



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



Emergency Contact Information:

Name: _____
Address: _____
Telephone
Number(s): Home _____ Cell _____
Relationship: _____

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