

2007 Special Needs Registration – Holmdel Twp.

Name of Person with Special Needs

Name _____ Phone _____ Age _____

Address _____

City _____ State _____ Zip _____

Description

Check all that apply:

- I have a visual impairment
- I have a mobility impairment
- I live alone
- Wheelchair/Walker
- Ventilator/Respirator
- Oxygen
- Special Medications

- I have a hearing impairment
- I have a service animal
- I need assistance with basic daily care
- Dialysis
- IV Support
- TTY/TDD
- Other – list detail below

Additional Information/Special Instructions (Please print clearly)

Individual Completing Form (Please print clearly)

Name: _____ Home Phone _____

Cell _____

Address

E-Mail Address

Date _____

If you have any questions please contact Mike Simpson, OEM Coordinator, at 732 688-6745 or Captain John Mioduszewski, Holmdel Police Dept., at 732 946-4400

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 confidential and is provided for the sole purpose of developing a special needs database to be utilized by the Holmdel Township Office of Emergency Management, and/or any of its designated agents.