

# Emergency Contact and Special Assistance Information

Toronto  
Community  
Housing



*Also known as the Self-ID form*

To ensure your safety during an emergency, Toronto Community Housing (TCHC) needs to collect information about your household and obtain your consent to disclose it to TCHC staff and third parties (police, fire, paramedics, and primary care agencies) who need it to safely evacuate you during an emergency. It may also be used for reporting and life safety compliance tracking purposes. Please read this form, and if you consent to sharing your information for this purpose, complete it and return it to your building superintendent.

Head of household	
Last name:	First name:
Address:	Unit:
Daytime phone number:	Email:
Evening phone number:	
Language(s) spoken:	# of people in the household:
Emergency contact information (optional)	
Please provide phone numbers for two people we can contact for emergencies.	
Name:	Daytime phone number:
Relationship to the household: (example: mother, son, friend)	Evening phone number:
Name:	Daytime phone number:
Relationship to the household: (example: mother, son, friend)	Evening phone number:
Agency contact information (optional)	
If you or a member of your household receive personal support services and would like your service provider to be notified during an emergency, provide their contact information.	
Agency:	Phone:
Contact name:	Email:

**Special assistance during an emergency (optional)**

Emergency personnel and TCHC staff have a list of tenants who need help during an emergency. If you or a member of your household would like to be added to this list, fill out this section.

Any information you provide will be kept in the building's Fire Safety Plan which is only accessible to TCHC staff and emergency responders for emergency rescue purposes.

Please let us know if you or a member of your household:

- Cannot evacuate the unit on their own; AND/OR
- Would need a wellness check during an emergency (especially as certain service disruptions could last for an extended period of time)

☐ YES ☐ NO

Member(s) of my household would need help to be rescued in case of an emergency.

☐ YES ☐ NO

I would like a wellness check for my household during an extended emergency or service disruption (for example, during a power outage or elevator disruption).

Emergency personnel will help you if you cannot leave your unit or the building on your own. If you or a member of your household has a health or mobility condition that would stop you from leaving your unit, please fill out the next section.

<b>Persons needing help</b>	<b>Age range of person needing help</b>	<b>Help that may be needed (example: needs help using stairs)</b>	<b>Details</b>
<input type="checkbox"/> Tenant one	<input type="checkbox"/> Child/youth 0 to 17 <input type="checkbox"/> Adult 18 to 58 <input type="checkbox"/> Senior 59+		
<input type="checkbox"/> Tenant two	<input type="checkbox"/> Child/youth 0 to 17 <input type="checkbox"/> Adult 18 to 58 <input type="checkbox"/> Senior 59+		
<input type="checkbox"/> Tenant three	<input type="checkbox"/> Child/youth 0 to 17) <input type="checkbox"/> Adult 18 to 58 <input type="checkbox"/> Senior 59+		
<input type="checkbox"/> Tenant four	<input type="checkbox"/> Child/youth 0 to 17 <input type="checkbox"/> Adult 18 to 58 <input type="checkbox"/> Senior 59+		
<input type="checkbox"/> Tenant five	<input type="checkbox"/> Child/youth 0 to 17 <input type="checkbox"/> Adult 18 to 58 <input type="checkbox"/> Senior 59+		

If you need to add or remove someone in your household from this list, contact your superintendent.

**I understand that I am providing this information voluntarily and that I may withdraw my consent at any time by giving written notice to Toronto Community Housing.**

\_\_\_\_\_  
**Tenant one signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Tenant two signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Tenant three signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Tenant four signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Tenant five signature**

\_\_\_\_\_  
**Date**

**OR**

\_\_\_\_\_  
**Legal guardian signature  
If under 18 years of age**

\_\_\_\_\_  
**Date**

Privacy notice – The personal information requested on this form is collected under the authority of the Housing Services Act 2001, the Residential Tenancies Act 2006 and s. 28(2) of the Municipal Freedom of Information and Protection of Privacy Act. The information is collected, and will be used for the purpose of assisting your household in an emergency. If you have any questions about the collection or use of this information, please contact the Information Specialist, Toronto Community Housing Corporation, 931 Yonge Street, Toronto ON M4W 2H2, 416-981-4231.



**Call 416-981-5500 to request this form in an alternate format or language.**