

# PRISM-Care Registration Form



## Register for PRISM-Care:

Please fill in the following form so that we may add your information to our PRISM-Care database of citizens that may require special care assistance in the event of an emergency. The information provided will only be used in the event of an emergency and will not be released to any third party.

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

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

**Street Address**  
(no PO Box) \_\_\_\_\_

**Suite or Apt Number** \_\_\_\_\_

**Ward (check one)**      Trenton       Sidney       Murray       Frankford

**Municipality**      *City of Quinte West*

**Contact Phone #1**  
*Check one*      Home       Work       Cell

**Contact Phone #2**  
*Check one*      Home       Work       Cell

**Email Address** \_\_\_\_\_

**Medical or Special Need Issue:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please bring or send your completed form to:**  
**City of Quinte West**  
**7 Creswell Drive, PO Box 490**  
**Trenton, ON K8V 5R6**

For more information regarding PRISM-Care or the City's PRISM Program, please contact:

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