

APPENDIX A
Quarterly Report Form for Mobile Intensive Care Program

Mobile Intensive Care Program Quarterly Report

(Please circle only one) 1st 2nd 3rd 4th **Quarter of 200**____
Reports are due to OEMS by the 30th of April, July, October and January

| | | | |
|---------------------------------|------------------------------|--------|------|
| Program Name: | | | |
| Address: | City: | State: | Zip: |
| Person Completing Report: | Phone: | Fax: | |
| Program Director / Coordinator: | Cost per completed ALS Call: | | |
| Medical Director: | | | |

Section One- System Wide MICU Information

| | | |
|----|---|--|
| 1 | MICU Dispatches | |
| 2 | MICU calls cancelled (Patient not seen) | |
| 3 | MICU requested and unable to respond (Program Total) | |
| 3a | MICU unavailable, request covered by another MICU Program. | |
| 3b | MICU unavailable, request for ALS not covered by any MICU Program | |
| 4 | Patients evaluated by MICU | |
| 5 | Patients triaged to BLS | |
| 6 | Patients triaged to BLS and admitted to critical care | |
| 7 | Patients refusing ALS Treatment | |
| 8 | Patients treated by MICU as completed ALS calls | |
| | Patient Age Breakdown | |
| 9 | 0 to 1 year | |
| 10 | 2 to 8 year | |
| 11 | 9 to 20 year | |
| 12 | 21 to 45 year | |
| 13 | 46 to 65 year | |
| 14 | 66 and older | |

| | | |
|----|--|--|
| 15 | ALS field pronouncements (By medical command physician) | |
| 16 | ALS patients admitted to a hospital | |
| 17 | ALS patients treated and released from emergency department | |
| 18 | ALS patients transported by Volunteer Ambulances | |
| 19 | ALS patients transported by Licensed Ambulances | |
| 20 | ALS patients transported by aeromedical service | |
| 21 | ALS patients transported by MICU | |
| 22 | ALS transported by other means (Explain each situation below) | |
| 23 | ALS patients treated and left at scene | |
| 24 | Transport delay due to the lack of available BLS transport service | |

| |
|---|
| Matching Totals |
| Total of 15 + 16 + 17 must equal box 8 |
| Total of 9 + 10 + 11 + 12 + 13 + 14 must equal box 8 |
| Total of 18 + 19 + 20 + 21 + 22 + 23 must equal box 8 |

Comments (attach additional sheets if necessary):

Section Two- Vehicle Site Information

Vehicle Site _____ Site Recognition Number _____

| | | |
|-----|--|--|
| 25 | MICU Dispatches | |
| 26 | MICU calls cancelled (Patient not seen) | |
| 27 | MICU requested and unable to respond | |
| 27a | MICU requested and unable to respond, Covered by another MIC Program | |
| 27b | MICU requested and unable to respond, ALS call not covered by any MICU | |
| 28 | Patients treated by MICU as completed ALS calls | |

| | | |
|----|--|--|
| 29 | Number of out-of-service hours (Explain) | |
|----|--|--|

Comments:

Vehicle Site _____ Site Recognition Number _____

| | | |
|-----|--|--|
| 30 | MICU Dispatches | |
| 31 | MICU calls cancelled (Patient not seen) | |
| 32 | MICU requested and unable to respond | |
| 32a | MICU requested and unable to respond, Covered by another MIC Program | |
| 32b | MICU requested and unable to respond, ALS call not covered by any MICU | |
| 33 | Patients treated by MICU as completed ALS calls | |

| | | |
|----|--|--|
| 34 | Number of out-of-service hours (Explain) | |
|----|--|--|

Comments:

Vehicle Site _____ Site Recognition Number _____

| | | |
|-----|--|--|
| 35 | MICU Dispatches | |
| 36 | MICU calls cancelled (Patient not seen) | |
| 37 | MICU requested and unable to respond | |
| 37a | MICU requested and unable to respond, Covered by another MIC Program | |
| 37b | MICU requested and unable to respond, ALS call not covered by any MICU | |
| 38 | Patients treated by MICU as completed ALS calls | |

| | | |
|----|--|--|
| 39 | Number of out-of-service hours (Explain) | |
|----|--|--|

Comments:

Vehicle Site _____ Site Recognition Number _____

| | | |
|-----|--|--|
| 40 | MICU Dispatches | |
| 41 | MICU calls cancelled (Patient not seen) | |
| 42 | MICU requested and unable to respond | |
| 42a | MICU requested and unable to respond, Covered by another MIC Program | |
| 42b | MICU requested and unable to respond, ALS call not covered by any MICU | |
| 43 | Patients treated by MICU as completed ALS calls | |

| | | |
|----|--|--|
| 44 | Number of out-of-service hours (Explain) | |
|----|--|--|

Comments:

