DO <input type="radio"/> YES <input type="radio"/> NO	
SIGNIFICANT MOBILITY DIFFICULTIES <input type="radio"/> YES <input type="radio"/> NO LIFESAVER TRACKING DEVICE <input type="radio"/> YES <input type="radio"/> NO	
PTSD <input type="radio"/> YES <input type="radio"/> NO WANDER AWAY <input type="radio"/> YES <input type="radio"/> NO SERVICE ANIMAL <input type="radio"/> YES <input type="radio"/> NO	
FRIENDS, FAMILY, AND EMERGENCY CONTACT INFORMATION	
ARE YOU FILLING OUT THIS ENROLLMENT FORM, OR IS SOMEONE ELSE FILLING OUT THIS FORM FOR YOU? <input type="radio"/> SELF <input type="radio"/> OTHER	
NAME	PHONE NO.
EMERGENCY CONTACT (WHO TO CALL IN THE EVENT OF AN EMERGENCY)	
NAME	PHONE NO.
WHO IS YOUR DOCTOR, IN CASE WE NEED TO CALL ON YOUR BEHALF?	
NAME	PHONE NO.
OTHER INFORMATION	
NICKNAME <input type="radio"/> YES <input type="radio"/> NO IF YES,	
PRIMARY LANGUAGE <input type="radio"/> ENGLISH <input type="radio"/> SPANISH <input type="radio"/> OTHER	
IS THERE A WEAPON IN YOUR HOME? <input type="radio"/> YES <input type="radio"/> NO A GUN OR OTHER FIREARM? <input type="radio"/> YES <input type="radio"/> NO	
IS THERE ANYTHING ELSE SPECIAL OR DIFFERENT ABOUT YOU THAT WE SHOULD KNOW IN ORDER TO HELP YOU?	
SIGNATURE	DATE
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.	