



City of Williamsburg Special Needs Registry & Heads Up Program

The Special Needs Registry and Heads Up program are tools used to assist emergency responders in their aid to city residents. Information in section I will be entered into the 911 system to assist first responders and the subsequent sections will assist emergency management officials in planning and responding to disasters or other emergencies.

SECTION I

HEADS UP INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Sex: _____

Street Address: _____

City/State/Zip: _____

Primary Phone: _____

Secondary Phone: _____

Email address: _____

How many occupants at this address: _____

Animals at this residence: Type: _____ weight: _____
Type: _____ weight: _____

Primary language: English Spanish
 Other: _____

Primary Health Needs: Diabetes Respiratory difficulties
 History of Stroke Seizures
 Heart Disease More than 300 pounds

Cognitive, Mental Health Needs: Serious Mental Illness Autism Spectrum
 Alzheimer's/Dementia Cognitive disorder

SECTION II

EMERGENCY MANAGEMENT PLANNING

Do you have an emergency plan? Yes No

Do you have a generator? Yes No

Do you have a care giver or attendant? Yes No

Name of home health caregiver: _____

Phone Number: _____

Do you plan to go to shelter if told to evacuate? Yes No

Is there an elevator for use at the residence? Yes No

Mobility: Ambulatory Power chair or scooter
 Ambulatory with help Walker/cane/crutches
 Manual wheelchair White cane

Other mobility issues: _____

Allergies: _____

Do you use any of the following: Apnea Monitor Special Diet
 Nebulizer Wound Dressing
 Catheter Tracheotomy
 Oxygen IV Therapy
 CPAP Ventilator
 Electricity-intermittent Colostomy
 Electric-continuous Dialysis
 G or J tube Pacemaker or Related
 Hospice care Prescription meds
 Insulin (non-refrig) Suctioning
 Insulin (refrig) Other: _____

Do you require assistance with: Bathing Feeding
 Getting dressed Guidance (visual or other)
 Communication Taking medication
 Transferring Toileting

Communication Impairments: Deaf Speech impaired
 Hard of hearing Memory issues

SECTION III

TRANSPORTATION INFORMATION

Do you have access to private transportation: Yes No

Can you ride a regular bus with no lift: Yes No

Do you require an ambulance for transportation: Yes No

SECTION IV

ADDITIONAL CONTACT INFORMATION:

Primary physician: _____

Physician phone: _____

*Primary emergency contact name: _____

phone: _____

Address: _____

City/State/Zip: _____

Second emergency contact name: _____

Phone: _____

Phone type: TTY SMS Relay Voice

Alternative phone: _____

Phone type: TTY SMS Relay Voice

Address: _____

City/State/Zip: _____

SECTION V

SUMMARY

Summary of needs or concerns:

I certify that the above information is correct and I grant permission to the city of Williamsburg to use this information in the city’s Special Needs Registry and to aid first responders. I understand that it is my responsibility to report any changes to ensure accurate information is kept on record.

Signature

Date

Person filling out the form if other than self: _____

Relationship of person filling out form: _____

Send Completed form and any updates to:

Williamsburg Human Services
401 Lafayette Street
Williamsburg, VA 23185
Phone: (757) 220-6161 / Fax (757) 220-6113
Email: social@williamsburgva.gov



FOR OFFICE USE ONLY

Person collecting information:	_____
Date entered: _____	Entered by: _____
Date updated: _____	Updated by: _____
Date purged: _____	Reason: _____