MICU Quarterly Report- Continued

Program _____

Quarter ending 1st 2nd 3rd 4th Quarter of 200__

Section Two- Vehicle Site Information- Continued

Vehicle Site _____ **Site Recognition Number** _____

| | | |
|-----|--|--|
| 45 | MICU Dispatches | |
| 46 | MICU calls cancelled (Patient not seen) | |
| 47 | MICU requested and unable to respond | |
| 47a | MICU requested and unable to respond, Covered by another MIC Program | |
| 47b | MICU requested and unable to respond, ALS call not covered by any MICU | |
| 48 | Patients treated by MICU as completed ALS calls | |

| | | |
|----|--|--|
| 49 | Number of out-of-service hours (Explain) | |
|----|--|--|

Comments:

Vehicle Site _____ **Site Recognition Number** _____

| | | |
|-----|--|--|
| 50 | MICU Dispatches | |
| 51 | MICU calls cancelled (Patient not seen) | |
| 52 | MICU requested and unable to respond | |
| 52a | MICU requested and unable to respond, Covered by another MIC Program | |
| 52b | MICU requested and unable to respond, ALS call not covered by any MICU | |
| 53 | Patients treated by MICU as completed ALS calls | |

| | | |
|----|--|--|
| 54 | Number of out-of-service hours (Explain) | |
|----|--|--|

Comments:

Vehicle Site _____ **Site Recognition Number** _____

| | | |
|-----|--|--|
| 55 | MICU Dispatches | |
| 56 | MICU calls cancelled (Patient not seen) | |
| 57 | MICU requested and unable to respond | |
| 57a | MICU requested and unable to respond, Covered by another MIC Program | |
| 57b | MICU requested and unable to respond, ALS call not covered by any MICU | |
| 58 | Patients treated by MICU as completed ALS calls | |

| | | |
|----|--|--|
| 59 | Number of out-of-service hours (Explain) | |
|----|--|--|

Comments:

Vehicle Site _____ **Site Recognition Number** _____

| | | |
|-----|--|--|
| 60 | MICU Dispatches | |
| 61 | MICU calls cancelled (Patient not seen) | |
| 62 | MICU requested and unable to respond | |
| 62a | MICU requested and unable to respond, Covered by another MIC Program | |
| 62b | MICU requested and unable to respond, ALS call not covered by any MICU | |
| 63 | Patients treated by MICU as completed ALS calls | |

| | | |
|----|--|--|
| 64 | Number of out-of-service hours (Explain) | |
|----|--|--|

Comments:

Section Three- Patient Classification

| CARDIAC | | |
|---------|---|--|
| 65 | General Cardiac | |
| 66 | Cardiopulmonary Arrest (Resuscitation attempted) | |
| 67 | Cardiac Total → | |

| TRAUMA | | |
|--------|-------------------------|--|
| 68 | Blunt Trauma | |
| 69 | Burn / Electrical Shock | |
| 70 | Head injury | |
| 71 | Penetrating injury | |
| 72 | Spinal cord injury | |
| 73 | Trauma codes | |
| 74 | Other (explain) | |
| 75 | Trauma Total → | |

Mechanism of Injury

| | | |
|----|---|--|
| 76 | MVA | |
| 77 | Stab / gunshot | |
| 78 | Falls | |
| 79 | Assaults | |
| 80 | Other (explain) | |
| 81 | Trauma patient admitted to Level 1 trauma center | |
| 82 | Trauma patient admitted to Level 2 trauma center | |

Comments:

| GENERAL MEDICAL | | |
|-----------------|----------------------------------|--|
| 83 | Alcohol / Drug abuse | |
| 84 | Anaphylaxis | |
| 85 | CVA / Vascular | |
| 86 | Dehydration / Sepsis | |
| 87 | Diabetic | |
| 88 | Drowning / Near Drowning | |
| 89 | Gastrointestinal problems | |
| 90 | Heat / Cold exposure | |
| 91 | OB / GYN problems | |
| 92 | Poisoning | |
| 93 | Pronouncements, not resuscitated | |
| 94 | Psychiatric problem | |
| 95 | Respiratory problem | |
| 96 | Seizures | |
| 97 | Syncope | |
| 98 | Unconscious (etiology unknown) | |
| 99 | Weakness / Malaise | |
| 100 | Other (explain) | |
| 101 | Medical Total → | |

MATCHING TOTALS

67 + 75 + 101 must equal box 8

76 + 77 + 78 + 79 + 80 must equal box 75

68 + 69 + 70 + 71 + 72 + 73 + 74 must equal box 75

Section Four- Procedures

| | | |
|------|---------------------------|--|
| 102 | AV Fistula / Shunt access | |
| 103 | Central venous access | |
| 104 | Chest decompression | |
| 105 | Esophageal obturator | |
| 105a | Other commercial airway | |
| 106 | External cardiac pacing | |
| 107 | Intraosseous infusion | |
| 108 | Intravenous catheter plug | |
| 109 | IV therapy initiated | |
| 109a | Infusion pump | |

| | | |
|------|---|--|
| 110 | MAST inflation | |
| 111 | Nasogastric tube insertion | |
| 112 | Patients cardioverted | |
| 113 | Patients defibrillated | |
| 114 | Patients participated in a prehospital research project | |
| 115 | Tracheal intubation | |
| 116 | 12 lead ECG | |
| 116a | Cricothyrotomy | |
| 116b | RSI initiated | |

