

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: _____

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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 905 844-7864 x 333 or via e-mail at hssrespite@cwsds.ca

53 Bond Street, Oakville, ON L6K 1L8 Phone: 905 844-7864 x 333 Fax: 905 849 6980 hssrespite@cwsds.ca

Individual (son/daughter) Information

Please list interests and hobbies of your son/daughter:

Disability and Special Needs

Diagnosis:

- ADHD Allergies Autism/PDD Challenging Behaviours Dual Diagnosis
- Developmental Disabilities Medically Complex Mental Health
- Physical Disability Seizures

Other Needs:

- G/J Tube Oxygen Suctioning Tracheotomy Ventilator

Support Required:

- ABA Alternative Communication Behavioural Medical Assistive Devices (i.e. wheelchairs) Physical (Transfers & Lifts) Sign Language
- Speech & Language Personal Care (i.e. toileting)
- First Aid CPR CPI

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 Halton Support Services (see below for address and fax #)

ID: _____

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Only complete the following two pages if you are registering to the Support Worker database to connect with workers.

Worker Requirements

Worker Gender: Male Female Either?

Rate of Pay: \$14 \$14-\$15 \$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

Summer (months) March

Break

Other: Holidays Relief

Morn After Eve Wkd

ID: _____

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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. Each family is identified with an ID# assigned upon registration.

FAMILY CLASSIFIED

Description of Individual: _____

Worker's Duties/Activities: _____

Additional Information

Preference for receiving worker profiles: mail fax email?

Would you like to receive a copy of: Support Worker Information Package for Parents?

Would you like to speak to an Respite Coordinator about out-of-home respite options: Yes No

Please read and sign the following:

I am interested in being registered with the Support Worker database. 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: Halton Support Services (see address below)

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