

4. LAST NAME (family representative)											
5. FIRST NAME										INITIAL	
6. AGE			7. GENDER (Circle one) <b>M F</b>			8. NICKNAME					
9. PLACE OF REGISTRATION <b>FACILITY COMMUNITY</b>											



**BRITISH COLUMBIA**

Ministry of  
Human Resources



**E.S.S. FILE  
REGISTRATION AND  
SERVICES RECORD**

Personal information is collected under the authority of the Emergency Program Act and may be shared with other organizations to enable the provision of emergency services. Questions regarding the collection, use or disclosure of this information should be directed to: Director, ESS Program Office, Ministry of Human Resources, P.O. Box 9942 STN PROV GOVT, Victoria, B.C. V8W 9R2 Phone: 1-800-585-9559

**1. RESTRICTION**  
 "Concerned family and friends may inquire about you and your family because of the emergency. We would like to provide these people with some information about you. May we disclose your location and the contact information for you and your family members?"  
 Yes  No

2. ESS FILE #  
**T 123456**  
 3. PEP TASK #

10. APT# & STREET ADDRESS		11. COMMUNITY	12. PROVINCE	13. COUNTRY	14. POSTAL CODE	15. TELEPHONE ( )	16. ALTERNATE # ( )
17. APT# & STREET ADDRESS		18. COMMUNITY	19. PROVINCE	20. COUNTRY	21. POSTAL CODE	22. TELEPHONE ( )	23. ALTERNATE # ( )

**"PLEASE NOTIFY THE RECEPTION CENTRE OR CENTRAL REGISTRY IF YOU CHANGE YOUR LOCATION."  
(INTERVIEWER SHOULD PROVIDE A PHONE NUMBER FOR EVACUEES TO CALL WITH A CHANGE OF LOCATION)**

24. FAMILY INFORMATION "What are the names of immediate family members who live within the same household whom you know are safe?"						25. ADDITIONAL COMMENTS Use this area to add any information that may help to identify this person if an inquiry is made or that will help explain this persons situation.	
LAST NAME	FIRST NAME	INITIAL	RELATIONSHIP	GENDER	AGE		
				M F			
				M F			
				M F			
				M F			
				M F			
				M F		OFFICE USE ONLY: 35. CHANGE OF INFORMATION FORM INSIDE FILE <input type="checkbox"/>	
				M F		36. CROSS REFERENCE LAST NAME FIRST NAME ESS FILE #	
				M F		37. FOLLOW UP REQUIRED <input type="checkbox"/> YES (see details below) <input type="checkbox"/> COMPLETED	
				M F		38. CLOSED DATE YYYY MM DD	

26. SIGNATURE OF FAMILY REPRESENTATIVE	27. INTERVIEWER'S FIRST NAME AND INITIAL OF LAST NAME (PLEASE PRINT)	TIME: (24 HOUR CLOCK)	DATE YYYY MM DD
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White Copy - Registration & Inquiry - Reception Centre      Pink Copy - Central Registry      Yellow Copy - Evacuee      Card Copy - ESS Admin. Support

**NOTE TO EVACUEE: PLEASE RETAIN THIS COPY AS PROOF OF REGISTRATION**

**29. SERVICES REQUIRED**

RESTAURANT MEALS OR GROCERIES

CLOTHING

INCIDENTALS

Please specify \_\_\_\_\_

TRANSPORTATION

**LODGING (TICK ONE)**

HOTEL/MOTEL

BILLETING

STAYING WITH FAMILY/FRIENDS

GROUP LODGING (name) \_\_\_\_\_

**30. SPECIAL NEEDS**

**MEDICAL**

• "Do you take medications?"  YES  NO  
 If "yes" then,  
 • Do you have sufficient supply for the next 72 hours?  YES  NO  
 If "no", refer to Health Services for assistance.

**DIETARY**

• "Do you have special dietary requirements?"  YES  NO  
 If "yes", please specify


**31. REFERRALS MADE WITHIN RECEPTION CENTRE**

	Reason	REFERRAL COMPLETED (please initial)	DATE		
<input type="checkbox"/> INQUIRY	Reason		YYYY	MM	DD
<input type="checkbox"/> HEALTH SERVICES	Reason		YYYY	MM	DD
<input type="checkbox"/> FIRST AID	Reason		YYYY	MM	DD
<input type="checkbox"/> PERSONAL SERVICES	Reason		YYYY	MM	DD
<input type="checkbox"/> CHILD CARE	Reason		YYYY	MM	DD
<input type="checkbox"/> PET CARE	Reason		YYYY	MM	DD
<input type="checkbox"/> OTHER	Please Specify/Reason		YYYY	MM	DD

**32. OTHER AGENCY REFERRALS MADE OUTSIDE RECEPTION CENTRE (e.g. Community services)**


**33. FAMILY RECOVERY PLANS (Immediate and long term) ("ESS provides short term assistance to give you and your family a chance to recover. Have you thought about what you will do after that time?")**


**34. FOLLOW-UP REQUIRED (If more space is required, write on the back of this folder)**


**28. BRIEF STATEMENT OF HOW THE PERSON/FAMILY WAS AFFECTED IN THE DISASTER.**  
(Interviewer or evacuee may wish to begin with this statement.)

**“DO YOU HAVE INSURANCE TO COVER YOUR IMMEDIATE NEEDS?”** YES  NO   
(IF NO, PROVIDE SERVICES. IF YES, ASSIST THEM IN CONTACTING THEIR INSURANCE AGENT TO CONFIRM COVERAGE FOR THIS EVENT)

**“DO YOU HAVE FRIENDS OR FAMILY THAT YOU CAN STAY WITH?”** YES  NO