

SOUTH TOMS RIVER RESIDENT SPECIAL NEEDS SURVEY
Return to: Boro of STR 19 Double Trouble Rd South Toms River, NJ 08757
732-349-0403

INFORMATION FOR PERSON HAVING SPECIAL NEEDS

SPECIAL NEEDS (check all that apply)

NAME: LAST _____ FIRST _____

BED RIDDEN Y___ N___

ADDRESS: _____

WHEELCHAIR Y___ N___

DATE OF BIRTH _____ AGE _____ SEX: M F

HEARING IMPAIRED Y___ N___

PHONE #: HOME _____ MOBILE _____

VISION IMPAIRED Y___ N___

LIVING SITUATION: ALONE__ WITH CAREGIVER/FAMILY__

SPEECH IMPAIRED Y___ N___

MEDICAL SITUATION: _____

REQUIRES OXYGEN Y___ N___

TANKS ___ PUMP & BATTERY BACKUP ___

EMERGENCY CONTACTS:

OTHER _____

LOCAL: NAME _____ PH# _____

By signing this form I give my authorization for the medical information contained herein to be released to local first response agencies and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and support. The information contained herein will be kept confidential.

OUT OF TOWN: NAME _____

PHONE # _____ LOCATION _____

PRIMARY DR: NAME _____ PH# _____

Everyone should prepare a TO-GO-BAG with clothing, personal items, and medications for three days in the event of an emergency evacuation.

Sign: _____ Date _____

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