



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: Township of Middle - Office of Emergency Management 33 Mechanic street Cape May Court House, New Jersey 08210 Attention: Vera T. Kalish

First Name: _____ M: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Municipality: _____

Phone: _____ TTY Phone

Secondary Phone: _____

Does Not Have a Phone

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

Does Not have access to a car

Hearing Impaired

Does Not have a radio

Speech Impaired

Does Not have a television

Physically Impaired

Does Not speak English

Completely Bedridden

Primary Language: _____

Mentally / Memory Impaired

Dementia / Alzheimer's

Has Difficulty Walking & Requires:

Dialysis

Manual Wheelchair

Requires Skilled Nursing

Motorized Wheelchair

Other: _____

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: _____

Postage



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

The NJ Special Needs Registry is...

- free
- voluntary
- strictly confidential
- protective of your privacy
- a way to protect you in a major emergency

