FORT LEE FIRE PREVENTION
Borough of Fort Lee
1365 Inwood Terrace
Fort Lee, NJ 07024
Phone: 201-592-3500 Ext. 1502
Fax: 201-585-1563

STEVEN JAMES CURRY
Fire Official/Fire Sub-code, Ext. 1018
JOSEPH CARIDDI
Deputy Fire Official, Ext. 1019

SPECIAL NEEDS REGISTRY

Please complete this form in full. As part of the program, an identification sticker will be given with instructions on the back of the sticker explaining where it should be placed. This program is for those who live in **FORT LEE, NJ ONLY**. All of this information is strictly confidential and will only be utilized by Fort Lee Emergency Services in the event of an emergency or disaster. A separate form needs to be filled out for each Special Needs person in the household. If the bedroom is shared, only one sticker is needed.

NAME FOR REGISTRY: _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

PERSON SUBMITTING FORM: _____

PHONE: _____ **EMAIL:** _____

DATE OF BIRTH: _____ **MALE:** ____ **FEMALE:** ____

PRIMARY LANGUAGE SPOKEN: _____

LOCATION OF BEDROOM: 1ST FLOOR ___ **2ND FLOOR** ___ **3RD FLOOR** ___ **BASEMENT** ___

REAR ___ **FRONT** ___

NORTH SIDE ___ **SOUTH SIDE** ___ **EAST SIDE** ___ **WEST SIDE** ___

PERSON SUBMITTING FORM: _____

PHONE: _____ **EMAIL:** _____

PHARMACY NAME: _____ **PHONE:** _____

DO YOU HAVE ALTERNATIVE HOUSING IN THE EVENT OF AN EMERGENCY? YES ___ NO ___

LOCATION: _____

RELATION: _____ **PHONE:** _____

EMERGENCY CONTACTS

NAME: _____
PHONE: _____

NAME: _____
PHONE: _____

IN THE EVENT OF AN EMERGENCY, DO YOU REQUIRE EVACUATION ASSISTANCE? YES ___ NO ___

DO YOU HAVE A FILE OF LIFE? YES ___ NO ___

PLEASE CHECK ALL THAT APPLY:

MEDICAL CONDITIONS:	**EQUIPMENT UTILIZED:**
Speech Impaired ___	Oxygen ___
Dementia ___	Oxygen Concentrator ___
Alzheimer's ___	Respirator/Ventilator ___
Psychiatric Illness _____	Service Animal ___
Dialysis ___	Requires Constant Skilled Hemodialysis Pertoneal Dialysis ___
Requires Nursing Care ___	

Other: _____

VISUAL IMPAIRMENT:

Blind ___ Complete (Both Eyes) ___ Partial ___ Service Animal ___ Cane ___

Impaired Vision: Macular Degeneration ___ Cataracts ___ Glaucoma ___

HEARING IMPAIRED:

Deaf ___ Partially Hearing Impaired ___ Hard of Hearing ___ Hearing Aids ___ TYY/TDD Phone ___

MOVEMENT DISABILITIES:

Paralysis: Complete ___ Partial ___ Arthritis ___ Muscular Dystrophy ___ Multiple Sclerosis ___

Cerebral Palsy ___ Stroke ___ Parkinson's ___ Bedridden ___ Bariatric Patient ___

Other: _____

Walker ___ Cane ___ Crutches ___ Wheelchair ___ Motorized Wheelchair ___

Motorized Scooter ___ Mechanical Lift ___ Attendant to Assist with Ambulation ___

CONDITION OF DISABILITY: Temporary ___ Permanent ___

Please contact the Fire Prevention Bureau immediately if the registered individual moves from the location so that we can remove them from the program, and the sticker should be removed promptly from the door.

Please return the completed form to:

FORT LEE FIRE PREVENTION BUREAU
1365 Inwood Terrace
Fort Lee, NJ 07024