



Emergency Preparedness Safety Information for Residents with Disabilities and Special Health Needs

Information provided and recorded is confidential and for the purpose of safety.
Information provided by or for the resident is voluntary. The person has the
option to answer or decline to answer any or all questions.

Municipality: _____

Initial Updated Date: _____ Completed by: _____

Name of Resident: _____

Resident's preferred name: _____ Resident's preferred pronouns: _____

Resident's email address: _____ Phone number: _____ Other: _____

Method of interaction: Fully independent Supported by parent, caregiver, guardian, etc. Needed support _____

Primary language : _____ Other language? _____ Needs alternative/augmented communication: Yes No _____

Method of communication: verbal alternative/augmented communication device ASL other _____

Mobility : _____ Mobility needs/supports: cane walker wheelchair other _____

Residence: Apartment House Other Address _____

Other people in the residence, including others with disabilities or special health needs? Yes No _____

Age of resident: _____ Resident's description of disability(ies)/special health need(s): _____

Does resident have any medical equipment? Yes No _____

Sensory challenges (sirens, equipment, touch, etc.): _____

Does the resident want to share the type of disability and how their disability(ies) may affect them in a disaster or other emergency?

physical disability developmental or intellectual disabilities visual impairments Deaf or reduced hearing mental health conditions

Chronic conditions or injuries other _____

What is the resident's comfort or concerns level interacting with emergency responders and being transported in an emergency vehicle? _____

Has the resident registered with NJ Register Ready? Yes No Date: _____ Does the resident need assistance registering? Yes No

Does resident have a caregiver or aid to assist in care/medical care? Yes No _____

What communication needs are established to effectively communicate emergencies to the resident in a timely manner? _____

What accessibility needs does the resident need to facilitate transport to an emergency shelter? _____

What accessibility needs does the resident need within a shelter? _____

What preparations are needed to assist the resident if sheltering in place? _____

Does the resident require life-saving electricity needs? Yes No _____

Does the resident need assistance contacting their local electric utility provider to be placed on an emergency list? Yes No _____

Is there any additional information that the resident would like to share about preparing for disasters and emergency rescue?



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