

Family Profile

Section A

Parent / Caregiver Contact Information

First Name: _____

Last name: _____

Initials: _____

Street Address: _____ Apartment/Unit _____

City: _____ Postal Code: _____

Main Intersection: _____

Community Region

- | | | |
|--------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Barrhaven | <input type="checkbox"/> Central | <input type="checkbox"/> East |
| <input type="checkbox"/> Kanata | <input type="checkbox"/> Nepean | <input type="checkbox"/> Orleans |
| <input type="checkbox"/> Stittsville | <input type="checkbox"/> South | <input type="checkbox"/> West |

Telephone: (h) _____ Other _____

Fax: _____ e-mail: _____

Relationship to Service User/Individual

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Self |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Foster Family | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Other | |

If other, please specify: _____

Languages spoken at home

- | | | | | |
|------------------------------------|----------------------------------|-------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Afrikaans | <input type="checkbox"/> Arabic | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Cree | <input type="checkbox"/> English |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Finnish | <input type="checkbox"/> French | <input type="checkbox"/> Greek | <input type="checkbox"/> Italian |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Ojibway | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Russian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Tamil | <input type="checkbox"/> Urdu | If other, please specify: _____ | | |

Interpreter required: yes no unknown

If yes, indicate in which language: _____

Section B

Primary / Agency Contact Information

Primary Contact

- Same as Parent / Caregiver **If same as parent / caregiver, go to Section D**
- Other than Parent / Caregiver go to **Section C**

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Section C

Primary / Agency Contact Information

First Name: _____

Last name: _____

Initials: _____

Street Address: _____ Apartment/Unit _____

City: _____ Postal Code: _____

Main Intersection: _____

Telephone: (h) _____ Other _____

Fax: _____ e-mail: _____

Relationship to Service User / Individual

Mother Father Self Grandparent

Foster Family Legal Guardian Sibling Other

If other, please specify:

Section D

Individual (son/daughter) information

First Name: _____

Last name: _____

Initials: _____

Is the individual's address the same as parent/caregiver: Yes No

If YES, go to Date of birth section.

Street Address: _____ Apartment/Unit _____

City: _____ Postal Code: _____

Telephone: (h) _____ Other: _____

Date of Birth: _____

dd/mm/yyyy

Age Category

0-5 Preschool 6-12 School Aged 13-17 Adolescent

18-21 Young Adult 22-30 Adult 31-50 Adult

50+ Senior 51-64 Senior 65+ Senior

Gender

Male

Female

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Comments / Hobbies / Interests:

Diagnosis (Select all that applies)

- | | |
|--|---|
| <input type="checkbox"/> Acquired Brain Injury s | <input type="checkbox"/> Medically Complex |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Asperger Syndrome | <input type="checkbox"/> Neuro-Muscular Disorders |
| <input type="checkbox"/> Attention Deficit Hyper Disorder (ADHD) | <input type="checkbox"/> Obsessive Compulsive Disorder (OCD) |
| <input type="checkbox"/> Autism Spectrum Disorder (ASD) | <input type="checkbox"/> Oppositional Defiance Disorder (ODD) |
| <input type="checkbox"/> Challenging Behaviors | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Swallowing Difficulties |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Swallowing difficulties |
| <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Fetal Alcohol Syndrome (FAS) | |
| <input type="checkbox"/> Hearing Impairment | |

Other Needs

- | | |
|--|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Glucose Monitoring |
| <input type="checkbox"/> Catheterization | <input type="checkbox"/> Inhalation Therapy |
| <input type="checkbox"/> Colostomy Care | <input type="checkbox"/> Insulin Injections |
| <input type="checkbox"/> EPI Pen | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> G / J Tube | <input type="checkbox"/> Suctioning |

Support Required

- | | |
|---|--|
| <input type="checkbox"/> Alternative Communication | <input type="checkbox"/> Lift / Transfers |
| <input type="checkbox"/> Applied Behavior Analysis (ABA) | <input type="checkbox"/> Medication Administration |
| <input type="checkbox"/> Assistive Devices (i.e. wheelchairs) | <input type="checkbox"/> Oral Feeding |
| <input type="checkbox"/> Behavioral | <input type="checkbox"/> Personal Care (Toileting) |
| <input type="checkbox"/> Camp Companion | <input type="checkbox"/> Physio / Occupational Therapy |
| <input type="checkbox"/> Community Integration | <input type="checkbox"/> Sensory Integration |
| <input type="checkbox"/> CPI / NVCI | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Speech & Language / Communication |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Intensive Behavioral Intervention | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Job Support | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Life Skills | |

How did you hear about respiteservices.com?

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Type of Respite Support Requested
 Respite Worker (in home and/ or out of home/community)
 Respite Programs/ Options (out of home)
 Both

Person filling out the form:
 Relationship to service user / individual?
 Agency filling out the form (if applicable):
Who will receive the information:
 Parent / Caregiver Primary Contact

Worker Requirements
Preferred spoken languages
 Afrikaans Arabic Cantonese Cree English
 Farsi Finnish French Greek Italian
 Mandarin Ojibwa Portuguese Russian Spanish
 Tamil Urdu Specify any other:

Worker Gender Male Female

Rate of Pay
 \$10 – \$12 \$12 – \$15 \$15 +
 Negotiable 24 hr per diem Daily Rate

Requires Driver’s License? Yes No
Requires Vehicle during support? Yes No

Worker’s Duties / Activities:

