



**TOWNSHIP OF DENNIS  
OFFICE OF EMERGENCY MANAGEMENT  
P.O BOX 204, 571 PETERSBURG ROAD  
DENNISVILLE, NJ 08214**

**2011 SPECIAL NEEDS FORM**

**NAME OF PERSON WITH SPECIAL NEEDS:**

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**DESCRIPTION OF SPECIAL NEEDS:**

\_\_\_ WHEELCHAIR BOUND \_\_\_ DIALYSIS PATIENT \_\_\_ DIABETIC

\_\_\_ HEARING IMPAIRED \_\_\_ TTY/TDD \_\_\_ SPECIAL MEDICATIONS

\_\_\_ OXYGEN \_\_\_ BLIND \_\_\_ USES SEEING EYE DOG \_\_\_ LANGUAGE BARRIER

**ADDITIONAL INFORMATION:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**INDIVIDUAL COMPLETING FORM:**

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

DATE: \_\_\_\_\_

**THE INFORMATION CONTAINED ON THIS SPECIAL NEEDS FORM MAY INVOLVE PERSONAL MEDICAL INFORMATION WHICH IS NOT SUBJECT TO THE STATE RIGHT-TO-KNOW LAWS. THE INFORMATION ON THIS FORM IS CONSIDERED PERSONAL AND PRIVATE AND IS PROVIDED FOR THE SOLE PURPOSE OF DEVELOPING A SPECIAL NEEDS DATABASE TO BE**

**UTILIZED BY THE TOWNSHIP OF DENNIS OFFICE OF EMERGENCY MANAGEMENT, AND/OR ANY OF ITS DESIGNATED AGENTS ASSOCIATED WITH THE 9-1-1 DISPATCH CENTER.**