

ID: _____

Family Registration

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
 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: _____
 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 _____



ID: _____

Individual (son/daughter) Information

Please list interests and hobbies of your son/daughter:

Disability and Special Needs

Diagnosis:

- ☐ Not Applicable ☐ Challenging Behaviours ☐ Developmental Disabilities
☐ Medically Complex ☐ Physical Disability

Support Required:

- ☐ Not Applicable ☐ Medical ☐ Mobility ☐ Speech & Language ☐ Personal Care

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

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?

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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

905 436 2500 Ext. 2209 or via e-mail at info@respiteservices.com.

ID: _____

 Rate of Pay: ☐ \$8-10 ☐ \$10-\$12 ☐ \$12-\$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							
Evening							
Overnight							
Other:	Summer (months)			March Break	Holidays	Relief	
	Morning	Afternoon	Evening	Weekend			

Classified Ad

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

ID: _____

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

Family Members interests and Hobbies: _____

Worker's Duties/Activities: _____

Additional Information

Preference for receiving worker profiles: ☐ mail ☐ fax ☐ email?

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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