

# EMERGENCY SUPPORT SERVICES (ESS) REGISTRATION AND SERVICES RECORD

under the *Emergency Program Act*

<b>1. INFORMATION RESTRICTION</b> – “Concerned family and friends may inquire about you and your family due to the emergency. May we disclose your location and contact information for you and your family members?” <input type="checkbox"/> YES <input type="checkbox"/> NO					<b>Freedom of Information and Protection of Privacy Act (FOIPPA)</b> Ministry of Emergency Management & Climate Readiness (MEMCR) will collect your personal information for the purpose of providing you with 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.									
The ESS file number is your PSLV registration number plus the month, day, year and time (24 hr. clock).														
<b>2. ESS FILE #:</b> REG #XXXXX MM/DD/YY HH:MM (enter with no spaces)										<b>4. COMMUNITY EVACUATED FROM</b>				
<b>3. TASK #:</b>										<b>6. FIRST NAME</b> <span style="float: right;"><b>INITIALS</b></span>				
<b>5. LAST NAME</b> ( <i>family representative</i> )					<b>9. GOV'T I.D. PROVIDED?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO									
<b>7. DATE OF BIRTH</b> MM/DD/YYYY		<b>8. GENDER</b> <input type="checkbox"/> MALE (M) <input type="checkbox"/> FEMALE (F) <input type="checkbox"/> ANOTHER GENDER (X)			<b>10. PREFERRED NAME</b> ( <i>if different</i> )		<b>11. REGISTRATION LOCATION &amp; FACILITY NAME</b> <div style="display: flex; justify-content: space-between;"> <span>LOCATION</span> <span>FACILITY</span> </div>							

ADDRESS INFORMATION								
12. PERMANENT ADDRESS ( <i>include Apt/Suite/Building Number &amp; Street</i> )			13. CITY	14. PROVINCE	15. COUNTRY	16. POSTAL CODE	17. TELEPHONE NUMBER	18. ALTERNATE NUMBER
19. MAILING ADDRESS ( <i>if different from above – include PO Box Number</i> )			20. CITY	21. PROVINCE	22. COUNTRY	23. POSTAL CODE	24. EMAIL ADDRESS	

25. HOUSEHOLD INFORMATION					26. 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 persons situation.		
“What are the names of household members who live within the same household whom you know are safe?”							
LAST NAME	FIRST NAME	INITIALS	GENDER M, F or X	DATE OF BIRTH MM/DD/YYYY			
					<b>OFFICE USE ONLY</b> 36. CHANGE OF INFORMATION FORM INSIDE FILE <input type="checkbox"/> <b>37. CROSS REFERENCE:</b> LAST NAME   FIRST NAME   ESS FILE #		
					<b>38. FOLLOW UP REQUESTED</b> <input type="checkbox"/> YES ( <i>see details on Page 2</i> ) <input type="checkbox"/> COMPLETED		
					DATE CLOSED MM/DD/YYYY		

CERTIFICATION			
By providing your email address, you authorize Ministry of Emergency Management & Climate Readiness to communicate with you by email about your registration and to invite you to provide feedback about your experience. 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, or any subsequently provided application.			
27. SIGNATURE OF FAMILY REPRESENTATIVE	28. INTERVIEWER'S FIRST NAME & INITIAL OF LAST NAME ( <i>print</i> )	TIME OF INTERVIEW ( <i>HH:MM</i> )	DATE SIGNED MM/DD/YYYY
X			

**29. INSURANCE**

Do you have insurance to cover your immediate needs?  YES  YES, BUT NOT SURE  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.

Do you have friends or family that you can stay with?  YES  NO

**30. PROVIDE A BRIEF STATEMENT – “How have you and your family been impacted by this disaster” (Responder may wish to begin with this statement)****31. “What supports are you able to provide for yourself and your household while under evacuation?”**

Evacuee can provide the following:

FOOD  LODGING  CLOTHING  TRANSPORTATION  INCIDENTALS

**32. SPECIAL REQUIREMENTS**

**Do not** add any medical information or irrelevant/speculative personal details as this information may be viewed by other volunteers and/or MEMCR

**MEDICAL**

Do you or any others registered with you take medication  YES  NO

If YES, do you have sufficient supply for the next 72 hours?  YES  NO

If NO, an evacuee may present themselves at a pharmacy and ask for an “Emergency Prescription Refill”.  
or contact Health Services for assistance.

**DIETARY**

Do you or any others registered with you have special dietary requirements or food allergies?  YES  NO

If YES to dietary requirements, please specify: \_\_\_\_\_

**HOUSEHOLD PETS**

Do you require pet food?  YES  NO TYPE(S) OF PET(S) (include number of each): \_\_\_\_\_

**33. OTHER AGENCY REFERRALS MADE OUTSIDE RECEPTION CENTRE (E.G. Community Services)****34. FAMILY RECOVERY PLANS (Immediate and Long Term) – “ESS provides short-term support to give you and your family a chance to recover. Have you thought about what you will do after that time?”****35. FOLLOW-UP REQUIRED – If more space is required, attach a separate sheet**