

# Acton Emergency Management Agency

## Emergency Assistance Registry Form

Name:			
Date of birth:			
Mailing Address:			
Physical address:			
If seasonal give dates of residency in Acton:			
Phone:	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Landline	
Email:			
Send Alerts Using:	<input type="checkbox"/> Text	<input type="checkbox"/> Voice Call	<input type="checkbox"/> Email <i>Select all that apply</i>
Emergency Contact Name:			
Relationship:		Emergency Contact Phone:	

I may require assistance because: (check off all that apply)

- I live alone
- I receive medical or personal care in my home
- I do not speak English.
- I do not have personal transportation
- I take medication daily
- I have diabetes, cancer, epilepsy, heart or other disease
- I sometimes get confused
- I have trouble seeing
- I have difficulty hearing
- I use a cane, walker, wheelchair or other equipment
- I am confined to bed
- I use oxygen
- I need electricity for my medical equipment
- I use the following medical equipment:

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I have these other needs you should know about:

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Forms can be submitted by email to [ema@actonmaine.org](mailto:ema@actonmaine.org), or delivered to the Town Administrator  
(Please mark "CONFIDENTIAL" in the subject line)