

## **REGISTRATION FORM**

Please print and fill out this **confidential** application as accurately as possible.

## HOW DID YOU LEARN ABOUT THE VPR? CHOOSE ONLY ONE.

□ Community agency	(CNIB, Red	Cross, etc.)
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- □ Other referral (Medigas, Doctor's office, etc.)
- Online
- $\Box$  Public presentation or event
- □ Newspaper
- $\Box$  Brochure, poster, newsletter or flyer
- □ TV Coverage (Shaw, CTV, etc.)
- □ Social Media (Facebook, Twitter, YouTube, etc.)
- □ Word-of-mouth (Friend, family or co-worker)

Other:

Personal Information of Applicant			
First Name:	Last Name:		
Date of Birth:			
Sex: 🗆 Male 🛛 Female 🛛 Gender	Non-Conforming	g 🛛 Prefer not to say	
Address:		Unit #:	
City/Town:		Access Code*:	
Province:		Postal Code:	
Home Phone #:Secondary Phone #:□ TTY (Teletypewriter)□ TTY (Teletypewriter)			
E-mail:			
I receive homecare services: $\Box$ Yes	□ No		
If Yes, state the Home Care Services that are applicable:			
*By providing your <b>access code</b> , you will en	sure that first resor	onders can enter into your home	

By providing your **access code**, you will ensure that first responders can enter into your home or apartment building when needed in an emergency\* © 2011 - 2019 Sault Ste. Marie Innovation Centre. All rights reserved.

Vulnerable Needs of Applicant		
Please check all that apply:		
Deaf, Deafened or Hard of Hearing		
Mobility		
Bedridden		
Developmental/Intellectual (e.g. Autism Spectrum Disorder, Down Syndrome)		
Cognitive (e.g. Alzheimer)		
Mental Health		
Other, please specify:		
Life Sustaining Equipment		
□ Ventilator		
□ Oxygen		
□ Other, please specify:		
I will not be able to exit my home by stairs		
<ul> <li>I require electricity for life-sustaining equipment</li> <li>I require electricity after (minimum 6) hour (s) to remain safe</li> </ul>		
I do not receive 24-hour support at home		
I live alone		
I currently receive meals from Meals on Wheels		
<b>Note:</b> If selected, it will not guarantee meal assistance during large-scale emergencies		
I do not have family support locally		
<ul> <li>I have trouble with speech or language (e.g. uses an ASL interpreter)</li> <li>Please specify:</li> </ul>		
How long can you care for yourself in a large-scale emergency?		
(As a guide, think about your day-to-day activities)		
$\Box$ Less than 6 hours $\Box$ 24 to 48 hours (1-2 Days)		
$\Box$ 6 to 12 hours $\Box$ 48 to 72 hours (2-3 Days) $\Box$ 12 to 24 hours $\Box$ Greater than 72 hours (3 Days or more)		
$\Box$ 12 to 24 hours $\Box$ Greater than 72 hours (3 Days or more)		

## Information Tips (Optional)

Please provide any important additional information that will help first responders assist you during an emergency (for example, use a wheelchair). \*Please include your PO box here if applicable\*

Emergency Contact Information				
Primary Emergency Contact				
First Name: Last Name:				
Relationship (Please check one of the following):				
<ul> <li>Spouse/Partner</li> <li>Relative</li> </ul>	□ Parent □ Friend	Son/Daughter Other	□ Sibling	
If other, please specify:				
Address:			Unit #:	
City/Town:			Postal Code:	
Province:				
Primary Phone #: Secondary Phone #:				
E-mail:				

Secondary Emergency Contact			
First Name:	Last Name:		
Relationship (Please check one of the following):			
□ Spouse/Partner □ Relative	Parent	□ Son/Daughter □ Other	□ Sibling
If other, please specify:			
Primary Phone #:	Secondary Phone #:		
E-mail:			

Legal Guardian Information (If applicable)				
First Name:	st Name: Last Name:			
Relationship (Please check one of the following):				
□ Spouse/Partner □ Relative	□ Parent □ Friend	□ Son/E □ Other	Daughter	□ Sibling
If other, please specify:				
Address:			Unit/Apt	. #:
City/Town:			Province	.:
Postal Code:				
Primary Phone #:	Primary Phone #: Secondary Phone #:			
E-mail				

Six-Month Update	es	
Select your preferred preferences for your six-m	onth updates.	
Please contact: 🗆 Applicant 🛛 Legal Guardian	Primary Emergency Contact	
Choose one of the following update methods:		
Phone  Mail  Online (must include email above contact)	for UVPR Coordinator's Office	
Consent		
Please read and sign below for your application	to be reviewed:	
I allow the Sault Ste. Marie Innovation Centre to provide the information I included in my Vulnerable Persons Registry (VPR) registration form to local fire, police and paramedics for use during emergencies. I understand that I rely on electricity for life-sustaining equipment such as oxygen, my information will also be provide to PUC Services Inc. and Canadian Red Cross for use during power outages (For residents of Sault Ste Marie only). I know that it is important for me to ensure that the VPR program has accurate and up-to-date information at all times. I understand that I still need to call 9-1-1 in an emergency and am also responsible for having an emergency plan in place in order to be prepared to remain safe for at least three days. I recognize that the VPR does not guarantee my safety, but is an added safeguard where local emergency service groups will make every effort to increase the possibility of my safety during emergencies. I understand that if I am approved, my information will be available to authorized local emergency service groups within 45 days of receipt of my application. I also understand that I will be notified of the date on which my information will be made available to those authorized emergency service groups. I		
further understand that as part of the program, six-month updates are required using whichever method I have selected. I acknowledge that the VPR Coordinator will make every effort over a two-month period to complete an update; however, if unsuccessful the VPR Coordinator can remove me from the VPR and I will be notified accordingly. I know that I can request to be removed from the VPR at any time.		
Signature of Applicant/Legal Guardian	Date	
Witness Signature (Only if signing with an 'X')	Relationship	
Privacy Statement		
SSMIC ensures all internal and external measures are taken to protect your information so only those who need access to your information will be able to do so. SSMIC will secure your data at all times and with your consent will provide your information only to authorized emergency service groups in order to improve your safety during emergencies.		
For more information on our privacy policies and how your information will be used, please visit www.soovpr.com		
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