

Fair Lawn Office of Emergency Management

8-01 Fair Lawn Avenue
Fair Lawn, New Jersey 07410



DATE

Dear Resident,

The Borough of Fair Lawn Office of Emergency Management has established a Residential Special Needs Registry for residents who may require special attention during times of emergency. If you, or someone you know, are using oxygen in their home, requires a walker to get around is hearing or sight impaired or has any form of physical or mental disability please take a moment to fill out this assistance form.

Please be assured that all information is kept **confidential** and is distributed to police, fire, rescue, EMS, health and the public works department for use during emergencies.

Please fill out and return the attached form to:

Fair Lawn Emergency Management
Attn: Special Needs Registry
8-01 Fair Lawn Avenue
Fair Lawn, New Jersey 07410

We periodically will ask you for updates to our records, so please return this information to us as soon as possible, **even if there are no changes**. If there is no longer a need to be included on this registry, please indicate that on the form and return. If you have any questions, please feel free to contact Emergency Management at (201) 794-5390 or email walvarez@fairlawn.org. Thank you.

Very truly yours,

Wendy Alvarez, NJCEM, CEM, MPA
Emergency Management Coordinator

Fair Lawn Emergency Management
8-01 Fair Lawn Avenue
Fair Lawn, New Jersey 07410
201-794-5390

RESIDENTIAL SPECIAL NEEDS ASSISTANCE FORM

Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Is this above person a minor Yes No

Remove the above resident from the registry.

There are no changes.

Please describe the special needs / assistance that may be required (i.e., oxygen, medical device, mobility challenge, wheelchair, mental disability, sensitivity to lights and/or sirens, etc.).

Do you need electric power to operate medical equipment? Yes No

Do you have a back-up generator? Yes No

In case of an emergency, please contact:

Name Relationship

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email: _____

Does a family member or neighbor have a key to your residence in case of an emergency?

If **YES**, please complete:

Name: _____ Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

ACKNOWLEDGEMENT

I acknowledge that by checking the box below that the information being provided is truthful, current and valid and that I am authorized to submit it on my own behalf or as the legal guardian with authority to submit it on behalf of another. I further understand that by registering myself or someone else on the Special Needs Registry that the personal information entered may be used by emergency personnel, including but not limited to, law enforcement officers, emergency medical services, fire department, rescue squad, as well as public works and/or health department in the event of a personal emergency or other emergency situation. I also acknowledge that it will be my responsibility to keep the information on the registry up to date.

It is further understood that completion of this form and participation in this registry is voluntary and cannot guarantee and is not intended to convey and warrant, either express or implied, as to outcomes, promises or benefits from the use of this form and participation on this registry. Use of the Special Needs Registry constitutes acknowledgement and acceptance of these limitations and disclaimers.

I understand the above disclaimer _____ YES _____ NO

Name of Person Filling Out this Form (print): _____

Signature of Person Filling Out this Form: _____

Date: _____