



# County of Saratoga Office of Emergency Services

25 West High Street  
Ballston Spa, NY 12020

Phone: (518) 885-2232 \*Fax: (518) 884-4707

## 9-1-1 Special Needs Registry Application

\_\_\_\_\_  
Last First Middle Name

\_\_\_\_\_  
Address City State Zip Code

\_\_\_\_\_  
Home Phone Cell Phone Email

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:**  Male  Female

**Residence Type:**  Private Home  Apartment/Condo  Mobile Home  Retirement Home

Other: \_\_\_\_\_ Yearly resident?  Yes  No If no, from \_\_\_\_\_ to \_\_\_\_\_

**Is Your Disability:**  Temporary **or**  Permanent

If temporary, please provide a medical release date: \_\_\_\_\_

*If temporary, you will be removed following the release date.*

**Type of Disability:** (check all that apply)

Mobility Impairment  Major Respiratory Illness  Mental Disability  Hearing Impaired

Blind  I have a hearing/seeing service animal which will accompany me

Bedridden  On Ventilator  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 9-1-1 Special Needs Registry Program.*

Signature of Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver Home Phone: \_\_\_\_\_ Caregiver Cell Phone: \_\_\_\_\_

Relationship to registrant (if any) \_\_\_\_\_

Please Mail form back to: **Saratoga County Office of Emergency Services**  
**25 West High Street**  
**Ballston Spa, NY 12020**

*Please notify the Office of Emergency Services at (518) 885-2232 in the event any of the above information changes. You may be contacted periodically to update and verify our records.*