

How Can I Register?

- Log onto www.registerready.nj.gov
- Telephone 2-1-1, toll-free
- Complete this Registry form and mail it to the Burlington County Health Department

Where can I get Help Registering?

- Call New Jersey's toll-free 2-1-1 telephone service for registration help. Translation help and TTY service for the hearing impaired are also available at 2-1-1.

Look for this **REGISTER READY** logo in the newspaper, on the Internet, and throughout your community for more information.



Postage

**Burlington County Health Department
15 Pioneer Blvd
P.O. Box 6000
Westampton, NJ 08060**



What is Register Ready?

The NJ Special Needs Registry is designed to help emergency responders locate and safely evacuate people who could find it difficult to help themselves in the event of a major disaster, such as a hurricane.

Emergency responders need to know where you are and what special help you might need to assist in helping to evacuate you quickly and safely.

The NJ Special Needs Registry is...

- free
- voluntary
- strictly confidential
- protective of your privacy
- a way to protect you in a major emergency

NJ Special Needs Registry Form

Complete this form for you or anyone you know who may need assistance in an evacuation.

This information is strictly **CONFIDENTIAL**.

Personal Information

First Name: _____ MI: ___ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Municipality: _____

Phone: _____ TTY Number

Does NOT have a phone E-Mail: _____

Date of Birth: ___/___/___ Height: _____ Weight Over 300 lbs

Emergency Contact Information I choose not to provide emergency contact information

First Name: _____ MI: ___ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Relationship to Individual: _____

Duration of Need

Are all of the conditions resulting in the need for evacuation temporary?

YES (Date condition to be resolved: (___/___/___)) NO, conditions are permanent

Does the person in need have a service animal? YES NO

Does the person in need have pets? YES NO

Does the person in need have medication that must be taken with them if evacuated? YES NO

Does the person in need have a 24 hour care giver? YES NO

Does the person in need require evacuation assistance 24/7? YES NO

I need assistance from ___:___ AM/PM ___:___ AM/PM

Is the person in need a temporary resident? YES NO

I am a resident from _____(month) to _____(month)

Evacuation Information

- Sight Impaired
- Hearing Impaired
- Speech Impaired
- Physically Impaired
- Completely Bedridden
- Mentally / Memory Impaired
- Dementia / Alzheimer's
- Dialysis
- Requires Skilled Nursing
- Other: _____

Does not:

- Have Access to a Car
- Have a Radio
- Have a Television
- Does Not Speak English
- Primary Language: _____

Requires:

- Wheelchair
- Motorized Wheelchair
- Walker / Cane
- Assistant / Care Giver
- Oxygen or Concentrator Cylinder
- Ventilator
- Suction Machine
- Other Equipment: _____