

Bloomington/Monroe County Special Needs Registry
220 E. 3rd Street, Bloomington, IN 47401

Full Name: _____
Residential Street Address: _____ Apt. number: _____
City: Bloomington State: IN Zip: _____
Email: _____
Best contact telephone number: _____
Residential telephone number: _____

Medical Impairments

NOTE: Please list only *substantial* impairments

- | | | |
|--|---|--|
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Supplemental Oxygen User | <input type="checkbox"/> Other (please describe) |

Additional information that you believe Emergency Dispatch should know (continue on back if necessary):

Primary Contact

Name: _____
Residential Street Address: _____ Apt. _____
City: _____ State: _____ Zip: _____
Email: _____ Best contact telephone number: _____

Secondary Contact

Name: _____
Residential Street Address: _____ Apt: _____
City: _____ State: _____ Zip: _____
Email: _____ Best contact telephone number: _____

Other Information/Additional Contacts (continue on back if necessary)

I have provided the information above by my own free will and hereby request inclusion in the registry. I acknowledge that this is a legal document. I hereby affirm that the information I've provided above is true and accurate, to the best of my knowledge, under penalties of perjury. I understand this information will be kept strictly confidential and will be used only in case of emergency. I have read and understand the conditions associated with this database, including the absence of guarantees of service or response in an emergency. It is my intent to be bound by these conditions.

Signature: _____ Date: _____

Form available in alternative formats upon request. Call 349-3429 or e-mail
human.rights@bloomington.in.gov.
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