



# **BOROUGH OF LAKEHURST POLICE DEPARTMENT**

530 UNION AVENUE  
Lakehurst, New Jersey 08733  
(732) 657-7812  
FAX: (732) 657-0367

**Eric S. Higgins**  
**Chief of Police**

## **Special Needs Resident Registration Form**

The Special Needs Program is a voluntary program designed to assist Borough Residents in the event of an unforeseen emergency or natural disaster. If you or a loved one has special needs and may require assistance during an emergency such as an evacuation, major storm, or power outages, please fill out this form and return it to the police Department.

Upon receipt of a signed and completed Special Needs Form, each individual will be entered into our confidential database. Registration must be renewed annually.

Application forms are available on our website at [www.lakehurstpolice.org](http://www.lakehurstpolice.org)  
Once you have completed the form please return to:

Lakehurst Police Department  
530 Union Avenue  
Lakehurst, NJ 08733



# LAKEHURST POLICE DEPARTMENT SPECIAL NEEDS REGISTRATION FORM

PERSONAL INFORMATION									
Name: Last			First			DOB:			
Address			Zip		Sex		Weight		
			Apt		Floor		Unit #		
Mailing Address (If different)					Zip		Phone		
<p>Housing Status: (circle) Lives Alone / With Spouse / With Children / With Parents / Other _____</p> <p>Are you a Hospice patient Y / N</p> <p>Do you receive care in your home? Y / N If yes, Name of Health Care Agency providing care _____</p> <p>Health Care Agency Contact Person _____ Agency Contact Number _____</p> <p>Do you have a pet? Y / N Dog?# _____ Cat?# _____ Do you have an assist pet? Y / N</p> <p>Can you take care of yourself? Y / N</p> <p>In an evacuation would you need transportation to a Shelter? Y / N If yes, which type: Auto / Van with wheelchair lift / Stretcher</p>									
MEDICAL INFORMATION: (Circle Yes or No)									
Medical Conditions:									
Medications:									
Allergies:									
Wheelchair Bound	Y	N	Dialysis	Y	N	Mental Health Impairment	Y	N	
Bedridden	Y	N	Oxygen Dependent	Y	N	Colostomy or Ileostomy	Y	N	
Hearing Impaired	Y	N	Indwelling Catheter	Y	N	Seizures	Y	N	
Sight Impaired	Y	N	G-tube Feeders	Y	N	Diabetic	Y	N	
Other _____									
EMERGENCY CONTACT INFORMATION									
Name: Last			First		Phone		Relationship		
PHYSICIAN/PHARMACY INFORMATION									
Physician's Name:					Phone:				
Pharmacy:					Phone:				
AUTHORIZATION									
<p>I agree that my name will be added to the Special Needs List. I give the Lakehurst Borough Police Department and the Office of Emergency Management authorization to share and maintain this information with other local support agencies for use in the event of an emergency evacuation.</p>									
Authorized Signature						Date:			
Relationship to Registrant						Phone:			

**Residents must register Annually with the Police Department to maintain status on the Special Needs List. Registration Expires December 31<sup>st</sup>. Please report any changes to your information immediately.**

## **Special Needs Registry Questions & Answers**

### **Who should register?**

If you or a loved one CAN NOT enter and exit your residence independently on a physical and/or mental level, please consider registering.

If in the event of a long term power outage you will require a power generator, please consider registering.

### **What happens after I submit my registration form?**

The registration form information and the condition for "special needs consideration" will be reviewed. If you meet one or more of the "Medical Conditions" listed under Medical Information your name will be entered into the Special Needs Registry. If you do not meet one or more of the "Medical Conditions" you will NOT be registered.

### **How will I know if I am registered or not?**

You will be notified if you have been registered or that we were unable to register you because you did not meet one or more of the Medical Conditions listed on the registration form. You can call to verify that your name is listed on the special needs registry.