

Cranbury Township Special Needs Registry

The following information is strictly for identification purposes, with minimum data requested from individuals with disabilities, or frail and elderly participants who volunteer to register.

Personal/Residency Information

- First Name: _____ Middle Initial: _____
Last Name: _____
- Sex ☐ Male ☐ Female
- Age _____ Date Form Completed: _____
- Type of Residence: ☐ Private ☐ Special Needs ☐ Public Housing
- Facility/Residence/Community Name: _____
- Street Address: _____ ***Not a PO Box**
Address Line 2: _____ Floor level _____
Cranbury, NJ
- Phone Number: _____
- Cell Phone: _____
- E-mail Address: _____
- How well do you understand the English language?
☐ Well ☐ Not well ☐ Not at all
- Primary language spoken: _____
- If Special Needs, Special Needs Residence Type:
☐ Assisted Living ☐ Retirement Community ☐ Senior Housing
☐ Residential Health Care Facility ☐ Other
- How many people including yourself are in your household?
☐ Live alone ☐ 1 other person ☐ 2 other persons ☐ 3 other persons
☐ more than 3 people
- Are you responsible for minor children living with you? ☐ Yes ☐ No
If yes, how many? _____

Emergency Contact Information

- First Name: _____ Middle Initial: _____
Last Name: _____
- Street Address: _____ ***Not a PO Box**
Address Line 2: _____
City: _____ State: _____ Zip Code: _____
- Phone Number: _____ Cell Phone : _____
- Fax Number: _____
- E-mail Address : _____

The following information will further help us prepare for your evacuation

- Do you have pets living with you? ☐ Yes ☐ No
- Do you have a service animal? ☐ Yes ☐ No
- Weight Range ☐ Less than 300 lbs. ☐ 300 lbs. or over
- Are you bed bound? ☐ Yes ☐ No

- You walk with the assistance of :

- ☐ No assistance ☐ Another person ☐ Cane ☐ Crutches ☐ Walker
- ☐ Service Animal ☐ Other
- Do you use a Wheelchair or scooter? ☐ Yes ☐ No
Type: ☐ Manual wheelchair ☐ Motorized wheelchair ☐ Scooter
- Sight Impaired? ☐ No impairment ☐ Need glasses ☐ Blind
- Hearing Impaired? ☐ No impairment ☐ Hearing aid ☐ Deaf
- Check all items that apply :
 - ☐ Use Oxygen
 - ☐ Use respirator
 - ☐ Cognitive Impairment
 - ☐ Alzheimer/ dementia
 - ☐ Developmental disability
 - ☐ Mental Health condition

Evacuation Transportation Requirement

- Do you require transportation? ☐ Yes ☐ No
If yes:
 - Standard transportation ☐ Yes ☐ No
 - Can you slide transfer? ☐ Yes ☐ No
 - Do you need a vehicle with a lift? ☐ Yes ☐ No
 - Must be transported by ambulance? ☐ Yes ☐ No

The following information will be helpful for your possible stay at an Emergency Shelter

- Do you have :
 - Personal Emergency Kit? ☐ Yes ☐ No
 - Medication list? ☐ Yes ☐ No
 - File/Vial of Life? ☐ Yes ☐ No
 - Food Allergies? ☐ Yes ☐ No
 - If yes, specify _____
 - Other Allergies? ☐ Yes ☐ No
 - If yes, specify _____
 - Dialysis required? ☐ Yes ☐ No
 - If yes, specify how often _____

This form was filled out by ☐ Self ☐ Family Member ☐ Other(name) _____

I am submitting this form voluntarily, for the use by emergency personnel, in the event that I should require assistance during an emergency.

Signature

Date

Kindly mail the completed form to Chief Michael J. Owens, Cranbury Township Police Department, 1 Logan Drive, Cranbury, NJ 08512 or email to the Chief's Administrative Assistant at lgrogan@cranbury-nj.com