



Richard J. Goldberg  
Mayor

Borough of Hawthorne  
**Office of Emergency Management**  
445 Lafayette Avenue  
Hawthorne, NJ, 07506  
973-427-1800



Captain  
Richard M. McAuliffe  
Coordinator

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 need additional 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 [www.hawthornenj.org](http://www.hawthornenj.org) 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.



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445 Lafayette Avenue  
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Main # 973-427-1800

Fax # 973-427-2276



## Resident Special Needs Form

The Borough of Hawthorne has designed this program to assist residents with special needs during events that could impact their homes or the community. Please complete this form and return it to the Hawthorne Police Department at 445 Lafayette Avenue, Hawthorne, NJ 07506 **Attention: Office of Emergency Management**

Name:				Current photo attached Yes ( ) No ( )
Address:			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

Do You live alone? ( ) Yes ( ) No If yes, please list an emergency contact in the space provided below:

Name:			Relationship:	
Address:				
Home Phone #			Cell Phone #	

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? ( ) Yes No ( ) Do you have spare oxygen tanks? ( ) Yes ( ) No

Will you require a generator in the event of a long term power failure? ( ) Yes ( ) No

What Pharmacy do you current use?

Please list any additional information that may assist the Borough's Emergency Services in case of an emergency:

### Office use only

Date received			Ward assigned to:	
Appropriate Emergency Service Notified	( ) Yes ( ) No	( ) Police ( ) Fire ( ) EMS		