

Special Needs Registration Form

NOTE:

1. The “Special Needs Form” must be updated at least every six (6) months or as changes occur.
2. Click on the button to save and email the registration for to the Township now. (may not work with people who use Yahoo or gmail types of email or if your version of Adobe Reader is older than version 7)
3. Click here to save the form to your hard disk to complete and send to the Township at a later time.
4. Print this document after you fill it out and send via regular mail to:
Township of North Brunswick
710 Hermann Road
North Brunswick, N.J. 08902.
Attention “Special Needs”

North Brunswick 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
- Are you bed bound? Yes No
- Weight Range Less than 300 lbs. 300 lbs. or over

- 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