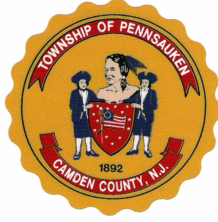


**Township of Pennsauken
Office of Emergency Management
Special Needs Resident Registration 2007**



Registration Instructions:

A separate form is required for each individual person requesting evacuation registration!

The focus of this program is to gather necessary information to assist you in the event that an evacuation is needed.

If your form is missing information such as correct phone number, address, etc., we may not be able to contact you. We cannot determine your needs unless you answer ALL questions regarding any medical and transportation requirements. Upon receipt of a signed and completed form by the Emergency Management Office, each individual will be entered into our database.

Keep your registration information current!

You are responsible for informing the Office of Emergency Management of any changes that may occur and may affect your registration records. If you move, change your phone number, or no longer need to be registered, let us know immediately so your file information can be updated. If we cannot contact you during an emergency evacuation, we cannot assist you.

This registry will be updated annually.

New forms will be mailed to registrants to update information and verify eligibility. Registrants who DO NOT reply or cannot be reached at that time are removed from our registry.

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Non-Residents:

Persons who register and are not residents of the Township of Pennsauken will have their registration forms delivered to the Emergency Management Office of the jurisdiction where they reside.

Nursing homes or assisted living facilities:

Individuals residing in nursing homes or assisted living facilities are not eligible for this program because these facilities are required by the State to maintain Emergency Plans that address resident care during times of emergencies.

Registration is FREE and VOLUNTARY. This form information is solely to provide information to public safety and transportation agencies related to an individual's disability, medical, mobility, or other dependency that responders should be aware of to assist during an emergency evacuation.

The Township of Pennsauken Office of Emergency Management will coordinate the registration, notification and evacuation of those residents who have physical or mental disabilities, health and medical conditions, or transportation needs.

A checklist of basic items you need to bring with you in the event of an emergency evacuation follows the registration:

**Township of Pennsauken
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Identifying Information

First Name: _____ Middle Initial: _____
Last Name: _____ Sex: Male _____ Female _____
English Spoken: Yes ___ No ___ If no what language is spoken: _____
Date of Birth: _____
Street Address: _____ Apt#: _____
Home Phone: _____ Cell Phone: _____
Pets: Yes _____ No: _____ If Pets reply was "Yes: describe pets: (names, types
and weights): _____

Residence

Do you live in a mobile home? Yes _____ No _____
Do you live in a Special Medical Needs facility, Nursing Home or Assisted Living
Facility? Yes _____ No _____
If yes, name of facility: _____
If no, With Spouse (name): _____ phone: _____
With son/daughter (name): _____ phone: _____
With other (name) _____ phone: _____

Evacuation Planning

If called to evacuate, do you have an evacuation plan? Yes _____ No _____
Can you transport yourself? Yes _____ No _____
Is your Companion/Caregiver/Spouse going with you? Yes _____ No _____
Will you go by car? Yes _____ No _____
If yes who will operate vehicle? _____

If no, evacuate by other means:

(Choose only one) _____ Wheel chair van _____ ambulance

If ambulance, name of ambulance company: _____

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If ambulance, phone number of ambulance company: _____

Other evacuation plan: _____

Shelter Planning

What is your plan for shelter is evacuation is necessary: _____

If no plans, would you like Pennsauken Township Office of Emergency Management to contact you if an evacuation is necessary? Yes _____ No _____

Care

With live in caregiver? Yes _____ No _____

Live-out caregiver? Yes _____ No _____ Number of hours per week: _____

Home health or a visiting nurse: Yes _____ No _____

Number of visits per week: _____

Other? Yes _____ No _____ Describe: _____

Conditions/Impairments

Blind or Sight impaired? Yes _____ No _____

Deaf or Hearing impaired? Yes _____ No _____

Mental disability? Yes _____ No _____

Memory impaired? Yes _____ No _____

Diabetic? Yes _____ No _____

If Yes, Insulin dependant Yes _____ No _____

Pills? Yes _____ No _____

No treatment? Yes _____ No _____

Cardiac problems? Yes _____ No _____

Respiratory problems? Yes _____ No _____

Transplant? Yes _____ No _____

Cancer? Yes _____ No _____

HIV/AIDS? Yes _____ No _____

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Paralysis? Yes _____ No _____

