



**REMINDER: IN AN EMERGENCY CALL 911**

## The Township of Adjala-Tosorontio

The Adjala-Tosorontio Fire Department, in conjunction with the Accessibility Advisory Committee of the Township of Adjala-Tosorontio invite **residents with disabilities** to participate in providing valuable information regarding their living accommodation. The information collected is strictly confidential and will be used only to assist firefighters in the event of an emergency situation at your home. Please note, **each October** it is the responsibility of the applicant to renew their information with the Fire Department. Failure to do so will cause your name and information to be removed from the registry. Registry Forms can be sent in by mail or email back to: [cwhite@adjtos.ca](mailto:cwhite@adjtos.ca), The Adjala-Tosorontio Fire Administration, 7855 30th Sideroad, Alliston, ON L9R 1V1. Phone: (705) 434-5055, ext. 250

### **EMERGENCY RESPONSE REGISTRY FOR RESIDENTS WITH DISABILITY** Adjala Tosorontio Fire Department

#### PERSONAL INFORMATION

Name:			
Address:	No.	Street / Line/ Sideroad	
Hamlet:		Postal Code:	
Mailing Address: (If different from above)			
	Home Telephone Number: ( )		
Number of persons with a disability in the home:	_____	Person (s)	
Number of service animals in the home:	_____	Service Animal (s)	

#### TYPE OF DISABILITY

<input type="checkbox"/> Mobility	→	<input type="checkbox"/> Total immobility	<input type="checkbox"/> Mobile with assistance
<input type="checkbox"/> Hearing	→	<input type="checkbox"/> Total hearing loss	<input type="checkbox"/> Partial hearing loss
<input type="checkbox"/> Sight	→	<input type="checkbox"/> Total sight loss	<input type="checkbox"/> Partial sight loss
<input type="checkbox"/> Intellectual Disability			

#### DETAILS OF RESIDENCE

Location of bedroom in the home:				
<input type="checkbox"/> Basement	<input type="checkbox"/> Main Floor	<input type="checkbox"/> Second Floor	<input type="checkbox"/> Third Floor	
<input type="checkbox"/> Front of House	<input type="checkbox"/> Rear of House	<input type="checkbox"/> Other:		
Is there a chair or stair lift or an elevator in the home that can be utilized if necessary by emergency personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is oxygen in use in the home?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Emergency Contact Information</b>				
Name:		Telephone:	( )	

Additional Pertinent Information:

Notice with respect to Collection of Personal Information:

This information is collected under the legal authority of the Fire Protection and Prevention Act, 1997, S.O. 1997, c.4, Part II. The information will be used to provide information with respect to living accommodations of persons with disabilities to assist firefighters on dispatch in the event of an emergency situation at the residence within the Township of Adjala-Tosorontio. Personal information will be disclosed to the Adjala-Tosorontio Fire Department in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56, as amended. For more information, please contact: Charlene White, Fire Administration, Adjala-Tosorontio Fire Department, 7855 30th Sideroad, Alliston, ON L9R 1V1 (705) 434-5055, ext. 250., email: [cwhite@adjtos.ca](mailto:cwhite@adjtos.ca)