



Rhode Island Special Needs Emergency Registry

For people with disabilities, chronic conditions, and special healthcare needs



The Rhode Island Department of Health (HEALTH) and the Rhode Island Emergency Management Agency (RIEMA) have developed a registry for **Rhode Island residents with disabilities, chronic conditions, and special healthcare needs**. By filling out this form, you will permit EMA and HEALTH to share your information with local and state emergency responders, such as your town/city police or fire department. The information that you provide may help emergency responders meet your needs during an emergency.

Instructions: To be included in this registry, please fill out one form, sign it, and send it to **RIEMA, Database Manager, 645 New London Ave, Cranston, RI 02920** OR register online at www.health.ri.gov/emregistry. If you have questions, please call 401-946-9996 (voice) or RI Relay 711 (TTY). If you cannot fill out this form on your own, please have a family member or caregiver complete the form, sign it, and send it in on your behalf.

Fields marked with an asterisk (*) are mandatory.

☐ New Registration ☐ Updated Registration

General Information

NAME* (Last, First, Middle): _____ SEX: ☐ Male ☐ Female Year of Birth: _____

STREET ADDRESS*: _____ APARTMENT/UNIT or FLOOR: _____

CITY/TOWN*: _____ ZIP CODE*: _____

HOME TELEPHONE*: _____ TDD/TTY: _____

LANGUAGE: In what language do you prefer to receive emergency communications or assistance?

☐ English ☐ Spanish ☐ Portuguese ☐ French ☐ Vietnamese
☐ Chinese ☐ Hmong ☐ Cambodian ☐ Lao ☐ Other _____

ETHNICITY: Do you consider yourself Hispanic or Latino? ☐ Yes ☐ No

RACE: Check all that apply

☐ White ☐ American Indian/Alaskan Native ☐ African American/Black
☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Other _____

Mobility

Are you confined to bed? ☐ Yes ☐ No

Can you walk without assistance? ☐ Yes ☐ No

Which of the following do you use? (Check all that apply)

☐ Wheelchair/Mobility Vehicle
☐ Walker/Cane ☐ Prosthesis
☐ Crutches ☐ Other: _____
☐ Assistive Animal ☐ None of the above

Vision, Hearing, Speech, and Other Disabilities

Are you...(Check all that apply)

☐ Visually impaired ☐ Non-verbal
☐ Legally blind ☐ Cognitively/
Developmentally delayed
☐ Hard of hearing ☐ Other: _____
☐ Deaf ☐ None of the above
☐ Speech impaired

Life Support Systems

Which of the following life support systems do you use?
(Check all that apply)

☐ Oxygen
☐ Respirator/Ventilator
☐ Dialysis
☐ Electrical (Pacemaker, Defibrillator)
☐ Other: _____
☐ None of the above

Are you insulin-dependent? ☐ Yes ☐ No

NOTE: By signing this form and submitting it to the RIEMA, I agree to permit my information to be shared with local and state emergency responders. I understand that while RIEMA will share this information in order to better assist me during an emergency, they cannot guarantee assistance in all cases. I also understand that this is a voluntary program.

Signature of
person filling out form: _____ Date: _____