

Special Needs Program

Name: _____
Address: _____
House Description: _____
Home Phone Number: _____
Cell Phone Number: _____

Type of Special Need (check whichever apply)

- Oxygen
- Wheelchair
- Hearing Impaired
- Lifeline
- Other (describe) _____

Does any of your life sustaining medical equipment rely on electricity to function? Yes No
Does any of your electric-dependent medical equipment have a backup battery? Yes No
Do you have a backup generator in case of a power outage? Yes No

Emergency Contact Information:

Emergency Contact Name: _____
Emergency Contact Address: _____
Emergency Contact Phone Number: _____

If you have given your house key to any person, please list their name and phone number: _____

If you leave your key in a specific, hidden location outside your house, please describe that location: _____

**Official Use Only
Do Not Write Below This Line**

Interview Date: _____
Phone: _____ Person: _____
Officer's Name: _____
Comments: _____

Upon Completion Of This Form, You May Return It To JTPD using one of the following methods:

BY MAIL:
Jefferson Township Police Department
Attn: Services Bureau
1033 Weldon Road
Lake Hopatcong, NJ 07849

BY FAX:
(973) 697-8715

BY EMAIL:
If you would like to email this form, **you must first save it to your computer,**
and THEN you can attach it to an email to cfabian@jeffersonpolice.com