

# HEALING & WELLNESS

SENIOR SUPPORT SERVICES

*Care Companion*

Métis Nation  
of Ontario 

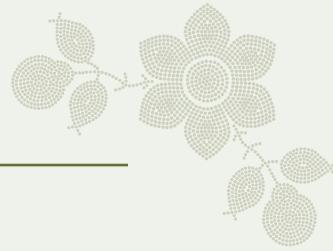


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*\*\*These pages contain sensitive information. It is recommended to keep this information in a secure space.*

# MY HEALTH INFORMATION



## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ MM / DD / YYYY  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Gender Identity: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Preferred Language: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Do you have any dependents? (A dependent is someone that relies on you for physical, financial or emotional support).

No  Yes Age(s) \_\_\_\_\_ Dependents with disabilities \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Next of Kin: (closest living relative) \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Substitute Decision Maker (also known as a Power of Attorney, someone legally assigned to make decisions regarding your care).  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## PRIMARY CARE TEAM

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Nurse Practitioner: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address:  
Specialist Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Specialist Type: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Address:  
Specialist Type: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## EXISTING MEDICAL CONDITIONS

Do you have a history of any of the following health concerns?

Seizures: \_\_\_\_\_ Heart: \_\_\_\_\_  
Breathing: \_\_\_\_\_ Diabetes: \_\_\_\_\_  
Psychiatric: \_\_\_\_\_ Stroke: \_\_\_\_\_  
High Blood Pressure: \_\_\_\_\_ Cancer: \_\_\_\_\_  
Mobility Issues: \_\_\_\_\_ Other: \_\_\_\_\_

Additional Comments:

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## MEDICAL HISTORY

Previous Surgeries

| Date | Reason | Specialist |
|------|--------|------------|
|      |        |            |
|      |        |            |
|      |        |            |
|      |        |            |
|      |        |            |

Allergies

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Do you carry an Epi-Pen?

Yes

No

## MEDICATIONS

| Date | Dose | What is the medication for? |
|------|------|-----------------------------|
|      |      |                             |
|      |      |                             |
|      |      |                             |
|      |      |                             |
|      |      |                             |
|      |      |                             |
|      |      |                             |
|      |      |                             |
|      |      |                             |
|      |      |                             |
|      |      |                             |

# APPOINTMENT TRACKER



## APPOINTMENT DETAILS

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Location: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Visit:

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Questions:

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Concerns:

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Test Results:

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Notes:

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Referral:

Provider Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Location: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Next Steps:

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Follow Up:

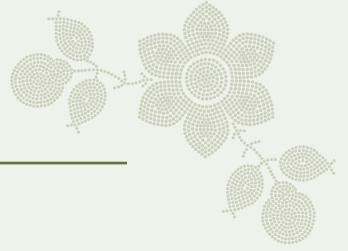
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Questions:

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Concerns:

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Test Results:

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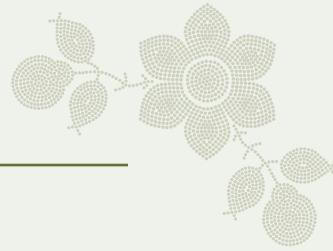
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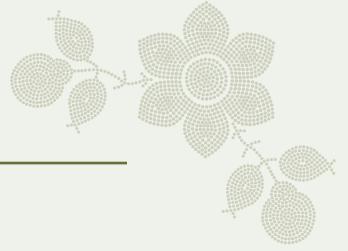
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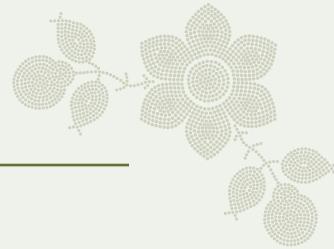
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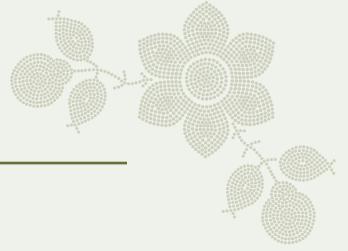
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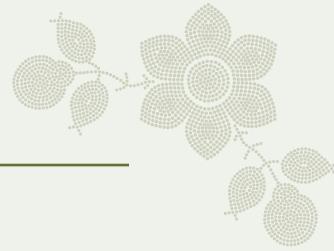
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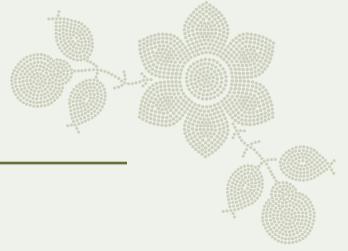
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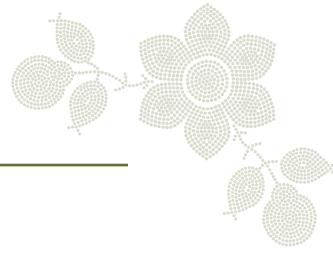
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Next Appointment:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