Section Five- Primary Communications with Medical Command

| | | |
|------|--------------------------|--|
| 117 | UHF (telemetry) | |
| 118 | VHF (Hear) | |
| 119 | Cellular phone | |
| 119a | Satellite (Nextel® type) | |
| 120 | Telephone | |
| 121 | Radio Failure Protocol | |
| 122 | Other means (explain) | |

Matching Totals
Section Five total must equal box 8

Comments:

Section Six- Payment Source

| | | |
|-----|----------------------------|--|
| 123 | Medicare | |
| 124 | Medicaid | |
| 125 | Blue Cross / Blue Shield | |
| 126 | Self Pay | |
| 127 | Other commercial insurance | |
| 128 | No Fault | |
| 129 | Workman's compensation | |
| 130 | Other, explain | |

Matching Totals
Section Six total must equal box 8

Comments:

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| Field | Description of requested data information |
|--------------------------------|--|
| Program Name | Complete name, no abbreviations; |
| Address | Mailing address for the program; City, State and Zip; |
| Person completing report | The name of the person completing this report; |
| Program Director / Coordinator | The name of the current program director or coordinator; |
| Cost per completed MICU call | Charge for this quarter for MICU services. If a sliding billing scale is used, list the ranges; |
| Medical Director | List the name of the current program medical director. List all of the names if there is more than one medical director. |
| Box # | Description of requested data information |
| 1 | Include the total number of requests for response that an MIC Program receives; |
| 2 | Include the total number of times the MICU is dispatched but cancelled before any physical or verbal contact is made with a patient; |
| 3 | Include the total number of requests for the MIC Program where response cannot be provided due to the MICU being currently unavailable. This does not include a response that is covered from a MIC Program's secondary MICU; |
| 3a | Include the total number of requests for the MIC Program where that program cannot provide an MICU response, BUT another MIC Program handles the request; |
| 3b | Include the total number of requests for the MIC Program where that program cannot provide an MICU response and the request for ALS is unfulfilled. Patient received no ALS care; |
| 4 | Total number of any patients seen by the MICU. Include all DOAs, triages and treats. |
| 5 | Total number of patients encountered by MICU whether physical or verbal contact is made. The patient is assessed and released by the MICU crew to the BLS unit by either Medical Command or MICU Team. Include DOA's evaluated where no pronouncement is made; |
| 7 | Total number of patients who refuse ALS treatment prior to initiation of treatment; |
| 8 | Total number of patients that receive treatment from the MICU. Include field pronouncements and patients that sign AMA after ALS treatment has been rendered. All field pronouncements by Medical Command are to be considered completed ALS calls; |
| 9-14 | Total number of patients with age breakdown. The total of boxes 9 through 14 must equal the value in box 8; |
| 15 | Total number of patients that are placed on telemetry and pronounced by a Medical Command Physician after resuscitation may or may not have been attempted. All pronouncements by Medical Command Physicians are considered completed ALS calls; |
| 16 | Total number of completed ALS treats that are admitted to an acute care facility. Include all patients that died in the emergency department; |
| 17 | Total number of completed ALS treats that are discharged from the emergency department in addition to those patients that sign AMA from the acute care facility and sign AMA from MICU after treatment has been rendered in the field; |
| 18 | Total number of patients transported by volunteer BLS service. This category is to include any service not licensed by OEMS; |
| 19 | Total number of patients transported by BLS services licensed by OEMS, which include private ambulance companies, municipalities, police, fire department or hospital based. This category may include those agencies that are part-time volunteer but are licensed by OEMS; |
| 20 | Total number of patients transported from the field by aeromedical helicopter; |
| 21 | Total number of patients transported in approved transport capable MICU vehicles licensed by OEMS; |

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| | |
|----|---|
| 22 | Total number of patients transported by other means, (i.e., police car when a BLS transport vehicle is not available); |
| 23 | Total number of patients that receive ALS care and sign AMA or pronounced and left at the scene by the ALS providers; |
| 24 | Total number of occurrences when the MICU has completed treatment per medical command and is ready to transport and there is a delay in patient transport due to no licensed or volunteer BLS vehicle at the scene. |

Section Two- Vehicle Site Information

This is the breakdown per MICU vehicle. Programs operating only one vehicle must only complete boxes 25, 26, 27, 27a, 27b, 28 and 29. For those programs with more than one vehicle shall complete one section for each vehicle using the instructions above.

| | |
|-----|--|
| 25 | Total dispatches for this vehicle location only; |
| 26 | Total cancelled calls, patient not seen for this vehicle location only; |
| 27 | Total unavailable to respond for this vehicle location only. This number is further broken down in a & b below; |
| 27a | Total unavailable to respond for this vehicle location only WHERE ANOTHER MIC Program covered the request for ALS services; |
| 27b | Total unavailable to respond for this vehicle location only AND no other MIC Program covered the request and the call received no ALS services; |
| 28 | Total number of occurrences when the MICU has completed their treatment per medical command and ready to transport and there is a delay in patient transport due to no BLS vehicle at the scene. |
| 29 | Total number of patients transported by other means, example police car when a BLS transport vehicle is not available; |

