



The Municipality of the County of Richmond

Vulnerable Persons Registry

REGISTRATION FORM

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

Privacy Statement

The Municipality of the County of Richmond ensures all internal and external measures are taken to protect your information. With your consent, the Municipality will provide your information to authorized emergency service groups only when required to improve your safety during emergencies. Tracking will be done by the Municipality when information has been shared with emergency service groups and to whom.

Who are you completing this form for?

- Yourself
- For an individual requiring assistance
- With permission _____
- Without Permission _____ Signature of individual

Personal Information for Individual Requiring Assistance

First Name:	Last Name:
Date of Birth:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Non-Conforming <input type="checkbox"/> Prefer not to say	
Address:	Unit:
City/Town/Village:	Special Access Code*:
Province:	Postal Code:
Primary Phone: <input type="checkbox"/> TTY (Teletypewriter)	Secondary Phone: <input type="checkbox"/> TTY (Teletypewriter)
Email:	
I receive Home Care services: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state the organization: _____ _____	
Additional Information: _____ _____ _____	

Special Assistance Needs of Individual Requiring Assistance

Please check all that apply:

- Mobility Impairment
- Hearing Loss
- Visual Loss
- Heart Problem(s)
- Developmental Disabilities (Autism Spectrum Disorder – ASD, Down Syndrome, etc.)
- Cognitive Impairment (Alzheimer's, etc.)
- Mental Health Conditions
- Persons who require electricity for life-saving equipment such as Oxygen and dialysis

Other: _____

Life Sustaining Equipment used:

- Oxygen
- Ventilator
- Dialysis

Other: _____

- I have back up electricity for life-sustaining equipment.
- I will require electricity after _____ (**minimum 6**) hours to remain safe.

- I currently receive Meals on Wheels

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

- I do not have family support locally.

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) |

Primary Emergency Contact

First Name:	Last Name:
Relationship (Please check one of the following): <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Sibling <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other (specify) _____	
Address:	Unit:
City/Town:	Postal Code:
Province:	Phone:
Email:	

Secondary Emergency Contact

First Name:	Last Name:
Relationship (Please check one of the following): <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Sibling <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other (specify) _____	
Address:	Unit:
City/Town:	Postal Code:
Province:	Phone:
Email:	

Legal Guardian / Power of Attorney Information (If applicable for those registering someone other than themselves)

First Name:	Last Name:
Relationship (Please check one of the following): <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Sibling <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other (specify) _____	
Address:	Unit:
City/Town:	Postal Code:
Province:	Phone:
Email:	

Annual Updates

Select your preferred preference for annual updates.

Please contact: Applicant Legal Guardian Primary Emergency Contact
 Secondary Emergency Contact

Choose one of the following update methods:

Phone Mail (paper form) Email (must ensure email for above contact) In person (Municipal Building)
 Other (specify) _____

Consent

Please read and sign below for your application to be reviewed:

I consent for the Municipality of the County of Richmond to provide the information provided in my VPR registration form to emergency service groups (local fire, police and paramedics) for use during emergencies.

I understand that if I rely on electricity for life-sustaining equipment such as oxygen, my information may be provided to NS Power and the Canadian Red Cross during extended power outages.

I understand that it is my responsibility to ensure that the VPR program has accurate and up to date information at all times even though it will be reviewed annually using whichever method is listed in the registration form.

I understand I am responsible for having an emergency plan in place and if possible, to be prepared to remain safe for at least 72 hours (three days). In an emergency, I still need to call 9-1-1 and I recognize that the VPR does not guarantee my safety. It is a safeguard where emergency responder groups will have information needed to make every effort to increase the possibility of my safety during emergencies.

Legal - I remise, release and forever discharge the MOCR and its respective servants, agents, employees, contractors, successors, and assigns of and from all manner of actions, causes of actions, costs, accounts, covenants, claims and demands, which I ever had, now has or for which my heirs, executors, administrators, or assigns, or any of them hereafter can, shall or may have for or by reason any cause, mater or thing arising out or attributable to the participation in the Voluntary Vulnerable Persons Registry.

Signature of Applicant / Legal Guardian

Date

Witness Signature (Only if signing with an 'X')

Relationship

Emergency Services Coordinator
emo@richmondcounty.ca
902-226-2400 / 902-226-3990
2357 Hwy 206, P.O. Box 120, Arichat, NS B0E 1J0
www.richmondcounty.ca