

CARE

Citizens Assistance Registry for Emergencies



CARE Program Statement

Emergencies can take many forms. Ice storms, floods, fires, major traffic accidents, and similar events can cause power outages, isolate individuals, or prompt the need for evacuation. For elders, or for people with certain disabilities, such events, if prolonged, can become life-threatening if no one is available to help.

The Citizens Assistance Registry for Emergencies (CARE) program was created to help. CARE's key partners are the United Ways of Vermont, Vermont 211, Vermont 911, and Vermont Emergency Management. CARE helps emergency responders identify Vermonters who might need special assistance in case of a wide-scale event.

NOTE: Registration in CARE does not guarantee a person's safety. It is the registrant's responsibility to call 911 if they have an emergency and need medical, police or fire responders. ***CARE is a tool designed to assist responders to potentially provide special assistance in the event of a wide-scale emergency.*** How and when the information in the CARE program is used is solely the responsibility of emergency responders.

For more information on how to register, please visit e911.vermont.gov/care or complete the form on the other side of this page, seal it closed, attach postage and drop it in the mail.

Citizens Assistance Registry for Emergencies (CARE)



Questions?
Call 2-1-1



Would you need help in an emergency or evacuation?

If you have a disability or other special circumstances which may cause you to need special help in an emergency, please complete this form and return it to Vermont 211, P.O. Box 111, Essex Jct., VT 05453 or e-mail to: info@vermont211.org.

PLEASE MARK AN "X" IN EACH BOX THAT APPLIES TO YOU.

I would need assistance if my area was:

being evacuated

isolated (road closures, blizzards, etc.)

had a long-term power outage

PLEASE MARK AN "X" IN EACH BOX THAT APPLIES TO YOU.

I do not have transportation available to leave the area in an emergency.

I can ride in car.

I can ride in a van or bus.

I use a wheelchair and need a wheelchair van.

I would need to ride in an ambulance.

I have specialized medical equipment that is powered by electricity and will require special transportation.

My battery back-up will last: < 24 hours > 24 hours

I have a service animal.

I am deaf or hard of hearing and/or do not speak English.

I have a visual impairment.

I use oxygen and have a back-up supply that will last:

< 8 hours > 8 hours

Please note: SUBMISSION OF THIS FORM DOES NOT GUARANTEE YOUR SAFETY! You will still be responsible for contacting emergency personnel should you feel you are in danger.

By completing this form, you understand that all groups involved in helping to keep you safe in an emergency may have access to the information.

REGISTRANT NAME: _____

STREET ADDRESS: _____

PHONE: _____

E-MAIL: _____

ALTERNATE CONTACT NAME: _____

PHONE: _____

E-MAIL: _____

This form will be destroyed once your personal information is entered into the 911 database.

A representative of CARE may contact you in the future to update your registration.