

Mantua Township Special Needs Registry Form

Complete this form for you or anyone you know who may need assistance in an evacuation
This information is strictly CONFIDENTIAL

Personal Information:

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Municipality _____ County _____

Home Phone _____ TTY Number

Cell Phone _____ Provider _____ Does NOT have a phone

Date of Birth ____/____/____ Age _____ Height _____ Over 300 lbs

Email _____

Emergency Contact Information:

First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Relationship to Above _____

Duration of Need

Are the person's conditions temporary?	<input type="checkbox"/> No, Permanent	<input type="checkbox"/> Yes, Date to be resolved _____
Does the person have a service animal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, _____
Does the person have pets?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, _____
Does the person have a caretaker?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, hours _____
Is the person a temporary resident?	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____ Month to _____ Month
Does the person take medication	<input type="checkbox"/> No	<input type="checkbox"/> Yes _____

Evacuation Information

<input type="checkbox"/> Sight Impaired	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Speech Impaired
<input type="checkbox"/> Physically Impaired	<input type="checkbox"/> Completely Bedridden	<input type="checkbox"/> Mentally / Memory Impaired
<input type="checkbox"/> Dementia / Alzheimers	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Requires Skilled Nursing
<input type="checkbox"/> Other: _____		

Does NOT:

<input type="checkbox"/> Have access to a car	<input type="checkbox"/> Have a radio	<input type="checkbox"/> Have a Television
<input type="checkbox"/> Speak English, Language: _____		

Requires:

<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Motorized Wheelchair	<input type="checkbox"/> Walker / Cane
<input type="checkbox"/> Assistant / Care Giver	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Ventilator
<input type="checkbox"/> Suction Machine	<input type="checkbox"/> Homebound	
<input type="checkbox"/> Other Equipment _____		

Registered for Mantua Nixle (www.nixle.com)
 Registered for Gloucester County Alert (www.gloucesteralert.com)
 Registered for NJ Register Ready (www.registerready.nj.gov)

TODAYS DATE: _____