

Borough of Hawthorne Office of Emergency Management

445 Lafayette Avenue Hawthorne, NJ, 07506 973-427-1800



Sgt. John Carbone Deputy Coordinator

PO Brian Vanderhook Deputy Coordinator

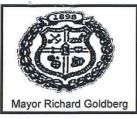
Resident Special Needs Program

The Resident Special Needs Program is voluntary program designed to assist Borough residents in the event of an unforeseen emergency or disaster within the Borough of Hawthorne. Borough residents that have special needs or suffer from certain ailments such as Autism & Alzheimer's may require specialized care or equipment during these times.

Residents that rely on the use of home generators, oxygen units, respirators or other medical equipment may needed addition back up power in the event of a long term incident that's affecting your neighborhood.

The program is also designed to assist emergency responders in the event a resident may become missing. Attaching a current photo of a resident with Alzheimer, Autism or other medical condition that limits their ability to communicate to responders can assist emergency responders. Updated photos will be requested throughout the enrollment in the program especially with children.

Applications will be made available on the Borough website <u>www.hawthornenj.org</u> or can be made available through, mailing, fax or email. Anyone with questions, please feel free to contact the Hawthorne Office of Emergency Management at 973-427-1800 Attention Captain Richard M. McAuliffe.



Borough of Hawthorne Office of Emergency Management

Main # 973-427-1800

445 Lafayette Avenue

Hawthorne, NJ, 07506





Resident Special Needs Form

The Borough of Hawthorne has designed the their homes or the community. Please compared the Avenue, Hawthorne, NJ 07506 Attentions	plete this form	n and return	it to the Ha	wthorne Po				
Name:					Current photo attached Yes () No ()			
Address:		K		Floor#		Apt#		
Home Phone # Cell Phone #								
Gender () Male () Female	Date	of Birth						
Please list the type of Ailment or Disability: Autism () Alzheimer () Paralysis () List other conditions below								
Trodo not the type of Amment of Dissamily.	/ tation /	/ MEITON	() (5.5 ()	101 01.10. 0	Training II		
Do You live alone? () Yes () No If yes, please list an emergency contact in the space provided below:							below:	
Name:				ship:				
Address:				865 II				
Home Phone #	Cell Phone) #	2 10 12					
Do You have pets? () Yes () No If yes, please indicate the type of pet(s) you have below								
Primary Language spoken:								
Are you able to walk with out assistance? () Yes No () If no, please list below the type of assistance needed:								
Walker () Yes () No Wheelchair () Yes () No Are you bedridden? () Yes () No								
Other device or assistance needed:								
Are you on home oxygen? () Ye	Do yo	Do you have spare oxygen tanks? () Yes			s () No			
Will you require a generator in the event of a long term power failure? () Yes () No								
What Phamacy do you current use?								
Please list any additional information that may assist the Borough's Emergency Services in case of an emergency:								
•								
				ψ		111 1		
Office use only								
Date received			Ward assig	jned to:				
Appropriate Emergency Service Notified	() Yes	() No		() Polic	e () Fire	()EMS		