



The NJ Special Needs Registry is...

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

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. Advanced planning and preparedness is 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 during a crisis.

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.

This form may be filled out on your computer, saved to your hard drive and then submitted via e-mail to the Sussex County Sheriff's Office at rhaffner@sussexcountysheriff.com. If you would prefer to send this completed form through regular mail, the address is Sussex County Division of Emergency Management, 135 Morris Turnpike, Newton, NJ 07860.

SECTION 1A: Your Personal Information					
FIRST NAME		M.I.	LAST NAME		
ADDRESS					
CITY, STATE, ZIP CODE			MUNICIPALITY	COUNTY	
PRIMARY PHONE		<input type="checkbox"/> TTY/TTD	CELL PHONE		<input type="checkbox"/> I do not have a phone
E-MAIL	DATE OF BIRTH	HEIGHT	GENDER	<input type="checkbox"/> Weight over 300 lbs	
SECTION 1B: Emergency Contact Information					
In the event of an emergency, we may need to get in contact with an emergency contact. Please enter the personal information for your emergency contact below.					
<input type="checkbox"/> I choose not to provide emergency contact information.					
FIRST NAME		M.I.	LAST NAME		
ADDRESS					
CITY, STATE, ZIP CODE			E-MAIL		
PRIMARY PHONE		CELL PHONE			
EMERGENCY CONTACT'S RELATIONSHIP TO YOU					
<input type="checkbox"/> Friend <input type="checkbox"/> Family Member <input type="checkbox"/> Neighbor <input type="checkbox"/> Caregiver <input type="checkbox"/> Other					



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SECTION 2: Limitations/Conditions

If there is an emergency requiring evacuation, you may have difficulty evacuating or being notified of the need for evacuation because of the following condition(s). Check all that apply:

<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/Alzheimer's <input type="checkbox"/> dialysis <input type="checkbox"/> I require constant skilled nursing care <input type="checkbox"/> other reason for needing assistance:	<p>I do not:</p> <input type="checkbox"/> have access to a motor vehicle <input type="checkbox"/> have a radio <input type="checkbox"/> have a television <input type="checkbox"/> speak English Primary language: _____
<p>I have difficulty walking and require:</p> <input type="checkbox"/> manual wheelchair <input type="checkbox"/> motorized wheelchair <input type="checkbox"/> walker/cane <input type="checkbox"/> attendant to assist in ambulating	

I require medical equipment that is not easily transportable:

oxygen concentrator or cylinder ventilator suction machine other equipment:

SECTION 3: Duration of Need

Are **ALL** of the conditions resulting in the need for evacuation assistance temporary? (*Example: You are bedridden due to pregnancy difficulties, but are expected to be fully recovered after the baby is delivered.*)

Yes An estimated date when the condition(s) will be resolved: _____

No, the condition(s) are expected to be permanent.

SECTION 4: Evacuation Information

1. Do you have a service animal? (i.e., a seeing eye dog)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have medications that must be taken with you if evacuated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have a 24-hour caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you require evacuation assistance 24 hours a day, 7 days a week?	
<input type="checkbox"/> Yes <input type="checkbox"/> No, I need evacuation assistance FROM _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. TO _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
6. Are you a seasonal resident? <input type="checkbox"/> Yes: FROM _____ (month) TO _____ (month) <input type="checkbox"/> No	

SECTION 5: Additional Information/Comments

Please enter any additional information that may be useful for our emergency personnel to evacuate you.