



Navigator

For families with special needs and responsibilities

Respite Care

Parent or Primary Caregiver Information

Name:		
Street:		
City:	Province:	PC:
Day Phone: ()	Evening Phone: ()	
Primary Language:		

Person requiring special support

Name: _____ Year of Birth _____

Are there others in the home requiring care? i.e. siblings of person listed above
If so please list their information below.

- 1. Name: _____ Year of Birth _____
- 2. Name: _____ Year of Birth _____
- 3. Name: _____ Year of Birth _____

Emergency

How can you be contacted while you are away? _____

Emergency Contacts: To be contacted if you cannot be reached?

Name:	
Relationship:	Phone:
Name:	
Relationship:	Phone:

Personal Information collected will be kept in a secure and confidential manner in accordance with the Directorate Military Family Services (*Information Protection Act* (PIPA)). Information is collected for participating in the Navigator Project. For further information, contact the MFRC's Privacy Officer at 363-2640.DMFS) *Privacy Code for Military Services Program* and the *Personal*