

What is the Enfield CARES Registry?

The Enfield CARES Registry is a completely voluntary program that helps Enfield residents learn more about Town programs and services and makes Town staff aware of any special medical needs or conditions residents have in case of emergency. The information in the registry is kept confidential unless you give us permission to share it with Enfield's Emergency Responders.

Is the Enfield CARES Registry right for me?

The Registry is a helpful tool that allows us to better serve you and keeps you connected to services.

How to Register:

Registering is simple!

Fill out this form and email, mail, fax, hand deliver it to us! You can also fill out the form on the Enfield DSS Website at:

<https://www.enfield-ct.gov/429/Social-Services>

*Department of Social Services
Enfield CARES Registry*

Attention: Community Services

110 High Street

Enfield, CT 06082

Fax: 860-253-6400

Email: communityservices@enfield.org



Enfield CARES:

Community Access to
Resources and
Emergency Services

For information, questions or
concerns call:
Enfield Social Services
860-253-6396

Town of Enfield
Social Services

110 High Street
Enfield, CT 06082

Phone: 860-253-6396

Fax: 860-253-6400

Email: communityservices@enfield.org



Enfield
CARES
Registry

Annual Enfield CARES Registry Application

Submitter Information (If not applicant)

Name: _____

Phone Number: _____

Relationship: _____

Applicant Information

Name: _____

Address: _____
Number/Street/Apt. Number

Date of Birth: ____/____/____

Male Female

Age: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact Information

Primary Contact

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Relationship: _____

Secondary Contact

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Relationship: _____

Background Information

(Check all that apply then explain the extent)

- Hearing Cognitive
- Visual Behavioral Health
- Mobility Allergies
- Chemical Sensitivities
- Other: _____

- I have a service animal or guide dog.
Type: _____
- I use in-home oxygen.
- I am oxygen dependent.
- I use a TDD/TT Device.
- I would require special transportation in the event I have to evacuate my home.
- I rely on in-home healthcare assistance.

- I have a mobility concern and rely on the use of a:
 - Wheelchair
 - Walker
 - Cane
 - Other: _____

I depend on electricity powered life sustaining medical equipment:

- Respirator equipment
- In-home dialysis
- Other: _____

- I have Eversource protection.

Physician: _____

Phone Number : _____

Signature and Authorizations

- I understand that the information Provided to the Enfield Department of Social Services is voluntary and will remain confidential.
- I consent to have Enfield Department of Social Service's staff contact me on a regular basis and share relevant information with emergency responders as necessary.
- I understand that I can remove my name from the registry at any time by contacting the Enfield Department of Social Services at 860-253-6396.
- I give Enfield Social Services staff permission to contact the people listed as my Emergency Contacts.
- I am interested in hearing about other Town services.

Signature: _____

Date: _____