

**LITTLE SILVER EMERGENCY MANAGEMENT  
SPECIAL NEEDS FORM**

The information provided below will be retained for use in planning for emergencies within the Borough. The information will be held in strict confidence by Little Silver's Police Department and the Emergency Management Committee. No other organizations or persons will have access to this information.

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Home Phone Number:** \_\_\_\_\_  
**Mobile Telephone:** \_\_\_\_\_

**Emergency Transportation Needs:**

I / we would need assistance in evacuating our residence or place of business during a voluntary or mandatory evacuation declared by the Mayor of Little Silver or other appropriate authorities because:  
(Check all that apply)

\_\_\_\_\_ I / we do not have a car, do not drive, or would prefer not to drive to an evacuation center.  
Number of persons requiring assistance: \_\_\_\_\_

\_\_\_\_\_ I have a medical condition that would prevent me from driving to an evacuation center.  
Number of persons in the household: \_\_\_\_\_

**Please indicate what type of transportation can accommodate you and the number of persons that meet the following criteria**

\_\_\_\_\_ I would be able to board and ride any type of vehicle.  
Number of persons in the household: \_\_\_\_\_

\_\_\_\_\_ I would be able to board and ride a van, minibus or car.  
Number of persons in the household: \_\_\_\_\_

\_\_\_\_\_ I would need to be transported by an ambulance.

**EMERGENCY MEDICAL NEEDS**

Please indicate the following:

\_\_\_\_\_ I take medication that needs to be kept refrigerated during a power outage

\_\_\_\_\_ I use a life-support device (such as a ventilator, oxygen generator, dialysis, feeding pump) requiring power during an outage.

\_\_\_\_\_ I am unable to administer medication to myself, and need assistance by another individual

**If you have not already done so, please take a moment to write down a list of your medications, any allergies to medications, emergency contact information and if you have an Advanced Directive. You should put that list someplace where it may easily be found (such as your refrigerator door).**

**This is for your safety- We can't help you unless you help us !!!**

**PLEASE FILL OUT THE ABOVE AND RETURN TO:  
LITTLE SILVER POLICE DEPARTMENT  
480 PROSPECT AVENUE  
LITTLE SILVER, NEW JERSEY**