

MUST RENEW ANNUALLY

How Can I Register?

- Log onto www.registerready.nj.gov
- Telephone 2-1-1, toll-free
- Complete this Registry form and mail it to the Burlington County Health Department

Where can I get Help Registering?

- Call New Jersey's toll-free 2-1-1 telephone service for registration help. Translation help and TTY service for the hearing impaired are also available at 2-1-1.

In addition to this form:
Please contact your electric company if anyone in your residence uses life-sustaining equipment powered by electricity to be registered.

PSE&G: 1-800-436-7734

JCP&L: 1-800-662-3115

Atlantic City Electric:
1-800-642-3780



**Burlington County Health Department
15 Pioneer Blvd
P.O. Box 6000
Westampton, NJ 08060**



What is Register Ready?

Register Ready is a free, secure, voluntary database designed to help emergency managers and first responders plan for and support people with disabilities and access and functional needs (DAFN) who may need assistance in the event of a disaster.

You (or someone on your behalf) are encouraged to register if you have a physical, developmental, cognitive or behavioral impairment, language barrier, or transportation challenge that may make it difficult for you to safely shelter in place or evacuate in a disaster.

NJ Register Ready is...

- ✓ free
- ✓ voluntary
- ✓ secure and confidential
- ✓ protective of your privacy
- ✓ used by emergency managers to plan for DAFN concerns

NJ Register Ready Form—MUST RENEW ANNUALLY!

Complete this form for you or anyone you know who may need assistance in an evacuation. This information is strictly **CONFIDENTIAL**.

Personal Information

First Name: _____ MI: ___ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Municipality: _____ Neighborhood: _____

Phone: _____ Check box if Yes, I use a CAPTEL Phone

Does NOT have a phone E-Mail: _____

Date of Birth: ___/___/___ Height: _____ Weight Over 300 lbs

Emergency Contact Information I choose not to provide emergency contact information

First Name: _____ MI: ___ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Relationship to Individual: _____

Duration of Need

Are all of the conditions resulting in the need for evacuation temporary?

YES (Date condition to be resolved: (___/___/___)) NO, conditions are permanent

Have a service animal? YES NO

Have pets? If yes, what type and name? _____

Have medication that must be taken with them if evacuated? YES NO

Does the person in need have a 24 hour care giver? YES NO

Does the person in need require evacuation assistance 24/7? YES NO, only _____ to _____

Is the person in need a seasonal resident? YES or NO, I am a resident all year long.

Evacuation Information

Primary Language?

Female
 Male

Impaired:

Hearing

Speech

Sight

Physically

Mentally/
Memory

Completely
Bedridden

Dementia/
Alzheimer's

Autism
Spectrum
Disorder

Diabetic

Dialysis

Home Dialysis

Other:

Requires:

Manual
Wheelchair

Motorized
Wheelchair

Walker/Cane

Oxygen or
Concentrator
Cylinder

Ventilator

Suction
Machine

Help needed to
move

Skilled
Nursing

Other
Equipment:

Does not have:

Access to a car

A radio

A television

A telephone

In a life threatening situation, don't wait for help — call 9-1-1.