

## Special Needs Program

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
House Description: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cellular 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**

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Interview Date: \_\_\_\_\_  
Phone: \_\_\_\_\_ Person: \_\_\_\_\_  
Officer's Name: \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Upon completion of this form, you may return it to us:

#### By Mail:

Jefferson Township Police Dept.  
Attn: Services Bureau  
1033 Weldon Road  
Lake Hopatcong, NJ 07849

OR

#### By Fax:

973-697-8715

OR

#### 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 [irodriguez@jeffersonpolice.com](mailto:irodriguez@jeffersonpolice.com)