



**Vulnerable Persons Registry (VPR)
Registration Form**

2022
Village of Alix
P.O Box 87
Alix, AB
T0C0B0

Please print and fill out this CONFIDENTIAL form as accurately as possible

PERSONAL INFORMATION OF APPLICANT			
First Name:		Last Name:	
Date of Birth:	Year:	Month:	Day:
Sex:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Address:			
Home Phone:		Cell Phone:	
Email:			
I receive homecare service		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what services do you receive:			

VULNERABLE NEEDS OF APPLICANT	
Please check all that apply:	
<input type="checkbox"/>	Vision
<input type="checkbox"/>	Deaf, Hard of hearing
<input type="checkbox"/>	I have trouble with speech or language (e.g. use ASL interpreter)
<input type="checkbox"/>	Please specify:
<input type="checkbox"/>	Mobility
<input type="checkbox"/>	Please specify: Walker <input type="checkbox"/> Cane <input type="checkbox"/> Wheel Chair <input type="checkbox"/>
<input type="checkbox"/>	Bedridden
<input type="checkbox"/>	Developmental/Intellectual (.g. Autism Spectrum Disorder, Down Syndrome)
<input type="checkbox"/>	Cognitive (e.g. Alzheimer)
<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	I live alone
<input type="checkbox"/>	I do not have local family support
<input type="checkbox"/>	Oxygen Dependant
<input type="checkbox"/>	Other, please specify
Please provide any important additional information that will help us assist you during an emergency:	

Registration Form	
Primary Emergency Contact	
First Name:	Last Name:
Relationship:	
Home Phone:	Cell Phone:
Secondary Emergency Contact	
First Name:	Last Name:
Relationship:	
Home Phone:	Cell Phone:
Legal Guardian Information (if applicable)	
First Name:	Last Name:
Relationship:	
Home Phone:	Cell Phone:

CONSENT

I allow the Village of Alix to provide the information included in the VRP (Vulnerable Persons Registry) form to Emergency Responders for use during an emergency. I understand that it is important for me to ensure that the VPR always has accurate and up to date information and will advise of any changes

I understand that I still NEED TO CALL 911 in an emergency, and I am also responsible for having an emergency plan in place in order to be prepared to remain safe for at least 3 days.

I recognize that the VPR does not guarantee my safety but is an added safeguard where local emergency service groups will make every effort to increase the possibility of my safety during emergencies.

Signature of applicant/legal guardian

Date

Witness

Date