

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 Edward L. Kahler III, Cranbury Township Police Department, 1 Logan Drive, Cranbury, NJ 08512