



Individuals Requiring Additional Assistance Registry Form

The Ridgewood Office of Emergency Management (OEM) is developing a registry for individuals with disabilities, chronic conditions, functional, or special healthcare needs. By completing and submitting this form, you understand that information may be shared with state or local emergency responders (including Police, Fire, and Emergency Medical Services) during emergency situations only. The information you provide may help responders assist you during an emergency.

Please send completed forms to: **Special Needs Registry, Ridgewood OEM, 131 N. Maple Ave, Ridgewood NJ, 07450**

For questions please call: (201) 670-5500 x380. If you cannot fill out this form on your own, please have a family member, caregiver, or other representative complete the form and submit it on your behalf.

NAME: First: _____ Middle Initial: _____ Last: _____ SEX: M F

DATE OF BIRTH: ____ / ____ / ____ STREET ADDRESS: _____

APT./UNIT/FLOOR: _____ CITY/TOWN: **Ridgewood, NJ** ZIP CODE: **07450**

PHONE: _____ CELL PHONE: _____ TTY: _____

EMAIL: _____ EMERGENCY CONTACT: Name: _____ Phone: _____

Life Support Systems
<i>Check all that apply</i>
<input type="checkbox"/> Oxygen: <input type="checkbox"/> Tanks <input type="checkbox"/> Concentrator
<input type="checkbox"/> Respirator/Ventilator: <input type="checkbox"/> Have battery backup?
<input type="checkbox"/> Dialysis: <input type="checkbox"/> Clinic <input type="checkbox"/> Home
<input type="checkbox"/> Cardiac: <input type="checkbox"/> Pacemaker <input type="checkbox"/> Defibrillator
Are you diabetic? <input type="checkbox"/> Yes <input type="checkbox"/> No
Insulin-dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other: _____ <input type="checkbox"/> None of the above

Mobility
Are you confined to bed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you walk without assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Which of the following do you use? <i>Check all that apply</i>
<input type="checkbox"/> Wheelchair/Mobility Vehicle
<input type="checkbox"/> Walker/Cane <input type="checkbox"/> Prosthesis: _____
<input type="checkbox"/> Crutches <input type="checkbox"/> Other: _____
<input type="checkbox"/> Assistive animal <input type="checkbox"/> None of the above

Sensory, Cognitive, and Psychiatric Conditions
Which of the following do you use?
<i>Check all that apply</i>
<input type="checkbox"/> Visually impaired <input type="checkbox"/> Speech impaired
<input type="checkbox"/> Legally blind <input type="checkbox"/> Non-verbal
<input type="checkbox"/> Hard of hearing <input type="checkbox"/> Cognitively/Developmentally delayed
<input type="checkbox"/> Use hearing aids
<input type="checkbox"/> Deaf <input type="checkbox"/> Autism Spectrum Disorder
<input type="checkbox"/> Seizure disorder <input type="checkbox"/> Alzheimer's/Dementia
<input type="checkbox"/> Other: _____ <input type="checkbox"/> Psychiatric Condition: _____
<input type="checkbox"/> None of the above

Language
In what language do you prefer to receive emergency communications or assistance?
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Italian <input type="checkbox"/> Portuguese
<input type="checkbox"/> Polish <input type="checkbox"/> French <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese
<input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Russian <input type="checkbox"/> Vietnamese
<input type="checkbox"/> Korean <input type="checkbox"/> Japanese
<input type="checkbox"/> Other: _____

Other Disabilities, Special Needs, and Misc. Notes
Use the back of this form if needed
<input type="checkbox"/> _____

<input type="checkbox"/> New Registration <input type="checkbox"/> Updated Registration

By signing this form and submitting it to Ridgewood OEM. **I agree to permit my information with local and state emergency responders to be stored confidentially for the next two years from signing.** I understand that this program is voluntary. I understand that this registry will help responders better assist me during an emergency, but that assistance cannot be guaranteed in all circumstances. I also understand that I may be contacted by phone or in person before, during, or after an emergency and accept all charges which I may incur.

Signature: _____ Print Name: _____ Date: _____

If completing on individual's behalf: Name _____ Relationship: _____

Tape Closed

Fold Second

From:

**POSTAGE
REQUIRED**

**Special Needs Registry Coordinator
Ridgewood Office of Emergency Management
131 N. Maple Ave.
Ridgewood NJ, 07450**

Fold First