



Family Profile - Registration Form

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"/> Dutch
<input type="checkbox"/> English	<input type="checkbox"/> Farsi	<input type="checkbox"/> Finnish	<input type="checkbox"/> French	<input type="checkbox"/> German
<input type="checkbox"/> Greek	<input type="checkbox"/> Hindi	<input type="checkbox"/> Italian	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Ojibway
<input type="checkbox"/> Other	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Russian	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Spanish	<input type="checkbox"/> Tamil	<input type="checkbox"/> Urdu		
If other, please specify: _____				
Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
If yes, indicate language preference : _____				
Do you want to receive community information through our e-broadcast? <input type="checkbox"/> Yes <input type="checkbox"/> No				

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Section B

Primary / Agency Contact Information
Primary Contact
<input type="checkbox"/> Same as Parent / Caregiver If same as parent / caregiver, go to <u>Section D</u> <input type="checkbox"/> Other than Parent / Caregiver go to <u>Section C</u>

Section C

Primary / Agency Contact Information
First Name: _____ Last name: _____ Initials: _____ Street Address: _____ Apartment/Unit _____ City: _____ Postal Code: _____ 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: _____
Do you want to receive community information through our E-Broadcast? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section D

Individual (son/daughter) information
First Name: _____ Last name: _____ Initials : _____ Is the individual's address the same as parent/caregiver: <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, go to <u>Date of birth</u> section. Street Address: _____ Apartment/Unit _____ City: _____ Postal Code: _____ Telephone: (h) _____ Other: _____
Date of Birth: _____ DD/MM/YYYY
Age Category
<input type="checkbox"/> 0-5 Preschool <input type="checkbox"/> 6-12 School Aged <input type="checkbox"/> 13-17 Adolescent <input type="checkbox"/> 18-21 Young Adult <input type="checkbox"/> 22-30 Adult <input type="checkbox"/> 31-50 Adult <input type="checkbox"/> 51-64 Senior <input type="checkbox"/> 65+ Senior
Gender
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

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Comments / Hobbies / Interests

Diagnosis (Select all that applies)

<input type="checkbox"/> Acquired Brain Injury	<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? _____

Type of Respite Support Requested	
<input type="checkbox"/> Respite Worker (In Home and/or Host Home / Community) <input type="checkbox"/> Respite Programs/ Options (Out of Home) <input type="checkbox"/> Both	
Person Filling out Form: _____ Relationship to Service User / Individual: _____ Agency Filling out Form (if applicable): _____	
Who will receive information:	
<input type="checkbox"/> Parent / Caregiver	<input type="checkbox"/> Primary Contact
Community Question	
Preferred service language? <input type="checkbox"/> English <input type="checkbox"/> French	

Worker Requirements	
Preferred Spoken Languages	
<input type="checkbox"/> Afrikaans <input type="checkbox"/> English <input type="checkbox"/> Greek <input type="checkbox"/> Other <input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic <input type="checkbox"/> Farsi <input type="checkbox"/> Hindi <input type="checkbox"/> Portuguese <input type="checkbox"/> Tamil
<input type="checkbox"/> Cantonese <input type="checkbox"/> Finnish <input type="checkbox"/> Italian <input type="checkbox"/> Punjabi <input type="checkbox"/> Urdu	<input type="checkbox"/> Cree <input type="checkbox"/> French <input type="checkbox"/> Mandarin <input type="checkbox"/> Russian
<input type="checkbox"/> Dutch <input type="checkbox"/> German <input type="checkbox"/> Ojibwa <input type="checkbox"/> Sign Language	
If other, please specify: _____	

Worker Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Rate of Pay	<input type="checkbox"/> Negotiable	<input type="checkbox"/> 24hr Per Diem	<input type="checkbox"/> Daily Rate
	<input type="checkbox"/> \$14 +	<input type="checkbox"/> \$15 - \$18	<input type="checkbox"/> \$18 - \$20
Requires Driver's License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Requires Vehicle during support?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Worker's Duties / Activities:

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	

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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	<input type="checkbox"/> Any
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			

Classified Ad
Would you like to have a classified ad posted on respiteservices.com website? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of individual: <hr/> <hr/> <hr/> <hr/> <hr/>
Worker's Role: <hr/> <hr/> <hr/> <hr/> <hr/>
Availability: <hr/> <hr/> <hr/> <hr/> <hr/>

Additional Information
Parent / Guardian Receive Worker Profile by: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail
Primary / Contact Receive Worker Profile by: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Mail
Would you like the Family Information Package? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Community Questions	
Are you receiving any of the funding:	
<input type="checkbox"/> Special Services at Home(SSAH)	<input type="checkbox"/> Assistance For Children with Severe Disability(ACSD)
<input type="checkbox"/> Autism Spectrum Disorder(ASD)- respite fund	<input type="checkbox"/> Passport <input type="checkbox"/> On the wait list
Please note any behavioural challenges this Individual may experience:	
<input type="checkbox"/> Aggression Towards Others	<input type="checkbox"/> Self-Injurious Behaviours
<input type="checkbox"/> Other	<input type="checkbox"/> None
Do you allow your phone number to be given to the Support Providers who are registered with respiteservices.com in order to contact you and be matched with your family?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Questions	
Would you like to receive new worker profiles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you recently hired a new worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to receive information about respite options available?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Privacy Policy	
I accept : <input type="checkbox"/> Yes <input type="checkbox"/> 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

FAMILY AGREEMENT and RELEASE

This Agreement is between:

- a. *Parent and /or Guardian, and Individual* (together and individually, the “**Database User**”); and
- b. *Service Coordination for People with Developmental Disabilities / Coordination des services pour les personnes ayant une déficience intellectuelle* (The “**Agency**”), Support Provider Database (“**Support Provider Database**”), RespiteServices.com/Supportyourway.ca (together the “**Program Providers**”).

