

major emergency
a way to protect you in a

protective of your privacy

strictly confidential

voluntary

free

Registry is...
The NJ Special Needs

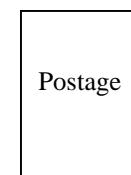
ers are unavailable to help them during a crisis.
of transportation - particularly if family, friends, or caregivers
physical or cognitive limitation, language barrier, or lack
who may find it difficult to self-evacuate because of a
tant for People with Special Needs, which includes anyone
Advance planning and preparedness is especially import-
emergency response - before, during, and after a disaster.
Personal preparedness is at the heart of public safety and



This Special Needs Registry is designed to help emergency responders locate and safely evacuate people who could find it difficult to help themselves in the event of a major disaster, such as a hurricane.

Emergency responders need to know where you are and what special help you might need to assist in helping to evacuate you quickly and safely.

Complete this form for you or anyone you know who may need assistance in an evacuation. This information is considered CONFIDENTIAL. No information will be intentionally shared with anyone other than the emergency responders and participating agencies. Mail completed form to: Aberdeen Office of Emergency Management, One Aberdeen Square Aberdeen, NJ 07747



First Name: _____ M: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Municipality: _____

Phone: _____ TTY Phone

Secondary Phone: _____

Does Not Have a Phone

Date of Birth: _____ / _____ / _____
(mm / dd / yyyy) Height: _____
(Feet / Inches) Weight Over
300 lbs

Personal Information for Emergency Contact:

Please provide the requested information for an individual with whom we can discuss your situation in the event that an emergency necessitates this.

I choose not to provide emergency contact information

FIRST NAME: _____ MI: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

Relationship to Individual: _____ Email: _____

Evacuation Information:

If there were an emergency requiring evacuation, the individual may have difficulty evacuation or being notified of the need for evacuation because of the following condition's. Check all that apply:

- Sight Impaired
- Hearing Impaired
- Speech Impaired
- Physically Impaired
- Completely Bedridden
- Mentally / Memory Impaired
- Dementia / Alzheimer's
- Dialysis
- Requires Skilled Nursing
- Other: _____

- Does Not have access to a car
- Does Not have a radio
- Does Not have a television
- Does Not speak English

Primary Language: _____

Has Difficulty Walking & Requires:

- Manual Wheelchair
- Motorized Wheelchair
- Walker / Cane
- Attendant to Assist Ambulating

Requires medical equipment that is not easily transportable

- Oxygen or Concentrator Cylinder
- Ventilator
- Suction machine
- Other Equipment: _____

Duration of Need

Are ALL of the conditions resulting in the need for evacuation assistance temporary?

(Example: The individual is bedridden due to pregnancy complications, but is expected to be recover fully after delivery.)

Yes

No, the conditions are expected to be permanent

If Yes, Please provide an estimated date when the condition will be resolved

Month: _____ Year: _____

1. Does the person in need have a service animal? (i.e.: a seeing-eye dog)

Yes

No

2. Does the person have pets?

Yes

No

3. Does the person in need have medications that must be taken with them if evacuated?

Yes

No

4. Does the person in need have a 24 hour care giver?

Yes

No

5. Does the person in need require evacuation assistance 24/7 ?

Yes

I need Assistance from ____:____ A.M. / P.M. ____:____ A.M. / P.M

No

6. Is the person in need a temporary resident

Yes

I am a resident from _____ to _____

No

(month) (month)

If there is any information that may be useful for our emergency personnel that cannot be answered in this survey, please list it here: _____

