Register READY

www.registerready.nj.gov

This Special Needs Registry is designed to help emergency responders locate and safely evacuate people who could find it difficult to help themselves in the event of a major disaster, such as a hurricane.

Emergency responders need to know where you are and what special help you might need to assist in helping to evacuate you quickly and safely.

Complete this form for you or anyone you know who may need assistance in an evacuation. This information is considered CONFIDENTIAL. No information will be intentionally shared with anyone other than the emergency responders and participating agencies. Mail completed form to: Your Town's Office of Emergency Management.

First Name:_____ M:___ Last Name: _____

Address:_____

_____

City:_____ State:_____ Zip:_____

County:_____ Municipality:_____

Phone:_____ ☐ TTY Phone

Secondary Phone: _____

☐ Does Not Have a Phone

Date of Birth: ____/___/_____ (mm / dd / yyyy) Height: _____ (Feet / Inches) ☐ Weight Over 300 lbs

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Postage

Cape May County
Emergency Management Communications Center
30 West Mechanic Street
Cape May Court House, NJ 08210

Personal preparedness is at the heart of public safety and emergency response – before, during, and after a disaster. Advance planning and preparedness is especially important for People with Special Needs, which includes anyone who may find it difficult to self-evacuate because of a physical or cognitive limitation, language barrier, or lack of transportation -particularly if family, friends, or caregivers are unavailable to help them during a crisis.

The NJ Special Needs Registry is...

- free
- voluntary
- strictly confidential
- protective of your privacy
- a way to protect you in a major emergency

Personal Information for Emergency Contact:

Please provide the requested information for an individual with whom we can discuss your situation in the event that an emergency necessitates this.

☐ I choose not to provide emergency contact information

FIRST NAME:_____ MI:___ LAST NAME: _____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

PHONE:_____

Relationship to Individual:_____ Email:_____

Evacuation Information:
If there were an emergency requiring evacuation, the individual may have difficulty evacuating or being notified of the need for evacuation because of the following condition's). Check all that apply:

☐ 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
☐ Does Not have a radio
☐ Does Not have a television
☐ Does Not speak English
Primary Language: _____
_____

Has Difficulty Walking & Requires:
☐ Manual Wheelchair
☐ Motorized Wheelchair
☐ Walker / Cane
☐ Attendant to Assist Ambulating

Requires medical equipment that is not easily transportable

☐ Oxygen or Concentrator Cylinder
☐ Ventilator
☐ Suction machine
☐ Other Equipment: _____

Duration of Need
Are **ALL** of the conditions resulting in the need for evacuation assistance temporary?
(Example: The individual is bedridden due to pregnancy complications, but is expected to be recover fully after delivery.)

☐ Yes
☐ No, the conditions are expected to be permanent

If Yes, Please provide an estimated date when the condition 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 evacuated?
☐ Yes
☐ No

4. Does the person in need have a 24 hour care giver?
☐ Yes
☐ No

5. Does the person in need require evacuation assistance 24/7 ?
☐ Yes I need Assistance from ___:___ A.M. / P.M ___:____ A.M. / P.M
☐ No

6. Is the person in need a temporary resident?
☐ Yes I am a resident from _____ to _____
☐ No (month) (month)

If there is any information that may be useful for our emergency personnel that cannot be answered in this survey, please list it here: _____
_____
_____
_____