

(For office use only)

FM ID: _____

IN ID: _____



respiteservices.com

FAMILY REGISTRATION PACKAGE

Parent/Caregiver Information

First Name: _____ Last Name: _____ Initial: ____

Address: _____ Apt/Unit: _____

City: _____ Postal Code: _____

Nearest Intersection: _____

Telephone: _____ Other: _____

Fax: _____ Email: _____

Relationship to Individual Mother Father Legal Guardian Grandparent
 Self Sibling Foster Family Other

If other, specify _____

Languages 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: _____ Other: _____

Fax: _____ Email: _____

Relationship to Individual Mother Father Legal Guardian Grandparent
 Self Sibling Foster Family Other

If other, specify _____

Community Region: (where you live)

- | | |
|---|---|
| <input type="checkbox"/> West Hants - Hantsport/Windsor/Martock | <input type="checkbox"/> Yarmouth – Port Maitland /Hebron |
| <input type="checkbox"/> West Hants - Walton/Kennetcook | <input type="checkbox"/> Yarmouth – Yarmouth/Kelly Cove |
| <input type="checkbox"/> West Hants - Stewiack/Shubenacadie/Enfield | <input type="checkbox"/> Yarmouth – Tusket/Wedgeport |
| <input type="checkbox"/> West Hants - Elmsdale/Mt.Uniacke/Falmouth | <input type="checkbox"/> Yarmouth – Quinan/Kemptville |
| <input type="checkbox"/> West Hants - Hantsport/South Maitland/Upper Rawdon | <input type="checkbox"/> Yarmouth – Argyle/Pubnico |
| <input type="checkbox"/> Kings - Wolfville/Canning/PortWillams | <input type="checkbox"/> Shelburne – Upper Ohio/Barrington |
| <input type="checkbox"/> Kings - Kentville/Greenwood | <input type="checkbox"/> Shelburne – Shag Harbour/Clarks Harbour |
| <input type="checkbox"/> Kings - Brewick/Aylesford | <input type="checkbox"/> Shelburne – Ingomar/Shelburne |
| <input type="checkbox"/> Kings - Coldbrook/Avonport | <input type="checkbox"/> Shelburne – Sable River/Lockport/Birchtown |
| <input type="checkbox"/> Annapolis – Middleton/Bridgetown | <input type="checkbox"/> Queens – Liverpool |
| <input type="checkbox"/> Annapolis – Annapolis Royal/Cornwallis/Bear River | <input type="checkbox"/> Queens – Mill Village/Port Joli/Port Mouton/ |
| <input type="checkbox"/> Annapolis – Wilmont/ Larwencetown/Clementsport | <input type="checkbox"/> Queens – Calidonia/Charlston/Greenfield |
| <input type="checkbox"/> Digby – Weymouth/Meteghan/Beaver river | <input type="checkbox"/> Queens – Western head/White point |
| <input type="checkbox"/> Digby – Saulnierville/Belliveau cove/Plymton | <input type="checkbox"/> Lunenburg – Chester /Lunenburg |
| <input type="checkbox"/> Digby – Marshalltown/Gulliver cove | <input type="checkbox"/> Lunenburg – Bridgewater/Mahone Bay |
| <input type="checkbox"/> Digby – Tiverton/Westport | <input type="checkbox"/> Lunenburg – Hubbards/New Ross/Italy Cross |

Hosted by Yarmouth Association for Community Residential Options 6 Thurston St. Yarmouth, Nova Scotia B5A 4K5 Attn: Ginger Gates - Respite Coordinator
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 workers, 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.

Privacy policy: <https://www.respiteservices.com/Ontario/index.aspx?ArticleID=1914&lang=en-CA> Terms of Use: <https://www.respiteservices.com/Ontario/index.aspx?ArticleID=1719&lang=en-CA>

(For office use only)

FM ID: _____

IN ID: _____



respiteservices.com

FAMILY REGISTRATION PACKAGE

Individual Information (individual receiving support e.g. son/daughter)

