Township of Plummer Additional 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 (Sault Star, SooToday, Local2, etc.)
- ☐ Public Presentation or event
- ☐ Newspaper (Sault Star, Sault This Week, etc.)
- ☐ 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 Applicant1 `

First Name:	Last Name:
Date of Birth: _____/_____/_____ Day Month Year	Sex: ☐ Male ☐ Female
Address:	Unit #:
City/Town:	Access Code*:
Province:	Postal Code:
Home Phone #: ☐ TTY (Teletypewriter)	Secondary Phone #: ☐ TTY (Teletypewriter)
Email:	

I receive homecare services from:

☐ Revera Health Services ☐ We Care Home Health ☐ Premier Homecare

☐ Bayshore Home Health ☐ Canadian Red Cross Community Health Services

****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 (eg. 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 at home.

☐ 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)

- ☐ Less than 6 hours
- ☐ 6 to 12 hours
- ☐ 12 to 24 hours
- ☐ 24 to 48 hours (1-2 days)
- ☐ 48 to 72 hours (2-3 days)
- ☐ 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).

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:	
Primary Phone #:	Secondary Phone #:
Email:	

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 #:
Email:	

Legal Guardian Information (If applicable)	
First Name:	Last Name:
Relationship (Please check on 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 #:
Email:	