For MIC Programs with more than one MICU vehicle location:

| | |
|-----------------------------------|--|
| 30, 35, 40, 45, 50, 55, 60 | Total dispatches for this vehicle location only; |
| 31, 36, 41, 46, 51, 56, 61 | Total cancelled calls, patient not seen for this vehicle location only; |
| 32, 37, 42, 47, 52, 57, 62 | Total unavailable to respond for this vehicle location only. This number is further broken down in a & b below; |
| 32a, 37a, 42a, 47a, 52a, 57a, 62a | Total unavailable to respond for this vehicle location only WHERE ANOTHER MIC Program covered the request for ALS services; |
| 32b, 37b, 42b, 47b, 52b, 57b, 62b | Total unavailable to respond for this vehicle location only AND no other MIC Program covered the request and the call received no ALS services; |
| 33, 38, 43, 48, 53, 58, 63 | Total number of occurrences when the MICU has completed their treatment per medical command and ready to transport and there is a delay in patient transport due to no BLS vehicle at the scene. |
| 34, 39, 44, 49, 54, 59, 64 | Total number of patients transported by other means, (i.e., police car when a BLS transport vehicle is not available); |

Section Three- Patient Classifications

Place each ALS patient in only one of the categories below. The primary or most serious illness or injury is to be used to classify patients. **ENTER EACH PATIENT ONLY ONCE!**

| | |
|----|--|
| 65 | Total for cardiac classification. Include cardiac related chest pain, angina, CHF/pulmonary edema, hypertension, arrhythmias or other identifiable cardiac conditions; |
| 66 | Total for cardiopulmonary arrest. Include any patient where resuscitation was initiated and/or pronounced by the Medical Command Physician. Do not include trauma related cardiac arrests. |
| 67 | Total for cardiac related cases. The total of box 65 & 66 is placed here. |

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| | |
|----|---|
| 68 | Total for blunt trauma. Include any direct blow to any part of the body excluding spinal cord injuries; |
| 69 | Total for burns and/or electrical shock. Include chemical or thermal burns and any electrical shock with or without burns; |
| 70 | Total for head injury. Include any penetrating or blunt injury to the head; |
| 71 | Total for penetrating trauma. Include stabbings, gun shots, impalements, lacerations and open fractures; |
| 72 | Total for spinal cord injury. Include any injury to the back or neck that results in neurological impairment; |
| 73 | Total for trauma codes. Include any patient that is in cardiopulmonary arrest where resuscitation is attempted and the arrest is due to a trauma related cause; |
| 74 | Total for other related trauma that cannot be grouped in one of the above listed categories; |
| 75 | Total for all trauma related categories. The totals of boxes 68, 69, 70, 71, 72, 73 and 74 is placed here. |
| 76 | Total for all MVA mechanism of injury category. Include pedestrian struck, motorized vehicle and motorcycle accidents; |
| 77 | Total for all stab and/or gunshot mechanism of injury category. Include all patients that were stabbed or shot; |
| 78 | Total for all falls. Include any patient that suffered injury from a fall of any height; |
| 79 | Total for assaults. Include sexual assaults and child abuse assaults; |
| 80 | Total for the other category. Include any injury that cannot be categorized into any of the above categories; |
| 81 | Total for admissions to a level "1" trauma center. Include trauma service admissions only, not general admissions to a hospital that has trauma services available. |
| 82 | Total for admissions to a level "2" trauma center. Include trauma service admissions only, not general admissions to a hospital that has trauma services available. |
| 83 | Total for alcohol / drug abuse. Include any illness related to alcohol or drug abuse; |
| 84 | Total for anaphylaxis. Include any patient that has any type of anaphylactic reaction; |
| 85 | Total for CVA / vascular events. Include CVA's, TIA's, aneurysms, phlebitis, embolisms, nose bleeds and headaches; |
| 86 | Total for dehydration / sepsis; |
| 87 | Total for diabetics. Include any aspect of the disease of diabetes; |
| 88 | Total for all drowning or near drowning, for patients in cardiopulmonary arrest should be entered in box 66. In box 66, under comments please specify the number of cardiopulmonary arrest due to drowning; |
| 89 | Total for all gastrointestinal problems. Include any patients with GI bleeding, abdominal pain, nausea and vomiting, diarrhea and cirrhosis; |
| 90 | Total for hot and cold exposures. Include any thermal illness or injury; |
| 91 | Total for OB/GYN problems. Include childbirth, labor, vaginal bleeding and miscarriage; |
| 92 | Total for poisonings. Include any type of poisoning. |
| 93 | Total for pronouncements not resuscitated. DOA's where no resuscitation was attempted but pronouncement was made by a Medical Command Physician; |
| 94 | Total for psychiatric problems. Include patients with emotional problems that do not fit into another category- anxiety, hysteria, altered mental state; |
| 95 | Total for respiratory problems. Include COPD, asthma, dyspnea, choking, foreign body and other identifiable respiratory conditions; |