First Name: _____ Last Name: _____ Initial: ____

Date of Birth: _____ Male/Female/Other: _____
day / month / year

Check if address is same as Parent/Caregiver

First Name: _____ Last Name: _____ Initial: ____

Address: _____ Apt/Unit: _____

City: _____ Postal Code: _____

Nearest Intersection: _____

Telephone: _____ Other: _____

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

(such as sensory information, seizure types, frequency, warning signs of seizures)

(For office use only)

FM ID: _____

IN ID: _____



respiteservices.com

FAMILY REGISTRATION PACKAGE

Disability and Special Needs

Diagnosis:

- 22q13.3 Disorder
- Acquired Brain Injury
- Aggressive Behaviours
- Allergies
- Alzheimer Disease
- Anxiety Disorders
- Arthritis
- Asperger Syndrome
- Asthma
- Attention Deficit Disorder (ADD)
- Attention Deficit Hyper Disorder (ADHD)
- Autism Spectrum Disorder
- Cancer
- Cerebral Palsy (CP)
- Challenging Behaviours
- Challenging Sexual Behaviours
- Chronic Illnesses
- Complex Medical Issues
- Dementia/Cognitive Impairment
- Developmental Disability
- Diabetes
- Dissociative Disorders
- Down Syndrome
- Dual Diagnosis
- Eating Disorders
- Fetal Alcohol Syndrome (FAS)
- Food Avoidance Emotional Disorder (FAED)
- Frail/Elderly
- Hearing Impairment
- Heart Disease

- Impulse Control and Addiction Disorders
- Intellectual Disability
- Learning Disabilities
- Lou Gehrig's disease (ALS)
- Mental Health
- Mood Disorders
- Multiple Sclerosis (MS)
- Muscular Dystrophy (MD)
- Neuro-muscular Disorders
- Obsessive Compulsive Disorder (OCD)
- Oppositional Defiant Disorder (ODD)
- Other
- Palliative
- Paralysis
- Parkinson Disease
- Personality Disorders
- Physical Disability
- Post-Traumatic Stress Disorder (PTSD)
- Prevention and Management of Aggressive Behaviour (PMAB)
- Psychotic Disorders
- Seizures
- Somatic Symptom Disorders
- Stress Response Syndromes
- Stroke
- Swallowing Difficulties
- Tic Disorders
- Tuberculosis (TB)
- Visual Impairment

Other Needs:

- Not Applicable
- Catheterization
- Central Line (CVC)
- Colostomy Care
- Epi Pen
- G/J Tube
- Glucose Monitoring

- Inhalation Therapy
- Insulin Injections
- Oxygen
- Suctioning
- TPN Feeding
- Tracheotomy
- Ventilator

(For office use only)

FM ID: _____

IN ID: _____



respiteservices.com

FAMILY REGISTRATION PACKAGE

Support Required:

- Not Applicable
- Alternative Communication Devices
- Applied Behaviour Analysis/Intensive Behavioural Intervention (ABA/IBI)
- Approved Alternative Family Support Provider
- Assistive Communication (i.e. PECS)
- Assistive Devices (wheelchair, etc.)
- Behavioural
- Camp Companion
- Cardio Pulmonary Resuscitation (CPR)
- Community Integration
- CPI/NVCI
- CPR
- Crisis Prevention & Intervention (CPI)
- Family Home/Associate Living
- First Aid
- Host Home
- In a Respite Apartment
- In the Community
- In the Individual's Home
- Intensive Behavioural Intervention
- Job Support
- Life Skills
- Lift/Transfers
- Meal Preparation
- Medical Appointments/Other Medical Support
- Medication Administration
- Medication Management
- Mobility
- NCI/SMG
- Nursing
- Oral Feeding
- Personal Care (toileting)
- Physical (transfers & lifts)
- Physio/Occupational Therapy
- Sensory Integration
- Sign Language
- Social Network Building
- Speech & Language / Communication
- Sports
- Transportation
- Tutoring

(For office use only)

FM ID: _____

IN ID: _____



respiteservices.com

FAMILY REGISTRATION PACKAGE

How did you hear about respiteservices.com? _____

Type of respite support required: Respite Worker

Person filling out form: _____

Relationship to Service User/Individual: _____

Agency filling out form (if applicable): _____

Who will receive information: Parent/Caregiver/Self Primary Contact

Worker Requirements

Preferred Spoken Languages: _____

Worker Gender: Male Female Other Any

Rate of Pay: \$11.25-\$12 \$12-\$15 \$15
 \$15 -18 \$15+ Negotiable
 24 per hr Diem Daily Rate

Requires: Requires Driver's License? Requires Vehicle during support?

