

(For office use only)

FM ID: _____

IN ID: _____



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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 Grandparent
 Self Sibling Foster Family

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: _____

Nearest Intersection: _____

Telephone: _____ Other: _____

Fax: _____ Email: _____

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

If other, specify _____

Individual (son/daughter) Information

First Name: _____ Last Name: _____ Initial: ____

Date of Birth: _____ Male/Female: _____
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: _____

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Individual (son/daughter) Information

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

Disability and Special Needs

Diagnosis:

- | | | |
|--|---|---|
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Autism | <input type="checkbox"/> PDD |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Acquired Brain Injury |
| <input type="checkbox"/> Challenging Behaviours | <input type="checkbox"/> Seizures | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Dual Diagnosis | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> ADD <input type="checkbox"/> ADHD | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Fetal Alcohol Syndrome (FAS) |
| <input type="checkbox"/> OCD <input type="checkbox"/> ODD | <input type="checkbox"/> Neuro-Muscular Disorder | <input type="checkbox"/> Medically Complex |

Other Needs:

- G/J Tube Epi Pen

Support Required:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> CPI | <input type="checkbox"/> CPR | <input type="checkbox"/> First Aid | <input type="checkbox"/> Physical (Transfers & Lifts) |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Alternative Communication Devices | <input type="checkbox"/> Behavioural |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Assistive Communication (ie.PECS) | | |
| <input type="checkbox"/> Personal Care (i.e. toileting, feeding) | | | |

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How did you hear about respiteservices.com? _____

Type of respite support required:

In-home Support Worker Unsure

Person filling out form: _____

Relationship to Service User/Individual: _____

Agency filling out form (if applicable): _____

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

Preferred Spoken Languages: _____

Worker Requirements

Preferred Spoken Languages: _____

Worker Gender: Male Female Either?

Rate of Pay: \$11.25-\$12 \$12-\$15 \$15
 \$15+ Negotiable Per Diem

Requires: Driver's License Own Vehicle

Worker Duties/Additional Comments:

Please include: any personal care necessary, worker expectations, specific care needs etc.

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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	After	Eve	Wkd			

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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, Support 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 Classified (do not include any identifying information eg. names)

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

Please return completed registration form with consents to Rygiel Supports for Community Living. (See address below)

Hosted by Rygiel Supports for Community Living
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 families, 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.

200-1550 Upper James St. Hamilton, ON L9B 2L6 Attn: Ron Trajano/Viola Galamini - Fax (905) 525-5933
respite@rygiel.ca

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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 Rygiel Supports for Community Living. 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 Rygiel Supports for Community Living. I authorize the collection, use, and disclosure of my personal information for all the purposes identified above.

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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

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FAMILY AGREEMENT and RELEASE

TO: Rygiel Supports for Community Living

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 Support Worker is **not** a Rygiel Supports for Community Living or respiteservices.com employee but is an independent contractor that I/we have hired directly, independent of any involvement by Rygiel Supports for Community Living which has/have no control or direction over and is/are not responsible for the actions or conduct of the Support Worker I/we have selected and hired, or for any issues that I/we may have with the Support Worker. I/We will resolve any such issues directly with the Support Worker. The Support 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 Rygiel Supports for Community Living

Any Support Worker profile provided to me is being provided to me/us as a possible respite worker. A Support Worker may be removed from the Support Worker database at any time, in the sole discretion of the Coordinator of Rygiel Supports for Community Living. I/we understand Rygiel Supports for Community Living or respiteservices.com are not responsible to notify us if the Support Worker is removed from the Support Worker database.

Support Worker profiles are provided as a public service. The contents of any Support Worker profile made available to me/us is provided by, and is the responsibility of, the Support Worker. I/We will use the information provided in the Support Worker profile for our own purposes and at our own risk and without any liability by Rygiel Supports for Community Living or respiteservices.com for our use of the Support Worker profile.

I/We understand that the Support Worker provided an up-to-date Police Reference Check and contact names and/or letters of reference to the Support Worker Database at the time of their interview for the Support Worker database. I/We understand that the Rygiel Supports for Community Living or respiteservices.com are not responsible for checking references provided by the Support Worker and may or may not have done so. Even if the Support Worker references have been checked by Rygiel Supports for Community Living, the information obtained by Rygiel Supports for Community Living is confidential and may not be up to date. I/we understand that I/we may also ask for and are encouraged by Rygiel Supports for Community Living to check references provided to me/us by the Support Worker. I/we also understand that I/we may also ask the Support Worker to provide me/us with an up to date Police Reference Check. 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 Support Worker or obtain an up to date Police Reference Check for the Support Worker.

I/we understand that I/we may receive confidential information about Support Workers through the use of the Support Worker database. 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 Support Worker's personal information and agree that I/we will maintain the confidentiality of the Support Worker's personal information and will not disclose that information without the Support Workers consent or as required or permitted by law.

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The Support 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 Support 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 Rygiel Supports for Community Living(which in this Agreement and Release includes all persons for which Rygiel Supports for Community Livingis/are legally responsible, including, without limitation, the employees, agents, officers, and directors of Rygiel Supports for Community Living) or respiteservices.com 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 CHAP worker that I hire to provide respite services to me/us. I/we agree to indemnify Rygiel Supports for Community Living & respiteservices.com 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 Support Worker and the support services provided by the Support Worker to me/us. I/we further agree that I/We will make no claim against anyone that may claim contribution or indemnity from Rygiel Supports for Community Living or respiteservices.com.

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.

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