

# LeisureTowne

ASSOCIATION, INC.

102 S. Plymouth Court, Southampton, NJ 08088-1376  
(609) 859-8001 Fax (609) 859-0195

## FUNCTIONAL NEEDS REGISTRATION FORM

NAME:	ADDRESS:	PHONE:
I Need Transportation	Yes _____ No _____	
I LIVE:	Alone _____ Relative _____ Caretaker _____ Hospice _____	
PETS: YES _____ NO _____	SERVICE ANIMAL: YES _____ NO _____	
SPECIAL NEEDS:	SIGHT IMPAIRED: YES _____ NO _____	
	HEARING IMPAIRED: YES _____ NO _____	
	SPEECH IMPAIRED: YES _____ NO _____	
	ALZHEIMER/DEMENTIA YES _____ NO _____	
	MENTAL/MEMORY YES _____ NO _____	
PHYSICALLY IMPAIRED: Yes _____ No _____	Do your needs require transport of your medical equipment? Yes _____ No _____	
BEDRIDDEN:	YES _____	NO _____
DIALYSIS:	YES _____	NO _____
HEART DISEASE:	YES _____	NO _____
HIGH BLOOD PRESSURE:	YES _____	NO _____
EMPHYSEMA/COPD	YES _____	NO _____
DIABETES (Insulin)	YES _____	NO _____
Other:		
<b>Requires the following:</b>		
Wheelchair:	YES _____	NO _____
Motorized Chair:	YES _____	NO _____
Walker/Cane:	YES _____	NO _____
Oxygen:	YES _____	NO _____
CPAP:	YES _____	NO _____
Ventilator:	YES _____	NO _____
Other Equipment:		
<b>Emergency contact:</b>		
Name:		Phone:
Name:		Phone:
<p><b>By signing this form I give my authorization for the medical information contained to be released to the LeisureTowne Emergency Preparedness Team, County Health Department, Office of Emergency Management, local first aid and fire district, and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and sheltering. The information contained here will be kept confidential and will be used only in the case of an emergency situation</b></p>		
<b>Signature:</b>	<b>Date:</b>	
<p><b>Mail or drop off to: LeisureTowne Association Office 102 S. Plymouth Ct., Southampton, NJ 08088</b></p>		

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