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 x2380. 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

Check all that apply

☐ Oxygen: ☐ Tanks ☐ Concentrator

☐ Respirator/Ventilator: ☐ Have battery backup?

☐ Dialysis: ☐ Clinic ☐ Home

☐ Cardiac: ☐ Pacemaker ☐ Defibrillator

Are you diabetic? ☐ Yes ☐ No

Insulin-dependent? ☐ Yes ☐ No

☐ Other: _____ ☐ **None of the above**

Mobility

Are you confined to bed? ☐ Yes ☐ No

Can you walk without assistance? ☐ Yes ☐ No

Do you live alone? ☐ Yes ☐ No ☐ Prefer not to answer

Which of the following do you use? *Check all that apply*

☐ Wheelchair/Mobility Vehicle

☐ Walker/Cane ☐ Prosthesis:_____

☐ Crutches ☐ Other:_____

☐ Assistive animal ☐ **None of the above**

Sensory, Cognitive, and Psychiatric Conditions

Which of the following do you use?

Check all that apply

☐ Visually impaired ☐ Speech impaired

☐ Legally blind ☐ Non-verbal

☐ Hard of hearing ☐ Cognitively/Developmentally delayed

☐ Use hearing aids

☐ Deaf ☐ Autism Spectrum Disorder

☐ Seizure disorder ☐ Alzheimer's/Dementia

☐ Other:_____ ☐ Psychiatric Condition:_____

☐ **None of the above** _____

Language

In what language do you prefer to receive emergency communications or assistance?

☐ English ☐ Spanish ☐ Italian ☐ Portuguese

☐ Polish ☐ French ☐ Mandarin ☐ Cantonese

☐ German ☐ Greek ☐ Russian ☐ Vietnamese

☐ Korean ☐ Japanese

☐ Other: _____

Other Disabilities, Special Needs, and Misc. Notes

Use the back of this form if needed

☐ _____

_____

_____

☐ New Registration ☐ 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