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Worker Availability (select all the apply)					
Before School					
<input type="checkbox"/> Any	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Morning					
<input type="checkbox"/> Any	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Afternoon					
<input type="checkbox"/> Any	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
After School					
<input type="checkbox"/> Any	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Evening					
<input type="checkbox"/> Any	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Overnight					
<input type="checkbox"/> Any	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Saturday					
<input type="checkbox"/> Any	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	<input type="checkbox"/> Overnight	
Sunday					
<input type="checkbox"/> Any	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	<input type="checkbox"/> Overnight	
Holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No					
March Break? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Relief Shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Summer					
<input type="checkbox"/> Any	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings		
<input type="checkbox"/> Overnight	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday			

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Classified Add
Would you like to have a classified ad posted on respiteservices.com website?
 Yes No

Description of individual:

Worker's Role:

Availability:

Date created: _____
 Expiration Date: _____

Additional Information
 Parent / Guardian will receive information by:
 e-mail fax mail

Primary / Contact Receive Worker Profile by
 e-mail fax mail

Would you like to receive the information package? Yes No

Community Question
Preferred service language? English French

Are you receiving any of the funding:
 Special Services at Home(SSAH) Assistance For Children with Severe Disability(ACSD)
 Autism Spectrum Disorder(ASD)- respite fund Passport On the wait list

Do you allow your phone number to be given to the Special Needs Workers who are registered with respiteservices.com in order to contact you and be matched with your family?
 Yes No

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Additional Questions

Would you like to receive new worker profiles? Yes No

Have you recently hired a new worker? Yes No

Would you like to receive information about respite options available? Yes No

Privacy Policy

I accept : Yes No

Please read and sign the following:

I am interested in being considered for the Worker Bank 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

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FAMILY AGREEMENT and RELEASE

TO: *Service Coordination for People with Developmental Disabilities/Coordination des services pour les personnes ayant une déficience intellectuelle*

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 Special Needs Worker is **not** a *Service Coordination for People with Developmental Disabilities/Coordination des services pour les personnes ayant une déficience intellectuelle* employee but is an independent contractor that I/we have hired directly, independent of any involvement by *Service Coordination for People with Developmental Disabilities/Coordination des services pour les personnes ayant une déficience intellectuelle* which has/have no control or direction over and is/are not responsible for the actions or conduct of the worker I/we have selected and hired, or for any issues that I/we may have with the worker. I/We will resolve any such issues directly with the worker. The 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 *Service Coordination for People with Developmental Disabilities/Coordination des services pour les personnes ayant une déficience intellectuelle*.

Any worker profile provided to me is being provided to me/us as a possible respite worker. A worker may be removed from the worker database at any time, in the sole discretion of the Coordinator of *Service Coordination for People with Developmental Disabilities/Coordination des services pour les personnes ayant une déficience intellectuelle*. I/we understand that *Service Coordination des services* are not responsible to notify us if the worker is removed from the worker database.

Worker profiles are provided as a public service. The contents of any worker profile made available to me/us is provided by, and is the responsibility of, the worker. I/We will use the information provided in the worker profile for our own purposes and at our own risk and without any liability by *Service Coordination for People with Developmental Disabilities/Coordination des services pour les personnes ayant une déficience intellectuelle* for our use of the worker profile.

I/We understand that the Special Needs Worker provided an up-to-date Police Reference Check and contact names and/or letters of reference to the Worker Bank Program at the time of their interview for the Worker Bank Program worker database. I/We understand that the *Service Coordination for People with Developmental Disabilities/Coordination des services pour les personnes ayant une déficience intellectuelle* are not responsible for checking references provided by the worker and may or may not have done so. Even if the worker's references have been checked by the *Service Coordination for People with Developmental Disabilities/Coordination des services pour les personnes ayant une déficience intellectuelle*, the information obtained by *Service Coordination for People with Developmental Disabilities/Coordination des services pour les personnes ayant une déficience intellectuelle* is confidential and may not be up to date. I/we understand that I/we may also ask for and are encouraged by *Service Coordination for People with Developmental Disabilities/Coordination des services pour les personnes ayant une déficience intellectuelle* to check references provided to me/us by the worker. I/we also understand that I/we may also ask the worker to provide me/us with an up to date Police Reference Check.

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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 worker or obtain an up to date Police Reference Check for the worker. I/we understand that I/we may receive confidential information about Special Needs workers through the use of the Worker Bank. 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 worker's personal information and agree that I/we will maintain the confidentiality of the worker's personal information and will not disclose that information without the workers consent or as required or permitted by law.

The 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 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 discharge *Service Coordination for People with Developmental Disabilities/Coordination des services pour les personnes ayant une déficience intellectuelle* (which in this Agreement and Release includes all persons for which *Service Coordination for People with Developmental Disabilities/Coordination des services pour les personnes ayant une déficience intellectuelle* is/are legally responsible, including, without limitation, the employees, agents, officers, and directors of *Service Coordination for People with Developmental Disabilities/Coordination des services pour les personnes ayant une déficience intellectuelle* 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 worker that I hire to provide respite services to me/us. I/we agree to indemnify *Service Coordination for People with Developmental Disabilities/Coordination des services pour les personnes ayant une déficience intellectuelle* 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 worker and the support services provided by the worker to me/us. I/we further agree that I/We will make no claim against anyone that may claim contribution or indemnity from *Service Coordination for People with Developmental Disabilities/Coordination des services pour les personnes ayant une déficience intellectuelle*.

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.

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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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FAMILY CONSENT FORM

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 Service Coordination for People with Developmental Disabilities/ Coordination des services pour les personnes ayant une déficience intellectuelle). 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 to Service Coordination des services. I authorize the collection, use, and disclosure of my personal information for all the purposes identified above..

Parent I agree
Guardian I agree
Individual I agree

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: _____

Date: _____

Parent/Guardian/Individual Signature

Witness Signature

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