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							
Morning							
Afternoon							
After School							
Evening							
Overnight							

Other:	Summer (months)				March Break	Holidays	Relief
	Morn <input type="checkbox"/>	After <input type="checkbox"/>	Eve <input type="checkbox"/>	Wkd <input type="checkbox"/>			

(For office use only)

FM ID: _____

IN ID: _____



respiteservices.com

FAMILY REGISTRATION PACKAGE

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 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/Individual Classified (*do not include any identifying information i.e. Names, email, phone number, addresses*)

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

Additional Questions

Are you an Approved Alternative Family Support Provider? Yes No

Are you connected to the Disability Support Program? Yes No In Progress

On average, how many hours are you looking to hire a respite worker per week? _____

What days and times do you require respite support? (e.g. Sunday from 5-7pm) _____

Are you flexible with these days and times? Yes No

If you require overnight support, does the shift require the respite worker to stay awake or sleep?

Overnight Awake Overnight Sleep Not Applicable

(For office use only)

FM ID: _____

IN ID: _____



respiteservices.com

FAMILY REGISTRATION PACKAGE

Individual : Worker Ratio

1 Individual : 1 Worker 1 Individual : 2 Worker 2 Individual : 1 Worker 2 Individual : 2 Workers

Please specify any behavioral supports that the individual may require? (If not applicable, type n/a)

Does the individual have any sensory needs or sensitivities? If so, please specify

(For office use only)

FM ID: _____

IN ID: _____



respiteservices.com

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 or supportyourway.ca hosted by [Yarmouth Association for Community Residential Options]. By signing this information, you are consenting to collection, use, disclosure and retention of personal information contained in the 'Statement of Purpose for the Collection, Use and Disclosure of the Personal Information Provided' form in accordance with the respiteservices.com/supportyourway.ca Privacy Policy and the Terms of Use.

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

- to facilitate connecting you with independent individual service providers seeking respite clients in the community in order to help you meet your respite needs;
- to facilitate the process of referring you to, or helping you apply 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 whose services are consistent with your needs. Your request to be connected with these services constitutes consent to forward your information to these agencies or service providers.

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.) of you, your family or your loved one with a disability.

Consent

I _____, have reviewed and understand the above Statement of Purpose for the Collection, Use, Disclosure and Retention 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 to [Ginger Gates - Respite Coordinator at respite@yacro.com]. I authorize the collection, use, disclosure and retention of my personal information for all the purposes identified above, on consistent with the respiteservices.com Privacy Policy and the Terms of Use which I hereby acknowledge have been provided to me and which I have read and understood.

(For office use only)

FM ID: _____

IN ID: _____



respiteservices.com

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

(For office use only)

FM ID: _____

IN ID: _____



FAMILY AGREEMENT and RELEASE

This Agreement is between:

- a. [_____] and [_____]
Parent/Registrant No. 1 *Parent/Registrant No. 2*
(together and individually, the “**Database User**”); and
- b. [Yarmouth Association for Community Residential Options] (The “**Agency**”), Respite Program Database (“**Respite Program Database**”), Respiteservices.com/Supportyourway.ca (together the “**Program Providers**”).

Whereas:

- a. The Respite Program Database is a free information service that support organizations throughout Ontario provide for the benefit of people with disabilities, their families and individual service providers in the community;
- b. RespiteServices.com is the website through which the Respite Program Database is made available;
- c. The Agency is a not-for-profit charitable organization responsible for facilitating the Respite Program Database and Respiteservices.com in the Western Nova Scotia region;
- d. The Database User has a loved one with a disability and wishes to take part in and have the benefit of the information made available through the Respite Program Database, and the Program Providers wish to allow the Database User access to the Respite Program Database;

Now therefore, in consideration of being permitted to access the Respite Program Database, the Database User acknowledges and agrees as follows:

