

## NJ 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: \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

Phone: \_\_\_\_\_  TTY Number

Does NOT have a phone E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_  Weight Over 300 lbs

### Emergency Contact Information I choose not to provide emergency contact information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

### Duration of Need

Are all of the conditions resulting in the need for evacuation temporary?

YES (Date condition to be resolved: (\_\_\_\_/\_\_\_\_/\_\_\_\_))  NO, conditions are permanent

Does the person in need have a service animal?  YES  NO

Does the person in need have pets?  YES  NO

Does the person in need have medication that must be taken with them if evacuated?  YES  NO

Does the person in need have a 24 hour care giver?  YES  NO

Does the person in need require evacuation assistance 24/7?  YES  NO

I need assistance from \_\_\_\_:\_\_\_\_ AM/PM \_\_\_\_:\_\_\_\_ AM/PM

Is the person in need a temporary resident?  YES  NO

I am a resident from \_\_\_\_\_ (month) to \_\_\_\_\_ (month)

## Evacuation Information

- Sight Impaired
- Hearing Impaired
- Speech Impaired
- Physically Impaired
- Completely Bedridden
- Mentally / Memory Impaired
- Dementia / Alzheimer's
- Dialysis
- Requires Skilled Nursing
- Other: \_\_\_\_\_

### Does not:

- Have Access to a Car
- Have a Radio
- Have a Television
- Does Not Speak English

Primary Language: \_\_\_\_\_

### Requires:

- Wheelchair
- Motorized Wheelchair
- Walker / Cane
- Assistant / Care Giver
- Oxygen or Concentrator Cylinder
- Ventilator
- Suction Machine
- Other Equipment: \_\_\_\_\_

Please fill out and  
send in via mail:

Weymouth Township Clerk  
45 South Jersey Avenue  
Dorothy, NJ 08317

or email to:

[townshipclerk@weymouthnj.org](mailto:townshipclerk@weymouthnj.org)

For questions call:

609-476-2633 X102