# MY CARE TEAM



## AGENCY

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

## SERVICES

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## NOTES

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## AGENCY

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

## SERVICES

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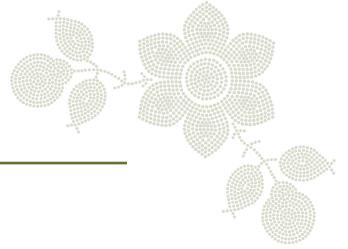
## NOTES

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## SERVICES

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## NOTES

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## AGENCY

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

## SERVICES

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## NOTES

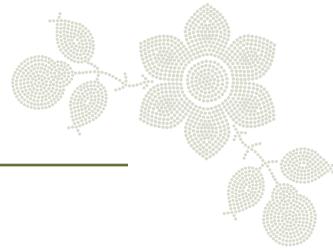
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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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## SERVICES

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## NOTES

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## SERVICES

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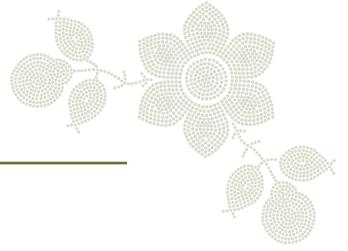
## NOTES

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## SERVICES

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## NOTES

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## SERVICES

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## NOTES

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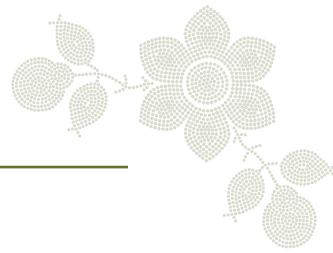
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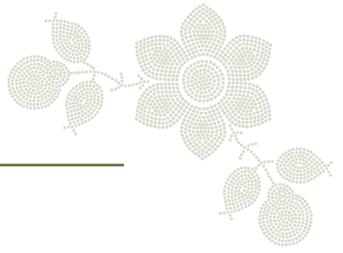
## BUSINESS CARDS

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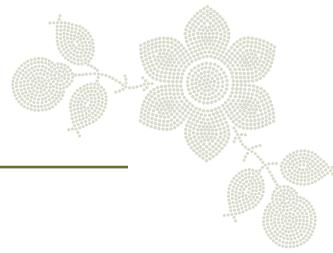
# BUSINESS CARDS

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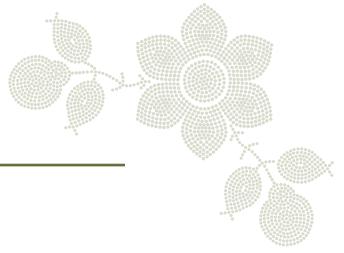
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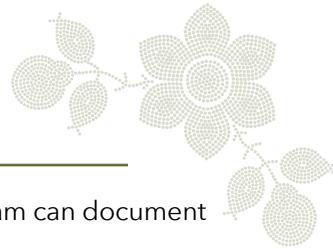


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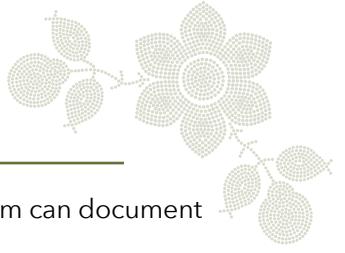


# MY SERVICE PLAN



The purpose of this chart is to create a space where you and your care team can document your goals and the things you are doing to reach your goals.

| Areas for Support | Action Items | Who will action this? | Timeline |
|-------------------|--------------|-----------------------|----------|
|                   |              |                       |          |
|                   |              |                       |          |
|                   |              |                       |          |
|                   |              |                       |          |
|                   |              |                       |          |

