What else can I do to get ready?

1. Prepare a Go Bag.
Assemble a readiness kit with personal ID, important papers, medications, and telephone numbers of important contacts. Remember, medications have expiration dates, so it is important to keep your readiness kits updated.

2. Make a Household Plan.
Free Self-Preparedness Guides and Checklists are available from your County Office of Emergency Management, as well as the New Jersey Office of Emergency Management. Your plan should identify places to stay if you must evacuate.

3. Make Plans for Your Pets.
Most Shelters are only for people and service animals. Make arrangements for your pets before an emergency.

4. Tune to Your Local News.
Stay tuned to your local radio or television.
Your Personal Information:
If your address does not reflect your actual physical location, then describe where the location is that emergency personnel can find you.
First Name: ___________________________ MI: _____
Last Name: ___________________________ Suffix: ________
Address: ____________________________________________
City: ___________________________ State: ________
Zip Code: ___________________________
Municipality: ___________________________
Primary Phone: ___________________________ Ext.: ________
Is Primary Phone TTY/TTD (Teletype Device):
☐ Yes ☐ No
Secondary Phone: ___________________________ Ext.: ________
☐ I do not have a phone
Email: ___________________________
Date of Birth (MM/DD/YYYY): _____________
Height: (Feet) ___________ (Inches) __________
☐ Check if weight is over 300 pounds (lbs)
Gender (Check one):  ☐ Male  ☐ Female

Why do you need my height and weight?
It is important that emergency responders be aware of any condition you have that requires either special equipment or additional personnel to safely evacuate you. This includes gathering information on your size (both height and weight).

Emergency Contact Information
Please provide contact information for an individual with whom we can discuss your situation in the event that an emergency makes this necessary. If you would rather not provide an emergency contact, please check:
☐ I choose not to provide emergency contact information.
First Name: ___________________________ MI: _____
Last Name: ___________________________ Suffix: ________
Address: ____________________________________________
City: ___________________________ State: ________
Zip Code: ___________________________
Emergency contact’s relationship to you (check one):
☐ None ☐ Friend ☐ Family Member
☐ Neighbor ☐ Caregiver ☐ Other
Email: ___________________________
Primary Phone: ___________________________ Ext.: ________
Secondary Phone: ___________________________ Ext.: ________

Evacuation Information
If there were an emergency requiring evacuation, you may have difficulty evacuating or being notified of the need for evacuation because of the following conditions (check all that apply):
☐ Sight Impaired
☐ Hearing Impaired
☐ Speech Impaired
☐ Physically Impaired
☐ Completely Bedridden
☐ Mentally/Memory Impaired
☐ Dementia/Alzheimer’s
☐ Dialysis
☐ Requires Constant Skilled Nursing Care
☐ Autism Spectrum Disorder
☐ Other Reason For Needed Assistance: ________

I DO NOT HAVE:
☐ do not have access to a motor vehicle
☐ I do not have a radio or television
☐ I do not have a telephone
☐ I do not speak English
I have difficulty walking and require:
☐ Walker/cane
☐ Standard wheelchair
☐ Motorized wheelchair
☐ Attendant to assist in ambulating
I require medical equipment that is not easily transportable:
☐ Oxygen concentrator or cylinder
☐ Ventilator
☐ Suction machine
☐ Other equipment (please specify): ________

Ocean County’s Register
Ready is...
Free
Voluntary
Strictly confidential
Protective of your privacy
Preparedness for a major emergency

REMEMBER: The first line of defense against the effects of a disaster is personal preparedness. During an emergency, the government and other agencies may not be able to meet your needs. It is important for all citizens to make individual emergency plans and prepare for their care and safety in an emergency.