


Contact for ESS program: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

After Hours Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CLOTHING & INCIDENTALS (OTHER THINGS)**

<b>CLOTHING</b>	
	<p><b>Clothing &amp; Extreme Weather Supplies</b></p> <p>Total amount available \$ _____ (inc. PST)</p> <ul style="list-style-type: none"><li>• Everything must be bought in one trip</li><li>• Can include shoes or other items like diapers</li></ul> <p style="border: 1px dashed black; padding: 5px; text-align: center;"><b>Keep all receipts</b></p>
<p><b>Notes:</b></p>	<p><b>Shopping List:</b></p>

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**INCIDENTALS (OTHER THINGS)**



**Personal Hygiene**



**Pet Food/Fees**



**Laundry Supplies**

Total amount available \$ \_\_\_\_\_  
(inc. PST)

- Everything must be bought in one trip
- Should buy enough to last up to 3 days

**Pet Fee(s)**

- Pet fees may be charged at your hotel
- Please ask ESS Volunteer

**Notes:**

**Shopping List:**

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## **Please Read – IMPORTANT INFORMATION**

This will help you understand what services are here for you and your family from the Emergency Support Services (ESS) program.

## **Questions? Ask any of our ESS volunteers**

### **Why Register?**

- Help your family find one another
- Help us know who has been evacuated
- Help relief agencies find you to:
  - Give more information
  - Answer questions
  - Discuss your property needs
  - Provide services food, clothing, lodging

### **What's Next?**

- An ESS volunteer will talk to a family representative:
  - What do you need right now?
- ESS volunteer will explain:
  - What we can do to help your family right now.
- ESS volunteer will explain:
  - Where you can use the forms we give you and what you will need to keep.

### **Help Us – Help You**

- Start filling in the forms in this package before meeting with a volunteer.
- Not finished? That's OK - we can help you.

**You must have the forms we give to you (white and yellow)!**

**Keep them safe - take a photo with your phone if you can.**



**Please Complete the Following – IMPORTANT**

Name of Family Representative person who will speak for family:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cellular #: \_\_\_\_\_ No Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

**Names & Ages of Other Family Members**

First Name	Last Name	Age

(Please use back of page if more room needed)

**Special Medical/Mobility Needs**

Family Member Name	Condition	Extra Need

(Please use back of page if more room needed)

**Other family/friend emergency contact information if we can't reach you:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cellular: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Pets**

Breed (dog/cat/bird, etc)	Is this animal with you? Do you need help finding him/her/them?

(Please use back of page if more room needed)

**Livestock/Property Needs**

- Do you have any special needs on your property?
  - Example: Livestock (please list)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you. Please give this to volunteer when it is your turn.**

## I have insurance. What should I do?

Your homeowner or tenant insurance may offer better supports than what the ESS program can help with.

1. If you **have insurance** that can cover your costs
  - Contact your insurance agent immediately to arrange for payment of services
  - Make necessary purchases
  - Keep all receipts
  
2. If your home is unfit to live in
  - Confirm with insurance agent that you have coverage for **additional living expenses**
  
3. If you are being denied access to your home (*example: under an evacuation order*)
  - Ask your agent specifically if you have **prohibited access coverage**

Need more help with your insurance company?

To get help with insurance concerns call:

The Insurance Bureau of Canada Consumer Information Line

604-684-3635 Extension 222

Toll free 1-877-772-3777

**Strathcona**  
EMERGENCY PROGRAM



**MITIGATE**  
**RESPOND**

**PREPARE**  
**RECOVER**



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After Hours Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### FOOD

#### RESTAURANTS Eating Out



Local Restaurant(s):

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Breakfast \$12.25 per person  
(inc. GST)



Lunch \$14.25 per person  
(inc. GST)



Dinner \$24.50 per person  
(inc. GST)

