

# The Corporation of the Municipality of Red Lake



## Emergency Registration Form

The Corporation of The Municipality of Red Lake invites residents who require **special assistance** to participate in providing valuable information to the Municipality in the event of a Community Emergency.

Examples of those that are **most vulnerable in an emergency situation**:

- the elderly;
- disabled;
- special medical requirements;
- live alone and no local support network; and/or
- lack of transportation.

**The Clerk's Office maintains a listing of the Emergency Registration Forms. If you completed an Emergency Registration Form in 2017 or 2018, you are not required to complete another one, unless your information requires an update.**

Completed forms may be submitted as follows:

*In person, mail, fax or online*

2 Fifth Street, P.O. Box 1000, Balmertown, Ontario, P0V 1C0

Phone: (807) 735-2096

Fax: (866) 681-2954

Email: [municipality@redlake.ca](mailto:municipality@redlake.ca)

The Emergency Registration Form is available in accessible format on our website.

Large Font applications are available at the Municipal Office.

If you require assistance in completing this form, please contact the Municipal Office at (807) 735-2096 Ext. 235.



## The Corporation of the Municipality of Red Lake Emergency Registration Form

It is the responsibility of the participant to provide updated information, as necessary.

<b>General Information</b>							
Name:		Last Name			First Name		
Address:		No.	Street		Townsite		Unit/Apt. #
Telephone:				Cell Phone:			
Emergency Contact:		Name			Telephone		Cell Phone
Common Entrance to Home:		Circle one	Front	Back	Side	Other: Please Specify	
<b>Special Assistance Information</b>							
Please check all that apply:							
Vision Impairment:		<input type="checkbox"/> Total Vision Loss		<input type="checkbox"/> Partial Vision Loss			
Hearing Impairment:		<input type="checkbox"/> Total Hearing Loss		<input type="checkbox"/> Partial Hearing Loss			
Mobility:		<input type="checkbox"/> Total Immobility		<input type="checkbox"/> Partial Immobility			
There is <input type="checkbox"/> Wheelchair Availability <input type="checkbox"/> Stair Lift <input type="checkbox"/> Elevator Access <input type="checkbox"/> Ramp at your residence							
<input type="checkbox"/> Intellectual Disability							
<input type="checkbox"/> Chronic Medical Condition							
<input type="checkbox"/> Mental Health							
<input type="checkbox"/> Other, please specify:							
<input type="checkbox"/> Difficulty with Speech or Language – Please specify:							
<b>Life-Sustaining Equipment Information</b>							
<input type="checkbox"/> Ventilator		<input type="checkbox"/> Oxygen		<input type="checkbox"/> Dialysis		Other, please specify:	
<input type="checkbox"/> Require electricity for Life-Sustaining Equipment							
<input type="checkbox"/> Require electricity after _____ hour(s) to remain safe							
<b>Other Important Information</b>							
<input type="checkbox"/> Live alone							
<input type="checkbox"/> No local support network							
<input type="checkbox"/> No transportation							
<input type="checkbox"/> No one to provide transportation							

*Notice with respect to Collection of Personal Information:*

*Personal information collected is protected under the Municipal Freedom of Information and Protection to Privacy Act (MFIPPA) R.S.O. 1990, c. M56, as amended, and under the legal authority of the Fire Protection and Prevention Act, 1997, S.O. 1997, c. 4, Part II.*

*This information will be used by the Municipality for the purpose of responding to the needs of residents who require special assistance in the event of a community emergency and to assist the Fire Dept. in the event of an emergency situation at the residence within the Municipality of Red Lake.*

*Questions regarding collection of this information may be directed to Christine Goulet, Clerk, at (807) 735-2096 Ext. 235.*

Updated March 2019.