



CITY OF JERSEY CITY
OFFICE OF EMERGENCY MANAGEMENT & HOMELAND SECURITY

Main Phone (201) 547-5681 Fax (201) 547-5999

SPECIAL NEEDS REGISTRATION FORM

PERSONAL INFORMATION:

First Name: _____ M.I. ____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____

E-Mail Address: _____

EVACUATION INFORMATION:

In an emergency requiring evacuation I may have difficulty evacuating or receiving evacuation notifications.

Yes

No

If YES check all that apply:

NO access to a car

Speech impaired

NO radio

Physically impaired

NO television

Completely bedridden

Do NOT speak English

Mentally / Memory Impaired

Primary language: _____

Dementia / Alzheimer's

Sight impaired

Dialysis

Hearing impaired

Require skilled nursing

Other: _____

Has difficulty walking & requires:

Manual wheelchair

Walker / Cane

Motorized wheelchair

Attendant to assist ambulating

Requires medical equipment that is not easily transportable

Oxygen Cylinder or Concentrator

Suction machine

Ventilator

Other: _____



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Does the registrant need a 24 hour caregiver?

- Yes *If YES provide primary caregivers contact information below.*
- No

Name: _____ E-MAIL: _____

Office Phone: _____ Cell: _____

Does the registrant have any medications that must be taken with them if evacuated?

- Yes *If YES provide medication information below.*
- No

Medications: _____

Does the registrant have a trained service animal? (i.e.: a seeing-eye dog)

- Yes *If YES provide animal information below.*
- No

Type of animal _____ Is the animal trained? Yes No

DURATION OF NEED:

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

- Yes, estimated date of recovery:
- No, the conditions are expected to be permanent

Is the registrant a full time resident of Jersey City?

- Yes
- No, my principle residence is:

I will be residing in Jersey City FROM: _____ TO _____

Does your residence have emergency back-up power?

- Yes No

ADDITIONAL INFO:

List any information that may be useful for emergency personnel not covered by this survey.



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C-3 RAPID MASS ALERT SYSTEM:

Are you registered with the Jersey City Emergency C-3 Rapid Mass Alert System?

- Yes
- No

If NO you may register for the **C-3 Rapid Mass Alert System** by visiting the Jersey City web page at www.cityofjerseycity.com and clicking on the **C-3 Rapid Mass Alert System *icon*** on the home page.



INFORMATION SHARING EMERGENCY CONTACT:

I choose to provide an emergency contact to share this information:

- Yes ***If YES provide contact information below.***
- No

First Name: _____ M.I. _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____

E-Mail Address: _____

Should I be relocated to an evacuation shelter I authorize the release of any information as to my whereabouts and general condition upon release:

- Yes ***If YES provide contact information below.***
- No

First Name: _____ M.I. _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Cell Ph: _____

E-Mail Address: _____

Signature of Registrant: _____ **Date:** _____

Witnessed By: _____ **Date:** _____

IMPORTANT INFORMATION!

“In an actual emergency, response agencies will try to provide the necessary assistance, but this cannot always be assured.

To best guarantee personal safety, individuals should make plans and follow government emergency response guidance”.

PLEASE FORWARD COMPLETED FORM TO:

E-Mail: mhogan@njcps.org

Fax: (201) 547-599

Mail: Jersey City OEM/Homeland Security, 715 Summit Av., JC, NJ 07306 c/o Matt Hogan

Information provided on this form is deemed confidential and sensitive in nature. Information supplied is intended only for the use of the Jersey & Homeland Security on and will not be shared without the express permission of the registrant.