



SUPPORTS FOR COMMUNITY LIVING  
SUPPORTS POUR L'INTÉGRATION  
COMMUNAUTAIRE

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220 Cranbrook Drive | Hamilton ON L9C 5V7 | P 905-525-4311 | F 905-525-5933  
[www.rygiel.ca](http://www.rygiel.ca)

February 15, 2021

We strive to keep our information current for both supported individuals and family members and would like to take this opportunity to have you update your contact information for us. Attached you will find a form to provide us with the necessary information to keep us connected with family and friends of the family member we support at Rygiel.

Please take the time to fill in the information requested and return to us at your earliest convenience. To make things even easier we will have this form available at [www.rygiel.ca](http://www.rygiel.ca) under: Contact Us/Contact Information Record Update. Simply complete the fillable form, save and email to [lwhiteley-burns@rygiel.ca](mailto:lwhiteley-burns@rygiel.ca). This will help us to serve you and your family member better.

Please visit our website and review our Privacy Policies on sharing information.

Thank you in advance for helping to keep us connected with you and your family.

Sincerely,

*Laura Whiteley-Burns*

Laura Whiteley-Burns  
Service Coordinator Admin Assistant

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**OUR VISION:**  
*Every Person we support will have a full and meaningful life, which means having a home, relationships of all kinds and a variety of socially valued roles.*

**NOTRA VISION:**  
*Chaque personne que nous soutenons vit une vie pleine de sens, c'est-à-dire qu'elle a un foyer, des relations de toutes sortes et un rôle social mis en valeur.*

## Contact Information Record

Person Supported \_\_\_\_\_

**In case of Emergency, please indicate in order who we can contact in the circle to the right.**

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

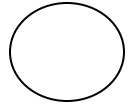
Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Business #: \_\_\_\_\_

Cell #: \_\_\_\_\_ e-mail: \_\_\_\_\_



Please check all that pertain:

Next of Kin:

Friend:

Substitute Decision Maker:

Parent:

Sibling:

Other: \_\_\_\_\_

Preferred method of correspondence: Mail  E-Mail  Both

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

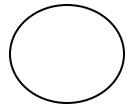
Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Business #: \_\_\_\_\_

Cell #: \_\_\_\_\_ e-mail: \_\_\_\_\_



Please check all that pertain:

Next of Kin:

Friend:

Substitute Decision Maker: |

Parent:

Sibling:

Other: \_\_\_\_\_

Preferred method of correspondence: Mail  E-Mail  Both

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

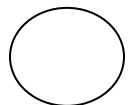
Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Business #: \_\_\_\_\_

Cell #: \_\_\_\_\_ e-mail: \_\_\_\_\_



Please check all that pertain:

Next of Kin:

Friend:

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Parent:

Sibling:

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