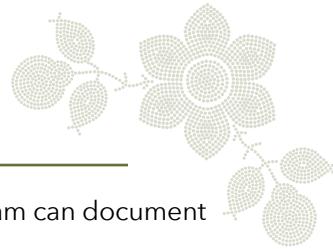


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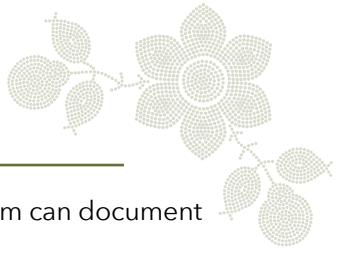
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|-------------------|--------------|-----------------------|----------|
|                   |              |                       |          |
|                   |              |                       |          |
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|                   |              |                       |          |
|                   |              |                       |          |

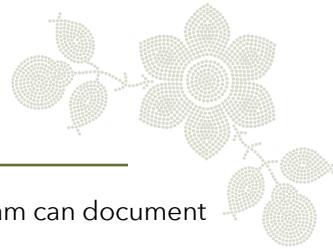


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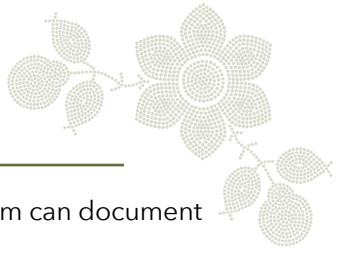
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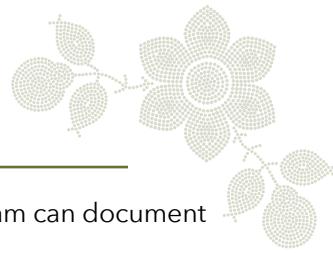


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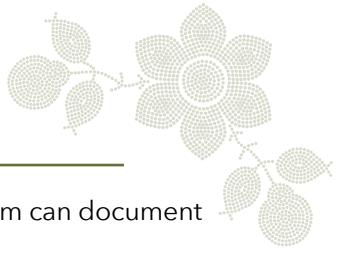
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|                   |              |                       |          |
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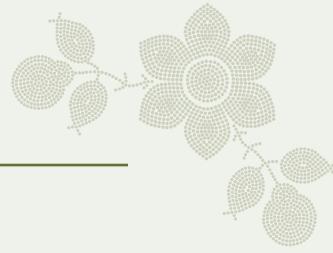


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|                   |              |                       |          |
|                   |              |                       |          |
|                   |              |                       |          |
|                   |              |                       |          |

# FUTURE CARE PLANNING



## MY SUPPORT NETWORK

Here, you can list your family, friends, and formal caregivers that are currently supporting you with your care, or you can list individuals you would feel comfortable with providing care should you require it.

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

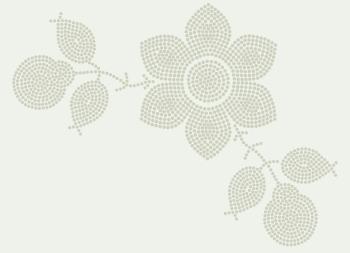
Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

## MY IMPORTANT DOCUMENTS

Where do you keep your important documents? Documents such as your financial details, home information, will, power of attorney, photo ID's and birth certificate should be kept in a safe and secure location. It's important though that your support network is able to easily find and access it in the case of an emergency. Here, you can list what documents you have, and where you keep them.

| Document | Location |
|----------|----------|
|          |          |
|          |          |
|          |          |
|          |          |
|          |          |
|          |          |
|          |          |
|          |          |
|          |          |
|          |          |



## PROFESSIONAL CONTACTS

### LAWYER

Name: \_\_\_\_\_  
Business: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

### NOTES

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### ACCOUNTANT

Name: \_\_\_\_\_  
Business: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

### NOTES

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### OTHER

Name: \_\_\_\_\_  
Business: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_

### NOTES

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## BANKING INFORMATION

**(STORED IN SECURE LOCATION OR LOCK BOX-PERSONAL & CONFIDENTIAL)**

This can include but is not limited to your chequing and savings accounts, investment accounts, loans, and credit cards.