Whereas:

- a. The Support Provider Database is a free information service that support organizations throughout Ontario provide for the benefit of people with disabilities, their families and individual service providers in the community;
- b. RespiteServices.com is the website through which the Support Provider Database is made available;
- c. The Agency is a not-for-profit charitable organization responsible for facilitating the Support Provider Database and RespiteServices.com in the Ottawa region;
- d. The Database User has a loved one with a disability and wishes to take part in and have the benefit of the information made available through the Support Provider Database , and the Program Providers wish to allow the Database User access to the Support Provider Database ;

Now therefore, in consideration for being permitted to access the Support Provider Database, the Database User acknowledges and agrees as follows:

1. The Support Provider Database is comprised of a database through which the Database User can make the Database User’s support needs known, and through which independent individual service providers (known as “**Direct Support Providers**”) can offer their services to people in the community, including the Database User.
2. The Program Providers do not represent or warrant that any information provided through the Support Provider Database is accurate or current, or that any Direct Support Provider possesses the skills, qualifications, training, experience, or appropriate background to provide services to the Database User or any other person. The Program Providers are also not responsible for notifying Database Users of any changes in relation to any Direct Support Provider or his/her continuing eligibility to participate in the Support Provider Database.
3. The Database User acknowledges and agrees that if the Database User relies on any information included in the Support Provider Database, the Database User does so at his/her own risk and that the Database User is responsible for screening any Direct Support Provider they are considering engaging, including, but not limited to, in relation to their criminal background, eligibility to work with vulnerable people, references and experience. Program Providers are not liable to any person, including the Database User, in respect of any inaccuracies or false information that may be included in a Direct Support Provider profile, or for including any particular Direct Support Provider in the Support Provider Database.
4. The Database User expressly understands and agrees that Direct Support Providers are not employees, contractors, agents, representatives or partners of the Program Providers and the Program Providers are in no way responsible for the Direct Support Providers, any relationship they may have with the Database User or any other person to whom the Direct Support Provider may provide services, or with whom the Direct Support Provider may interact in the course of providing any services.
5. The Database User furthermore acknowledges and agrees that the Program Providers are not liable for any services, conduct, act, or omissions of any Direct Support Provider at any time, nor for any harm that

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any Direct Support Provider may cause or in any way be associated with at any time, and the Direct Support Provider agrees not bring or take part in any claim of any kind against the Program Provider in respect of any Direct Support Provider's services, conduct, acts or omissions.

6. The Database User also agrees, represents, and warrants that in the event that the Database User identifies an Direct Support Provider through the Support Provider Database from whom the Database User wishes to purchase services or otherwise engage to provide supports, the Database User is solely responsible for engaging with that Direct Support Provider (whether as an independent contractor or employee of the Database User) and shall bare all responsibility and liability in respect of any services purchased by the Database User from such Direct Support Provider, including but not limited to any amounts payable to the Direct Support Provider for or in respect of the services or the service relationship between the Direct Support Provider and the Database User, any deductions, remittances, premiums or contributions for Employment Insurance, Canada Pension Plan, Income Tax, Workplace Safety and Insurance Board premiums, or other statutory amounts that are legally required to be submitted remitted or otherwise paid in respect of Direct Support Providers services to the Database User ("Liability").
7. The Database User agrees to hold harmless and indemnify the Program Providers from any and all Liability, and from any claims by the Direct Support Provider, or any other person, in respect of any harm, injuries, or losses that the Direct Support Provider may suffer during or in relation to the services the Direct Support Provider provides to the Database User, or to any person at the direction of the Database User.
8. The Database User acknowledges and agrees that the Database User may receive confidential information about Direct Support Providers through the use of the Support Provider Database. By signing this Agreement, the Database User agrees to maintain the confidentiality of the any Direct Support Provider's personal information and agrees not to collect, use or disclose such information except for the purposes of consider the Direct Support Provider as a potential service provider or engaging with an Direct Support Provider to provide service, or as otherwise consented to by the Direct Support Provider or as otherwise required or permitted by law.
9. By signing this Agreement, the Database User releases the Program Providers, including all of their directors, officers, employees, volunteers, agents, or assigns from all actions, causes of action, proceedings, claims, demands, losses, damages and liabilities of every nature and kind arising directly or indirectly from the Database User's dealings, interactions or relationship with the any Direct Support Provider at any time. The Database User agrees to indemnify and hold harmless the Program Providers, including without limitation, all of their directors, officers, employees, volunteers, agents, or assigns, from all liabilities, loss, claims, demands, costs and expenses incurred by any of them as a result of the Database User's acts or omissions in respect of any Direct Support Provider and the support services provided by any Direct Support Provider to the Database User or any other person under the direction of the Database User. The Database User further agrees that the Database User will make no claim against anyone that may claim contribution or indemnity from the Program Providers.

This Agreement and Release is binding on the Database Users 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 Database User

Signature of Witness

Printed Name

Printed Name

Signature of Second Database User

Signature of Witness

Printed Name

Printed Name

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DATABASE USER (FAMILY / INDIVIDUAL) CONSENT

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 or supportyourway.ca hosted by *Service Coordination for People with Developmental Disabilities / Coordination des services pour les personnes ayant une déficience intellectuelle*. 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/supportyourway.ca Privacy Policy and the Terms of Use.

The information that you provide will be used for the following purposes:

- to facilitate connecting you with independent individual service providers seeking respite clients in the community in order to help you meet your respite needs;
- to facilitate the process of referring you to, or helping you apply 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 whose services are consistent with your needs. Your request to be connected with these services constitutes consent to forward your information to these agencies or service providers.

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.) of you, your family or your loved one with a disability.

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

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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