

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

Full Name: \_\_\_\_\_  
Residential Street Address: \_\_\_\_\_ Apt. number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ 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. number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Best contact telephone number: \_\_\_\_\_

**Secondary Contact**

Name: \_\_\_\_\_  
Residential Street Address: \_\_\_\_\_ Apt. number: \_\_\_\_\_  
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.
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form available in alternative formats upon request. Call 349-3429 or e-mail  
[human.rights@bloomington.in.gov](mailto:human.rights@bloomington.in.gov).

[ **Registration Form Page 2** ]

Definition: Throughout this document the person applying for inclusion in the database form will be referred to as “you.”

1. **Parties and Services:** You contract with the program to have information obtained through this registration form distributed to the Monroe County dispatch for use during a 911 emergency call or other emergency situation.
2. **Terms:** This agreement starts when the dispatch system has placed your special needs information in the dispatch computer program.
3. **Your Duties:** All information must be completed on this registration form in order for your name to be included in the database. Registrants are responsible for promptly providing updates of any of this information (change of address, telephone number, medical conditions). Registrants also shall ensure that their telephone company address includes their current apartment number, if applicable. The persons named as nearest support and the non-local contact person must be made aware that they are listed and may be contacted in an emergency situation.
4. **Interruption of Services:** If you do not call from your home phone or if your home telephone is not working, dispatch may not be able to automatically access your information regarding your special health need(s).
5. **Consent to Distribute Information:** You are voluntarily providing certain medical information for the purpose of the special needs database. You agree that Monroe County dispatch, responders, and any special needs database affiliates all may receive the information obtained on this consent form or otherwise provided by you. You acknowledge that all communication between you and the special needs database or dispatch may be recorded.
6. **Assignment:** This registration form may not be assigned to a different individual.
7. **Warranties and Disclaimer:** You understand and agree that the special needs database does not provide or intend to imply any medical services or medical treatments for you. If you suffer a medical occurrence, property loss or damage during a medical emergency, the special needs database affiliates assume no responsibility for any of these losses. Further, the special needs database affiliates assume no responsibility for any losses which may occur as a result of negligent performance or failure of performance on the Monroe County area dispatch or special needs database affiliates. You assume all risk of loss or damage to the premises or the contents thereof, or any personal injury.
8. **Entire Agreement / Modifications:** This consent shall constitute the entire agreement between you and the special needs database. The registration form may be modified in writing only by you and a special needs database affiliate. The parties agree that this agreement will be governed by the laws of Monroe County, Indiana.
9. **Hold Harmless:** You agree to indemnify and hold harmless the Special Needs Database, its affiliates, employees, volunteers, and emergency responders from and against all third party claims, lawsuits and losses alleged to be caused by the performance, negligent performance, or lack of performance of the special needs database and its affiliates as stated in this registration form.

Signature \_\_\_\_\_

Date \_\_\_\_\_