| Bank | Account Number | Password |
|------|----------------|----------|
|      |                |          |
|      |                |          |
|      |                |          |
|      |                |          |
|      |                |          |
|      |                |          |
|      |                |          |

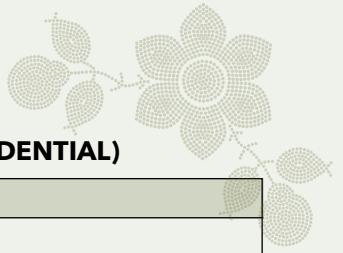
## BILLS

Date Completed:

| Bill Type          | Who it's with | Monthly Cost | Debt Remaining |
|--------------------|---------------|--------------|----------------|
| Income Tax         |               |              |                |
| Mortgage/Rent      |               |              |                |
| Property Tax       |               |              |                |
| Property Insurance |               |              |                |
| Vehicle Loan       |               |              |                |
| Vehicle Insurance  |               |              |                |
| Gas                |               |              |                |
| Hydro              |               |              |                |
| Water              |               |              |                |
| Phone              |               |              |                |
| Television         |               |              |                |
| Internet           |               |              |                |
|                    |               |              |                |
|                    |               |              |                |
|                    |               |              |                |

## INCOME

| Sources                            | Monthly Amount | Deposited To |
|------------------------------------|----------------|--------------|
| Employment                         |                |              |
| Employment Pension                 |                |              |
| Old Age Pension                    |                |              |
| Canada Pension Plan                |                |              |
| Ontario Works                      |                |              |
| Ontario Disability Support Program |                |              |
|                                    |                |              |
|                                    |                |              |



## PASSWORDS

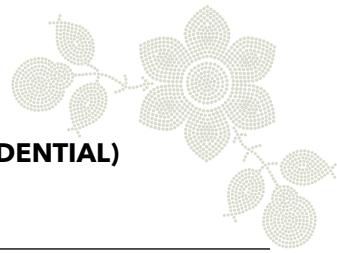
(STORED IN SECURE LOCATION OR LOCK BOX-PERSONAL & CONFIDENTIAL)

| Technology            |              |          |          |
|-----------------------|--------------|----------|----------|
| Cell Phone            |              |          |          |
| Computer/Laptop       |              |          |          |
| Tablet                |              |          |          |
| Email                 |              |          |          |
| Email Address         | Password     |          |          |
|                       |              |          |          |
|                       |              |          |          |
|                       |              |          |          |
| Financial             |              |          |          |
| Account               | Company Name | Username | Password |
| Home Insurance        |              |          |          |
| Vehicle Insurance     |              |          |          |
| Health Insurance      |              |          |          |
| Life Insurance        |              |          |          |
| Canada Revenue Agency |              |          |          |
| Hydro Account         |              |          |          |
| Gas Account           |              |          |          |
| Water Account         |              |          |          |
| Subscriptions         |              |          |          |
| Account               | Username     | Password |          |
|                       |              |          |          |
|                       |              |          |          |
|                       |              |          |          |
|                       |              |          |          |
| Social Media          |              |          |          |
| Account               | Username     | Password |          |
|                       |              |          |          |
|                       |              |          |          |
|                       |              |          |          |
|                       |              |          |          |
| Other                 |              |          |          |
| Account               | Username     | Password |          |
|                       |              |          |          |
|                       |              |          |          |
|                       |              |          |          |
|                       |              |          |          |
|                       |              |          |          |

## END OF LIFE PLANNING

(STORED IN SECURE LOCATION OR LOCK BOX-PERSONAL & CONFIDENTIAL)

What does a good death look like for me?



Do I wish to be a donor? If so, what am I comfortable donating?

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What are my wishes for my body when I die?

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Do I want a funeral or celebration of life? If so, what would I like it to look like?

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What would I like my obituary to include?

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What would I like my legacy (meaning making) to be?

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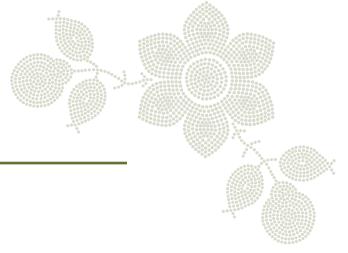
What is one thing I would like my loved ones to remember about me?

