



We would like to help you in case of
an emergency!

To help us be ready, please answer these 4 simple
questions.

1. Do you use oxygen at home?
2. Do you use medical equipment that needs electric to work?
3. Do you need help leaving your home in case an emergency because of a medical problem?
4. Do you need help leaving your home in case an emergency because you don't have a ride?

If you answered YES to any of these questions, we want to know!

Please call us at 609-296-3040 Ext. 15



Eagleswood Township Office of Emergency Management

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James Pine, Coordinator // Lisa H. Hand, Deputy Coordinator

146 Division Street, West Creek, NJ 08092

Phone: 609-296-3040 ext 15

Fax: 609-296-4649

E-mail: jpine135@comcast.net

lhand_eagleswood@comcast.net

SPECIAL NEEDS FORM

ALL INFORMATION IS KEPT CONFIDENTIAL (Please print all information)

Name: _____

Address: _____

Phone #: _____ Cell Phone #: _____

	Special Need / Other	Yes	NO
IS ANYONE ON LIFE SUPPORT?			
IS ANYONE IN THE HOME BED BOUND?			
IS THERE A LIVE-IN CARETAKER?			
DOES ANYONE IN THE HOME USE:			
WHEELCHAIR, WALKER, OR CANE (please specify)			
OXYGEN – small or large tanks please specify			
DIALYSIS – at home or in a center (please specify)			
USE A SCOOTER TO GET AROUND			
GUIDE DOG OR SERVICE ANIMAL (specify need for)			
DOES ANYONE HAVE:			
BLINDNESS OR VISION IMPAIRMENT			
DEAFNESS OR HEARING IMPAIRMENT			
TTY OR TTD EQUIPMENT IN THE RESIDENCE			
ALZHEIMERS, DEMENTIA, SENILITY (specify)			
MULTIPLE SCLEROSIS OR PARKINSONS			
IS ANYONE RECEIVING:			
CHEMOTHERAPY OR RADIATION (specify)			
HOSPICE PROGRAM CARE			
DOES ANYONE NEED:			
TRANSPORTATION IN AN EMERGENCY			
CANNOT DRIVE AT NIGHT			
OTHER MEDICAL NEEDS NOT LISTED (specify)			