

(For office use only)

FM ID: _____

IN ID: _____



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Individual (son/daughter) Information

Please list interests/hobbies/comments of your son/daughter:

Disability and Special Needs

Diagnosis:

- | | | |
|--|--|---|
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Autism | <input type="checkbox"/> PDD |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Acquired Brain Injury |
| <input type="checkbox"/> Challenging Behaviours | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> ADD <input type="checkbox"/> ADHD | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Fetal Alcohol Syndrome (FAS) |
| <input type="checkbox"/> OCD <input type="checkbox"/> ODD | <input type="checkbox"/> Neuro-Muscular Disorder | <input type="checkbox"/> Medically Complex |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Alzheimer Disease | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Multiple Sclerosis (MS) |
| <input type="checkbox"/> Parkinson Disease | <input type="checkbox"/> Dementia/Cognitive Impairment | |

Other Needs:

- | | | | |
|-----------------------------------|----------------------------------|--|---|
| <input type="checkbox"/> G/J Tube | <input type="checkbox"/> Epi Pen | <input type="checkbox"/> Catheterization | <input type="checkbox"/> Insulin Injections |
|-----------------------------------|----------------------------------|--|---|

Support Required:

- | | | | |
|--|---------------------------------------|------------------------------------|---|
| <input type="checkbox"/> CPI/NVCI | <input type="checkbox"/> CPR | <input type="checkbox"/> First Aid | <input type="checkbox"/> Physical (Transfers & Lifts) |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Behavioural | | <input type="checkbox"/> Assistive Devices |
| <input type="checkbox"/> Life Skills | <input type="checkbox"/> Job Support | | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Pharmacology | | |
| <input type="checkbox"/> Personal Care (i.e. toileting) | <input type="checkbox"/> Oral Feeding | | |
| <input type="checkbox"/> Alternative Communication Devices | | | |
| <input type="checkbox"/> Assistive Communication (ie.PECS) | | | |
| <input type="checkbox"/> Applied Behaviour Analysis (ABA) | | | |
| <input type="checkbox"/> Speech & Language / Communication | | | |

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How did you hear about respiteservices.com? _____

Type of respite support required:

In-home Respite Worker 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/Self Primary Contact

Preferred Spoken Languages: _____

Worker Requirements

Preferred Spoken Languages: _____

Worker Gender: Male Female Other Any

Rate of Pay: \$11.25-\$12 \$12-\$15 \$15+
 Negotiable Daily Rate

Requires: Driver's License Own Vehicle

Worker Duties/Additional Comments:

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

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Required Worker Availability (other than summer months):

(Check days and times required or preferred)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Before School							
Morning							
Afternoon							
After School							
Evening							
Overnight							
Other:	Summer (months)			March Break	Holidays	Relief	
	Morn	After	Eve	Wkd			

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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, Private Support Workers 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

(do not include any identifying information e.g. Names, phone number, address, email)

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: Family Information Package

Please return completed registration form with consents to respiteservices.com. (See address below)

Hosted by Community Living North Grenville

respiteservices.com is committed to protecting the privacy, confidentiality and security of your personal information. We respect your privacy and adhere to all legislative requirements. We do not rent, sell or trade our mailing lists. The information you provide to us will be used to connect you to suitable families, keep you informed about our activities and other respite opportunities or training and to send update forms. Please visit our website www.respiteservices.com for a complete version of our Privacy Statement, Privacy Policy and Terms of Use.

Community Living North Grenville 2830 County Road 43 P.O. Box 1430 Kemptville, ON, K0G 1J0

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respiteservices.com

Attn: respiteservices.com Nancy Fischer Program Coordinator

Statement of Purpose for the Collection, Use and Disclosure of the Personal Information Provided

The information collected directly from you will be forwarded to respiteservices.com hosted by Community Living North Grenville. By signing this information, you will be consenting to collection, use and disclosure of personal information contained in the form in accordance with the respiteservices.com Privacy Policy and the Terms of Use.

The information that you provide will be used for the following purposes:

- to facilitate connecting you with workers seeking respite work in order to meet your respite needs;
- to facilitate the process of referring you to, or applying for, respite programs and option(s);
- to facilitate both processes above;
- to contact you regarding upcoming events, activities and programs that may be of interest;
- to send you information, documents or forms required to keep your information up-to-date; and
- for quality assurance purposes, including feedback on how effective and helpful our services have been, to allow us to improve our services

In cases where you would like to be connected to respite programs or options, there will be a need to disclose the information to other respite agencies/service providers. Your request implies consent to forward your information to these agencies.

Furthermore, some of the information collected will be summarized periodically to facilitate community/provincial planning activities. Such information summaries will not include personal identifiers (e.g., name, address, phone number, etc).

Consent

I _____, have reviewed and understand the above Statement of Purpose for the Collection, Use, and Disclosure of Personal Information. I understand that I can refuse to provide my consent. I also understand that I can access and change the information I have provided or withdraw my consent by providing notice in writing Community Living North Grenville. I authorize the collection, use, and disclosure of my personal information for all the purposes identified above.

