



ID: _____

Family Registration

Parent/Caregiver Information

First Name: _____ Last Name: _____ Initial: ____

Address: _____ Apt/Unit: _____

City: _____ Postal Code: _____

Nearest Intersection: _____

What community region do you live in:

Amaranth East Garafraxa East Luther/Grand Valley Melancthon

Mono Mulmur Orangeville Shelburne Other

Telephone: _____ Other: _____

Fax: _____ Email: _____

Relationship to Individual: Mother Father Legal Guardian

If Other, specify _____

Language Spoken at Home: _____

Interpreter Needed: Yes No If yes, Identify Language _____

Primary/Agency Contact Information

Check if same as Parent/Caregiver

First Name: _____ Last Name: _____ Initial: ____

Address: _____ Apt/Unit: _____

City: _____ Postal Code: _____

Telephone: _____ Other: _____

Fax: _____ Email: _____

Relationship to Individual: Mother Father Legal Guardian

If Other, specify _____

Individual (son/daughter) Information

First Name: _____ Last Name: _____ Initial: ____

Check if address is same as Parent/Caregiver

Address: _____ Apt/Unit: _____

City: _____ Postal Code: _____

Telephone: _____ Other: _____

D.O.B.: _____ M / F

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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 519-941-1530 or via e-mail at

Sandra.macdonald@dcafs.on.ca or chris.cianfagna@dcafs.on.ca

655 Riddell Road, Orangeville, Ontario L9W 4Z5



ID: _____

Individual (son/daughter) Information

Please list interests and hobbies of your son/daughter:

Disability and Special Needs

Diagnosis:

- ADHD Allergies Autism/PDD Challenging Behaviours Dual Diagnosis
- Developmental Disabilities Medically Complex Mental Health
- Physical Disability Seizures

Other Needs:

- G/J Tube Oxygen Suctioning Tracheotomy Ventilator

Support Required:

- ABA Alternative Communication Behavioural Medical
- Mobility/Assistive Devices (i.e. wheelchairs) Physical (Transfers & Lifts)
- Sign Language Speech & Language Personal Care (i.e. toileting)
- First Aid CPR CPI

Additional Information: _____

How did you hear about respiteservices.com? _____

Type of respite support required:

- In-home Respite Worker Out-of-Home respite programs Both
- Unsure

Person filling out form: _____



ID: _____

Relationship to Service User/Individual: _____
Agency filling out form (if applicable): _____

Who will receive information: Parent/Caregiver Primary Contact

Please submit your completed application to respiteservices.com (see below for address and fax #)

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: \$10-\$12 \$12-\$15 \$15+ Negotiable

For respite support require a worker with: 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							
Morning							
Afternoon							
After School							



ID: _____

Evening							
Overnight							
Other:	Summer (months)				March Break	Holidays	Relief
	Morn	After	Eve	Wkd			

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, CHAP 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. Each family is identified with an ID# assigned upon registration.

CHAP FAMILY CLASSIFIED

Description of Individual: _____

Worker's Duties/Activities: _____

Additional Information

Preference for receiving worker profiles: mail fax email?

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Sandra.macdonald@dcafs.on.ca or chris.cianfagna@dcafs.on.ca

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ID: _____

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

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” (see address below)

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