Keep all receipts  
Tip for server not included






Alcohol and tobacco not included





Contacts for ESS program: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

After Hours Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<p style="text-align: center;"><b>GROCERIES Buying</b></p> 	<p>Total to spend \$ _____ (inc. GST &amp; PST)</p> <div style="border: 1px dashed black; padding: 10px; text-align: center;"><p><b>Keep all receipts Total must be spent in one shop</b></p></div> <p style="text-align: center;"> <b>Alcohol and tobacco not included</b> </p>
<p><b>Notes:</b></p>	<p><b>Shopping List:</b></p>

## Group Lodging Resident Agreement

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Date: \_\_\_\_\_

You must sign this sheet to stay in **Group Lodging** and you agree to follow these **Group Lodging Rules**:

- You **must** register at the reception centre to stay
- Children **must** be with their adults at **all** times
- **DO NOT** leave building without your children
- Do not take photos or videos inside building
- You are responsible for your valuables. Keep with you or locked in vehicle trunk

**\*\*\*Any abuse, including verbal or physical, of residents or volunteers will result in eviction\*\*\***

***By signing this agreement, I acknowledge that I have read and agree to the Group Lodging Rules.***

*Printed name AND signature of family representative:*

*Printed Name:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

*ESS Responder Initials :* \_\_\_\_\_

Do you need help? More information? Please ask an ESS volunteer.

## Group Lodging Information Sheet

For everyone's safety:



**No smoking, vaping,  
alcohol or drugs in or  
around building**



- Children **must** be with their adults at **all** times. **DO NOT** leave the building without your children
- You are responsible for your valuables and belongings. Keep with you or lock in your vehicle trunk
- No photos or videos inside building
- Shoes should be worn

### Meals:

- **NO** food outside designated eating area.
- Dinner is the last meal of the day.
  - Dinner is served from 5:30 p.m. to 8:00 p.m.
  - Snacks are served from 8:00 p.m. to 10:00 p.m.
- If you have special dietary needs please contact an ESS Volunteer
- Do not visit the eating area after 10:00 p.m.

### Curfew:

Lights off at 10:00 p.m. in sleeping quarters.

Do you need help? More information? Please ask an ESS volunteer.

## **Group Lodging Other Needs**

### **Special Medical Needs**

Do you have a medical condition?  
Please let ESS volunteers know.

Examples:

- Heart condition
- Recent surgery
- Diabetes
- Pregnancy

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**All medical information should be noted on your registration card**

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### **Other Special Needs**

Do you have any special needs?  
Please let ESS volunteers know.

Examples:

- Language needs
- Mobility needs
- Dietary needs

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**For help or information about group lodging please ask an ESS volunteer**



Do you need help? More information? Please ask an ESS volunteer.

Do you need help? More information? Please ask an ESS volunteer.

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After Hours Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**LODGING: WHERE TO STAY**

<p><b>HOTELS/MOTELS</b></p> 	<ul style="list-style-type: none"><li>• Only the cost of room</li><li>• Pet charges not covered</li><li>• Other charges not covered</li></ul> <p style="text-align: center; border: 1px dashed black; padding: 5px;"><b>Keep all receipts</b></p> <p>Place: _____</p> <p>Number of Nights: _____</p>
<p><b>BED &amp; BREAKFAST</b></p> 	<ul style="list-style-type: none"><li>• Only the cost of room</li><li>• No other charges covered</li></ul> <p style="text-align: center; border: 1px dashed black; padding: 5px;"><b>Keep all receipts</b></p> <p>Place: _____</p> <p>Number of Nights: _____</p>

Day of the Week	Breakfast Included?	Parking Included?



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**RV PARK OR CAMPGROUND**



- Only the cost of site
- No other charges covered

Park: \_\_\_\_\_

Site: \_\_\_\_\_

Number of Nights: \_\_\_\_\_

ESS Notes:

Equipment Assigned:

**STAYING WITH FAMILY OR FRIENDS  
(BILLETING IN PRIVATE HOMES)**



Address: \_\_\_\_\_

Number of Nights: \_\_\_\_\_

Total to Host (Supplier)  
\$ \_\_\_\_\_ /night

(Rate does not include meals)