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# PROVINCIAL PHONE LINES



**If you are currently experiencing an emergency - Call 9-1-1**

For support with accessing information on local services available to you, call 2-1-1. This is a free service available to all Ontarians 24/7. 2-1-1 can provide information on social and community resources in your area.

| Medical Services   |
|--|
| If you are experiencing a medical emergency, call 9-1-1 or go to your local emergency dept.  |
| <b>Poison Control</b><br>Phone Number: 1-844-764-7669<br>Hours: 24/7<br>Webpage: <a href="https://www.ontariopoisoncentre.ca">https://www.ontariopoisoncentre.ca</a>   |
| <b>Health811</b><br>Phone Number: 8-1-1<br>Hours: 24/7<br>Webpage: <a href="https://health811.ontario.ca/static/guest/home">https://health811.ontario.ca/static/guest/home</a>   |
| <b>Rocket Doctor</b><br>Phone Number: 1-867-670-2273<br>Hours: 24/7<br>Webpage: <a href="https://rocketdoctor.ca/">https://rocketdoctor.ca/</a>  |
| <b>Health Care Connect</b><br>Phone Number: 8-1-1<br>Hours: 24/7<br>Webpage: <a href="https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner">https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner</a> |
| <b>Ontario Health at Home</b><br>Phone Number: 310-2222 (no area code)<br>Webpage: <a href="https://ontariohealthathome.ca/">https://ontariohealthathome.ca/</a>   |

## Mental Health

### **Suicide Crisis Helpline**

Phone Number: 9-8-8  
Hours: 24/7  
Webpage: <https://988.ca/>

### **Hope for Wellness**

Phone Number: 1-855-242-3310  
Hours: 24/7  
Webpage: <https://www.hopeforwellness.ca/>

### **ConnexOntario**

Phone Number: 1-866-531-2600  
Hours: 24/7  
Webpage: <https://connexontario.ca>

### **Health811**

Phone Number: 8-1-1  
Hours: 24/7  
Webpage: <https://health811.ontario.ca/static/guest/home>

### **Ontario Psychotherapy Program**

#### *Waypoint Centre for Mental Health Care*

Phone Number: 1-877-341-4729 ext. 2883  
Email: [osp@waypointcentre.ca](mailto:osp@waypointcentre.ca)  
Webpage: <https://www.therapyontario.ca/>

#### *CarePoint Health*

Phone Number: 905-728-1308  
Email: [osp@carepointhealth.ca](mailto:osp@carepointhealth.ca)  
Webpage: <https://www.ospcarepointhealth.ca/>

#### *Canadian Mental Health Association - York and South Simcoe*

Phone Number: 1-866-345-0224  
Email: [osp-referral@cmha-yr.on.ca](mailto:osp-referral@cmha-yr.on.ca)  
Webpage: <https://cmha-yr.on.ca/get-support/osp/>

### **Toronto Region**

#### *Centre for Addiction and Mental Health*

Phone Number: (416) 535-8501 ext. 36777  
Email: [osp.info@camh.ca](mailto:osp.info@camh.ca)  
Webpage: <https://www.camh.ca/en/patients-and-families/programs-and-services/ontario-structured-psychotherapy-osp-program>

### **West Region**

#### *Ontario Structured Psychotherapy West Region*

Phone Number: 1-833-944-9966  
Email: [OSPWest@StJoes.ca](mailto:OSPWest@StJoes.ca)  
Webpage: <https://www.ospwest.ca/>

