



**Mahwah Office of Emergency Management**  
475 Corporate Drive, Mahwah, NJ 07430

**SPECIAL NEEDS REGISTRATION FORM**

(Confidential)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone  
Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male / Female (Circle One)

Emergency Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone  
Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_

Relationship: \_\_\_\_\_

Describe Special Needs: Use rear of form for additional Contacts

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check ONLY if it applies to applicant:

- Bedridden - Room location: \_\_\_\_\_
- Use of Oxygen
- Dialysis
- Inability to walk? \_\_\_\_\_ Wheelchair? \_\_\_\_\_
- Home Infusion Pump
- Vision Impaired / Blind
- Hearing Impaired / Deaf
- Pets: \_\_\_\_\_
- Other: \_\_\_\_\_

**For OEM Use ONLY:**

Date Received: \_\_\_\_\_ Date of Entry: \_\_\_\_\_  
Received By: \_\_\_\_\_ Entered By: \_\_\_\_\_

If you have already filled out the form, PLEASE PASS it on to a Friend or Neighbor who might not have

**PLEASE RETURN TO:** Mahwah Office of Emergency Management, 475 Corporate Dr. Mahwah, NJ 07430



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