



Emergency Contact and Special Assistance Information

To ensure your safety during an emergency, Toronto Community Housing (TCHC) needs to collect information about your household and obtain your consent to disclose it to TCHC staff and third parties (police, fire, paramedics, and primary care agencies) who need it to safely evacuate you during an emergency. It may also be used for reporting and life safety compliance tracking purposes. Please read this form, and if you consent to sharing your information for this purpose, complete it and return it to your building superintendent.

Head of household	
Last name: DOE	First name: JOHN
Address: 123 FAKE STREET	Unit: 1001
Daytime phone number: XXX-XXX-XXXX	Email: JOHN.DOE@FAKEMAIL.COM
Evening phone number: XXX-XXX-XXXX	
Language(s) spoken: ENGLISH, FRENCH	# of people in the household: 3
Emergency contact information (optional)	
Please provide phone numbers for two people we can contact for emergencies.	
Name: JANE DOE	Daytime phone number: XXX-XXX-XXXX
Relationship to the household: (example: mother, son, friend) SISTER	Evening phone number: XXX-XXX-XXXX
Name: CATHY DOE	Daytime phone number: XXX-XXX-XXXX
Relationship to the household: (example: mother, son, friend) DAUGHTER	Evening phone number: XXX-XXX-XXXX
Agency contact information (optional)	
If you or a member of your household receive personal support services and would like your service provider to be notified during an emergency, provide their contact information.	
Agency: XYZ COMMUNITY SERVICES	Phone: XXX-XXX-XXXX
Contact name: JOSHUA DOE	Email: XXX@XYZSERVICES.COM

Sample Form (Back)

Special assistance during an emergency (optional)

Emergency personnel and TCHC staff have a list of tenants who need help during an emergency. If you or a member of your household would like to be added to this list, fill out this section.

Any information you provide will be kept in the building's Fire Safety Plan which is only accessible to TCHC staff and emergency responders for emergency rescue purposes.

Please let us know if you or a member of your household:

- Cannot evacuate the unit on their own; AND/OR
- Would need a wellness check during an emergency (especially as certain service disruptions could last for an extended period of time)

<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Member(s) of my household would need help to be rescued in case of an emergency.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	I would like a wellness check for my household during an extended emergency or service disruption (for example, during a power outage or elevator disruption).

Emergency personnel will help you if you cannot leave your unit or the building on your own. If you or a member of your household has a health or mobility condition that would stop you from leaving your unit, please fill out the next section.

Persons needing help	Age range of person needing help	Help that may be needed (example: needs help using stairs)	Details
<input checked="" type="checkbox"/> Tenant one	<input type="checkbox"/> Child/youth 0 to 17 <input checked="" type="checkbox"/> Adult 18 to 58 <input type="checkbox"/> Senior 59+	LIMITED MOBILITY	PHYSICAL DISABILITY ON WHEELCHAIR
<input checked="" type="checkbox"/> Tenant two	<input checked="" type="checkbox"/> Child/youth 0 to 17 <input type="checkbox"/> Adult 18 to 58 <input type="checkbox"/> Senior 59+	NEED SUPERVISION EVACUATING	DEVELOPMENTAL DISABILITY
<input type="checkbox"/> Tenant three	<input type="checkbox"/> Child/youth 0 to 17) <input type="checkbox"/> Adult 18 to 58 <input type="checkbox"/> Senior 59+		
<input type="checkbox"/> Tenant four	<input type="checkbox"/> Child/youth 0 to 17 <input type="checkbox"/> Adult 18 to 58 <input type="checkbox"/> Senior 59+		
<input type="checkbox"/> Tenant five	<input type="checkbox"/> Child/youth 0 to 17 <input type="checkbox"/> Adult 18 to 58 <input type="checkbox"/> Senior 59+		

If you need to add or remove someone in your household from this list, contact your superintendent.

Signature Page

I understand that I am providing this information voluntarily and that I may withdraw my consent at any time by giving written notice to Toronto Community Housing.

_____ **XXXX** _____ **01 JAN, 2019**
Tenant one signature **Date**

_____ **Tenant two signature** _____ **Date**

_____ **Tenant three signature** _____ **Date**

_____ **Tenant four signature** _____ **Date**

_____ **Tenant five signature** _____ **Date**

OR

_____ **XXXX** _____ **01 JAN, 2019**
Legal guardian signature **Date**
If under 18 years of age

Privacy notice – The personal information requested on this form is collected under the authority of the Housing Services Act 2001, the Residential Tenancies Act 2006 and s. 28(2) of the Municipal Freedom of Information and Protection of Privacy Act. The information is collected, and will be used for the purpose of assisting your household in an emergency. If you have any questions about the collection or use of this information, please contact the Information Specialist, Toronto Community Housing Corporation, 931 Yonge Street, Toronto ON M4W 2H2, 416-981-4231.



