

CHERRY HILLS VILLAGE POLICE DEPARTMENT SPECIAL NEEDS REGISTRY

The Cherry Hills Village Police Department Special Needs Registry is a database containing information about individuals in the Village with special needs who may require assistance in the event of a disaster. The information may also be used to assist emergency personnel and volunteers in providing assistance. Participation on the Special Needs Registry is voluntary.

The Police Department's mission is to assess and plan for hazards and emergencies and work with other public safety agencies to ensure public welfare. As a pre-planning tool, the Special Needs Registry should be considered for all people who have special needs. For the purposes of this registry we would define individuals with "special needs" as:

Individuals who, due to physical, mental, developmental conditions or advanced age, are functionally limited in their ability to independently carry out activities of daily living.

This definition could be expanded during times of disaster to include:

Individuals who, due to a disaster (actual or impending), are at increased risk of being functionally limited in their ability to independently carry out activities of daily living.

The Village will use reasonable efforts to protect the information provided in this form including pursuing legal action to prevent disclosure when deemed necessary and appropriate by the Village. However, the Village does not warrant the information provided will be held confidential under the Colorado Open Records Act. Please do not provide information that you believe would compromise your security.

Entering data in this registry does not guarantee that a specific emergency situation will be handled in any particular order or manner.

Registrant Information

Last Name _____ First Name _____ MI _____

Address: _____ City: CHV State: CO

Zip Code: _____

Phone/TTY _____(H) _____(Cell) Email: _____

Sex: Male ___ Female ___ Date of Birth: ____/____/____ Weight: _____

Height: _____

Number of relatives living with you who will accompany you to a shelter if need be:

Yearly resident? Yes ___ No ___ If no, from _____ to _____

Do you have pets? Yes ___ No ___

Do you have arrangements for them in an emergency? Yes ___ No ___

Please be advised that pets may NOT accompany you to a shelter unless they are service animals.

Evacuation Information

Will you require evacuation assistance? Yes _____ No _____

Do you: _____ Care for yourself **or** _____ Regularly have assistance from a caregiver

Name of Caregiver: _____ Phone _____

Address: _____ City: _____
Zip: _____

Transportation (check all that apply)

I will provide my own transportation; I am ambulatory, with assistance
 I need a wheelchair lift equipped vehicle
 I can transfer from a wheelchair to a seat; I am bedridden and require
stretcher transport.

Is Your Disability: Temporary or Permanent

If temporary, please give a medical release date: _____

Note: unless you notify registry personnel, you will be deleted from registry as of the
above date.

Type of Disability (check all that apply)

Hearing Impaired; Blind; I have a hearing/seeing service animal
which will accompany me
 Mental Health Disability; Bedridden; Alzheimer's/Dementia
 Wheelchair Dependent; Respirator Dependent; Dialysis Dependent;
Other: _____

Special Equipment (check all that apply)

Wheelchair; Does it require electricity? Yes No ; Walker/cane
 Portable Oxygen – Hours per day: _____
Other(please describe): _____

I hereby authorize first responders of from the City of Cherry Hills Village Police
Department and other agencies, including but not limited to the Fire Department and
Emergency Medical Service, to enter my home during search and rescue operations
during an emergency. I hereby authorize the release of the foregoing information to
Police Department and other emergency responder personnel for official use in helping
to identify and assist me, my family members, wards or clients during an emergency. I

understand that completion of this form is voluntary and does not guarantee any special treatment or that a specific emergency situation will be handled in any particular order or manner.. I acknowledge that I am responsible for the accuracy of the foregoing information and for updating the information when it changes or annually, and that it will be removed from the database and destroyed if not updated after two (2) years.

Registrant Signature: _____ Date: _____

Caregiver: _____ Date: _____ *(if registrant is unable to sign)*

Relationship to Registrant (if any): _____

Please send form back to:

Cherry Hills Police Department
2450 E. Quincy Avenue
Cherry Hills Village, CO 80113