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

Emergency & Special Needs Registration Form

NAME OF PERSON WITH SPECIAL NEEDS:

NAME:____ PHONE#:____________________

ADDRESS:____

CITY:_________________________________ STATE:___________ ZIP:_______________

DESCRIPTION OF SPECIAL NEEDS:

____ BED RIDDEN
____ BLIND
____ DIABETIC
____ DIAlYSIS PATIENT
____ HEARING IMPAIRED
____ LANGUAGE BARRIOR
____ OTHER SPECIFY
____ OXYGEN
____ SPECIAL MEDICATIONS
____ TTY/TDD
____ USES SEEING EYE DOG
____ WHEELCHAIR BOUND

ADDITIONAL INFORMATION:

1.____
2.____
3.____

SPECIAL INSTRUCTIONS:

1.____
2.____
3.____

INDIVIDUAL COMPLETING FORM:

NAME:____
ADDRESS:____
CITY:________________________ STATE:____ ZIP:__________
HOME PHONE#:____________________
WORK PHONE#:____________________
EMAIL:____
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.