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| | |
|-----|---|
| 96 | Total for seizure problems. This may include known or unknown etiology seizure; |
| 97 | Total for syncope related. Include any type of syncope and vertigo. |
| 98 | Total for unconscious with etiology of unknown origin; |
| 99 | Total for weakness and malaise complaints; |
| 100 | Total for other, please explain the condition in the comment section below; |
| 101 | Total for the medical categories. Sum of boxes 83 through 100. |

Matching Totals

Boxes 67, 75, 101 must equal the total in box 8
Boxes 76, 77, 78, 79, 80 must equal the total in box 75
Boxes 68, 69, 70, 71, 72, 73, 74 must equal the total in box 75

Section Four- Procedures

| | |
|------|---|
| 102 | Total for successful AV fistula / shunt access; |
| 103 | Total for successful central venous access; |
| 104 | Total for successful chest decompression; |
| 105 | Total for successful Esophageal Orburator Airway insertion; |
| 105a | Total for successful placement of a commercial airway (LMA, Combi-tube), please note the device in the comment section below; |
| 106 | Total for successful external cardiac pacing; |
| 107 | Total for successful intraosseous infusion; |
| 108 | Total for successful insertion of a intravenous catheter plug; |
| 109 | Total for successful initiation of IV therapy. Include the number of patients, not the number of lines started; |
| 109a | Total for utilization of an IV intravenous pump; |
| 110 | Total for MAST application. The MAST must be inflated, not just placed on the patient; |
| 111 | Total for successful placement of a nasogastric tube; |
| 112 | Total for patients that were cardioverted; |
| 113 | Total for patients defibrillated. Number of patients defibrillated, not the number of defibrillation times; |
| 114 | Total for patient participation in a prehospital research project; |
| 115 | Total for successful placement of a endotracheal / nasotracheal tube; |
| 116 | Total for patients receiving a 12-lead ECG. |
| 116a | Total for successful placement of a cricothrotomy; |
| 116b | Total for successful implementation of the RSI protocol |

One ALS patient may be included several times in this section. Include only successful procedures do not include attempts.

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Section Five- Primary Communications with Medical Command

| | |
|------|---|
| 117 | Total for UHF (Telemetry) communications. If telemetry was successfully utilized during the call, this should be considered primary even though other methods were also used; |
| 118 | Total for VHF (HEAR) communications; |
| 119 | Total for cellular phone communications; |
| 119a | Total for satellite (Nextel) communications; |
| 120 | Total for telephone communications; |
| 121 | Total for radio failure communications. Those calls where all methods available for contacting the medical command physician have failed; |
| 122 | Other communications, please explain in the comment section. |

Matching Totals

Boxes 117, 118, 119, 119a, 120, 121, and 122 must equal box 8

Section Six- Payment Source

| | |
|-----|---|
| 123 | Total for patients with Medicare as the primary payment source; |
| 124 | Total for patients with Medicaid as the primary payment source; |
| 125 | Total for patients with Blue Cross / Blue Shield as the primary payment source; |
| 126 | Total for patients with self pay as the primary payment source; |
| 127 | Total for patients with a commercial insurance as the primary payment source; |
| 128 | Total for patients with No Fault as the primary payment source; |
| 129 | Total for patients with Workman's Compensation as the primary payment source; |
| 130 | Total for patients with other forms of a payment source, please list. Include all ALS patients who were not billed, such programs that do not bill for pronouncements or monitor and transport calls; |

Section Seven- Destinations

This is the destination of the patient. Please place the hospital name and the four-digit identifier number for each hospital. Indicate the number of patients that were taken to that particular hospital. Do not abbreviate the hospital names.

Matching Totals

Total of box 131 must equal box 8

Section Eight

This is the origin of the call. Place the municipality name in the first space, the municipality code on the second space, the total number of dispatches to this municipality on the third space and finally the number of completed calls for that municipality.

Matching Totals for Section Eight

Total of box 133, dispatches must equal box 1

Total of box 134, completed ALS calls must equal box 8

Municipality Codes

ATLANTIC COUNTY

Absecon City 0101
Atlantic City 0102
Barnegate City 0103
Buena Borough 0104
Buena Vista Township 0105
Corbin City 0106
Egg Harbor City 0107
Egg Harbor Township 0108
Estell Manor City 0109
Fitzton Borough 0110
Galloway Township 0111
Hamilton Township 0112
Hammonden Town 0113
Linwood City 0114
Longport Borough 0115
Margate City 0116
Mallica Township 0117
Northfield City 0119
Pleasantville City 0119
Port Republic City 0120
Somers Point City 0121
Venetian City 0122
Waymouth Township 0123

