

# 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