

# 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:

Have access to a car  Have a radio  Have a Television

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](http://www.nixle.com))

Registered for Gloucester County Alert ([www.gloucesteralert.com](http://www.gloucesteralert.com))

Registered for NJ Register Ready ([www.registerready.nj.gov](http://www.registerready.nj.gov))

TODAYS DATE: \_\_\_\_\_



**Return this form to:**

**Mantua Twp Emergency Management  
Sgt. Brian Grady  
405 Main St  
Mantua, NJ 08051**

**Or Email a scanned PDF to:  
[blgrady@mantuatownship.com](mailto:blgrady@mantuatownship.com)**

**Or call 856-468-1920, x1075  
To arrange a personal pick up**