MANALAPAN TOWNSHIP REGISTRATION FORM FOR PERSONS WITH SPECIAL NEEDS

Today's Date:_____ ☐ Initial Form ☐ Updated Form

Last:_____ First:_____ DOB:_____/_____/_____ Sex:_____

Address:_____ Apt #:_____

City: Manalapan State: New Jersey Zip: 07726 Telephone:_____ ☐ Home ☐ Cell

I REQUIRE TRANSPORTATION ASSISTANCE ☐ Yes ☐ No Living Situation ☐Alone ☐ Relative ☐ Other

☐ Single Family ☐ Apartment/Condo/Townhouse, Complex Name:_____

☐ Do you have a pet? ☐ Do you have a crate? ☐ Arrangements for pet completed-Call 732-446-8345 for assistance

SPECIAL NEEDS (CHECK ALL THAT APPLY) Questions Call Health Dept. – 732-446-8345

☐Kidney Disease Dialysis where_____ _____	☐Emphysema	☐Walker/Cane	☐Feeding Tube
	☐Memory Impairment	☐Wheelchair user	☐Ventilator
	☐Mental Health Impairment	☐Bedridden	☐Electric dependent,
☐Diabetes/Insulin Depend	☐Sight Impairment	☐Incontinence	Why?_____
☐High Blood Pressure	☐Service Dog	☐Oxygen (lpm_____)	_____
☐Heart Disease	☐Speech Impairment	☐Geri Chair	☐Cancer
☐Stroke	☐Hearing Impairment	☐Breathing Treatment	☐None
☐Other_____			

EMERGENCY CONTACTS

Name:_____ Phone:_____

Name:_____ Phone:_____

Prearranged: ☐Hospital ☐Nursing Home ☐Assisted Living Facility (ALF) ☐ Other_____

Name:_____ Phone:_____

Doctor's Name:_____ Phone:_____

By signing this form I give my authorization for the medical information contained herein to be released to the local/county health dept, emergency management and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and sheltering. The information contained here will be kept confidential.

_____ _____
Signature Date

Official Use Only
Date Form Received_____ Date Form Entered_____

Comments:_____

Mail completed form to: **Manalapan Twp. Office of Emergency Management, 120 Freehold Rd Manalapan, NJ 07726 Attn: Special Needs/Evacuation Form** or **Fax** to **732-446-1576** or email to **ManalapanOEM@mtnj.org.**
For more information call the **Office of Emergency Management at (732) 446-8329 or email us at ManalapanOEM@mtnj.org.**