



R.E.V.A.M.P. Duval
Registry for Endangered, Vulnerable, and Missing Persons



Instructions: Complete this form and email or mail it to Duval County to register an individual for R.E.V.A.M.P. Duval. This form is not required if you have already registered online. Required fields are indicated with an asterisk (*).

Mail: R.E.V.A.M.P. Duval
 515 North Julia St.
 Jacksonville, FL 32202

Email: REVAMP@coj.net

PERSONAL INFORMATION ABOUT THE REGISTRANT										
*First Name				Middle Name				*Last Name		
Suffix		*Date of Birth			*Gender (select only one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary				
*Race(s)	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Multiple Races <input type="checkbox"/> Other					*Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
If multiple races or other, please explain here:										
*Height	Feet:	Inches:	*Weight	lbs	*Hair Color			*Eye Color		
Nicknames/ Maiden Names					Scars/Marks/Tattoos					
Does the registrant wear glasses?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Does the registrant wear hearing aids?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the registrant currently (select all that apply):			<input type="checkbox"/> Attend School <input type="checkbox"/> Work <input type="checkbox"/> Drive <input type="checkbox"/> Not Applicable							
If so, please provide the name of the school or place of work here:										
Modes of Transportation			<input type="checkbox"/> Bicycle <input type="checkbox"/> City Transportation <input type="checkbox"/> Family Car <input type="checkbox"/> Personal Car <input type="checkbox"/> Motorbike (scooter, moped, motorcycle, etc.) <input type="checkbox"/> Recreational Vehicle (ETV, etc.) <input type="checkbox"/> Other _____							
Preferred Method of Communication			<input type="checkbox"/> Verbal <input type="checkbox"/> Non-Verbal – Sign Language <input type="checkbox"/> Non-Verbal – Written Words <input type="checkbox"/> Non-Verbal – Pictures <input type="checkbox"/> Other _____			Primary Language Spoken				
Current Address										



CAREGIVER OR EMERGENCY CONTACT INFORMATION

First Name		Middle Name		Last Name	
Suffix		Phone Number		Phone Type	<input type="checkbox"/> Home <input type="checkbox"/> Cell
Email					

REGISTRANT MEDICAL INFORMATION

Please list all critical medical conditions or history for the registrant here:			
Does the registrant take any medication(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list all medications for the registrant here:			
Select all mobility needs that apply to the registrant.	<input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Motorized Wheelchair/Scooter <input type="checkbox"/> Other _____ <input type="checkbox"/> No mobility needs		
Do you suspect the registrant has:	<input type="checkbox"/> Autism <input type="checkbox"/> Dementia <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Other _____		
Has the registrant been formally diagnosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Diagnosed	



REGISTRANT BEHAVIOR TRAITS

Select all behavior traits that apply to the registrant.	<input type="checkbox"/> Cognitive Impairment <input type="checkbox"/> Memory Impairment <input type="checkbox"/> Non-Verbal <input type="checkbox"/> Visual Impairment (Partial or Full) <input type="checkbox"/> Hearing Impairment (Partial or Full) <input type="checkbox"/> No Sense of Danger <input type="checkbox"/> Prone to Seizures <input type="checkbox"/> Sensory Impairment <input type="checkbox"/> Difficulty Performing Familiar Tasks <input type="checkbox"/> Speech/Language Impairments <input type="checkbox"/> Impairment of Motor Skills <input type="checkbox"/> Exhibits Violent Behavior <input type="checkbox"/> Exhibits Dramatic Personality Changes <input type="checkbox"/> Medical Conditions <input type="checkbox"/> Dietary Conditions <input type="checkbox"/> Easily Upset <input type="checkbox"/> Other _____
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Registrant's favorite attractions and locations:	
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Select all specific "likes" or fascinations that the registrant may be drawn to that may help the search effort:	<input type="checkbox"/> Bodies of water like streams, pools, or lakes <input type="checkbox"/> Vehicles like trains, construction equipment, fire trucks, or active roadways/highway vehicles <input type="checkbox"/> Types of sound or music <input type="checkbox"/> Favorite characters or toys <input type="checkbox"/> Special locations <input type="checkbox"/> Other _____
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Does the registrant have any dislikes, fears, or sensory impairments that may hinder the search effort? (e.g., dogs, sirens, lights, shouting, aircraft, uniforms, loud noises, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If so, explain:	
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Has the registrant ever wandered away in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what were the recovery location(s):
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SCENT PRESERVATION KIT INFORMATION

Does the registrant need to be issued a Scent Preservation Kit?		<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the best time of day to contact you?		

FIRST RESPONDER STICKER AWARENESS PROGRAM

The Jacksonville Fire and Rescue Department in partnership with the Jacksonville Sheriff's Office, and JaxReady have created a new program designed to alert first responders that someone at their residence and/or inside a vehicle may have Autism, Alzheimer's, Dementia, or another cognitive impairment.

The sticker will give law enforcement, and fire and rescue personnel an advance notice that there may be someone present that could be in need of special assistance, involved in a crisis, or could be lost from the response location. The sticker program is for awareness only and first responders should act accordingly given the specific situation at the time of response.

Would you like to be issued stickers for your residence and/or vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many vehicles do you have that the registrant is transported in?	

SPECIAL MEDICAL NEEDS REGISTRY INFORMATION

The City of Jacksonville Emergency Preparedness Division maintains a registry of clients who have been identified as persons with Special Medical Needs. These individuals may require assistance during evacuations and sheltering.

Would you like more information about the Special Medical Needs Registry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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REGISTRANT PHOTO

When submitting a R.E.V.A.M.P Duval Registration Form, please upload a digital photo of the registrant online or email it to REVAMP@coj.net.

When uploading a photo of the registrant, make sure the photo is cropped and sized. The uploaded image should have large dimensions and ample space around the registrant's head and torso to allow additional cropping if needed after the form has been submitted.

Photo Basics

Submit one color photo of the registrant that has been taken in the last 6 months.

Please ensure the photo includes a clear image of the registrant's face.

Do not use filters commonly used on social media or illegal activities or inappropriate clothing.

The registrant's photo should not be a selfie.

Authorization for Release of Registrant Information Form

I (signer) authorize the release of the aforementioned information to the City of Jacksonville (COJ) Emergency Preparedness Division and the members thereof to hold for use in the event of an emergency to assist in locating the aforementioned individual should they wander, become lost, or missing. I understand that the use of such information will be for professional purposes only and may be distributed to other City employees/agents who may be utilized in an emergency search/rescue operation. I also understand that some descriptive information may be released to the press if deemed appropriate by police personnel to assist in safely locating said person. I agree to hold harmless all City of Jacksonville Employees and agents thereof who utilize the aforementioned released information in the course of their professional duties.

REQUIRED AUTHORIZATION FOR RELEASE OF REGISTRANT INFORMATION

By checking the YES box below, I verify that I am the submitter of this registry information. I confirm that I have read the required Authorization for Release of Registrant Information Form (see above).

I am the submitter, and this verifies consent of the information provided.

Yes No

Name of Submitter		Relationship to Registrant	
Submitter Phone Number			
Submitter Email			
Date Submitted			
Signature of Submitter			