BERGEN COUNTY

Akenside Borough 0201
Aptos Borough 0202
Aspenfield Borough 0203
Bogota Borough 0204
Carlstadt Borough 0205
Cliffside Park Borough 0206
Closter Borough 0207
Cresskill Borough 0208
Demarest Borough 0209
Dumont Borough 0210
East Rutherford Borough 0212
Edgewater Borough 0213
Elmwood Park Borough 0211
Emerson Borough 0214
Englewood City 0215
Englewood Cliffs Borough 0216
Fair Lawn Borough 0217
Fairview Borough 0218
Fair Lakes Borough 0219
Franklin Lakes Borough 0220
Garfield City 0221
Glen Rock Borough 0222
Hackensack City 0223
Harrington Park Borough 0224
Hastbrout Heights Bor. 0225
Haworth Borough 0226
Hillsdale Borough 0227
Hochulus Borough 0228
Laurel Borough 0229
Little Ferry Borough 0230
Loft Borough 0231
Lyndhurst Borough 0232
Mahwah Township 0233
Maywood Borough 0234
Midland Park Borough 0235
Montvale Borough 0236
Moonachie Borough 0237
New Milford Borough 0238
North Arlington Borough 0239
Northvale Borough 0240
Norwood Borough 0241
Oakland Borough 0242
Old Tappan Borough 0243
Oradell Borough 0244
Palisades Park Borough 0245
Paramus Borough 0246
Park Ridge Borough 0247
Ramsey Borough 0248
Ridgefield Borough 0249
Ridgefield Park Village 0250
Ridgewood Village 0251
River Edge Borough 0252
Riverside Township 0253
Rochelle Park Township 0254
Rockleigh Borough 0255
Rutherford Borough 0256
Saddle Brook Township 0257
Saddle River Borough 0258
South Hackensack Twp. 0259
Teaneck Township 0260
Tenafly Borough 0261
Teterboro Borough 0262
Upper Saddle River Bor. 0263
Waldwick Borough 0264
Wallington Borough 0265
Washington Township 0266
Westwood Borough 0267
Woodcliff Lake Borough 0268
Wood Ridge Borough 0269
Wyckoff Township 0270

BURLINGTON COUNTY

Basin River Township 0301
Beverly City 0302
Bordentown City 0303
Bordentown Township 0304
Burlington City 0305
Burlington Township 0306
Chambersfield Township 0307
Cinnaminson Township 0308
Delanco Township 0309
Delran Township 0310
Eastampton Township 0311
Edgewater Park Township 0312
Evanston Township 0313
Faldstons Borough 0314
Florance Township 0315
Hainesport Township 0316
Lumberton Township 0317
Marshall Township 0318
Maple Shade Township 0319
Medford Township 0320
Medford Lakes Borough 0321
Morristown Township 0322
Mount Holly Township 0323
Mount Laurel Township 0324

New Hanover Township 0325
North Hanover Township 0326
Palmyra Borough 0327
Pemberton Borough 0328
Pemberton Township 0329
Riverside Township 0330
Reverton Borough 0331
Shamong Township 0332
Southampton Township 0333
Springfield Township 0334
Tabernash Township 0335
Washington Township 0336
Westampton Township 0337
Wingsboro Township 0338
Woodland Township 0339
Wrightstown Borough 0340

CAJALDER COUNTY

Audubon Borough 0401
Audubon Park Borough 0402
Barrington Borough 0403
Bellmawr Borough 0404
Berlin Borough 0405
Bellef Township 0406
Brooklawn Borough 0407
Camden City 0408
Cherry Hill Township 0409
Chesham Township 0410
Clermont Borough 0411
Collingswood Borough 0412
Gibbstown Borough 0413
GloUCEster City 0414
GloUCEster Township 0415
Haddon Township 0416
Haddonfield Borough 0417
Haddon Heights Borough 0418
H Halls Borough 0419
Laurel Springs Borough 0420
Lawrenceville Borough 0421
Lindenswood Borough 0422
Magnolia Borough 0423
Merchantville Borough 0424
Moorestown Borough 0425
Oaklyn Borough 0426
Parsippany Township 0427
Pine Hill Borough 0428
Pine Valley Borough 0429
Riverside Borough 0430
Somerdale Borough 0431
Stratford Borough 0432
Trenton Borough 0433
Voorhees Township 0434
Warrford Township 0435
Wheaton Township 0436
Woodlynne Borough 0437

CAPE MAY COUNTY

Avalon Borough 0501
Cape May City 0502
Cape May Point Borough 0503
Dennis Township 0504
Lower Township 0505
Middle Township 0506
North Wildwood City 0507
Ocean City 0508
Sea Isle City 0509
Shore Harbor Borough 0510
Upper Township 0511
West Cape May Borough 0512
West Wildwood Borough 0513
Wildwood City 0514
Wildwood Crest Borough 0515
Wildwood Borough 0516

CUMBERLAND COUNTY

Bridgeton City 0601
Commander Township 0602
Doverfield Township 0603
Downs Township 0604
Fairfield Township 0605
Greenwich Township 0606
Hopewell Township 0607
Lawrence Township 0608
Maurice River Township 0609
Millville City 0610
Shiloh Borough 0611
Silver Creek Township 0612
Upper Doverfield Twp. 0613
Vineland City 0614

SSEX COUNTY

Belleville Township 0701
Bloomfield Township 0702
Caldwell Borough Twp. 0703
Cedar Grove Township 0704
East Orange City 0705
Esses Falls Twp. 0706
Fairfield Township 0707
Glen Ridge Twp. 0708
Irvington Township 0709
Livingston Township 0710
Maplewood Township 0711
Millburn Township 0712
Manchester Township 0713
Newark City 0714
North Caldwell Twp. 0715
Nuttley Township 0716
Orange City Township 0717
Roseland Borough 0718
South Orange Village Twp. 0719
Verona Township 0720
West Caldwell Township 0721
West Orange Township 0722

