

## **MUST RENEW ANNUALLY**

### **How Can I Register?**

- Log onto [www.registerready.nj.gov](http://www.registerready.nj.gov)
- Telephone 2-1-1, toll-free
- Complete this Registry form and mail it to the Burlington County Health Department

### **Where can I get Help Registering?**

- Call New Jersey's toll-free 2-1-1 telephone service for registration help. Translation help and TTY service for the hearing impaired are also available at 2-1-1.

#### **In addition to this form:**

**Please contact your electric company if anyone in your residence uses life-sustaining equipment powered by electricity to be registered.**

PSE&G: 1-800-436-7734

JCP&L: 1-800-662-3115

Atlantic City Electric:

1-800-642-3780



**Burlington County Health Department  
15 Pioneer Blvd  
P.O. Box 6000  
Westampton, NJ 08060**



### **What is Register Ready?**

Register Ready is a free, secure, voluntary database designed to help emergency managers and first responders plan for and support people with disabilities and access and functional needs (DAFN) who may need assistance in the event of a disaster.

You (or someone on your behalf) are encouraged to register if you have a physical, developmental, cognitive or behavioral impairment, language barrier, or transportation challenge that may make it difficult for you to safely shelter in place or evacuate in a disaster.

#### **NJ Register Ready is...**

- ✓ free
- ✓ voluntary
- ✓ secure and confidential
- ✓ protective of your privacy
- ✓ used by emergency managers to plan for DAFN concerns

# NJ Register Ready Form—MUST RENEW ANNUALLY!

Complete this form for you or anyone you know who may need assistance in an evacuation. This information is strictly **CONFIDENTIAL**.

## **Personal Information**

First Name: \_\_\_\_\_ MI: \_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_ Neighborhood: \_\_\_\_\_

Phone: \_\_\_\_\_  Check box if Yes, I use a CAPTEL Phone

Does NOT have a phone E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Height: \_\_\_\_\_  Weight Over 300 lbs Eye Color: \_\_\_\_\_

**Emergency Contact Information**  I choose not to provide emergency contact information

First Name: \_\_\_\_\_ MI: \_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

## **Duration of Need**

Are all of the conditions resulting in the need for evacuation temporary?

YES (Date condition to be resolved: (\_\_\_/\_\_\_/\_\_\_)  NO, conditions are permanent

Have a service animal?  YES  NO

Have pets? If yes, what type and name? \_\_\_\_\_

Have medication that must be taken with them if evacuated?  YES  NO

Does the person in need have a 24 hour care giver?  YES  NO

Does the person in need require evacuation assistance 24/7?  YES  NO, only \_\_\_\_\_ am to \_\_\_\_\_ pm

If the person receiving homecare or hospice services at home, what is the name of the agency?  
\_\_\_\_\_

## Evacuation Information

- Female
- Male

### Impaired:

- Hearing
- Speech
- Sight
- Physically
- Mentally/ Memory
- Completely Bedridden
- Dementia/ Alzheimer's
- Autism Spectrum Disorder
- Diabetic
- Dialysis
- Home Dialysis
- Other: \_\_\_\_\_

### Requires:

- Manual Wheelchair
- Motorized Wheelchair
- Walker/Cane
  
- Oxygen or Concentrator Cylinder
- Ventilator
- Suction Machine
- Feeding pump

### Additional Requires:

- Help needed to move
  - Hoyer Lift
  - Skilled Nursing
  - CPAP machine
  - BiPAP machine
- Other Equipment: \_\_\_\_\_

### Does not have:

- Access to a car
- A radio
- A television
- A telephone

### Pets / Service Animal:

Dog Name/Breed/Weight/Age  
If service animal, what task is this dog trained to perform?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cat Name/Breed/Weight/Age  
\_\_\_\_\_  
\_\_\_\_\_

Vehicle License Plate Number  
\_\_\_\_\_

Make/Model/Color  
\_\_\_\_\_

***In a life threatening situation, don't wait for help — call 9-1-1.***