



Manitoba Métis Federation

Emergency Response Form

CITIZEN INTAKE FORM

First Contact Date: _____

PERSONAL INFORMATION:		
Last Name:		Given Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____	Date of Birth:	Phone:
Mailing Address:		Email:
FAMILY HISTORY		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Indigenous Status: <input type="checkbox"/> Métis <input type="checkbox"/> Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Inuit <input type="checkbox"/> Other MMF Citizenship Number:	Supports Requested: <input type="checkbox"/> Individual/Family Supports Senior Supports: <input type="checkbox"/> Prescription Drug Program <input type="checkbox"/> Seniors Eyeglass Program
EMPLOYMENT INFORMATION		
Source of Income: <input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Student <input type="checkbox"/> EIA Recipient <input type="checkbox"/> Retired/Pension	Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No Vehicle Access: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Mode of Transportation: _____	
Notes:		



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EMERGENCY SOCIAL SERVICES - REGISTRATION FORM

Family Name: _____

Are you staying in the Reception Centre? Yes

No

If no, where are you going?

Location (Winnipeg, Aunt's House, etc.)

Names of people staying in the home	Telephone Number for each person

Date Arrived at Centre: _____

Date Left the Centre: _____



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EVACUEE ASSESSMENT FORM

<p>Is anyone in your family injured or require medical assistance?</p> <p>Yes No N/A</p>	<p>What type of medical assistance is needed:</p>
<p>Do you have a place to stay?</p> <p>Yes No N/A</p>	<p>Where are you going:</p>
<p>If you require a place to stay how many people in your family require lodging?</p> <p>Yes No N/A</p>	<p>Number of people & their ages:</p>
<p>Do you have pets with you?</p> <p>Yes No N/A</p>	<p>Number of pets & what type of animals:</p>
<p>Did you bring your medication?</p> <p>Yes No N/A</p>	<p>What medications do you need:</p>
<p>Did you bring clothes and hygiene supplies with you?</p> <p>Yes No N/A</p>	<p>Need (diapers/feminine product/etc.):</p>
<p>Did you bring your mobility aids with you?</p> <p>Yes No N/A</p>	<p>What mobility aid do you need (cane/walker):</p>
<p>Anything we should know about your family while you are here, like allergies, diapers, or unable to sleep in the dark?</p> <p>Yes No N/A</p>	<p>Other concerns or notes:</p>
<p>Do you need something to eat?</p> <p>Yes No N/A</p>	<p>Is there anything else you need?</p>