

✓ SPECIAL/FUNCTIONAL NEEDS REGISTRY

IF YOU NEED HELP in order to evacuate to a shelter or to plan to shelter in place, it is important you register on the James City County Special/Functional Needs Registry. We need to know who you are, where you are and what your emergency needs may be in order to share with you what options may be available.

Information provided through registration is confidential and shared only with emergency planners and responders as necessary. It is updated annually and inclusion on the list is strictly voluntary.

TRANSPORTATION is not guaranteed but every effort will be made to accommodate those who need assistance to go to a shelter. Shelters are operated by staff and volunteers, and provide cots, basic meals and bathrooms.

BE SURE TO BRING the following items to a shelter if you have special/functional needs:

- Special medical supplies* and medical alert tags
- Medications in the original bottles with dosage instructions
- Bedding supplies, clothes and toiletries
- ID, insurance information and other important documents
- Lounge or folding chair to sit in
- Snacks or special dietary items
- Books, games and word puzzles
- Contact information for family, friends and medical providers
- Someone to assist you

**Make sure any equipment and supplies you bring to a shelter are tagged or labeled with your name and phone number.*



DO NOT BRING large amounts of cash or valuables.

SERVICE ANIMALS AND PETS are allowed in shelters and their care is the responsibility of the owner.

Remember the basic steps to developing your emergency plan:

- Gather information – be informed
- Identify your planning team (doctors, caregivers, service providers, family and friends)
- Call James City County's **Special/Functional Needs Registry** at **757-259-3100** for planning assistance and to register for transportation and shelter
- Plan for service animals and pets. Be prepared to bring food and other supplies
- Prepare important documents
- Prepare equipment and collect supplies

THE TIME TO PLAN IS NOW. Don't wait until it is too late! Once an emergency threatens or is underway, emergency responders may not be able to get to you!

For additional planning information, go to:

- JAMESCITYCOUNTYVA.GOV/EOC
- READYVIRGINIA.GOV

SPECIAL/ FUNCTIONAL NEEDS IN EMERGENCIES



- ✓ **PLAN NOW**
- ✓ **WORK TOGETHER**
- ✓ **BE READY**

BE PREPARED BEFORE AN EMERGENCY

JAMES CITY COUNTY has been impacted by severe weather including hurricanes, tropical storms, tornadoes, nor'easters, heavy snow and ice storms. Most of the County is also within the 10-mile Emergency Planning Zone for the Surry Nuclear Power Plant.



Before a natural or man-made emergency threatens, all residents need to have an all-hazards plan and emergency supplies in place. James City County wants to help you develop that plan so you will be prepared to survive weeks

after an emergency strikes with the possible loss of power, water, communications, food and medical resources.

Some emergencies may require you to evacuate while for others, staying in place is safer. Residents with special/functional needs due to health and mobility challenges are at greater risk, so it is even more important that they have solid plans in place.

Be realistic about what you can and cannot do. Know who should be a part of your planning team and who you can count on to assist you in an emergency. Once your plan is in place, be sure to share it with your caregivers, medical providers, and family and friends you rely on.



SPECIAL/FUNCTIONAL NEEDS REGISTRY FORM

TO REGISTER on James City County's Special/Functional Needs Registry, please complete the form and return it to James City County Social Services via fax at 757-259-3188, by email at dss@jamescitycountyva.gov or by mail:

James City County Social Services
5249 Olde Towne Road
Williamsburg, VA 23188

You may also call 757-259-3100.

NAME

ADDRESS

CITY

STATE

ZIP

TYPE OF RESIDENCE

House Apartment Other

HOME PHONE

CELL PHONE

DATE OF BIRTH

DO YOU HAVE PETS?

Yes No

IF YES, WHAT TYPE?

DO YOU REQUIRE THE USE OF A SERVICE ANIMAL?

Yes No

IF YES, WHAT TYPE?

WILL YOU NEED TRANSPORTATION TO A SHELTER?

Yes No

DO YOU HAVE AN EMERGENCY PLAN?

Yes No

WOULD YOU LIKE ASSISTANCE IN CREATING ONE?

Yes No

NAME OF CAREGIVER OR SERVICE PROVIDER WHO WILL ASSIST YOU IN A SHELTER

MOBILITY

Walks by self Walks with assistance
 Wheelchair Bedridden

SPECIFIC MEDICAL PROBLEMS OR DISABILITIES

DISABILITY/MEDICAL INFORMATION

Mark all that apply

- Hearing impaired
- Electrically dependent
- Heart defibrillator/pacemaker
- Mentally impaired
- Ventilator dependent
- Communications difficulty
- Visually impaired
- Oxygen required at liters per minute
- Needs TDD/TTY
- Sight Assistance Animal
- IV Therapy
- Sign language interpreter
- Dialysis
- Indwelling catheters or drains
- Insulin injections
- Does not speak English

LANGUAGE SPOKEN

EMERGENCY CONTACT NAME

RELATIONSHIP

HOME PHONE

CELL PHONE

Once your request is received, we will call you to discuss your needs and to obtain additional information.