

# CLAIM FOR SHELTER ALLOWANCE

- Use this form if you are on an evacuation order from your primary residence and chose the Shelter Allowance option when you registered for Emergency Support Services (ESS).
- This form must be sent to the Ministry of Emergency Management and Climate Readiness (EMCR) with a white paper Referral form issued by an ESS responder.
- This form is only valid for the same dates as identified on the Referral form. A separate Claim for Shelter Allowance form is required for each Referral form.

- Keep a copy, scan or photo of forms for your records.
- Send your forms to the email or mailing address found on the bottom of this form.

**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.

**PART 1 – EVACUATION INFORMATION (ESS responder to fill in)**

TASK NUMBER	ESS FILE NUMBER	ESS REFERRAL NUMBER
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Enter the dates the evacuee is claiming the Shelter Allowance. Note, this information must be the same as on the Referral form issued by an ESS Responder.

DATE OF FIRST NIGHT MM/DD/YYYY	DATE OF LAST NIGHT MM/DD/YYYY	NUMBER OF HOUSEHOLD MEMBERS <i>(use words)</i>	TOTAL NUMBER OF NIGHTS <i>(use words)</i>
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**PART 2 – PAYEE NAME (ESS responder to fill in)**

Enter the name of the **evacuee** who is the family representative that will receive the Shelter Allowance by cheque. This person will be referred to as the “Payee”.

PAYEE LAST NAME	FIRST NAME	INITIALS
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**PART 3 – PAYEE DETAILS (Evacuee or ESS responder to fill in)**

Enter the address where you would like the Shelter Allowance payment to be sent to. This does not need to be your home address.

PAYMENT DELIVERY ADDRESS <i>(include Apt/Suite/Building Number &amp; Street)</i>	CITY	PROVINCE	POSTAL CODE
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COUNTRY	CELL PHONE NUMBER	ALTERNATE NUMBER	EMAIL ADDRESS
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**PART 4 – CERTIFICATION (Evacuee to sign)**


By providing your email address, you authorize the Ministry of Emergency Management and Climate Readiness (EMCR) to communicate with you by email about your registration and to invite you to provide feedback about your experience.

By signing this form, you certify that 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.


PAYEE SIGNATURE	RESPONDER'S FIRST NAME AND INITIAL OF LAST NAME	DATE SIGNED MM/DD/YYYY
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X

**SUBMIT YOUR FORMS TO EMCR BY EMAIL OR MAIL:**

 Email clear images, photos or scans of your:  
1) Claim for Shelter Allowance form, **and**  
2) Referral form (white)  
to [ESSFinanceInquiries@gov.bc.ca](mailto:ESSFinanceInquiries@gov.bc.ca)

**OR**

 Mail your original Claim for Shelter Allowance form and white Referral form to the address below. **Keep a copy, scan or photo of forms for your records**  
Emergency Management Climate Readiness  
Attention: Accounts Payable  
PO Box 9201, STN PROV GOVT  
Victoria, BC, V8W 9J1

**Please allow 6-8 weeks to receive payment.**