

**MONTCLAIR POLICE DEPARTMENT
SPECIAL NEEDS QUESTIONNAIRE**



This form is designed to assist those who require special assistance in emergency situations. The information provided by you on this form will be held in the strictest confidence and will be shared only as necessary to ensure your safety in case of an emergency. The information will be entered into the Montclair Police Department's dispatch computer database so that in the event of an emergency, the Police, Fire and Emergency Medical Services of the Township of Montclair can better serve you. If you have any questions regarding this form, please contact the Montclair Police Department at (973) 744-1234.

Fill out and send to: Montclair Police Department, 647 Bloomfield Avenue, Montclair, NJ 07042, Att: ???

Name of Person w/Disability or Illness: _____
(Last Name, First Name, Middle Initial)

Address: _____
(Number) (Street) (Floor/Unit/Apt. No.)
Montclair, NJ 07042 / 07043 *(Circle One)*

Home Telephone Number: _____ **Alternate Telephone Number:** _____

E-mail Address: _____

Person w/Disability or illness, for example, an individual with a hearing or vision impairment, or someone who uses a wheelchair, or remains in a bed, or an individual w/autism: _____

Physician/Healthcare Provider: _____ **Healthcare Telephone Number:** _____

Medicare/Medicaid/Healthcare Insurance Number(s): _____

Do You Have A File Of Life? If So Where Is It Kept? _____

Emergency Contact Person/Parent/Guardian	
Name: _____ <i>(Last Name, First Name, Middle Initial)</i>	
Address: _____ <i>(Number) (Street) (Floor/Unit/Apt. No.)</i>	
_____ <i>(City)</i>	_____ <i>(State)</i> _____ <i>(Zip)</i>
Home Telephone Number: _____	Alternate Telephone Number: _____
E-Mail Address: _____	Relationship to Disabled Person: _____

What information should police/fire/emergency medical services know to expedite care in case of an emergency?

