



# City of Norfolk Medical Needs Registry Form

**First Name \***

**Middle Name**

**Last Name \***

**Street Address \***

**City \***

**State \***

**Zip \***

**Date of Birth \***

**Gender \***

- Male  
 Female

**Residence Type \***

- Apartment  
 Condo  
 Dorm  
 Mobile Home  
 Single Family/Duplex  
 Townhouse  
 Other

**Elevator at Residence?**

- Yes  
 No

**Primary Phone \***

**TTY (primary)**

**Alternate/Cell \***

**TTY (alternate)**

**Email**

**Preferred Contact**

- Regular Mail
- Email
- Primary Phone

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**Personal Information**



**Do you have a service animal? \***

- No
- Yes

**Service animal weight**

*in pounds*

**Other Pets**

**Do you use a caregiver/attendant? \***

*You will need to make arrangements for your caregiver to stay with you in the shelter*

- Yes
- No

**Home Health Agency**

**Do you plan to go to a shelter?**

- Yes
- No

**Do you have a generator?**

- Yes

No

**Do you have an Emergency Plan?**

Yes

No

**Mobility**

*Check all that apply*

Ambulatory

Powerchair or Scooter

Ambulatory with Help

Walker/Cane/Crutches

Manual Wheelchair

White Cane

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**Transportation Information**



**Access to private transportation?**

Yes

No

**Do you ride a regular bus with no lift?**

Yes

No

**Do you require an ambulance for transportation?**

Yes

No

**Do you use any of the following:**

HRT bus/trolley

WAT

Logisticare

Taxi

Handi-Ride

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**Emergency Contact**



**Primary Physician**

**Physician's Phone**

**Primary Emergency Contact**

**Primary Emergency Address**

**Primary Emergency Phone**

**Phone Type:**

- TTY
- SMS
- Relay
- Voice

**Primary Contact Alternate Phone**

**Phone Type**

- TTY
- SMS
- Relay
- Voice

**Secondary Emergency Contact**

**Secondary Contact Phone**

**Phone Type**

- TTY
- SMS
- Relay
- Voice

**Name of Person Filling Out the Form**

**Relationship to Registrant**