| Mental Health   |
|---|
| <b>Ontario Psychotherapy Program</b>  |
| <b>East Region</b><br><i>The Royal Ottawa Mental Health Centre</i><br>Phone Number: 1-877-527-8207<br>Email: <a href="mailto:injuries@accessmha.ca">injuries@accessmha.ca</a><br>Webpage: <a href="https://www.theroyal.ca/osp">https://www.theroyal.ca/osp</a><br><i>Ontario Shores Centre for Mental Health Sciences</i><br>Phone Number: 1-877-767-9642<br>Email: <a href="mailto:CentralizedReferral@ontarioshores.ca">CentralizedReferral@ontarioshores.ca</a><br>Webpage: <a href="https://www.ontarioshores.ca/services/ontario-structured-psychotherapy-program">https://www.ontarioshores.ca/services/ontario-structured-psychotherapy-program</a> |
| <b>North East Region</b><br><i>The Royal Ottawa Mental Health Centre</i><br>Phone Number: 1-833-496-3677<br>Email: <a href="mailto:neosp@hsnsudbury.ca">neosp@hsnsudbury.ca</a><br>Webpage: <a href="https://hsnsudbury.ca/en/Services-and-Specialties/Mental-Health-and-Addictions/Ontario-Structured-Psychotherapy-Program">https://hsnsudbury.ca/en/Services-and-Specialties/Mental-Health-and-Addictions/Ontario-Structured-Psychotherapy-Program</a>   |
| <b>North West Region</b><br><i>St. Joseph's Care Group</i><br>Phone Number: (807) 624-3400<br>Email: <a href="mailto:contact.sjcg@tbh.net">contact.sjcg@tbh.net</a><br>Webpage: <a href="https://sjcg.net/services/mental-health_addictions/OSPP/main.aspx">https://sjcg.net/services/mental-health_addictions/OSPP/main.aspx</a>   |
| Specialized Services  |
| <b>Métis Nation of Ontario</b><br>Phone Number: 1-800-263-4889 Ext. 7<br>Email: <a href="mailto:contactus@metisnation.org">contactus@metisnation.org</a><br>Webpage: <a href="https://www.metisnation.org/">https://www.metisnation.org/</a>  |
| <b>Seniors INFOline</b><br>Phone Number: 1-888-910-1999<br>Email: <a href="mailto:infoseniors@ontario.ca">infoseniors@ontario.ca</a>  |
| <b>Seniors Safety Line</b><br>Phone Number: 1-866-299-1011<br>Hours: 24/7<br>Webpage: <a href="https://www.ontario.ca/page/information-about-elder-abuse">https://www.ontario.ca/page/information-about-elder-abuse</a>   |
| <b>Victim Support Line</b><br>Phone Number: 1-888-579-2888<br>Hours: 24/7<br>Webpage: <a href="https://www.ontario.ca/page/victim-services-ontario">https://www.ontario.ca/page/victim-services-ontario</a>   |
| <b>Service Ontario</b><br>Phone Number: 1-800-267-8097<br>Webpage: <a href="https://www.ontario.ca/page/serviceontario">https://www.ontario.ca/page/serviceontario</a>  |

# LOCAL COMMUNITY CONTACTS



## If you are currently experiencing an emergency - Call 9-1-1

For support with accessing information on local services available to you, call 2-1-1. This is a free service available to all Ontarians 24/7. 2-1-1 can provide information on social and community resources in your area.

## ORGANIZATION

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## SERVICES

\_\_\_\_\_

## ORGANIZATION

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## SERVICES

\_\_\_\_\_

## ORGANIZATION

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## SERVICES

\_\_\_\_\_

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### ORGANIZATION

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### SERVICES

\_\_\_\_\_

### ORGANIZATION

Phone Number: \_\_\_\_\_

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### SERVICES

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### ORGANIZATION

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

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### SERVICES

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# LOCAL COMMUNITY CONTACTS



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## ORGANIZATION

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

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## SERVICES

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## ORGANIZATION

Phone Number: \_\_\_\_\_

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Address: \_\_\_\_\_

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## SERVICES

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## ORGANIZATION

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## SERVICES

\_\_\_\_\_

## EMERGENCY INFORMATION

Date Completed: \_\_\_\_\_  
Day/Month/Year

### PERSONAL INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

### EMERGENCY CONTACTS

### HEALTH

#### *Substitute Decision Maker*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

#### *Next of Kin*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Blood Type: \_\_\_\_\_

Health Conditions:

\_\_\_\_\_

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| <b>MEDICATIONS</b> | <b>ALLERGIES</b> |
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## EMERGENCY CONTACT

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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Relationship: \_\_\_\_\_

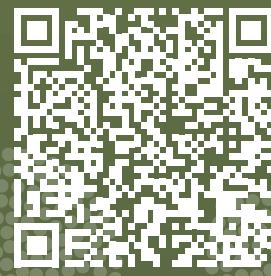
PHONE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

To learn more about our Aging at Home Program, scan the QR code below:



To learn more about our Community Support Services, scan the QR code below:



Métis Nation  
of Ontario 