

County of Saratoga
Office of Emergency Services
Registration Request Form for the Special Needs Registry

Name: _____

Home Address: _____ Apt.# _____

City/Town/Village: _____ Zip Code _____

Home Telephone: _____

Mailing Address (if different): _____

Date of Birth: _____ Sex: Male Female

Residence Type: Private Home Apartment/Condo Mobile Home

Retirement Home Other: _____

Are you a year-round resident? Yes No - If no, from _____ to _____

Check all that apply:

- Mobility Impairment
- Major Respiratory Illness
- Receive services from the County Mental Health Center
- Receive service coordination from an agency servicing individuals with developmental disabilities?
- Other: _____

I understand that my participation in this registry is voluntary and all information maintained will be strictly confidential, used only for emergency purposes, and hereby request registration in the *Saratoga County Special Needs Registry Program*.

Signature of Registrant: _____ Date: _____

Caregiver: _____ Date: _____

Relationship to registrant (if any) _____

Return this form to:
Saratoga County Office of Emergency Services
25 West High Street
Ballston Spa, NY 12020
Telephone: 885-2232 FAX 884-4707

Please notify the Office of Emergency Services at 885-2232 in the event any of the above information changes. You may be contacted periodically to update and verify our records.