

## Monroe Township Special Needs Registry

The following is strictly for identification with the minimum data requested from individuals with disabilities and frail elderly who volunteer to register.

### Personal/Residency Information

- First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Last Name: \_\_\_\_\_
- Sex  Male  Female
- DOB \_\_\_\_\_ Date Form Completed: \_\_\_\_\_
- Type of Residence:  Private  Special Needs  Public Housing
- Facility/Residence/Community Name: \_\_\_\_\_
- Street Address: \_\_\_\_\_ **\*Not a PO Box**  
Address Line 2: \_\_\_\_\_  
Apartment Building Name and Number: \_\_\_\_\_  
Floor Level: \_\_\_\_\_
- Municipality/City: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Cell Phone: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_
- How well do you understand the English language?  
 Well  Not well  Not well at all
- Primary language spoken: \_\_\_\_\_
- If Special Needs, Special Needs Residence Type:  
 Assisted Living  Retirement Community  Senior Housing  
 Group Home  Residential Health Care Facility  Other
- How many people including yourself are in your household?  
 Live alone  1 other person  2 other persons  3 other persons  
 More than 3 people
- Are you responsible for minor children living with you?  Yes  No  
If yes, how many ? \_\_\_\_\_

### Emergency Contact Information

- First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Last Name: \_\_\_\_\_
- Street Address: \_\_\_\_\_ **\*Not a PO Box**  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ Cell Phone : \_\_\_\_\_
- Fax Number: \_\_\_\_\_
- E-mail Address : \_\_\_\_\_

### The following information will further help us prepare for your evacuation

- Do you have pets living with you?  Yes  No
- Do you have a service animal?  Yes  No
- Weight Range  Less than 300 lbs.  300 lbs. or over
- Are you bed bound?  Yes  No

- You walk with the assistance of :
  - No assistance  Another person  Cane  Crutches  Walker
  - Service Animal  Other
- Do you use a Wheelchair or scooter?  Yes  No  
 Type:  Manual wheelchair  Motorized wheelchair  Scooter
- Sight Impaired?  No impairment  Need glasses  Blind
- Hearing Impaired?  No impairment  Hearing aid  Deaf
- Check all items that apply :
  - Use Oxygen
  - Use respirator
  - Cognitive Impairment
  - Alzheimer/ dementia
  - Developmental disability
  - Mental Health condition

**Evacuation Transportation Requirement**

- Do you require transportation?  Yes  No  
 If yes:
  - Standard transportation  Yes  No
  - Can you slide transfer?  Yes  No
  - Do you need vehicle with a lift?  Yes  No
  - Must be transported by Ambulance?  Yes  No

**The following information will be helpful for your possible stay at an Emergency Shelter**

- Do you have :
  - Personal Emergency Kit?  Yes  No
  - Medication list?  Yes  No
  - File/Vial of Life?  Yes  No
  - Food Allergies?  Yes  No
  - If yes, specify \_\_\_\_\_
  - Other Allergies?  Yes  No
  - If yes, specify \_\_\_\_\_
  - Dialysis required?  Yes  No
  - If yes, specify how often \_\_\_\_\_

This form was filled out by  Self  Family Member  Other (name) \_\_\_\_\_

I am submitting this form voluntarily, for the use by emergency personnel, in the event that I should require assistance during an emergency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail Completed Form to:  
 Monroe Twp. Police Department  
 Office of Emergency Management  
 3 Municipal Plaza  
 Monroe Twp. NJ 08831**