GLOUCESTER COUNTY

Clayton Borough 0801
Digford Township 0802
East Greenwich Township 0803
Els Township 0804
Franklin Township 0805
Glassboro Borough 0806
Greenwich Township 0807

Harrison Township 0808
Logan Township 0809
Malvern Township 0810
Morroe Township 0811
National Park Borough 0812
Newfield Borough 0813
Paulsboro Borough 0814
Pitman Borough 0815
South Harrison Township 0816
Swedesboro Borough 0817
Washington Township 0818
Wenonah Borough 0819
West Deptford Township 0820
Westville Borough 0821
Woodbury City 0822
Woodbury Heights Bor. 0823
Woodwick Township 0824

SUDJON COUNTY

Byronne City 0901
E&J Newark Borough 0902
Guttenberg Town 0903
Harrison Town 0904
Robeson City 0905
Jersey City 0906
Keary Town 0907
North Berges Township 0908
Sedalia Town 0909
Union City 0910
Westhaver Township 0911
West New York Town 0912

BUNTERDON COUNTY

Alexandria Township 1001
Bethlehem Township 1002
Bloomsbury Borough 1003
Calton Borough 1004
Clinton Town 1005
Clinton Township 1006
Delaware Township 1007
East Amwell Township 1008
Flemington Borough 1009
Franklin Township 1010
Fritchmont Borough 1011
Glen Gardner Borough 1012
Hampton Borough 1013
High Bridge Borough 1014
Holland Township 1015
Hopewood Township 1016
Lancasterville 1017
Lebanon Borough 1018
Lebanon Township 1019
Millard Borough 1020
Raritan Township 1021
Readington Township 1022
Stockton Borough 1023
Tewksbury Township 1024
Linton Township 1025
West Amwell Township 1026

MERCER COUNTY

East Windsor Township 1101
Ewing Township 1102
Hamilton Township 1103
Highstown Borough 1104
Hopewell Borough 1105
Hopewell Township 1106
Lawrence Township 1107
Pennington Borough 1108
Princeton Borough 1109
Rockaway Township 1110
Trenton City 1111
Washington Township 1112
West Windsor Township 1113

MIDDLESEX COUNTY

Carlisle Borough 1201
Crantford Township 1202
Lanshin Borough 1203
East Branch Township 1204
Edison Township 1205
Helmetsa Borough 1206
Highland Park Borough 1207
Jewelsville Borough 1208
Mansfield Borough 1210
Milltown Borough 1211
Morris Township 1212
New Brunswick City 1213
North Brunswick Twp. 1214
Old Bridge Township 1215
Pain Avilly City 1216
Piscataway Township 1217
Plainboro Township 1218
Sayreville Borough 1219
South Amboy City 1220
South Brunswick Twp. 1221
South Plainfield Bor. 1222
South River Borough 1223
Spotswood Borough 1224
Woodbridge Township 1225

MONMOUTH COUNTY

Absecon Township 1301
Ashtonside Borough 1302
Aberdeen Township 1303
Asbury Park City 1304
Atlantic Highlands Bor. 1305
Bayville Borough 1306
Belmar Borough 1307
Bradley Beach Borough 1308
Brick Borough 1309
Cala Beach Township 1310
Deal Borough 1311
Eatontown Borough 1312
Englishtown Borough 1313
Far Haven Borough 1314
Farmington Borough 1315
Freshford Borough 1316
Freshford Township 1317
Highlands Borough 1318

Holmdel Township 1320
Howell Township 1321
Interlaken Borough 1322
Kearnsburg 1323
Keyport Borough 1324
Little Silver Borough 1325
Litchfield Borough 1326
Long Branch City 1327
Manasquan Borough 1328
Marlboro Township 1329
Matawan Borough 1331
Middleton Township 1332
Millstone Township 1333
Morristown Beach Borough 1334
Neptune City Borough 1338
Neptune Township 1335
Ocean Township 1337
Oceanport Borough 1338
Red Bank Borough 1339
Roosevelt Borough 1340
Rumson Borough 1341
Sea Bright Borough 1342
Sea Cliff Borough 1343
Shrewsbury Borough 1344
Shrewsbury Township 1345
South Belmar Borough 1348
Spring Lake Borough 1347
Spring Lake Heights Bor. 1348
Tinton Falls Borough 1348
Union Beach Borough 1350
Upper Freehold Township 1351
Wall Township 1352
West Long Branch Boro 1353

