

**Fairfield Social Services**  
**Vulnerable Resident Outreach Registry**

Fairfield Social Services maintains a registry of vulnerable residents who wish to receive a wellness call in the event of a town-wide emergency. If you are a Fairfield resident 65+ and/or homebound or disabled, and would like to have your name added to the Outreach Registry, please complete the form below. You may email it to [socialservices@fairfieldct.org](mailto:socialservices@fairfieldct.org), or mail completed form to Fairfield Social Services, 100 Mona Terrace, Fairfield, CT 06824. For more information, please call Social Services at 203-256-3170.

**Personal Information**

- Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- Home Address: \_\_\_\_\_
- Email Address: \_\_\_\_\_

**Emergency Contact**

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

**Vulnerability Details**

- Requires assistance during emergency (e.g. evacuation, transportation)
- Lives Alone
- Uses Life Support System(s):  
Check any that apply:     Oxygen     Respirator     Ventilator     Dialysis
- Temporary limitations
- Mobility issues         Uses a walker, wheelchair or is confined to bed
- Is blind, deaf, hard of hearing, or has trouble seeing
- Cognitive Impairment (such as dementia, Alzheimer's)
- Developmental Disability     Mental health challenges
- Has caregiver:         Full-time     Part-time
- Has service or companion animal

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By completing/signing this form, you agree that your information will be added to the Vulnerable Resident Registry. Registration into this database is not a guarantee of services or priority placement for emergency response. In case of a life-threatening situation, please call 911 directly.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date signed: \_\_\_\_\_

**Confidentiality Statement for Vulnerable Resident Registry**

We are committed to maintaining the confidentiality and security of all information collected through our Vulnerable Resident Registry. This registry is designed to gather essential details about individuals who may require special assistance during emergencies or other critical situations. We recognize the sensitivity of the information provided and adhere to strict protocols to protect your privacy.

**Key Points of our Confidentiality Policy:**

1. **Secure Storage:** All information collected will be stored securely in accordance with industry standards for data protection.
2. **Limited Access:** Access to registry information will be restricted to authorized personnel directly involved in emergency response and support services.
3. **Purpose Limitation:** Information gathered will only be used for the purpose of coordinating and delivering necessary assistance during emergencies.
4. **Consent:** Participation in the registry is voluntary, and individuals have the right to withdraw consent or update their information at any time.
5. **Non-Disclosure:** We will not disclose registry information to third parties except as required by law or with explicit consent from the individual.
6. **Data Integrity:** We strive to ensure the accuracy and relevance of information collected, encouraging individuals to update their details as needed.

By participating in our Vulnerable Resident Registry, you entrust us with sensitive personal information, and we take this responsibility seriously. We are committed to upholding the highest standards of confidentiality and protecting your privacy throughout our operations.