NOTICE OF DISABILITY REGISTRATION FORM

Midland Park’s Office of Emergency Management (OEM) and the Midland Park Volunteer Ambulance Corps share a concern for our disabled and developmentally challenged citizens and would like to prepare for emergencies by knowing where these special needs people live.

Please help by completing the form below which can be returned via mail to:

MPOEM
280 Godwin Ave.
Midland Park, NJ 07432

Or via email: oem@midlandpark-nj.org
adminsupport@midlandpark-nj.org

Or
Via fax: 201-652-6348

Name of Applicant: ____________________________________________________________

Address: ____________________________________________________________________ Apt.# __________

Phone: Home: ________________________ Cell: ________________________________

Age: ____________________________ Sex: Male / Female  (Circle One)

Emergency Contact Information

Name: ______________________________________________________________________

Address: ____________________________________________________________________

Phone: Home: ________________________ Cell: ________________________________

Relationship: _____________________________________________________________________

MEDICAL (CHECK IF IT APPLIES TO APPLICANT)

_____Requires Oxygen  _____O2 extractor  _____Tanks

_____Person with limited mobility  _____wheelchair  _____walker  ______confined to bed (room location)

_____Person with intravenous lines  _____Dialysis  _____Infusion pump

_____Alzheimer’s patient

Other special medical conditions_____________________________________________________________________________________

DEVELOPMENTAL (CHECK IF IT APPLIES TO APPLICANT)

_____Autistic  _____Cognitively challenged

_____Other (please describe condition) ______________________________________________________________________________

The undersigned agrees that the above information will be disclosed to Midland Park Emergency Services. Such information will be kept as confidential and properly protected. Verification is required on an annual basis.

_________________________________________  ____________________________________________________________________
(Print Name)  (Sign)

5/21/2019