



**EAST RUTHERFORD POLICE,
EMERGENCY & DISASTER MANAGEMENT
Voluntary Questionnaire
Supporting Our Residents With Special Needs**



Dear Community Member,

The East Rutherford Police Department, in collaboration with the Borough's Access for All Committee, developed this voluntary, confidential questionnaire as an enhancement to the Borough's emergency management services. The information requested is based on successful models used by other Bergen County municipalities. In the event of an emergency or natural disaster, the information provided by, or for, residents with any special needs becomes critical. It allows emergency management services to provide efficient and timely support for these residents, with enhanced care and understanding, while ensuring the safety of all community members.

Participation in this emergency management service program is completely voluntary. Once completed, the form may be returned to the Police Department Records Room by: mail, in person, or call the Records Department at 201-438-0709 to request a form pick-up by a designated police officer. Designated police staff will enter and maintain the information in the Department's confidential Dispatch computer database. After completing the data entry process, the form will be shredded. Updates to the information may be submitted, as needed, by completing a new questionnaire available upon request from the Police Department by calling 201-438-0709.

Please note, in the event of an emergency or natural disaster, the information on this form will be shared only on a "need to know basis" with: Police and Fire Departments, Emergency Medical Services, and the Office of Emergency Services of East Rutherford.

We hope you will join this expanded effort to ensure the safety of special needs members in our community. If you have any questions regarding this form, please contact the East Rutherford Police Department Records Room at: 201-438-0709.

Many thanks for your anticipated participation!

PLEASE CLEARLY PRINT ALL INFORMATION

I. IDENTIFICATION OF RESIDENT WITH SPECIAL NEEDS

Resident: _____
Last Name First Name Middle Initial Nickname (if preferred)

Primary Language: _____ Requires a sign language interpreter: Is Non-Verbal

Address: _____ East Rutherford, NJ 07073
and Street Apt. /Floor

Birthdate: ____/____/____ Gender: _____ E-mail: _____@_____

Phone: Primary (____) _____ - _____ Home Cell Secondary (____) _____ - _____ Home Cell

II. SPECIAL NEEDS ASSISTANCE

Please indicate the resident's type of disability, illness or special need. Examples include, yet are not limited to: Alzheimers, dementia, autism, mobility, hearing or visual impairment; is non-verbal; unable to follow instructions, etc.

The additional information below has proven valuable to effectively guide police, fire, or emergency personnel while delivering the most expeditious *and* appropriate care for residents with special needs in an emergency situation. Consider the following potential concerns that may apply for the resident, and list them in the space provided below:

- Does the resident have any anxiety triggers such as flashing lights, sirens, or loud noises or difficulty with a change in routine that may pose potential behavior challenges (i.e.: increased anxiety, anger or aggression)?
- If this resident may appear confrontational, how could emergency personnel best respond to him or her?
- Are there any personal item(s) this resident requires to keep with them for a sense of comfort or security?

Check anything that may apply to the resident; circle any options; and list items where applicable:

- Confined to bed: (denote location by room and floor) _____
- Requires: mobility assistive device (wheelchair/walker) / use of oxygen / dialysis treatment / home infusion pump
- Special food requirements or medications: _____
- Allergies related to medication, food, or other substances: _____
- Resident maintains a current list of Medical Alert information (indicate the location): _____
- Resident has a service animal or pet(s) that may require assistance (name/type): _____

III. Person to Contact for Emergency Purposes

Name of person completing this questionnaire: _____

_____ # and Street Address Apt./Floor City/Town State

Phone: Primary (_____) _____ - _____ Home Cell Secondary (_____) _____ - _____ Home Cell

E-Mail: _____ @ _____ Relationship to Resident: _____

Signature: _____ Date: _____

IV. Release Waiver Completed by: (Circle One): Resident, Parent, Guardian or Caregiver

I, (print the full name of the person completing this form) _____
give my permission to the East Rutherford Police Department to release any and all pertinent information related to the care and/or well-being of (print resident's full name or indicate "myself", if applicable) _____
to any and all personnel related to pertinent emergency services in the event of an emergency or natural disaster.

Signature: _____ Date: _____