Call 416-981-5500 to request this form in an alternate format or language.

Tenant Emergency Contact and Special Assistance Information Form Instructions

- TCHC need to collect information on your household through the self-ID process in order to provide the appropriate assistance during emergencies to vulnerable tenants.
- The following information are collected during the self-ID process:
 - Tenant names and Age
 - Address
 - Family composition
 - Contact information
 - Vulnerabilities

Household Information

Head of household ⇒ Primary leaseholder	
Last name: DOE	First name: JOHN
Address: 123 FAKE STREET ⇒ List current address	Unit: 1001
Daytime phone number: XXX-XXX-XXXX	Email: JOHN.DOE@FAKEMAIL.COM
Evening phone number: XXX-XXX-XXXX	⇒ Current contact information
Language(s) spoken: ENGLISH, FRENCH	# of people in the household: 3



List all languages spoken



All registered tenants

Emergency Contact Information (Optional)

Emergency contact information (optional) Please provide phone numbers for two people we can contact for emergencies.	
Name: JANE DOE	Daytime phone number: XXX-XXX-XXXX
Relationship to the household: (example: mother, son, friend) SISTER	Evening phone number: XXX-XXX-XXXX
Name: CATHY DOE	Daytime phone number: XXX-XXX-XXXX
Relationship to the household: (example: mother, son, friend) DAUGHTER	Evening phone number: XXX-XXX-XXXX



Give the details of two (2) personal contacts that TCHC should notify if you are affected by an emergency. These contacts should be family members or friends; if you would like TCHC to contact a support agency on your behalf, include their details in the next section.

Agency Contact Information (Optional)

Agency contact information (optional) If you or a member of your household receive personal support services and would like your service provider to be notified during an emergency, provide their contact information.	
Agency: XYZ COMMUNITY SERVICES	Phone: XXX-XXX-XXXX
Contact name: JOSHUA DOE	Email: XXX@XYZSERVICES.COM



If you get regular/daily services from a community agency or other support provider, list their details in this section.

Special Assistance during an Emergency (Top Portion)

Special assistance during an emergency (optional) Emergency personnel and TCHC staff have a list of tenants who need help during an emergency. If you or a member of your household would like to be added to this list, fill out this section. Any information you provide will be kept in the building's Fire Safety Plan which is only accessible to TCHC staff and emergency responders for emergency rescue purposes. Please let us know if you or a member of your household: <ul style="list-style-type: none">• Cannot evacuate the unit on their own; AND/OR• Would need a wellness check during an emergency (especially as certain service disruptions could last for an extended period of time)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Member(s) of my household would need help to be rescued in case of an emergency.
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	I would like a wellness check for my household during an extended emergency or service disruption (for example, during a power outage or elevator disruption).



Check the appropriate boxes to let TCHC know how to help you during an emergency.

Special Assistance during an Emergency (Bottom Portion)

Emergency personnel will help you if you cannot leave your unit or the building on your own. If you or a member of your household has a health or mobility condition that would stop you from leaving your unit, please fill out the next section.

Persons needing help	Age range of person needing help	Help that may be needed (example: needs help using stairs)	Details
✓ Tenant one	<input type="checkbox"/> Child/youth 0 to 17 <input checked="" type="checkbox"/> Adult 18 to 58 <input type="checkbox"/> Senior 59+	LIMITED MOBILITY	PHYSICAL DISABILITY ON WHEELCHAIR
✓ Tenant two	<input checked="" type="checkbox"/> Child/youth 0 to 17 <input type="checkbox"/> Adult 18 to 58 <input type="checkbox"/> Senior 59+	NEED SUPERVISION EVACUATING	DEVELOPMENTAL DISABILITY



Please note the number and age of people in your household who would need to help during an emergency.

Note the type of help needed and include any important details.

Signatures Page

I understand that I am providing this information voluntarily and that I may withdraw my consent at any time by giving written notice to Toronto Community Housing.

_____ XXXX _____ Tenant one signature	_____ 01 JAN, 2019 _____ Date
--	--

OR

_____ XXXX _____ Legal guardian signature If under 18 years of age	_____ 01 JAN, 2019 _____ Date
--	--



All tenants listed on this form will need to sign and date this section.