

Manitoba Métis Federation Emergency Response Form

CITIZEN INTAKE FORM

First Contact Date:

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



Are you staying in the Reception Centre?

Family Name:

Date Arrived at Centre:

Date Left the Centre:

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If no, where are you going?

EMERGENCY SOCIAL SERVICES - REGISTRATION FORM

No

Yes

	Location (Winnipeg, Aunt's House, etc.)
Names of people staying in the home	Telephone Number for each person



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EVACUEE ASSESSMENT FORM

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