Dear Borough Residents of Wallington,

On behalf of the Wallington Mayor and Council, the Wallington Emergency Squad, the Wallington Fire Department, the Wallington Office of Emergency Management and the Wallington Police Department I would like to introduce you to a special program we are offering to our residents free of charge. It is called the Residential Medical Special Needs Program or R.M.S.N. for short. This program allows the Wallington Police to collect information about residents with medical special needs that may be affected during power outages or natural disasters. A special medical need may be a person that is hearing impaired, speech impaired, visually impaired, has a mobility difficulty (in a wheelchair), has a mental health difficulty, health is power dependent (need electric for medical devices such as an oxygen concentrator) or has another type of medical special need. These are only a few examples of medical special needs but we are not limiting our program to just those specific medical needs. The information you provide us will be stored in the Wallington Police data base and will only be utilized by public safety agencies within the Borough of Wallington. The information will allow the Wallington Police Department to dispatch the Wallington Emergency Squad or Fire Department to these special needs residents, to provide aid, during a crisis.

I am asking all residents with a special medical need to please fill out the form attached to this letter and mail it to the Wallington Police Department (54 Union Blvd, Wallington NJ 07057), ATTN: Chief Carmello Imbruglia. I will contact you within a week of delivery to confirm that I have received your form and that you are signed up for the program. If you know a family member or neighbor with a special need please make them aware of this program.

[Signature]
Chief Carmello Imbruglia
Wallington Police Department
54 Union Blvd
Wallington, NJ 07057
(973)473-1715; ext. 103
BOROUGH OF WALLINGTON
RESIDENTIAL MEDICAL SPECIAL NEEDS PROGRAM
R.M.S.N. PROGRAM

Resident’s Name: ____________________________________________

Address: ____________________________________________
   Apt. No. ____

Telephone Number(s):
   Home:__________________________________________
   Cell:__________________________________________

EMERGENCY CONTACT INFORMATION (optional):

Name: ____________________________________________

Address: ____________________________________________
   Apt. No. ____

Relationship to Resident: ________________________________

Telephone Number(s): ____________________________________________

Special Need(s): ____________________________________________

Medical Supplier of Oxygen Unit: ________________________________

I understand that the above information will be used by agents, servants and/or employees of the Borough of Wallington in providing aid to me. I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations including the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Date: ______________________  Signature ______________________