



EMERGENCY PLANNING  
FUNCTIONAL NEEDS IDENTIFICATION



As part of its ongoing emergency preparedness planning process, the Village of Anmore is giving residents the opportunity to identify any household members who may need special care in the event of a disaster or emergency. If you or a member of your household would like to participate in this program, please fill in the following form and return it the Village Hall.

Provision of this information is 100% voluntary.

All information on this form will be kept in compliance with the *Freedom of Information and Protection of Privacy Act*.

It will only be used by the Village in the event of a disaster or community-wide emergency.

For more information regarding this program or for assistance with enrollment, please contact the Anmore Village Hall at (604) 469-9877. Please place the completed form in a sealed envelope and drop it off at Anmore Village Hall - 2697 Sunnyside Road, Anmore V3H 5G9.

Your Name: \_\_\_\_\_ Name of individual who may require special care: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Please indicate the individual's particular status or need:

- Oxygen therapy
- In-home dialysis
- Pacemaker
- Person or persons who would not be able to take care of themselves if the adults in the home were incapacitated:
  - Dementia sufferer
  - Developmentally Disabled Individual
  - Individual with mobility issues (e.g. bedridden, wheelchair-dependent)
  - Young child(ren) - Please list child(ren)'s name(s) and birthdate(s) using the following format: Jan. 1, 2012:

\_\_\_\_\_

Other (please specify): \_\_\_\_\_

By signing below, I certify that:

- I understand that the information provided on this form is voluntary and will only be used by the Village to assist emergency personnel in the course of their duties.
- I am solely responsible for updating this information with the Village of Anmore if changes occur.
- I understand that being a participant in the Functional Needs Registry does not guarantee that I will receive emergency response services in an emergency or disaster situation.
- I consent to the release of my information on the Functional Needs Registry to public health authorities, human services agencies, and emergency response agencies as necessary to provide services to me in an emergency or disaster situation.
- I give local law enforcement and/or medical personnel my permission to enter my home to provide emergency services in an emergency or disaster situation.
- I understand that I can withdraw my permission to participate in the Functional Needs Registry by notifying the Anmore Village Hall and that, upon receipt of such notification, the Village of Anmore will remove my information from the Registry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name