

Garfield Office of Emergency Management
411 Midland Avenue, Garfield, NJ 07026

SPECIAL NEEDS REGISTRATION FORM

(Confidential)

Name of Applicant: _____

Address: _____

Telephone _____

Number(s): Home _____ Cell _____

Email Address: _____

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

Emergency Contact Information:

Name: _____

Address: _____

Telephone _____

Number(s): Home _____ Cell _____

Relationship: _____

Describe Special Needs:

Use rear of form for additional Contacts

Check ONLY if it applies to applicant:

Bedridden - Room location: _____

Use of Oxygen

Dialysis

Inability to walk? ____ Wheelchair? ____

Home Infusion Pump

Vision Impaired / Blind

Hearing Impaired / Deaf

Pets: _____

Other: _____

For OEM Use ONLY:

Date Received: _____ Date of Entry: _____
Received By: _____ Entered By: _____

**If you have already filled out the form, PLEASE PASS it on to a Friend or Neighbor who
might not have**

**PLEASE RETURN TO: Garfield Office of Emergency Management, 411 Midland
Avenue, Garfield, New Jersey 07026**

Emergency Contact Information:

Name: _____
Address: _____
Telephone
Number(s): Home _____ Cell _____
Relationship: _____

Emergency Contact Information:

Name: _____
Address: _____
Telephone
Number(s): Home _____ Cell _____
Relationship: _____

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