

How Can I Register? It's easy to register:

- **Log onto**
www.registerready.nj.gov
- **Call** the Division of Senior Services (856) 686-8330
- **Complete** this registry form and **mail it** to the Gloucester County Division of Senior Services
- **Call** New Jersey's toll-free telephone service **211** for **TTY** for the hearing impaired and translation services

**REGISTER TODAY TO BE
READY FOR TOMORROW!**



Gloucester County Department of Health and Human Services

**Division of Senior Services
115 Budd Blvd.
West Deptford, NJ 08096**

**Robert M. Damminger
Freeholder Director**

**Giuseppe (Joe) Chila
Deputy Freeholder Director**

**Jim Jefferson
Freeholder Liaison**

The County of Gloucester complies with all state and federal rules and regulations and does not discriminate on the basis of race, religion, color, national or ethnic origin, sexual orientation, age, marital status or disability in admission to, access to, or operations of its programs, services, or activities. In addition, Gloucester County encourages the participation of people with disabilities in its programs and activities and offers special services to all County residents 60 years of age and older. Inquiries regarding compliance may be directed to the Division of Disability Services at (856) 384-6842/New Jersey Relay Service 711 or the EEO office at (856)384-6903.



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 assist 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 the person's conditions 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: _____
- I am HOMEBOUND**