



**PALMYRA POLICE DEPARTMENT
20 WEST BROAD STREET
PALMYRA, NJ 08065
856-829-0198 / FAX 856-829-3770**

EMERGENCY PREPAREDNESS FOR PERSONS WITH SPECIAL NEEDS

This Special Needs Registry is designed to help emergency responders locate and aide those who may find it difficult to help themselves in the event of a medical emergency, fire or major disaster, such as a hurricane.

Complete this form for yourself or anyone you know who may need assistance in an emergency. This information is **Confidential**. No information will be intentionally shared with anyone other than first responders and participating agencies. This form may be completed online, saved and e-mailed to the Police Department. It can also be personally delivered to the Police Department, mailed or faxed to the address or number above.

Personal Information for Person with Special Needs:

First Name: _____ MI: _____ Last Name: _____

Address: _____

Phone #: _____ Cell Phone#: _____

Emergency Contact Information:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell Phone #: _____

Additional Contact Information:

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell Phone #: _____

Special Needs Information:

Please check all that apply so that should there be an emergent situation requiring response by police and/or other emergency services we may be able to provide the proper service:

- | | | |
|---|--|---|
| <input type="checkbox"/> Sight Impaired | <input type="checkbox"/> Does not have access to a car | <input type="checkbox"/> Does not speak English |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Does not have TV/Radio | <input type="checkbox"/> Primary Language |
| <input type="checkbox"/> Speech Impaired | | _____ |
| <input type="checkbox"/> Physically Impaired | <input type="checkbox"/> Has Difficulty Walking & Requires | |
| <input type="checkbox"/> Mentally/Memory Impaired | <input type="checkbox"/> Manual Wheelchair | |
| <input type="checkbox"/> Completely Bedridden | <input type="checkbox"/> Motorized Wheelchair | |
| <input type="checkbox"/> Alzheimer/Dementia | <input type="checkbox"/> Walker / Cane | |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Assistance Ambulating | |
| <input type="checkbox"/> Requires Skilled Nursing | | |

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Requires Medical equipment that is not easily transportable:

Oxygen or Concentrator Cylinder Suction Machine
 Ventilator Other Equipment: _____

Duration of Need:

Are ALL of the conditions resulting in the special needs temporary? (Example: The individual is bedridden due to pregnancy complications, but is expected to recover fully after delivery).

Yes
 No, the condition(s) are expected to be permanent

If Yes, provide an estimated date when the condition(s) 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 moved or evacuated from the residence?
 Yes No
4. Does the person in need have a 24-hour care giver?
 Yes No
5. Should there be a need for evacuation does the person in need require assistance 24/7?
 Yes No

6. Please describe layout of residence and where the person in need is normally located? You may attach a diagram.

7. Is the person registered with Project Lifesaver? Yes No

8. Project Lifesaver Frequency Number: _____

7. Is there any information that may be useful for emergency personnel that has not been answered:

<p>The Special Needs Registry is ...</p> <ul style="list-style-type: none">❖ Free❖ Voluntary❖ Strictly Confidential❖ A person with special needs is any individual who needs assistance
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Date Received: _____

Date Faxed to Central Communications: _____