1. The Respite Program Database is comprised of a database through which the Database User can make the Database User’s support needs known, and through which independent individual service providers (known as “**Respite Workers**”) can offer their services to people in the community, including the Database User.
2. The Program Providers do not represent or warrant that any information provided through the Respite Program Database is accurate or current, or that any Respite Worker possesses the skills, qualifications, training, experience, or appropriate background to provide services to the Database User or any other person. The Program Providers are also not responsible for notifying Database Users of any changes in relation to any Respite Worker or his/her continuing eligibility to participate in the Respite Program Database.
3. The Database User acknowledges and agrees that if the Database User relies on any information included in the Respite Program Database, the Database User does so at his/her own risk and that the Database User is responsible for screening any Respite Worker they are considering engaging, including, but not limited to, in relation to their criminal background, eligibility to work with vulnerable people, references and experience. Program Providers are not liable to any person, including the Database User, in respect of any inaccuracies or false information that may be included in a Respite Worker profile, or for including any particular Respite Worker in the Respite Program Database.

(For office use only)

FM ID: _____

IN ID: _____



respiteservices.com

4. The Database User expressly understands and agrees that Respite Workers are not employees, contractors, agents, representatives or partners of the Program Providers and the Program Providers are in no way responsible for the Respite Workers, any relationship they may have with the Database User or any other person to whom the Respite Worker may provide services, or with whom the Respite Worker may interact in the course of providing any services.
5. The Database User furthermore acknowledges and agrees that the Program Providers are not liable for any services, conduct, act, or omissions of any Respite Worker at any time, nor for any harm that any Respite Worker may cause or in any way be associated with at any time, and the Respite Worker agrees not bring or take part in any claim of any kind against the Program Provider in respect of any Respite Worker's services, conduct, acts or omissions.
6. The Database User also agrees, represents, and warrants that in the event that the Database User identifies an Respite Worker through the Respite Program Database from whom the Database User wishes to purchase services or otherwise engage to provide supports, the Database User is solely responsible for engaging with that Respite Worker (whether as an independent contractor or employee of the Database User) and shall bare all responsibility and liability in respect of any services purchased by the Database User from such Respite Worker, including but not limited to any amounts payable to the Respite Worker for or in respect of the services or the service relationship between the Respite Worker and the Database User, any deductions, remittances, premiums or contributions for Employment Insurance, Canada Pension Plan, Income Tax, Workplace Safety and Insurance Board premiums, or other statutory amounts that are legally required to be submitted remitted or otherwise paid in respect of Respite Workers services to the Database User ("Liability").
7. The Database User agrees to hold harmless and indemnify the Program Providers from any and all Liability, and from any claims by the Respite Worker, or any other person, in respect of any harm, injuries, or losses that the Respite Worker may suffer during or in relation to the services the Respite Worker provides to the Database User, or to any person at the direction of the Database User.
8. The Database User acknowledges and agrees that the Database User may receive confidential information about Respite Workers through the use of the Respite Program Database. By signing this Agreement, the Database User agrees to maintain the confidentiality of the any Respite Worker's personal information and agrees not to collect, use or disclose such information except for the purposes of consider the Respite Worker as a potential service provider or engaging with a Respite Worker to provide service, or as otherwise consented to by the Respite Worker or as otherwise required or permitted by law.
9. By signing this Agreement, the Database User releases the Program Providers, including all of their directors, officers, employees, volunteers, agents, or assigns from all actions, causes of action, proceedings, claims, demands, losses, damages and liabilities of every nature and kind arising directly or indirectly from the Database User's dealings, interactions or relationship with the any Respite Worker at any time. The Database User agrees to indemnify and hold harmless the Program Providers, including without limitation, all of their directors, officers, employees, volunteers, agents, or assigns, from all liabilities, loss, claims, demands, costs and expenses incurred by any of them as a result of the Database User's acts or omissions in respect of any Respite Worker and the support services provided by any Respite Worker to the Database User or any other person under the direction of the Database User. The Database User further agrees that the Database User will make no claim against anyone that may claim contribution or indemnity from the Program Providers.

(For office use only)

FM ID: _____

IN ID: _____



respiteservices.com

This Agreement and Release is binding on the Database Users 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 Database User

Signature of Witness

Printed Name

Printed Name

Signature of Second Database User

Signature of Witness

Printed Name

Printed Name