

DIRECT SUPPORT PROVIDER 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 the **Children's Community Network** (the "Agency") and included in the Support Provider Database. By signing this information, you are consenting to collection, use, disclosure and retention of personal information contained in the 'Statement of Purpose for the Collection, Use and Disclosure of the Personal Information Provided' 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 determine your suitability for providing respite services to families;
- to facilitate the process of connecting you with a family in need of respite services;
- 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

CONSENT

I _____, have reviewed and understand the above Statement of Purpose for the Collection, Use, Disclosure and Retention 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 the **Children's Community Network**. I authorize the collection, use, disclosure and retention of my personal information for all the purposes identified above, consistent with the respiteservices.com Privacy Policy and the Terms of Use which I hereby acknowledge have been provided to me and which I have read and understood.

WITHHOLDING CONSENT

If there are there any restrictions regarding the collection, use, and disclosure of the information provided please provide the details below.

DATE: _____

SIGNATURE OF APPLICANT

SIGNATURE OF WITNESS