



TOWNSHIP OF OCEAN POLICE DEPARTMENT

399 Monmouth Road
Oakhurst, New Jersey 07755
Phone: 732-531-1800
Fax: 732-517-0385

SPECIAL NEEDS IDENTIFICATION FORM

Name: _____ DOB: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Address: _____

Phone: (Home) _____ (Cell) _____

Cell Phone Provider: _____ (For GPS Tracking Purposes)

Emergency Contact: _____ Relationship: _____

Phone: (Home) _____ (Cell) _____

Check all that apply:

- Cardiac Condition
- Home Oxygen
- Infectious and/or Contagious Disease - _____
- Large Stature (approx. weight) - _____
- Handicap and/or Mobility Issues Wheelchair Walker
- Hospice Care - _____
- Children's Hospital Special Needs Patient - _____
- Special Medical Condition - _____
- Home Access Problem - _____
- Other (Please specify) - _____

Please email this form to SNIF@oceantwp.org and attach a recent photo if possible. Also include any other information that maybe important for responding officers that may not be listed above.