



Vulnerable Persons Registry

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.)
- Other referral (Medigas, Doctor's office, etc.)
- Online
- Public presentation or event
- Newspaper
- 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 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: Yes No

If Yes, state the Home Care Services that are applicable:

By providing your **access code, you will ensure that first responders can enter into your home or apartment building when needed in an emergency**

Vulnerable Needs of Applicant

Please check all that apply:

- Vision
- 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
- Dialysis
- Other, please specify: _____

I will not be able to exit my home by stairs

I require electricity for life-sustaining equipment
I require electricity after _____ **(minimum 6)** hour (s) to remain safe

I do not receive 24-hour support at home

I live alone

I currently receive meals from Meals on Wheels

Note: If selected, it will not guarantee meal assistance during large-scale emergencies

I do not have family support locally

I have trouble with speech or language (*e.g. uses an ASL interpreter*)
Please specify: _____

How long can you care for yourself in a large-scale emergency?

(As a guide, think about your day-to-day activities)

- | | |
|--|---|
| <input type="checkbox"/> Less than 6 hours | <input type="checkbox"/> 24 to 48 hours (1-2 Days) |
| <input type="checkbox"/> 6 to 12 hours | <input type="checkbox"/> 48 to 72 hours (2-3 Days) |
| <input type="checkbox"/> 12 to 24 hours | <input type="checkbox"/> 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):

Spouse/Partner

Parent

Son/Daughter

Sibling

Relative

Friend

Other

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

Parent

Son/Daughter

Sibling

Relative

Friend

Other

If other, please specify:

Primary Phone #:

Secondary Phone #:

E-mail:

Legal Guardian Information (If applicable)

First Name:

Last Name:

Relationship (Please check one of the following):

Spouse/Partner

Parent

Son/Daughter

Sibling

Relative

Friend

Other

If other, please specify:

Address:

Unit/Apt. #:

City/Town:

Province:

Postal Code:

Primary Phone #:

Secondary Phone #:

E-mail

Six-Month Updates

Select your preferred preferences for your six-month updates.

Please contact: Applicant Legal Guardian Primary Emergency Contact

Choose one of the following update methods:

Phone Mail Online (must include email for above contact) VPR 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.sooopr.com

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