



The Gloucester Township Police Emergency Needs Preparedness Registry



INSTRUCTIONS AND INFORMATION

The Gloucester Township Police Department (GTPD) have created a voluntary Emergency Needs Preparedness Registry to identify residents who might need extra assistance during a major emergency, such as a mass evacuation, a public health emergency like a pandemic, or an independent emergency like a health crisis or fire in your home. The township's emergency response will be more effective if responders are aware of your special situation prior to their arrival.

- You need special notification about the emergency due to impairment or language barrier.
- You need assistance to leave your home due to a disability or other physical challenges.
- You have no access to transportation.
- You could not stay in your home without assistance for more than a couple of days.
- You rely upon electrical power for specialized equipment in your home.

The Registry:

- Provides emergency planners with your information so that during a disaster, responders can determine where special assistance is required.
- Keeps your information secure. It will only be used for emergency preparedness or response.

While enrollment is no guarantee that you will get help first during a disaster, the GTPD Emergency Operations Center will know of your need for special assistance.

Please remember, even if you are on the Emergency Needs Preparedness Registry, you should call 911 if you find yourself in a life-threatening situation.

You may enroll yourself or anyone else for whom you have legal responsibility. Simply complete and sign the attached form. Please report any changes in your information immediately to the GTPD by completing an updated application form. We will contact you annually to remind you to update your information. It is recommended to have a recent photo on file. Please contact the GTPD Community Relations Bureau where you can request assistance to have a photo taken to be kept on file.

The Emergency Preparedness Needs Registry form can be printed out on the GTPD website at

<http://www.gtpolice.com/programs/emergency-needs-preparedness/> or picked up at police headquarters.

The completed forms can also be mailed to:

**Gloucester Township Police
Attn: Community Relations Bureau
1261 Chews Landing Road
Laurel Springs, NJ 08021**

If you have questions or need further information, please call the GTPD Community Relations Bureau at 856-374-5735 or email them at communityrelations@GTPolice.com .

POLICE ONLY SECTION:

DATE RECEIVED: _____ **OFFICER:** _____

SUPERVISOR APPROVED: _____

DATE ENTERED: _____ **OFFICER:** _____

SUPERVISOR APPROVED: _____

Emergency Preparedness Registration Form

If you, or any member of your household, require extra assistance in the event of a major emergency such as an evacuation, please complete and return this form so that your special needs will be available to emergency response personnel. The Township of Gloucester will only use your information for emergency preparedness and response.

SPECIAL ASSISTANCE WOULD BE NEEDED FOR:

- THIS IS A NEW REGISTRATION
- THIS IS UPDATED INFORMATION

FIRST NAME

LAST NAME

DATE OF BIRTH

--	--	--

HOME ADDRESS WITH ZIP CODE

--

HOME PHONE

CELL PHONE

TTY/TTD #

--	--	--

EMAIL ADDRESS

PRIMARY LANGUAGE

--	--

Check only those applicable:

NON-ENGLISH SPEAKING HOME

- I do NOT understand English at all.
- I understand some English.

TRANSPORTATION DURING AN EVACUATION

- I need standard transportation
- I can get to a public bus-stop
- I need special transportation (ambulance, lift, etc.)
- I can provide my own transportation
- Other (*Specify*)_____

DISABILITY or other CHALLENGES

- Blind or sight impaired
- Confined to bed
- Deaf or hearing impaired
- Require 24 hour constant care
- Speech impaired
- Mental health condition (dementia, psychiatric)
- Limited mobility or difficulty walking
- Chronic Condition: _____
- Other (*Specify*) _____

DEPENDENCY

- Electricity- I require electricity for essential equipment.
- Service Animal
- Insulin
- Walker / Cane
- Oxygen
- Wheel Chair / Scooter
- Other (*Specify*) _____
- Dialysis

OTHER, SPECIAL CIRCUMSTANCES

- I have one or more children under age 18 living with me.
- I have one or more pets living with me.

IMPORTANT INFORMATION:

EMERGENCY CONTACT (Not in household) RELATIONSHIP

--	--

ADDRESS

PHONE NUMBER

--	--

EMERGENCY CONTACT #2

RELATIONSHIP

--	--

ADDRESS

PHONE NUMBER

--	--

PRIMARY PHYSICIAN NAME (*Optional*)

PHONE NUMBER

--	--

AUTHORIZATION

I request registration in the GTPD Emergency Needs Preparedness Registry. I certify that I have voluntarily provided the above information and that it is true and correct to the best of my knowledge. I have read the information sheet attached with this registry form and I understand the limitations on services and the level of care available.

I understand that I remain responsible for any costs associated with hospital or other medical care. I understand that enrollment in the registry is no guarantee that transportation or support services will be provided by the Township of Gloucester. I understand that I remain responsible for myself in the event of an emergency and I should call 911 if I find myself in a life-threatening situation even if I am on the registry.

I grant permission to emergency responders, medical providers, transportation agencies and others involved in my care to enter my home, provide care and disclose any information necessary to respond to my health needs during an emergency. I grant permission for the release of this information to emergency agencies and personnel.

PRINT NAME / RELATION: _____	
ADDRESS: _____	
PHONE: _____	EMAIL: _____
DATE: _____	
SIGNATURE: _____	