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Withholding Consent

If there are there any restrictions regarding the collection, use, and disclosure of the information provided please provide the details below.

If you do not authorize the disclosure of your information to other respite agencies, please indicate those agencies below

Date: _____

Parent/Guardian/Individual Signature

Witness Signature

Signature of Second Parent or Guardian

Signature of Witness

Printed Name

Printed Name

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FAMILY AGREEMENT and RELEASE

TO: **Community Living North Grenville**

THIS IS AN IMPORTANT DOCUMENT. PLEASE READ IT CAREFULLY BEFORE SIGNING IT.

By signing this Agreement and Release I/We acknowledge and agree that:

The Private Support Worker is **not** a Community Living North Grenville employee but is an independent contractor that I/we have hired directly, independent of any involvement by Community Living North Grenville which has/have no control or direction over and is/are not responsible for the actions or conduct of the Private Support Worker I/we have selected and hired, or for any issues that I/we may have with the Private Support Worker. I/We will resolve any such issues directly with the Private Support Worker. The Private Support Worker is not a representative of or authorized to speak on behalf of and is not involved in any services provided to me/us by Community Living North Grenville

Any Private Support Worker profile provided to me is being provided to me/us as a possible respite worker. A Private Support Worker may be removed from the Private Support Worker database at any time, in the sole discretion of the Coordinator of Community Living North Grenville. I/we understand Community Living North Grenville are not responsible to notify us if the Private Support Worker is removed from the Private Support Worker database.

Private Support Worker profiles are provided as a public service. The contents of any Private Support Worker profile made available to me/us is provided by, and is the responsibility of, the Private Support Worker. I/We will use the information provided in the Private Support Worker profile for our own purposes and at our own risk and without any liability by Community Living North Grenville for our use of the Private Support Worker profile.

I/We understand that the Private Support Worker provided an up-to-date Police Reference Check and contact names and/or letters of reference to the Private Worker Database at the time of their interview for the Private Worker Database. I/We understand that the Community Living North Grenville are not responsible for checking references provided by the Private Support Worker and may or may not have done so. Even if the Private Support Worker's references have been checked by Community Living North Grenville, the information obtained by Community Living North Grenville is confidential and may not be up to date. I/we understand that I/we may also ask for and are encouraged Community Living North Grenville to check references provided to me/us by the Private Support Worker. I/we also understand that I/we may also ask the Private Support Worker to provide me/us with an up to date Police Reference Check. I/we understand that I/we am/are solely responsible for any failure on my/our part to check references provided to me/us by the Private Support Worker or obtain an up to date Police Reference Check for the Private Support Worker.

I/we understand that I/we may receive confidential information about Private Support Workers through the use of the Private Support Worker Database. By signing this Family Agreement and Release, I/we am/are indicating my/our understanding of my/our responsibilities to maintain the confidentiality of the Private Support Worker's personal information and agree that I/we will maintain the confidentiality of the Private Support Worker's personal information and will not disclose that information without the Private Support Workers consent or as required or permitted by law.

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The Private Support Worker has acknowledged in writing that:

- She/he is an independent contractor to me/us and is responsible only to me/us.
- She/he is solely responsible for any private vehicle she/he uses to transport persons served by the Private Support Worker; and
- She/he is solely responsible for his/her own health, accident, and liability insurance, payment of taxes, contributions to Employment Insurance and CPP, and benefits plan.

By signing this Family Agreement and Release I/we release and Community Living North Grenville (which in this Agreement and Release includes all persons for which Community Living North Grenville is/are legally responsible, including, without limitation, the employees, agents, officers, and directors of Community Living North Grenville from all actions, causes of action, proceedings, claims, demands, losses, damages and liabilities of every nature and kind arising directly or indirectly from my dealings with the Private Support Worker that I hire to provide respite services to me/us. I/we agree to indemnify Community Living North Grenville from all liabilities, loss, claims, demands, costs and expenses incurred by it/them as a result of my/our actions and conduct in respect of the Private Support Worker and the support services provided by the Private Support Worker to me/us. I/we further agree that I/We will make no claim against anyone that may claim contribution or indemnity from Community Living North Grenville.

This Agreement and Release is binding on my/our heirs, executors and other legal personal representatives

If any provision of this Agreement and Release is found to be invalid or unenforceable in whole or in part that provision is to be severed from this Agreement and Release and shall not affect the validity or enforceability of the remainder of this Agreement and Release which shall continue in full force and effect.

I/WE HAVE READ AND UNDERSTOOD ALL OF THIS AGREEMENT AND RELEASE AND I/WE AGREE TO ALL OF ITS TERMS.

Dated: _____

Signature of First Parent or Guardian

Signature of Witness

Printed Name

Printed Name

Signature of Second Parent or Guardian

Signature of Witness

Printed Name

Printed Name

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