



Fort Lee Fire Prevention Bureau

Borough of Fort Lee

1365 Inwood Terrace
Fort Lee, New Jersey 07024-4799
(201) 592-3500, Ext. 1502
Fax (201) 585-1563



FORT LEE FIRE DEPARTMENT 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 is only for use of the Fort Lee Fire Department in case of an emergency. This program can be used in conjunction with the department's "Invalid Location" program. 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 _____

ADDRESS _____

PHONE _____

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** _____

EMERGENCY CONTACTS

NAME _____

ADDRESS _____

PHONE _____

NAME _____

ADDRESS _____

PHONE _____

PHARMACY NAME _____ PHONE _____

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

LOCATIONS _____

RELATION _____ PHONE _____

IN THE EVENT OF AN EMERGENCY, DO YOU REQUIRE EVACUATION ASSISTANCE?

YES _____ NO _____

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

ARE YOU REGISTERED WITH THE NJ REGISTER READY? 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 _____ Partial _____

Service Animal _____ Cane _____

Impaired Vision: Macular Degeneration _____ Cataracts _____ Glaucoma _____

HEARING IMPAIRED

Deaf _____ TYY/TDD Phone _____ Partially Hearing Impaired _____ Hearing Aids _____

MOVEMENT DISABILITIES

Paralysis: Complete _____ Complete _____ Walker _____ Cane _____

Wheelchair _____ Motorized Wheelchair _____ Motorized Scooter _____

Mechanical Lift _____ Attendant to Assist with Ambulation _____

Arthritis _____

Muscular Dystrophy _____

Cerebral Palsy _____

Stroke _____

Parkinson's _____

Bedridden _____

Bariatric Patient _____

OTHER _____

Please return the completed form to:
FORT LEE FIRE PREVENTION BUREAU
1365 Inwood Terrace
Fort Lee, NJ 07024