

VULNERABLE PERSON REGISTRY CONSENT FORM

VULNERABLE PERSON REGISTRY	
Definition	<p>This form allows citizens to register vital information pertaining to vulnerable family members or other persons in their care. This information will be used to assist police and other emergency services personnel, in the event of an incident involving the registered person.</p> <p style="text-align: center;">CONSENT TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION</p> <p>The information collected in this form is personal information (including but not limited to name, contact information, physical and behavioural characteristics and traits) as defined by the Municipal Freedom of Information and Protection of Privacy Act, R.S.O.1990, c M.56. Purpose for Collection & Use: The personal information is collected in accordance with the Police Service Act, R.S.O. 1990, c P.15, for the purpose of responding to incidents of missing persons, and to assist with the TPS' interaction with the Registrants where incidents may occur. Occasionally, the TPS may refer to the personal information to better understand the Registrants' needs and how we can improve TPS service in relation to the Registrant</p>
Examples	<p>Alzheimer's Disease, Dementia, Parkinsons, Autism Spectrum Disorder, Acquired Brain Injury etc. Not all persons afflicted with these conditions need be registered, unless the caregiver or family member believes that their condition affects their cognitive ability AND they may pose a threat to themselves or others.</p>

		<p>Disclosure: The personal information collected may be disclosed to other emergency responders for the purpose described above.</p> <p>Retention: The retention, as well as any other use or disclosure, of this information will be dictated by the requirements under the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c M56.</p> <p>Questions: Questions about the collection, use or disclosure of the personal information may be directed to the Timmins Police Service, 185 Spruce Street South, Timmins, Ontario, P4N 2M7, Missing & Vulnerable Person Coordinator, (705)264-1201 ext.8255.</p> <p>It is your responsibility to ensure that the information so collected is current and valid, and that the TPS is notified in writing of any changes to information.</p> <p>RELEASE</p> <p>In consideration of the Timmins Police Service compliance with the collection, use and disclosure as set out above, I release, waive and forever discharge the Timmins Police Service Board, its employees and agents, and other law enforcement bodies from all claims, demands, damages, costs, expenses, actions, causes of action, whether in law or equity, resulting or alleged to result from your compliance with the foregoing authorization. I further waive any and all rights I may now or in the future have with respect to any disclosure of the personal information collected. I declare that I am 18 years of age or older and that I have the authority to provide this personal information on behalf of the Registrant. I further declare that I have read the information provided above and I consent to the collection, use and disclosure of the personal information as described and the release described.</p>
		<p>Signature _____ Date _____</p>

VULNERABLE PERSON REGISTRY FORM



TIMMINS POLICE SERVICE VULNERABLE PERSON REGISTRY SUBMISSION FORM

1. Complete ALL Fields
2. Include picture of vulnerable person and include with document
3. Submit to TPS Missing/Vulnerable Persons Coordinator – Tara Laroche
(contact info at end of document)

PRIMARY CONTACT/REPORTING PERSON DETAILS	
REQUIRED INFORMATION	
First Name:	
Last Name:	
Home Address:	
Contact Phone Number:	Home: _____ Cell: _____
Email:	
Gender:	
DOB:	
Relation to Vulnerable Person:	
ADDITIONAL INFORMATION (not required)	
Employer:	
Work/School Address:	
Work Phone:	
INCIDENT/POTENTIAL WANDERING FROM LOCATION	
Address:	
Location Type:	
Vehicle Info of Vulnerable Person: (if applicable)	

VULNERABLE PERSON INFORMATION

REQUIRED INFORMATION

Involvement Type: (circle appropriate one)	Acquired Brain Injury Autism Spectrum Disorder Impairment	Alzheimer's/Dementia Other Cognitive
First Name:		
Last Name:		
Address:		
Phone Number:		
Gender:		
Race:		
DOB:		
Height:		
Weight:		
Hair Colour:		
Hair Style:		
Facial Hair Colour:		
Facial Hair Style:		
Eye Colour:		
Lenses:		
Build:		
Complexion:		

ADDITIONAL INFORMATION (not required)

Email:	
Employer/School:	
Address:	
Phone Number:	
Marks/Tattoos:	

METHODS OF COMMUNICATION WITH VULNERABLE PERSON

REQUIRED INFORMATION

Language(s) Spoken:	
Methods of Communication:	
ID Worn:	Yes – Type of ID: No

Inclination for Wandering/Characteristics that May Attract:	
Favourite Attractions/Locations Where Person May Be Found:	
Best Method of Approach/De-Escalation Techniques:	
Life Threatening Medical Concerns:	
Additional Information	
SECONDARY CONTACT PERSON DETAILS (if applicable – not required)	
REQUIRED INFORMATION	
First Name:	
Last Name:	
Home Address:	
Contact Phone	Home: _____ Cell: _____

Number:	
Email:	
Gender:	
DOB:	
Relation to Vulnerable Person:	
ADDITIONAL INFORMATION (not required)	
Employer:	
Work/School Address:	
Work Phone:	
ADDITIONAL CONTACT PERSON DETAILS (if applicable – not required)	
REQUIRED INFORMATION	
First Name:	
Last Name:	
Home Address:	
Contact Phone Number:	Home: Cell:
Email:	
Gender:	
DOB:	
Relation to Vulnerable Person:	
ADDITIONAL INFORMATION (not required)	
Employer:	
Work/School Address:	
Work Phone:	

Contact Info:

Constable Tara Laroche

TPS – Missing/Vulnerable Persons Coordinator

Criminal Investigations Division

Timmins Police Service

tara.laroche@timmins.ca

705-264-1201 ext. 8255