



# E.S.S. FILE REGISTRATION AND SERVICES RECORD

2. ESS FILE # **T 123456**

3. TASK #



**BRITISH COLUMBIA** Ministry of Justice

Personal information is collected under the authority of the Emergency Program Act and may be shared with other organizations to enable the provision of emergency services. Questions regarding the collection, use or disclosure of this information should be directed to: ESS Office, Emergency Management BC, Ministry of Justice, P.O. Box 9201 STN PROV GOVT, Victoria, B.C. V8W 9J1 Phone: 1-800-585-9559

**1. RESTRICTION**  
 "Concerned family and friends may inquire about you and your family because of the emergency. We would like to provide these people with some information about you. May we disclose your location and the contact information for you and your family members?"

Yes  No

4. LAST NAME (family representative)

5. FIRST NAME INITIAL

6. AGE 7. GENDER (Circle one) 8. NICKNAME

M F

9. PLACE OF REGISTRATION  
**FACILITY COMMUNITY**

**PERMANENT ADDRESS**

10. APT# & STREET ADDRESS 11. COMMUNITY 12. PROVINCE 13. COUNTRY 14. POSTAL CODE 15. TELEPHONE ( ) 16. ALTERNATE # ( )

**POST DISASTER ADDRESS**

17. APT# & STREET ADDRESS 18. COMMUNITY 19. PROVINCE 20. COUNTRY 21. POSTAL CODE 22. TELEPHONE ( ) 23. E-MAIL ADDRESS

**"PLEASE NOTIFY THE RECEPTION CENTRE IF YOU CHANGE YOUR LOCATION."  
RECEPTION CENTRE CONTACT INFORMATION:**

24. FAMILY INFORMATION						25. ADDITIONAL COMMENTS	
"What are the names of family members who live within the same household whom you know are safe?"						Use this area to add any information that may help to identify this person if an inquiry is made or that will help explain this persons situation.	
LAST NAME	FIRST NAME	INITIAL	RELATIONSHIP	GENDER	AGE		
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F		OFFICE USE ONLY: 34. CHANGE OF INFORMATION FORM INSIDE FILE <input type="checkbox"/>	
				M F		35. CROSS REFERENCE LAST NAME FIRST NAME ESS FILE #	
				M F		36. FOLLOW UP REQUIRED <input type="checkbox"/> YES (see details below) <input type="checkbox"/> COMPLETED	
				M F		37. CLOSED DATE YYYY MM DD	

26. SIGNATURE OF FAMILY REPRESENTATIVE 27. INTERVIEWER'S FIRST NAME AND INITIAL OF LAST NAME (PLEASE PRINT) TIME: OF INTERVIEW (24 HOUR CLOCK) DATE YYYY MM DD

White Copy – Registration Pink Copy – Documentation Unit Yellow Copy - Evacuee Card Copy – Documentation Unit

**NOTE TO EVACUEE: PLEASE RETAIN THIS COPY AS PROOF OF REGISTRATION**

28. BRIEF STATEMENT OF HOW THE PERSON/FAMILY WAS AFFECTED IN THE DISASTER.  
(Interviewer or evacuee may wish to begin with this statement.)

**“DO YOU HAVE INSURANCE TO COVER YOUR IMMEDIATE NEEDS?”** YES  NO   
(IF NO, PROVIDE SERVICES. IF YES, ASSIST THEM IN CONTACTING THEIR INSURANCE AGENT TO CONFIRM COVERAGE FOR THIS EVENT)  
**“DO YOU HAVE FRIENDS OR FAMILY THAT YOU CAN STAY WITH?”** YES  NO


**29. SERVICES REQUIRED**

<input type="checkbox"/> RESTAURANT MEALS OR <input type="checkbox"/> GROCERIES	<input type="checkbox"/> CLOTHING	<input type="checkbox"/> INCIDENTALS	<input type="checkbox"/> Please specify _____ _____
<input type="checkbox"/> LODGING (TICK ONE) <input type="checkbox"/> HOTEL/MOTEL	<input type="checkbox"/> TRANSPORTATION	<input type="checkbox"/> STAYING WITH FAMILY/FRIENDS	<input type="checkbox"/> GROUP LODGING (name) _____

**30. SPECIAL NEEDS**

<b>MEDICAL</b>		<b>DIETARY</b>
• "Do you or any others registering with you take medications?"	<input type="checkbox"/> YES <input type="checkbox"/> NO	• "Do you or any others registering with you have special dietary requirements/food allergies?"
If "yes" then,		If "yes", please specify
• "Do you have sufficient supply for the next 72 hours?"	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "no", refer to Health Services for assistance.		<input type="text"/> <input type="text"/>

**31. OTHER AGENCY REFERRALS MADE OUTSIDE RECEPTION CENTRE (e.g. Community services)**

\_\_\_\_\_

\_\_\_\_\_

**32. FAMILY RECOVERY PLANS (Immediate and long term) ("ESS provides short term assistance to give you and your family a chance to recover. Have you thought about what you will do after that time?")**

\_\_\_\_\_

\_\_\_\_\_

**33. FOLLOW-UP REQUIRED (If more space is required, write on the back of this folder)**

\_\_\_\_\_

\_\_\_\_\_



