



## SOUTHAMPTON TOWNSHIP FUNCTIONAL NEEDS REGISTRATION FORM



Complete this form for yourself *OR* anyone you care for with functional needs who may require assistance during an evacuation or has conditions that first responders should be aware of. This data can be updated online with NJ Register Ready, by calling 2-1-1, or contacting the Township Office of Emergency Management. This data will be kept confidential and only be used for emergencies.

PERSONAL INFORMATION					
First Name:		MI:	Last Name:		
Address:					
Home Phone:		Cell Phone:		<input type="checkbox"/> Text Message Capable	
Email Address:		Primary Language:		<input type="checkbox"/> Does NOT speak English	
Date of Birth:	Sex:	Hair Color:	Eye Color:	Height:	Weight:
PRIMARY EMERGENCY CONTACT					
First Name:			Last Name:		
Home Phone:			Cell Phone:		
Email Address:			Relationship:		
			<input type="checkbox"/> Text Message Capable		
ADDITIONAL EMERGENCY CONTACT					
First Name:			Last Name:		
Home Phone:			Cell Phone:		
Email Address:			Relationship:		
			<input type="checkbox"/> Text Message Capable		
SPECIAL / FUNCTIONAL NEEDS					
<b>Requires:</b>		<b>Impairments:</b>	<b>Does NOT Have:</b>		<b>Other Factors:</b>
<input type="checkbox"/> Walker / Cane <input type="checkbox"/> Wheelchair / Motorized Chair <input type="checkbox"/> Assistant / Caregiver <input type="checkbox"/> 24-Hour Caregiver? <input type="checkbox"/> Oxygen (Concentrator/Cylinder) _____ LPM <input type="checkbox"/> Ventilator <input type="checkbox"/> Suction Machine <input type="checkbox"/> Feeding Tube <input type="checkbox"/> Other: _____		<input type="checkbox"/> Sight <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Physical <input type="checkbox"/> Bedridden <input type="checkbox"/> Mental <input type="checkbox"/> Memory	<input type="checkbox"/> Access to a vehicle <input type="checkbox"/> Access to radio <input type="checkbox"/> Access to TV <input type="checkbox"/> Access to computer <input type="checkbox"/> Access to Internet <input type="checkbox"/> Access to Phone		<input type="checkbox"/> Service Animal? Type: _____ <input type="checkbox"/> Pets? #: _____ Friendly: YES / NO <input type="checkbox"/> Special Medications? <input type="checkbox"/> Live Alone? <input type="checkbox"/> Hospice Care? <input type="checkbox"/> Well Water? <input type="checkbox"/> Home Generator?
MEDICAL INFORMATION					
<input type="checkbox"/> High Blood Pressure		<input type="checkbox"/> COPD / Emphysema	<input type="checkbox"/> Autism / Developmental		<input type="checkbox"/> Mental Health Problems
<input type="checkbox"/> Heart Attack(s)		<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes		<input type="checkbox"/> Dialysis
<input type="checkbox"/> Stent Placements		<input type="checkbox"/> Stroke	<input type="checkbox"/> Alzheimer's / Dementia		<input type="checkbox"/> Kidney or Liver Disease
<input type="checkbox"/> Irregular Heartbeat		<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Failure		<input type="checkbox"/> Other: _____
EVACUATION					
<input type="checkbox"/> TRANSPORT REQUIRED		<b>To:</b>		<b>Location:</b>	
<input type="checkbox"/> Equipment Transport Required		<input type="checkbox"/> Local Shelter		<b>*We <u>CANNOT</u> transport to residences*</b>	
Equipment: _____		<input type="checkbox"/> Local Hospital			
		<input type="checkbox"/> Specialty Hospital			
		<input type="checkbox"/> Assisted Living / Nursing Home			
NIXLE / REVERSE 9-1-1 / REGISTER READY					
Enroll me in:	<input type="checkbox"/> Nixle ( <i>Community Alerts</i> )		<input type="checkbox"/> CivicReady ( <i>Reverse 9-1-1</i> )		<input type="checkbox"/> Register Ready ( <i>State Functional Needs Registry</i> )
CERTIFICATION					
<p>By signing this form, I give my authorization for the medical information contained to be released to the County Health Department, Office of Emergency Management, First Responders (EMS/Fire/Police), and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and sheltering.</p>					
Signature: _____				Date: _____	