NOTICE OF DISABILITY REGISTRATION FORM

Midland Park's Office of Emergency Management (OEM) and the Midland Park Volunteer Ambulance Corps share a concern for our disabled and developmentally challenged citizens and would like to prepare for emergencies by knowing where these special needs people live. Please help by completing the form below which can be returned via mail to:

MPOEM
280 Godwin Ave.
Midland Park, NJ 07432

Or via email: mrau@midlandparknj.org
Or via fax: 551-600-8296

Name of Applicant: _____

Address: _____ Apt.#_____

Phone: Home: _____ Cell: _____

Age: _____ Sex: Male / Female (Circle One)

Emergency Contact Information

Name: _____

Address: _____

Phone: Home: _____ Cell: _____

Relationship: _____

MEDICAL (CHECK IF IT APPLIES TO APPLICANT)

_____Requires Oxygen ____ O2 extractor _____Tanks

_____Person with limited mobility _____wheelchair _____walker _____confined to bed (room location)

_____Person with intravenous lines _____Dialysis _____Infusion pump

_____Alzheimer's patient

Other special medical conditions_____

DEVELOPMENTAL (CHECK IF IT APPLIES TO APPLICANT)

_____Autistic _____Cognitively challenged

_____Other (please describe condition) _____

The undersigned agrees that the above information will be disclosed to Midland Park Emergency Services. Such information will be kept as confidential and properly protected. Verification is required on an annual basis.

_____ _____

(Print Name) (Sign)

3/23/2021