

FM ID: \_\_\_\_\_ IN ID: \_\_\_\_\_ (For office use only)



Family Respite Services Windsor / Essex  
Service de répit familial Windsor / Essex  
2565 Ouellette Avenue, Unit 150 Windsor, ON N8X 1L9  
Tel (519) 972-9688 Fax (519) 972-8902  
www.familyrespite.org



respiteservices.com

### Family Respite Provider Registry Registration

#### Parent/Caregiver Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_\_

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

Apt/Unit: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Nearest Intersection: \_\_\_\_\_

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

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

Relationship to Individual:  Mother  Father  Legal Guardian  Self

If other, specify \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

Interpreter Needed:  Yes  No If yes, Identify Language \_\_\_\_\_

#### Primary Contact Information

Check if same as Parent/Caregiver

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_\_

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

Apt/Unit: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

Relationship to Individual:  Mother  Father  Legal Guardian  Self

If other, specify \_\_\_\_\_

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Please return completed registration form, to the Respite Provider Registry: Family Respite Services 3295 Quality Way  
Unit 101A Windsor, Ontario N8T 3R9 Phone: 519-972-9688 ext. 136 Fax: 519-972-8902 or email [sluelo@familyrespite.org](mailto:sluelo@familyrespite.org)

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**Individual (son/daughter/self) Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Male  Female   
day / month / year

**Check if address is same as Parent/Caregiver**

Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

**Individual (son/daughter/self) Information**

Please list interests and hobbies of your son/daughter:

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

**Disability and Special Needs**

**Diagnosis:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Autism/PDD     | <input type="checkbox"/> Challenging Behaviours      | <input type="checkbox"/> Developmental Disabilities |
| <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Medically Complex           | <input type="checkbox"/> Physical Disability        |
| <input type="checkbox"/> Seizures       | <input type="checkbox"/> Visual Impairment           | <input type="checkbox"/> Mental Health              |
| <input type="checkbox"/> ADD/ADHD       | <input type="checkbox"/> Acquired Brain Injury (ABI) | <input type="checkbox"/> Asperger's Syndrome        |
| <input type="checkbox"/> FASD           | <input type="checkbox"/> Hearing Impairment          | <input type="checkbox"/> OCD                        |
| <input type="checkbox"/> ODD            | <input type="checkbox"/> Other                       |   |

**Other Needs:**

- G/J Tube     Oxygen     Suctioning     Tracheotomy     Ventilator     Other

**Support Required:**

- |  |   |   |                                      |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Alternative Communication | <input type="checkbox"/> Sign Language                        | <input type="checkbox"/> Medical                      | <input type="checkbox"/> Behavioural |
| <input type="checkbox"/> Speech & Language         | <input type="checkbox"/> ABA                                  | <input type="checkbox"/> Physical (Transfers & Lifts) |                                      |
| <input type="checkbox"/> Personal Care (toileting) | <input type="checkbox"/> Assistive Devices (i.e. wheelchairs) |   |                                      |
| <input type="checkbox"/> Sensory Integration       | <input type="checkbox"/> Other                                |   |                                      |

How did you hear about respiteservices.com? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Type of respite support required:**

In-home Respite Provider     Out-of-Home     Both     Unsure

Person filling out form: \_\_\_\_\_

Relationship to Service User/Individual: \_\_\_\_\_

Agency filling out form (if applicable): \_\_\_\_\_

Who will receive information:  Parent/Caregiver     Primary Contact

Preferred Spoken Languages: \_\_\_\_\_

**Worker Requirements**

Preferred Spoken Languages: \_\_\_\_\_

Worker Gender Preference:     Male     Female     Either

Rate of Pay:     \$10-\$12     \$12-\$15     \$15+     Negotiable

Requires:     Driver's License     Own Vehicle

**Worker Duties/Additional Comments:**

*Please include: any personal care necessary, worker expectations, specific care needs etc.*

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

**Required Worker Availability (other than summer months): Check days and times required or preferred**

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Before School 7am to 9 am							
Morning 9am to 12pm							
Afternoon 12pm to 4pm							
After School 3pm to 5pm							
Evening 5pm to 11pm							
Overnight							
Summer:	Mornings	Afternoon	Evenings	Weekends	Overnight	Saturday	Sunday
Other:	March Break	Holidays	Relief	Note:			

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**Classified Ad**

Would you like to have a classified ad posted on our website:  Yes  No

Please compose your classified advertisement for our website. By having a classified advertisement posted, Respite Providers currently looking for contracts can view work opportunities and request their profile to be sent to families they are interested in supporting. Classified advertisements are posted for one month and can be renewed at any time. Families' personal information is not posted in the classified.

**FAMILY CLASSIFIED DETAILS**

Description of Individual: \_\_\_\_\_

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

Worker's Duties/Activities: \_\_\_\_\_

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

**Additional Information**

Parent Caregiver to receive profiles by:  mail  fax  email

Primary Contact to receive profiles by:  mail  fax  email

Would you like to receive a copy of:  Information Package for Parents?

Are you approved for and/or receiving any of the following funding?

- SSAH  Yes  No
- ACSD  Yes  No
- Respite  Yes  No
- ASD  Yes  No
- Enhanced Respite  Yes  No
- Other  Yes  No

If other: \_\_\_\_\_

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**Please read and sign the following:**

*I am interested in registering with the Respite Provider Registry. I understand that the information provided will be used to facilitate the process of matching myself with Respite Providers. I agree to have my profile/information shared with the Respite Provider for matching purposes. The facts set forth above in my application for work are true and complete. I understand and agree that a false statement (on my resume, application form or during my activation meeting) may disqualify me from being matched with a Respite Provider or result in removal from the registry.*

Dated: \_\_\_\_\_

\_\_\_\_\_  
First Parent or Guardian Signature

\_\_\_\_\_  
Second Parent or Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Individual Signature

\_\_\_\_\_  
Printed Name

**Please return completed & signed forms to the Respite Provider Registry**

**Respite Provider Registry:  
Family Respite Services 2565 Ouellette Avenue  
Windsor, Ontario  
N8X 1L9**

- 1. Registration Form**
- 2. Family Agreement & Release**
- 3. Family Consent Form**

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