



# VULNERABLE PERSONS REGISTRY FORM (FORMERLY SPECIAL CARE FORM)

Brampton Fire and Emergency Services offers special assistance to residents that have special needs, when an emergency occurs.

Should you or a resident in your household require special assistance during an emergency, and would like to have your name and address placed on our Registry, please complete the form below and return it to us. This will ensure crews are better prepared and equipped to assist you.

**The personal information on this form is collected under authority of the Municipal Act, SO 2001, c. 25, and will be used by Brampton Fire and Emergency Services to provide assistance in the event of an emergency situation**

**I consent to the release of my personal information for the purposes indicated above**

To ensure the continued success of this program, remember to:

- Update annually** as the list is retained for a period of one (1) year from the date received
- Notify Fire and Emergency Services** if the individual requiring the special assistance no longer resides at the location on file
- Notify Fire and Emergency Services** if assistance is no longer required **OR** if there are significant changes to the individual
- If you live in a high-rise building, notify your building's management office** as well, so that they can add your information to the building's list of occupants who require special assistance

Should you have further questions regarding this service, contact our Fire and Emergency Services Department at 905.456.5788.

**PLEASE NOTE: THE FOLLOWING INFORMATION IS BEING USED BY BRAMPTON FIRE AND EMERGENCY SERVICES ONLY**

Name(s) of individual requiring special assistance:	AGE RANGE						
	Under 12	12-17	18-24	25-34	35-44	45-64	65+
(1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Resident(s) address requiring special assistance:**

Street No.: \_\_\_\_\_ Street Name: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Contact: (Home): \_\_\_\_\_

(Work): \_\_\_\_\_

(Email): \_\_\_\_\_

**Reason(s) for Special Assistance: (Check ALL that apply)**

- Autism: Verbal    Non-verbal
- Hearing impaired
- Heart Problems
- Mobility Assistance
- Oxygen in use
- Persons living with Dementia for example: Alzheimer disease; Vascular dementia; Frontal temporal lobe dementias
- Require Wheelchair
- Visually Impaired
- Other: \_\_\_\_\_

Additional information that may be important during an emergency response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In case of an emergency please contact:**

Name: \_\_\_\_\_

Telephone contact: (Home): \_\_\_\_\_

(Work): \_\_\_\_\_

Name: \_\_\_\_\_

Telephone contact: (Home): \_\_\_\_\_

(Work): \_\_\_\_\_

**Choose one of three ways to submit your  
VULNERABLE PERSONS REGISTRY FORM**

1. Submit online: [www.brampton.ca](http://www.brampton.ca)
2. Mail completed form to:  
Brampton Fire and Emergency Services  
425 Chrysler Drive  
Brampton, ON L6X 0N7
3. Fax completed form to: 905.456.5710

**FOR BRAMPTON FIRE AND EMERGENCY SERVICES USE ONLY**

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

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