



# Special Needs Registry WILL COUNTY ILLINOIS

All forms are being collected by a central agency.  
Please mail to:  
Will County Emergency Management Agency  
302 N. Chicago St.  
Joliet, IL 60432

The Special Needs Registry is a cooperative public safety program in Will County. It is designed to ensure the safety of those residents of Will County that are most vulnerable to emergencies and disasters, the elderly and infirmed and those with various disabilities. The information you provide about your health and medical condition may be shared with the health department, police, fire and other emergency workers to assist them in responding to a disaster or emergency. You may revoke your consent to sharing information at any time by sending a written request to Will County Emergency Management Agency, 302 N. Chicago Street, Joliet, IL 60432. Providing this information does not insure that you will receive special treatment, but your needs will be given consideration. ***By submitting this information, you consent to sharing the information on this form.***

**Required fields are in Red.**

## Registrant Information

Prefix:	<b>First Name:</b>	<b>Last Name:</b>	Suffix:	
<b>House Number:</b>	<b>Street Direction</b>	<b>Street Name:</b>	<b>Street Type:</b> (St., Dr., etc.)	<b>Apt. #:</b>
<b>City:</b>	<b>State</b>	<b>Zip Code:</b>		
<b>Closest Major Intersection:</b>				
<b>Home Phone:</b>	<b>Cell Phone:</b>			
<b>Email:</b>				
<b>Gender:</b> Male	Female	<b>Date of Birth:</b>	(mm/dd/yyyy)	
<b>Primary Language Spoken:</b>		Choose one	List here if other:	

## Next of Kin or Person Responsible for Healthcare

Prefix:	<b>First Name:</b>	<b>Last Name:</b>	Suffix:	
<b>Address:</b>				
<b>City:</b>	<b>State</b>	<b>Zip Code:</b>		
<b>Home Phone:</b>	<b>Cell Phone Number:</b>	<b>Email:</b>		

## Special Needs

Special Circumstance and Required Assistance (Check all that apply):

### Special Circumstance

- I have a visual impairment
- I have a hearing impairment
- I have a mobility impairment
- I have a service animal (i.e.: seeing eye dog)
- I live alone
- I am confined to my home
- I have no assistance in the area
- I have a pet
- I am developmentally disabled
- I have another disability (describe):  
NOTE: Please separate multiple items with a semicolon (;)

### Required Assistance

- I need transportation
- I need assistance with basic daily care

Special Needs / Equipment (Check all that apply):0

- |  |  |
|--|--|
| <input type="checkbox"/> Oxygen                  | <input type="checkbox"/> Wheelchair, walker, cane  |
| <input type="checkbox"/> Ventilator / Respirator | <input type="checkbox"/> IV Support  |
| <input type="checkbox"/> Dialysis                | <input type="checkbox"/> Other (list): NOTE: Please separate multiple items with a semicolon (;) |

DID YOU HEAR ABOUT THE SPECIAL NEEDS REGISTRY THROUGH THE "FILE FOR LIFE"  
YES                      NO                      NOT SURE?

**Information Provided By:**

**Relationship to Registrant:**

WOULD YOU LIKE TO RECEIVE A "FILE OF LIFE"?                      YES