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 th	at apply)	
NAME: LASTFIRST	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 & BAT	TERY BACKU	P
EMERGENCY CONTACTS:	OTHER		
LOCAL: NAMEPH#	By signing this form I give my authorization for the medical information contained herein to be		
OUT OF TOWN: NAME	released to local first response receiving facilities for the purp	e agencies and	t
PHONE #LOCATION	needs and providing emergen	cy transportat	tion and
PRIMARY DR: NAME PH#	support. The information cont kept confidential.	ained herein	will be
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	
SOUTH TOMS RIVER RESIDENT S	Rd South Toms River N	II 08757	
Return to: Boro of STR 19 Double Trouble 732-349-04 INFORMATION FOR PERSON HAVING SPECIAL NEEDS			
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Return to: Boro of STR 19 Double Trouble 732-349-04 INFORMATION FOR PERSON HAVING SPECIAL NEEDS NAME: LAST FIRST ADDRESS: DATE OF BIRTH AGE SEX: M F PHONE #: HOME MOBILE	SPECIAL NEEDS (check all the BED RIDDEN WHEELCHAIR HEARING IMPAIRED VISION IMPAIRED	at apply) Y Y Y Y	N N
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