MORRIS COUNTY

Bloomtown 1401
Bloomtown Township 1402
Butler Borough 1403
Chatham Borough 1404
Chatham Township 1405
Chester Borough 1406
Chester Township 1407
Denville Borough 1408
Dover Town 1409
East Hanover Township 1410
Florham Park Borough 1411
Hanover Township 1412
Hawthorn Township 1413
Jefferson Township 1414
Kinnelon Borough 1415
Lincoln Park Borough 1416
Long Hill Township 1430
Madison Borough 1417
Mendham Borough 1418
Mendham Township 1419
Mira Hill Township 1420
Morris Township 1421
Morris Plains Borough 1423
Morris Township 1422
Morristown Town 1424
Mountain Lakes Borough 1425
Mt. Arlington Borough 1426
Mt. Olive Township 1427
Netcong Borough 1428
Parsippany-Troy Hills Twp. 1429
Peapack Borough 1429
Randolph Township 1432
Riverside Borough 1433
Rockaway Borough 1434
Rockaway Township 1435
Rosbury Township 1436
Victory Gardens Borough 1437
Washington Township 1438
Wharton Borough 1439

OCEAN COUNTY

Barnegat Township 1501
Barnegat Light Borough 1502
Bay Head Borough 1503
Beach Haven Borough 1504
Beachwood Borough 1505
Berkley Township 1506
Bridgton Township 1507
Dover Township 1508
Egglewood Township 1509
Harvey Cedars Borough 1510
Island Heights Borough 1511
Jackson Township 1512
Lacey Township 1513
Lakeland Borough 1514
Lakewood Township 1515
Lauriatte Borough 1516
Little Egg Harbor Twp. 1517
Long Beach Township 1518
Manchester Township 1519
Marlboro Borough 1520
Ocean Gate Borough 1522
Ocean Township 1521
Pine Beach Borough 1523
Pumpano Township 1524
Point Pleasant Borough 1525
Pt. Pleasant Beach Bor. 1526
Seaside Heights Borough 1527
Seaside Park Borough 1528
Ship Bottom Borough 1529
South Toms River Bor. 1530
Stafford Township 1531
Swi. City Borough 1532
Tuckerton Borough 1533

PASSAIC COUNTY

Bloomington Borough 1601
Calden Borough 1602
Hawthorne Borough 1604
Little Falls Township 1605
North Haledon Borough 1606
Passaic City 1607
Paterson City 1608
Pompton Lakes Borough 1609
Prospect Park Borough 1610

Ringwood Borough 1611
Totowa Borough 1612
Wanaque Borough 1613
Wayne Township 1614
West Milford Township 1615
West Paterson Borough 1616

SALEM COUNTY

Alloway Township 1701
Camden Point Township 1702
Elmer Borough 1703
Elkboro Township 1704
Lower Alloways Crk. Twp. 1705
Marrington Township 1706
Oldmans Township 1707
Pine Grove Borough 1708
Parsippany Township 1709
Pilesgrove Township 1710
Pilesgrove Township 1711
Quinton Township 1712
Salem City 1713
Upper Pilesgrove Twp. 1714
Woodstown Borough 1715

SOMERSET COUNTY

Bedminster Township 1801
Barnard Township 1802
Barnesville Borough 1803
Bound Brook Borough 1804
Branchburg Township 1805
Bridgewater Township 1806
Fair Hills Borough 1807
Franklin Township 1808
Green Brook Township 1809
Hillsborough Township 1810
Marlboro Borough 1811
Millsboro Township 1812
Montgomery Township 1813
North Plainfield Borough 1814
Peapack-Gladstone Bor. 1815
Piscataway Township 1816
Rocky Hill Borough 1817
Somerville Borough 1818
South Bound Brook Bor. 1819
Warren Township 1820
East Hanover Township 1821
Watchung Borough 1821

SUSSEX COUNTY

Andover Borough 1901
Andover Township 1902
Branchville Borough 1903
Byram Township 1904
Frankford Township 1905
Franklin Township 1906
Friston Township 1907
Green Township 1908
Hamburg Borough 1909
Hampton Township 1910
Hardyston Township 1911
Hopatcong Borough 1912
Lafayette Township 1913
Morrisque Township 1914
Newton Town 1915
Opatsburg Borough 1916
Sanhoy Township 1917
Sparta Township 1918
Stratford Borough 1919
Stillwater Township 1920
Sussex Borough 1921
Vernon Township 1922
Walpack Township 1923
Weaques Township 1924

UNION COUNTY

Berkeley Heights Twp. 2001
Clark Township 2002
Crantford Township 2003
Elizabeth City 2004
Fairwood Borough 2005
Garwood Borough 2006
Hillsdale Township 2007
Kearnsville Borough 2008
Linden City 2009
Mountainside Borough 2010
New Providence Borough 2011
Plainfield City 2012
Rahway City 2013
Roselle Park Borough 2014
Union Township 2015
Scotch Plains Township 2016
Springfield Township 2017
Summit City 2018
Union Township 2019
Weehawken Town 2020
Wrightfield Township 2021

WARREN COUNTY

Alamanchy Township 2101
Alpha Borough 2102
Belvidere Town 2103
Blind Brook Township 2104
Franklin Township 2105
Fruitburgh Township 2106
Greentown Township 2107
Hackensack Town 2108
Harristown Township 2109
Harristown Township 2110
Hope Township 2111
Independence Township 2112
Kewonon Township 2113
Liberty Township 2114
Loquatong Township 2115
Marshall Township 2116
Orford Township 2117
Phillipsburg Township 2118
Pohatcong Township 2120
Washington Borough 2121
Washington Township 2122
White Township 2123