



ID: _____

Family Registration

Parent/Caregiver Information

First Name: _____ Last Name: _____ Initial: _____

Address: _____ Apt/Unit: _____

City: _____ Postal Code: _____

Nearest Intersection: _____

Telephone: _____ Fax: _____

Email: _____

Relationship to Individual Mother Father Legal Guardian

If other, please 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: _____

Nearest Intersection: _____

Telephone: _____ Fax: _____

Relationship to Individual Mother Father Legal Guardian

If other, please specify: _____



ID: _____

Individual (Son/Daughter) information

First Name: _____ Last Name: _____ Initial: _____

Check if address is the same as Parent/Caregiver

First Name: _____ Last Name: _____ Initial: _____

Address: _____ Apt/Unit: _____

City: _____ Postal Code: _____

Telephone: _____ Other: _____

D.O.B.: _____ M / F

Please list interests and hobbies of your son/daughter:

Diagnosis:

ADHD Allergies Autism Spectrum Disorder Challenging Behaviours Dual
Diagnosis Developmental Disability Medically Complex Mental Health
Physical Disability Seizures

Other Needs:

G/J Tube Oxygen Suctioning Tracheotomy Ventilator

Supports Required:

Alternate Communication Devices Behavioural Medical Assistive Devices (i.e
Wheel chairs) Physical (Transfers and Lifts) Sign Language Speech and Language
 Personal Care (Toileting)

First Aid CPR CPI



ID: _____

Additional Information: _____

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 Primary Contact

Only complete the following two pages if you are registering to the CHAP Program to connect with workers.

Worker Requirements

Worker Gender: Male Female Either

Rate of Pay: \$12-\$15/hour \$15+/hour Negotiable 24 hr per diem

For respite support we require a worker with: Driver's License Own Vehicle

Worker Duties/ Additional Comments:

Please indicate any personal are necessary, worker expectations, specific care needs etc:



ID: _____

Required Worker Availability

(Check days and times required or preferred)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Before School							
Morning							
Afternoon							
After School							
Evening							
Overnight							

CHAP FAMILY CLASSIFIED

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, CHAP Workers currently looking for contacts can view work opportunities and request their profiles 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. Each family is identified with an ID# assigned upon registration.

Description of Individual: _____

Worker Duties/Activities: _____

Additional Information

*In Wellington County respiteservices.com is cohosted by Canadian Mental Health Association Waterloo Wellington and Family Counselling and Support Services. respiteservices.com respects your privacy. We protect your personal information 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 workers, keep you informed about our activities and other respite programs/services and to send update forms. If at any time you wish to stop receiving this information, simply contact us at 519 821 8089 x 2110 or via e-mail at respite@cmhwww.ca
80 Waterloo Av, Guelph, ON , N1H 0A1*



respiteservices.com

ID: _____

Preference for receiving worker profiles: Mail Email Fax

Would you like to receive a copy of: CHAP Family Information Package

Would you like to speak to a representative from Access Information and Referral about out of home respite options: Yes No

Please read and sign the following:

I am interested in being registered with the CHAP Program. I understand that the information provided will be used to facilitate the process of matching a worker(s) with my family. I am prepared to select, interview and contract a worker at my own discretion.

Signature

Date

Please return to:

CHAP Community Helpers for Active Participation
C/O CMHA WW
80 Waterloo Av
Guelph ON
N1H 0A1

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