Register Ready is Supported and Sponsored By:

Ocean County Sheriff Michael G. Mastronardy and

Commissioner Gary Quinn liaison to Ocean County Sheriff

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

Of Emergency Management

Ocean County Sheriff's Office

Robert J. Miller Airpark

Toms River, NJ 0875







Register today to be ready for tomorrow!

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: Address Line 2: 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) ☐ Female ☐ Male Gender (Check one): 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).

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.

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: Suffix:		
Address:		
Address Line 2:		
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.:		
Ocean County's Register		
Ready is		
Free		
Voluntary		
Strictly confidential		
Protective of your privacy		
Preparedness for a major emergency		

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):