



Emergency Support Services Shelter Allowance Claim

Freedom of Information and Protection of Privacy Act (FOIPPA)

The Ministry of Emergency Management and Climate Readiness (EMCR) will collect your personal information for the purpose of providing emergency services in accordance with section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). Questions about the collection, use, or disclosure of this information can be directed to the ESS Call Centre Manager at PO Box 9201, Stn Prov Govt, Victoria, BC, V8W 9J1 or by telephone toll free at 1-800-585-9559.

Part 1– To be completed by ESS Responder

- This form replaces the previous Billeting Form.
- Fill out this form with a registered household who have accepted Shelter Allowance during their evacuation.

EVACUATION INFORMATION

TASK NUMBER

ESS FILE NUMBER

ESS REFERRAL NUMBER

- Enter date range the evacuee is claiming Shelter Allowance— Must fall within the *Valid Only* dates on the Referral form.

DATE OF FIRST NIGHT
MM/DD/YYYY

DATE OF LAST NIGHT
MM/DD/YYYY

NUMBER OF HOUSEHOLD
MEMBERS (*use words*)

TOTAL NUMBER OF
NIGHTS (*use words*)

- Shelter Allowance is issued to the evacuee. Refer to the ESS Rate Sheet for the current dollar amounts for 1-5 person families and 6+ person families.

TOTAL NUMBER OF NIGHTS

RATE PER NIGHT PER HOUSEHOLD

x \$

- Enter the name of the **evacuee** who is the family representative who will receive the Shelter Allowance by cheque.

EVACUEE LAST NAME

FIRST NAME

RESPONDER FIRST NAME LAST INITIAL

Part 2– To be completed by evacuee

EVACUEE DETAILS

- This form is only valid for the dates identified on the Referral form. A separate Shelter Allowance Claim form is required for each Referral form.
- The Shelter Allowance is paid per household per night, as per the ESS Rate Sheet.
- Enter the address you want the payment mailed to— This does not have to be your home address.

PAYMENT DELIVERY ADDRESS (*include Apt/Suite/Building Number & Street*)

CITY

PROVINCE

POSTAL CODE

COUNTRY

CELL PHONE NUMBER

ALTERNATE NUMBER

EMAIL ADDRESS

CERTIFICATION

- By providing your email address, you authorize the Ministry of Emergency Management and Climate Readiness (EMCR) to communicate with you by email about your registration and to invite you to provide feedback about your experience.
- By signing this form, you certify that the information you have supplied is true and complete, and consent to the verification of information provided regarding this application, or any subsequently provided application.

EVACUEE SIGNATURE

DATE SIGNED MM/DD/YYYY

X

Part 3– Submission

INSTRUCTIONS

- Send this form to the Ministry of Emergency Management and Climate Readiness (EMCR) with a Referral issued by an ESS responder.
- Keep a copy, scan or photo of forms for your records.
- Please allow 6-8 weeks to receive payment.

SUBMIT YOUR FORMS TO EMCR BY EMAIL OR MAIL:



Email clear images, photos or scans of your:

- 1) Claim for Shelter Allowance form, **and**
- 2) Referral form (white)

to ESSFinanceInquiries@gov.bc.ca

OR



Mail your original Claim for Shelter Allowance form and white Referral form to the address below. **Keep a copy, scan or photo of forms for your records**

Emergency Management Climate Readiness
Attention: Accounts Payable
PO Box 9201, STN PROV GOVT
Victoria, BC, V8W 9J1