

BOROUGH OF BERGENFIELD

Special Needs Assistance Form

This form is to assist the Bergenfield Police Department in locating and contacting residents with special needs, in order that proper assistance can be delivered and/or coordinated during an emergency. This form will also be used when communication with the Police Department may be hampered. This form is for residents with special needs who rely on assistance with issues of mobility, and/or continued (in home) medical care or equipment. (I.E. powered wheel chairs, oxygen tanks, etc)

During an emergency, or if communication with the Police Department is hampered, the Bergenfield Police Department will proactively make every effort to contact the residents listed below, in order to ensure that they are receiving the care and/or equipment needed. If such care is lacking, the Bergenfield Police Department will assist the resident in coordination of such care.

PLEASE PRINT ALL OF YOUR INFORMATION BELOW

Name: _____

Street Address: _____

Floor/Apartment: _____

Home Phone: _____ Cell Phone: _____

Medical Condition: _____

Allergies: _____

Please describe your special need or assistance that may be required (e.g. oxygen, wheelchair):

Do you require electricity to operate medical equipment? _____ Yes _____ No

Do you have a back-up generator that will activate upon loss of power? _____ Yes _____ No

In case of emergency, please contact _____

Home phone: _____ Cell: _____ Work: _____

In case of emergency, does a family member or neighbor have a key to your residence? If so, please provide the following information:

1. Name: _____

Home Phone: _____ Cell: _____ Work: _____

2. Name: _____

Home Phone: _____ Cell: _____ Work: _____

3. Name: _____ Cell: _____ Work: _____

Any additional comments you would like us to know about:

Signature: _____ Date: _____

(person completing form)

Please return completed form to:

Bergenfield Police Department
198 North Washington Avenue
Bergenfield, NJ 07621