



Emergency Support Services Registration

Freedom of Information and Protection of Privacy Act (FOIPPA) The Ministry of Emergency Management and Climate Readiness (EMCR) will collect your personal information for the purpose of providing emergency services in accordance with section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). Questions about the collection, use, or disclosure of this information can be directed to the ESS Call Centre Manager at PO Box 9201, Stn Prov Govt, Victoria, BC, V8W 9J1 or by telephone toll free at 1-800-585-9559.

- This form is to be completed by a trained Emergency Support Services (ESS) responder.
- Use this form to register an evacuee or an evacuated household for the ESS program and to identify their immediate needs.
- Use one form to register all household members who live within the same household.
- Complete all fields. For more information and ESS Responder Resources, see our website at [ESS.gov.bc.ca](https://www.ess.gov.bc.ca)

Consent to Share Registration Status – Do you consent to have your ESS registration status (pending, active or complete) shared with those concerned about your household’s wellbeing? YES, I consent
NO, I do not consent

The ESS file number is your PSLV registration number plus the month, day, year and time (24 hr. clock).		Task Number	Community Evacuated From
ESS File #: REG #XXXXX MM / DD / YYYY HH:MM (enter with no spaces)			
Last Name (family representative)	First Name	Initials	Preferred Name (if different)
Date of Birth MM / DD / YYYY	Gender Male (m) Female (F) Another Gender (X)	Gov’t ID Presented? Yes No	Registration Location / Facility Name LOCATION FACILITY

Address and Contact Information

Primary Residence Address (include Apt/Suite/Building Number & Street)			City	Province	
Country	Postal Code	Cell Phone Number	Alternate Number	Email Address	
Mailing Address (if different from above – include PO Box Number)		City	Province	Country	Postal Code

25. Household Information		“What are the names of household members, including dependents, who live at the same household as you? Unrelated household members must register separately.”		
Last Name	First Name	Initials	Gender M, F or X	Date of Birth MM/DD/YYYY

Insurance

Do you have insurance to cover your immediate needs?

Yes

Yes, but I don't know my
coverage for this event

No

I don't know

If **YES**, you must contact your insurance company as soon as possible. If you are having difficulty contacting your provider, contact the Insurance Bureau of Canada at 1-844-227-5422. It is strongly recommended to keep a record of all receipts and invoices if immediate needs can be covered by your insurance provider.

Needs Assessment – “While evacuated, do you need government assistance with any of the following?”

Food

Shelter – Check one option:

Clothing

You can receive a shelter allowance and use that money to find your own accommodations or be provided with a referral to shelter (such as a cot in a gym or a hotel/motel)

Incidentals

Option 1 – I need the shelter allowance and will find my own shelter

Transportation

Option 2 – I need a referral to shelter

Note: Shelter Allowance can only be provided by Interac e-Transfer or by submitting a **Claim for Shelter Allowance** form to be paid by EMCR at a later time.

Additional Information

Pets – Do you have any pets that live in the
same household with you?

Yes

No

Types of pet(s)
include number of each: _____

Additional Comments – 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 person's situation.

Authorization

By providing your email address, you authorize the Ministry of Emergency Management and Climate Readiness (EMCR) to communicate with you by email and/or phone regarding your current registration. Your telephone number and email address will only be used to contact you about your current registration for this emergency event.

By signing this form, you confirm the information you have supplied is true and complete, and consent to the verification of information provided regarding this application.

Signature of Family Representative

Interviewer's First Name & Last Initial

Time of Interview

Date Signed

HH:MM

MM / DD / YYYY

X

Office Use Only

Change of Information Form Inside File

33. Cross Reference:

Last Name

First Name

ESS File #

Follow-Up Requested

Date Closed

Yes (include details in Additional Information section)

Completed

MM / DD / YYYY