

BOROUGH OF BERGENFIELD

Special Needs Assistance Form

This form is for **residents** with special needs who rely on assistance with issues of mobility, continued (in home) medical care or equipment (I.E. powered wheel chairs, oxygen tanks, etc), and/or those with diminished mental status (I.E. Dementia, Autism). By filling out this form, the Bergenfield Police Department is alerted to any immediate needs and pertinent information in the event that 911 is called, so we may better coordinate care during an emergency.

PLEASE PRINT ALL INFORMATION BELOW

Name: _____

Street Address: _____

Floor/Apartment: _____

Home Phone: _____ Cell Phone: _____

Medical Condition: _____

Allergies: _____

Please describe the special need or assistance that may be required in the event of an emergency (e.g. electricity reliant (Oxygen/CPAP), wheelchair bound, etc):

Require electricity to operate medical equipment? ___ Yes ___ No

Have a back-up generator that will activate upon loss of power? ___ Yes ___ No

Require assistance in leaving residence in the event of emergency? ___ Yes ___ No

In case of emergency, please contact _____

Home phone: _____ Cell: _____ Work: _____

In case of emergency, does a family member or neighbor have a key to your residence? If so, please provide the following information:

1. Name: _____

Home Phone: _____ Cell: _____ Work: _____

2. Name: _____

Home Phone: _____ Cell: _____ Work: _____

3. Name: _____ Cell: _____ Work: _____

Any additional comments you would like us to know about:

Photo Attached (Optional) Y___N___
(Photos are helpful in the event of missing persons)

Signature: _____ Date: _____
(person completing form)

Please return or mail completed form to:

Bergenfield Police Department
Records Bureau
198 North Washington Avenue
Bergenfield, NJ 07621

or email completed form to
records@bergenfieldnjpd.gov