CITY OF ENGLEWOOD
DEPARTMENT OF POLICE
OFFICE OF EMERGENCY MANAGEMENT

RETURN TO ENGLEWOOD POLICE HEADQUARTERS [75 S. VAN BRUNT ST, ENGLEWOOD, NJ 07631] OR EMAIL [BKRANE@ENGLEWOODPD.ORG] OR FAX [(201)567-3504]

PERSONAL INFORMATION

FIRST NAME|	MI|	LAST NAME|
ADDRESS|		
ADDRESS 2|		
CITY|	STATE|	ZIP|
EMAIL|	DOB	
PHONE 1|	PHONE 2|	
HEIGHT|	WEIGHT|	GENDER|

EMERGENCY CONTACT

FIRST NAME|	MI|	LAST NAME|
ADDRESS|		
ADDRESS 2|		
CITY|	STATE|	ZIP|
EMAIL|	RELATIONSHIP|	
PHONE 1|	PHONE 2|	

EVACUATION INFORMATION

- ☐ *VISIION IMPAIRED*
- ☐ *HEARING IMPAIRED*
- ☐ *SPEECH IMPAIRED*
- ☐ *PHYSICALLY IMPAIRED*
- ☐ *COMPLETELY BEDRIDDEN*
- ☐ *MENTALLY/MEMORY IMPAIRED*
- ☐ *DEMENTIA/ALZHEIMER'S*
- ☐ *DIALYSIS*
- ☐ *REQUIRES CONSTANT CARE*
- ☐ *OTHER REASONS FOR ASSISTANCE*

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HAS DIFFICULTY WALKING AND REQUIRES

- ☐ *MANUAL WHEELCHAIR*
- ☐ *MOTORIZED WHEELCHAIR*
- ☐ *WALKER/CANE*
- ☐ *ATTENDANT TO ASSIST WITH MOVING*

PRIMARY LANGUAGE IS

- ☐ *ENGLISH*
- ☐ *SPANISH*
- ☐ *KOREAN*
- ☐ CHINESE
- ☐ HEBREW
- ☐ *OTHER* | _____

THE PERSON IN NEED

- ☐ *HAS A SERVICE ANIMAL*
- ☐ *HAS PETS*
- ☐ *TAKES MEDICATIONS*
- ☐ *HAS A 24 HOUR CAREGIVER*
- ☐ *REQUIRES HELP EVACUATING*
- ☐ *IS A SEASONAL RESIDENT*

DOES NOT

- ☐ *HAVE ACCESS TO A MOTOR VEHICLE*
- ☐ *HAVE A RADIO OR A TELEVISION*
- ☐ *HAVE A TELEPHONE*
- ☐ *SPEAK ENGLISH*

ARE THE CONDITIONS RESULTING IN THE NEED FOR EVACUATION ASSISTANCE TEMPORARY?

- ☐ *YES*
- ☐ *NO, THEY ARE PERMANENT*

REQUIRED MEDICAL EQUIPMENT

- ☐ *OXYGEN*
- ☐ *VENTILATOR*
- ☐ *SUCTION MACHINE*
- ☐ *OTHER EQUIPMENT*

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IF THERE IS ANY INFORMATION THAT MAY BE USEFUL FOR THE CITY OF ENGLEWOOD EMERGENCY PERSONNEL THAT CANNOT BE ANSWERED IN THIS SURVEY, PLEASE LIST IT BELOW.

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SUBMITTED BY	SIGNATURE	DATE