



Personal Survey Form



Personal preparedness is at the heart of public safety and emergency response – before, during, and after a disaster. Advance planning and preparedness is especially important for people with special needs, which includes anyone who may find it difficult to self-evacuate because of a physical or cognitive limitation, language barrier, or lack of transportation, particularly if family, friends or caregivers are unavailable to help them during a crisis.

New Jersey’s Register Ready is designed to help emergency responders locate and safely evacuate people who could find it difficult to help themselves in the event of a major disaster, such as a hurricane. Emergency responders need to know where you are and what special help you might need to assist in evacuating you quickly and safely.

Complete this form for you or anyone you know who may need assistance in an evacuation. This information will be carefully entered into Register Ready. This information is considered CONFIDENTIAL and will not be shared with anyone other than the emergency responders and participating agencies.



REMEMBER: The first line of defense against the effects of a disaster is personal preparedness. During an emergency, the government and other agencies may not be able to meet your needs. It is important for all citizens to make individual emergency plans and prepare for their care and safety in an emergency.

Mail completed form to:

**Monmouth County Sheriff’s Office: Office of Emergency Management
2000 Kozloski Road, Freehold, New Jersey 07728**

New Jersey’s Register Ready is...

- Free
- Voluntary
- Strictly confidential
- Protective of your privacy
- A way to protect you in a major emergency

Information Entered By: Name: _____

Name of Preparer: _____

Relationship – Check One (1): None Friend Family Member Neighbor Caregiver Other Unknown

Date Entered: _____

Your Personal Information:

If your address does not reflect your actual physical location, then describe where the location is that emergency personnel can find you.

First Name: _____ MI: _____

Last Name: _____ Suffix: _____

Address: _____

Address Line 2: _____

Neighborhood: _____

City: _____ State: _____ Zip Code: _____

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Your Personal Information (Continued):

County: _____ Municipality: _____

How is my Municipality different from my City?

The entry in the City field should be the same as you would commonly use in your mailing address. The entry in the Municipality field should be where the address is actually located. For example, you may live in Buena Vista Township, NJ (your municipality), but your mail may be addressed to Buena, NJ (your Post Office).

Residence Type (Check One):

Single Family Unit Multi-Family Unit Mobile Unit Apartment Building

Primary Phone: _____ Ext.: _____

Is Primary Phone TTY/TTD (Teletype Device): Yes No

Secondary Phone: _____ Ext.: _____

I do not have a phone

Email: _____

Date of Birth (MM/DD/YYYY): _____ Height: (Feet) _____ (Inches) _____

Check if weight is over 300 pounds (lbs.) Gender (Check one): Male Female

Eye Color: _____

Why do you need my height and weight?

It is important that emergency responders be aware of any condition you have that requires either special equipment or additional personnel to safely evacuate you. This includes gathering information on your size (both height and weight).

Emergency Contact Information:

Please provide contact information for an individual with whom we can discuss your situation in the event that an emergency makes this necessary. If you would rather not provide an emergency contact, please check:

I choose not to provide emergency contact information.

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Address: _____

Address Line 2: _____

Neighborhood: _____

City: _____ State: _____ Zip Code: _____

Emergency contact's relationship to you (check one):

None Friend Family Member Neighbor Caregiver Other

Email: _____

Primary Phone: _____ Ext.: _____

Secondary Phone: _____ Ext.: _____

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Evacuation Information:

If there were an emergency requiring evacuation, you may have difficulty evacuating or being notified of the need for evacuation because of the following conditions (check all that apply):

- Sight Impaired
- Hearing Impaired
- Speech Impaired
- Physically Impaired
- Completely Bedridden
- Mentally/Memory impaired
- Dementia/Alzheimer's
- Dialysis
- Home Dialysis
- Requires Constant Skilled Nursing Care
- Diabetes
- Developmental Disability
- Autism Spectrum Disorder
- Other Reason for Assistance: _____

I do not speak English (choose one):

- Arabic Hindi Russian
- Chinese Italian Spanish
- French Japanese Tagalog
- German Korean Other
- Greek Polish
- Gujarati Portuguese

I have difficulty walking and require:

- Walker/cane
- Standard wheelchair
- Motorized wheelchair
- Hoyer lift
- Attendant to assist in ambulating

I require medical equipment that is not easily transportable:

- Oxygen concentrator or cylinder
- C-PAP machine
- Bi-PAP machine
- Nebulizer
- Ventilator
- Suction machine
- Feeding pump

I DO NOT HAVE:

- I do not have access to a motor vehicle
- I do not have a radio
- I do not have television
- I do not have a telephone
- Other equipment (please specify): _____

Relocation Assistance:

This information will be helpful in determining the assistance you may need for relocation within the county.

1. Are ALL of the support needs resulting in the need for evacuation assistance temporary? (Example: you are bedridden due to pregnancy difficulties, but are expected to be fully recovered after the baby is delivered.)
 - a. Yes No, the condition(s) are expected to be permanent.
If the condition is temporary, please provide an estimated date of recovery. Month: _____ Year: _____
2. Are you a seasonal resident? Yes No
 - a. I am a seasonal resident **from:** _____ **and to:** _____
3. Do you require evacuation assistance 24 hours a day? Yes No
 - a. If you do **not** require evacuation assistance 24 hours a day, when do you need help? (Enter time below.)
from: _____ a.m. p.m. **to:** _____ a.m. p.m.
4. Do you have a caregiver? Yes No
 - a. Will the caregiver travel and stay with you? Yes No
5. Do you have medications that must be taken with you if relocated? Yes No

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Service Animals/Pets

Please list any service animals/pets in your care that will also require assistance. Enter up to 8 animals. Place a check mark in the Service Animal column if the animal is a service animal. Place a check mark if you have a carrier cage, leash or muzzle for each animal.

Service Animal	Name	Type	Breed / Description	Weight	Carrier Cage?	Leash?	Muzzle?

Additional Comments/Information

Please enter any additional information that may be useful for our emergency personnel who will be assisting you during an evacuation.

Thank you for completing your special needs survey. The information you provided will be of great value in helping first responders ensure your safety during an emergency. It is crucial to our response efforts that the information you provide be as accurate and up to date as possible. If the information you have provided changes or if you are able to provide additional details in the future, please contact your county's Office of Emergency Management to update your survey form.

