



## Family Registration

### Parent/Caregiver Information

\*Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

Main Intersection: \_\_\_\_\_

\*Telephone: (h) \_\_\_\_\_ (other) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\*Relationship to Individual:  Mother  Father  Grandparent  Legal Guardian

Other: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

\*Interpreter Needed:  Yes  No Language(if yes): \_\_\_\_\_

Do you want to receive community information through our e-broadcast system?

Yes  No

### Primary Contact Information

Same as Parent/Caregiver (skip to Individual Information if yes):  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (other) \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Individual:  Mother  Father  Grandparent  Legal Guardian

Other: \_\_\_\_\_

### Individual (son/daughter) Information

\*Name: \_\_\_\_\_

\*D.O.B.: \_\_\_\_\_

\*Gender:  Male  Female  Other

\*Age Category:  Preschool (0-5)  School Aged (6-12)  Adolescent (13-17)

Address is same as Parent/Caregiver (skip address if yes):  Yes  No

Address: \_\_\_\_\_

City: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (other) \_\_\_\_\_



Please list the child's interest/hobbies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individual (son/daughter) Information Cont'd**

Diagnosis:

- Down Syndrome
- Challenging Behaviours
- Developmental Disabilities
- Dual Diagnosis
- Medically Complex
- Physical Disability
- Seizure Disorder
- ADHD/ADD
- Acquired Brain Injury
- Cerebral Palsy
- FAS
- Hearing Impairment
- Mental Health
- Swallowing Difficulties
- Visual Impairment
- Autism/Pervasive Developmental Disorder (PDD)

Support Required:

- ABA/IBI
- Assistive Communication (i.e. PECS)
- Behavioural
- Assistive Devices (i.e. wheelchairs)
- Experience with Applied Behaviour Analysis
- Physical (Transfers & Lifts)
- Sign Language
- Speech & Language/Communication
- Camp Companion
- Life Skills
- Medical
- Oral Feeding
- Personal Care (toileting)
- Family Home/Associate Living
- First Aid
- CPR
- CPI

How did you hear about respiteservices.com?

\_\_\_\_\_

\*Type of respite support required:  Respite Worker (In/Out of Home)  Unsure

\*Person filling out form: \_\_\_\_\_

\*Relationship to Individual: \_\_\_\_\_

Agency filling out form (if applicable): \_\_\_\_\_

\*Who will receive the information:  Parent/Caregiver  Primary Contact





### Worker Requirements

\*Worker Gender:     Male         Female     Any         Other

\* Rate of Pay:         \$10-12     \$12-15     \$15 -18  
                               Negotiable                       Daily rate

\*Requires a valid Driver's License?     Yes         No

\*Requires vehicle during support?     Yes         No

Worker Duties/Additional Comments:

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Availability (other than summer months): *(Please be as specific as possible)*

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Before School 7am to 9 am							
Morning 9am to 12pm							
Afternoon 12pm to 4pm							
After School 3pm to 5pm							
Evening 5pm to 11pm							
Overnight							
Summer:	Mornings	Afternoon	Evenings	Weekends	Overnight	Saturday	Sunday
Other:	March Break	Holidays	Relief				

Sponsored by Children's Community Network

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 CCN at 877-272-4336 or via e-mail at [sudburymanitoulin@respiteservices.com](mailto:sudburymanitoulin@respiteservices.com).



Would you like to have a classified ad posted on respiteservices.com?  YES  NO

**CHAP Family Classified Ad**

Description of Individual: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Worker Duties/Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Availability: \_\_\_\_\_  
\_\_\_\_\_

**Additional Information:**

\*Preference for receiving worker profiles:  Mail  Email  Fax

Primary Contact to receive profiles by:  Mail  Email  Fax

Would you like a copy of the Family Information Package?  Yes  No

\*Are you currently involved with a CCN Service Coordinator?  Yes  No

Are you currently receiving any respite funding? If yes, please indicate which of the following types of respite apply to you.

- Special Services at Home
- Assistance for Children with Severe Disabilities
- Direct Funded Respite - CCN
- Not Applicable

Do you require any services in addition to respite support?  Yes  No

**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

\* Indicates a mandatory field.

