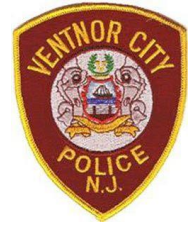




VENTNOR CITY POLICE DEPARTMENT
OFFICE OF EMERGENCY MANAGEMENT



Donna M. Peterson
Emergency Management Coordinator

OEM@POLICE.VENTNORCITY.ORG



Register Ready!

Special needs registry for disasters is an important emergency program designed to help those who may have difficulty during an evacuation because of physical or other limitations, or lack of transportation. The New Jersey Special Needs Registry is for Disaster, a program that will help first responders make the best use of limited time and resources by planning to help those with limited options for evacuation during an emergency.

People with special needs (or caregivers on their behalf) are encouraged to register electronically, if possible, by accessing www.registerready.nj.gov.

Alternatively, they can call New Jersey's toll-free **2-1-1 telephone service**. This service will register people, offer free translation, and provide TTY services for the hearing impaired.

Paper registration forms are also available from the Ventnor City Office of Emergency Management, by contacting:

Ventnor City Emergency Management
6201 Atlantic Avenue
2nd Floor – OEM
Ventnor NJ 08406
609-823-7919

Information entered in Register Ready is confidential and is not available to the public. All information is maintained in a secure database and will be used only for emergency response. The only information needed is that which explains how a disability or limitation may affect one's ability to evacuate their residence.

If you or someone you know has not registered yet, don't put it off for another moment. Register today and be ready!



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Register Ready Information Form

Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Gender: _____ Height: _____ Weight: _____

Date of Birth: ___/___/___

Emergency Contact Information: (someone not living with you)

Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

Relationship to Individual: _____

Evacuation Information:

Do you have medical equipment: _____ (what type)

Medications: _____

24 hour caregiver: _____

Requires evacuation assistance: _____

Do you have a place to go: _____

Do you have pet(s): _____ What type: _____

How many adults: _____ How many children: _____