

**GLOUCESTER COUNTY
SPECIAL NEEDS REGISTRY FORM**

Please fill out the following information. Should you have any questions, please feel free to call 856-681-6128. All information will be kept strictly private and confidential.

Today's Date _____

Full Name: _____

Date of Birth: _____

Street Address: _____

Apt. No.: _____

City: _____

Zip Code: _____

Telephone Number: _____

TDD: _____

E-Mail: _____

Height: _____

Weight over 300lbs?: _____ **Yes** _____ **No**

Emergency Contact Name: _____

Emergency Contact E-mail: _____

Emergency Contact Address: _____

Emergency Contact City: _____

Emergency Contract Zip Code: _____

Emergency Contact Phone: _____

Relationship: _____

Other Info: _____

Evacuation Information (check all that apply)

- Sight Impaired** **Hearing Impaired** **Speech Impaired**
 Physically Impaired **Completely Bedridden** **Mentally/Memory Impaired**
 Dementia/Alzheimer's **Dialysis** **Requires constant skilled Nursing**
 Other

Other Disability _____

Does Not:

- Have access to a motor vehicle** **Have a radio or Television**
 Speak English (Explain below)

Primary Language: _____

Have Difficulty walking and requires:

- Manual Wheelchair** **Motorized Wheelchair**
 Walker/Cane **Attendant to assist in ambulating**

Requires medical equipment that is not easily transportable (check all that apply)

- Oxygen concentrator or cylinder** **Venilator**
 Suction Machine **Other (explain below)**

Other Equipment: _____

Are all of the conditions resulting in the need for evacuation assistance temporary?

- Yes** **No**

Do you have a services animal? **Yes** **No**

Do you have pets? **Yes** **No**

Do you have medications that must be taken with you if evacuated?

- Yes** **No**

