

The Montvale Board of Health would like to identify residents with functional limitations.
Please complete and mail to:

*Borough of Montvale,
Attention: Board of Health,
12 Mercedes Drive,
Montvale, NJ 07645*
or email to:
jrusso@montvaleboro.org.

The purpose of this survey is to improve the quality of life for residents with functional limitations. This data will allow for planning strategies and program management in an attempt to remove barriers that restrict access to emergency services.

All information will be held confidential.

Name _____

Address _____

Home phone # _____ Cell # _____

Emergency Contact _____ Phone # _____

Please check all areas of functional limitations that apply to you.

- Vision
- Hearing
- Communication
- Mobility

Thank you for your participation.
Joyce Cohen MA RN APNC
President
Board of Health