

## REGISTER FOR SPECIAL NEEDS DIRECTORY

People with disabilities and special needs often need additional time and assistance to prepare for a disaster. If you have further questions or concerns you may also contact Lt. Donald Osenbruck or Sgt. Carmine Pezzuti of the **Franklin Lakes Police Department at:** (201) 891-3131.

### **GETTING STARTED:**

- Create a **Personal Support Network** of friends, family and neighbors who can assist in disaster preparation and getting you to a safe place.
- Conduct an **Assessment of Your Personal Needs** and resources, and of the types of help you will need in case of a power outage, evacuation or other emergency.
- **Register with Franklin Lakes Police Department.** Make sure they keep a record of the special assistance you may need during an evacuation, power outage or other emergency.
- If you are electric-dependent, **register with your Utility Company.** Make sure they, along with your Police, keep a record of the special assistance you will need during a power outage.
- **Consult your family and Doctor** about steps you can take to mitigate your exposure (backup generator/battery backup, extra oxygen/medications).
- **Complete the attached form** and hand deliver to Police Desk, FAX or send to the Franklin Lakes Police Department.

### **Franklin Lakes Police Department**

490 DeKorte Drive

Franklin Lakes, New Jersey 07417

## REQUEST TO REGISTER IN THE FRANKLIN LAKES SPECIAL NEEDS DIRECTORY

***ALL INFORMATION WILL BE SECURED AND USED ONLY IN AN EMERGENCY***

\*NAME: \_\_\_\_\_

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

\*HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

*\*required*

### EMERGENCY CONTACT:

NAME: \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### SPECIAL NEEDS SECTION

PLEASE CHECK BOXES AND DESCRIBE YOUR SPECIAL NEEDS:

( ) ELECTRICITY REQUIRED

( ) WHEEL CHAIR NEEDED

( ) OXYGEN REQUIRED

( ) HEARING IMPAIRED

( ) LIMITED MOBILITY, BED BOUND

( ) SIGHT IMPAIRED, BLIND

( ) OTHER, DESCRIBE YOUR SPECIAL NEEDS: \_\_\_\_\_

\_\_\_\_\_

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