Allergies? Yes _____ No _____

If yes, describe allergies: _____

Other conditions: _____

Treatments/Equipment

Respirator Yes _____ No _____

Foley Catheter Yes _____ No _____

Oxygen Yes _____ No _____

If yes, name/type or oxygen equipment or machine: _____

Oxygen usage: _____ Continuous, or _____ Part-time

Tracheotomy Yes _____ No _____

Dialysis Yes _____ No _____

Intravenous Line Yes _____ No _____

PICC Line/ Hickman Catheter Yes _____ No _____

Feeding Tube Yes _____ No _____

Other emergency equipment: _____

Ambulation Capacity

Confined to: (Choose One) Bed _____

Geriatric Chair _____

Wheelchair _____

Power Wheelchair _____

Use (Choose Any): _____ Wheelchair _____ Walker _____ Canes _____ Service Animal

Other Assistance Needs: _____

**Township of Pennsauken
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Special Needs Resident Registration 2007**

LIST CONTACTS / NEXT OF KIN

(Please try to list at least one "out of town" contact)

Home Service Providers

*Please indicate if we can release your evacuation status information to this person or agency if you have been evacuated and they call us for information about your status.

1. Contact Name: _____ Phone #: _____ Extension: _____
Relationship: _____ Release Status Information Yes ___ No ___

2. Contact Name: _____ Phone #: _____ Extension: _____
Relationship: _____ Release Status Information Yes ___ No ___

3. Contact Name: _____ Phone #: _____ Extension: _____
Relationship: _____ Release Status Information Yes ___ No ___

4. Contact Name: _____ Phone #: _____ Extension: _____
Relationship: _____ Release Status Information Yes ___ No ___

PERSONS/CAREGIVERS EVACUATING WITH YOU

1. Name: _____
Relationship: _____

2. Name: _____
Relationship: _____

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3. Name: _____

Relationship: _____

4. Name: _____

Relationship: _____

5. Name: _____

Relationship: _____

IMPORTANT NAMES AND NUMBERS

Physician's Name: _____ Phone #: _____ Ext. _____

Hospital Preference: _____

Home Health/Hospice Agency Name: _____

Phone #: _____

COMMENTS OR NOTES:

Signature of Applicant: _____

Date: _____

**Township of Pennsauken
Office of Emergency Management
Special Needs Resident Registration 2007**

Mail or Drop off this completed and signed form to:

Office of Emergency Management
Township of Pennsauken
Fire Administration Building
4911 Westfield Avenue
Pennsauken, NJ 08110

You are responsible for providing us with up-to-date information. If your registration information changes, please contact us as soon as possible to update this information!

Thank You!

If this information has been entered by another on behalf of a person requesting registration in this program, please complete the following:

Name: _____ Phone #: _____ Ext. _____

Agency/Institution/Relationship: _____

Position: _____

E-mail address: _____

Signature: _____ Date: _____

**Township of Pennsauken
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Shelter Packing List

Please Notify Home Service Providers If You Are Evacuating

Medications and Medical Supplies:

Daily Prescriptions (Two-week Supply)
Oxygen
Eye Glasses
Hearing Aids
Walker, Wheelchair, Etc.

Important Papers:

Personal Identification (Picture ID, Insurance Policies, Medical/Home, legal papers)
Family Phone Numbers (Please try to include one "out of town" contact)
Copies of Prescriptions
Doctors Names and Phone Numbers

Personal Items:

Toothbrush, Tooth Paste, etc.
Soap, Towel, etc.

Comfort Items:

Blankets, Sleeping Bags and Pillow

Extra Clothing:

Comfortable Clothing

Special Dietary Needs:

If you have a special diet, bring these items
Bring non-perishable food and a can opener

Entertainment Items:

Books, Magazine, Cards, Games, etc.

Other: Flashlights, Batteries, Radio with Batteries

Have These Items Packed And Ready BEFORE Transportation Arrive For You

Pennsauken Office of Emergency Management

Website: http://www.twp.pennsauken.nj.us/gov-pennsauken_penn_oem.cfm