



North County Fire & Medical District Special Needs Resident Voluntary Registry - Information Form

This is a voluntary registry for North County Fire & Medical District residents to assist public safety personnel in identifying persons with special needs or disabilities who may require special assistance in the event of an emergency.

Resident Name (*print*): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person: _____ Phone: _____

Residence Key Holder Name: _____ Phone: _____

Residential Lockbox Installed: (*circle one*) YES / NO

Email Address: _____

Special Needs: (*check all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Wheel Chair/Scooter Dependent | <input type="checkbox"/> Utilizes Guide Dog |
| <input type="checkbox"/> Non-ambulatory | <input type="checkbox"/> Developmentally Disabled |
| <input type="checkbox"/> Hard of Hearing or Deaf | <input type="checkbox"/> Sight Impaired or Legally Blind |
| <input type="checkbox"/> Dementia or Alzheimer's | <input type="checkbox"/> Utilizes Life Sustaining Machines |
| <input type="checkbox"/> Speech Impediments | <input type="checkbox"/> Other (<i>please specify</i>) |

I understand that the information provided is voluntary and will only be used by emergency personnel in the course of their duties. I also understand that I am solely responsible for updating this information with the Fire District on an annual basis or more frequently if changes occur.

Special Needs Resident Signature: _____ Date: _____

Once you have completed this form, please mail or deliver the form to:

North County Fire & Medical District
Community Risk Management Division
18818 N Spanish Garden Drive
Sun City West, AZ 85375
(623) 544-5400

Upon receipt of a **signed and completed** form by the Fire District, each individual will be entered into a confidential database.
Registration must be renewed each year.

THIS SECTION FOR FIRE DISTRICT USE

- New Program Participant Registration Current Program Participant Information Update

Fire District Map Page: _____ RMS Input: _____

(*Printed Name, Employee Number and RMS Input Date*)