

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)