



**OFFICE OF EMERGENCY MANAGEMENT
VILLAGE OF RIDGEFIELD PARK
201-440-2570**

SPECIAL NEEDS ASSISTANCE FORM

The Village of Ridgefield Park has a Residential Special Needs Registry for residents who may require special assistance during an emergency. The provided information is strictly CONFIDENTIAL and will only be used by public safety personnel during emergencies.

NAME _____ **AGE** _____ **BIRTH DATE** _____

ADDRESS _____

HOME PHONE _____ **CELL PHONE** _____

Describe your special need or assistance that may be required during an emergency (oxygen, medical device, etc.)

Is this need _____ permanent _____ temporary, until _____

Do you require electricity to operate a medical devise? _____ yes _____ no

In case of emergency, **please call:** _____

Home Phone: _____ Work Phone _____ Cell Phone _____

In case of emergency does anyone have a key to your residence? _____ yes _____ no

Name _____ Address _____

Phone: _____ Cell _____

Signature: _____ Date: _____

RETURN TO: EMERGENCY MANAGEMENT, 50 MAIN ST., RIDGEFIELD PARK, NJ 07660