

Emergency Support Services: Extraordinary Evacuee Authorization Form Procedure and Guidance Document.

The purpose of this document is to provide guidance and support for completing the Emergency Support Services (ESS) Extraordinary Evacuee Authorization Form (EEAF). Before an Evacuation Order is given, Indigenous Governing bodies and Local Governments can use the form to apply for Emergency Support Services to start for an individual who has extraordinary needs that would impede their ability to evacuate during an Evacuation Order.

Evacuating Vulnerable Populations and the Function of the Extraordinary Evacuee Authorization Form

Evacuating vulnerable populations may entail the movement of individuals and/or groups of individuals (e.g., a long-term care facility). Where possible, it is recommended that Local Authorities proactively engage vulnerable individuals, applicable property managers or agencies, or community navigators to complete the Extraordinary Evacuee Authorization Form ahead of an evacuation order.

Moving vulnerable populations before an evacuation order is issued (e.g., during the evacuation alert phase) must be done in consultation with your EMCR PREOC so that available support and eligible expenditures for reimbursement are understood by all parties.

The function of the Extraordinary Evacuee Authorization Form is to ensure supports are in place for vulnerable populations before those populations are evacuated. Supports such as appropriate accommodation, travel and support personnel.

Additional Information

Work with individuals, caregivers, applicable property managers or agencies, and/or Community Navigators to identify vulnerable individuals that should be supported in leaving the area in advance of an area-wide evacuation order. One form must be completed for each individual.

Following the completion and approval of the Extraordinary Evacuee authorization form consider the following:

- Arrange appropriate and safe accommodation for vulnerable populations as needed.

- If individuals need to be evacuated to another community, refer to the host community.
- Coordinate appropriate transportation as needed.
- When possible, evacuate vulnerable people with a support person able to assist with their safety (e.g., health care worker or caregiver), reducing the burden on the host community.

Document Completion Instructions:

For assistance with an evacuation contact EMCR's 24/7 Emergency Coordination Centre at 1-800-663-3456 and ask to speak with the Regional Duty Manager for your region/PREOC.

EOC EEAF #: please record EEAF# here for record keeping. Please reference this number if any updates are required at a later time.

Part 1: Authorizing Community:

The information on this portion of the form relates to the community where the evacuee is being evacuated **from**. At the top of this section, please provide the authorizing community name.

EMCR Task #: May already have been provided with evacuation alert – this must be confirmed with the regional office or PREOC. A task number will always be listed in a sequence as XX-XXXX. Please provide the full task number on the form.

Date Issued: Relates to the date form is issued to the evacuee.

Reason for Early Evacuation: Please provide a detailed explanation of the evacuee's reason for early evacuation. Include any relevant and immediate risks to health or safety.

Authorizing Communities Instructions for the Evacuee: Please provide detailed instructions for support required for the evacuee. Please include any established support measures already in place for the evacuee.

Name of Host Community Contact: Please provide the name and phone number of the individual or group from the host community who can provide additional information if requested by EMCR or Local Authority.

Part 2: ESS Support Details:

The information on this portion of the form relates to the time and date of issued ESS support.

Start Date + Time: This refers to the start date and time for ESS support. If known, please provide the start date in MM/DD/YYYY format and the time in 24-hour format.

Expiry Date + Time: This refers to the expiration date and time for ESS support. If known, please provide the initial expiration date in MM/DD/YYYY format and the time in 24-hour format. Note that support may be extended beyond the initial expiration.

Address of Reception Centre: In this section, please provide the reception center address and phone number within the host community.

Part 3: Evacuee:

Please provide the requested information for the evacuee. This information is collected in accordance with the *Freedom of Information and Protection of Privacy Act (FOIPPA)*. Ensure that the name on the form matches the individual's legal name. If the evacuee does not have an email address or phone number, please provide the contact details of a caregiver or guardian.

If the evacuee requires a support person, please list their information on the bottom portion of this section. Please list only one support person per evacuee unless otherwise authorized by EMCR. If an additional support person(s) is required, please list this request along with their name and contact info in *Part 1: Authorizing Communities Instructions for the Evacuee*.

If no support person is required, please indicate NO in that field and list N/A in the support person(s) field.

Following Part 3: Evacuee, please ensure that all of section 1 minus the EAAF # at the top is completed. Please submit copies of the EAAF form via email to the host community, the regional office or PREOC, and to EMCR.ESS@GOV.BC.CA. The completed PDF form can be provided to the evacuee for their records. Please note page 2 will be completed by EMCR and the Indigenous Governing Body and/or Local Authority.

Any questions relating to this form can be directed to your local authority or your regional office or PREOC.



Emergency Support Services Extraordinary Evacuee Authorization Form

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.

- Before an Evacuation Order is given, Indigenous governing bodies and local governments can use this form to apply for Emergency Support Services to start for an individual who has extraordinary needs that would impede their ability to evacuate during an Evacuation Order. This form cannot be used for groups or communities.
- If sending the evacuee to a host community, the host community must be contacted in advance.
- For advice and assistance with an evacuation, contact EMCR's 24/7 Emergency Coordination Centre at 1-800-663-3456 and ask to speak with the Regional Duty Manager for your region/PREOC.

EOC EEAF # _____

PART 1 – AUTHORIZING COMMUNITY

AUTHORIZING COMMUNITY NAME	EMCR TASK #	DATE ISSUED (MM/DD/YYYY)
NAME OF AUTHORIZING COMMUNITY CONTACT	PHONE NUMBER	EMAIL ADDRESS
REASON FOR EARLY EVACUATION		

AUTHORIZING COMMUNITY'S INSTRUCTIONS FOR EVACUEE

NAME OF HOST COMMUNITY CONTACT	PHONE NUMBER
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PART 2 – ESS SUPPORT DETAILS

START DATE (MM/DD/YYYY)	START TIME (24-hour)	EXPIRY DATE (MM/DD/YYYY)	EXPIRY TIME (24-hour)
ADDRESS OF RECEPTION CENTRE (include Apt/Suite/Building Number & Street)			PHONE NUMBER

PART 3 – EVACUEE

FIRST NAME	LAST NAME	PHONE NUMBER	EMAIL ADDRESS	
HOME ADDRESS (include Apt/Suite/Building Number & Street)		CITY/TOWN	PROVINCE BC	POSTAL CODE

Does the evacuee require a support person (*only one per evacuee unless authorized by EMCR*) YES NO

If **yes**, please provide:

NAME OF SUPPORT PERSON	EMAIL ADDRESS	PHONE NUMBER
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EMCR Approval issued by:

FULL NAME OF EMCR REPRESENTATIVE	POSITION (e.g. <i>Regional Manager</i>)	DATE ISSUED (MM/DD/YYYY)
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PART 4 – INDIGENOUS GOVERNING BODY OR LOCAL AUTHORITY APPROVAL

I approve the evacuee noted in Part 3 is required to be evacuated due to the reason listed above.

FULL NAME OF REPRESENTATIVE	POSITION (e.g. <i>Operations Chief</i>)	DATE ISSUED (MM/DD/YYYY)
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SIGNATURE – REPRESENTATIVE OF INDIGENOUS GOVERNING BODY OR LOCAL AUTHORITY

X

PART 5 – SUBMISSION

- Email completed copies of this form to:
 - the host community
 - your regional office or PREOC
 - and EMCR.ESS@gov.bc.ca
- Give this completed form to the evacuee.