

IMPORTANT: Please complete this application **on-line** at **www.supportyourway.ca**. Only complete this hard copy if you *do not* have access to a computer/internet. Please contact your CHAP Coordinator if you have any questions.

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 _____

Community Region:

____ Alliston & Area, ____ Angus & Area, ____ Barrie & Area, ____ Bradford & Area,
____ Collingwood & Area, ____ Midland & Area, ____ Orillia & Area

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 Requiring Support:

First Name: _____ Last Name: _____ Initial: _____

Check if address is same as Parent/Caregiver

Address: _____ Apt/Unit: _____

City: _____ Postal Code: _____

Telephone: _____ Other: _____

D.O.B.: _____ Male _____ Female _____

Age Category

0-5 Preschool 6-12 School Aged 13-17 Adolescent

18-21 Young Adult 22-30 Adult 31-50 Adult 50+ Seniors

Please list interests and hobbies of the person requiring support:

Diagnosis:

ADHD Autism/PDD Challenging Behaviours Dual Diagnosis
 Intellectual Disability/Developmental Delay Medically Complex Mental
 Health Physical Disability Seizures _____ Not applicable

Other Needs:

G/J Tube Oxygen Suctioning Tracheotomy Ventilator
 _____ Not Applicable

Support Required:

ABA Alternative Communication Behavioural CPI/NVCI CPR First
 Aid Host Home Medical Mobility (i.e. wheelchairs) Physical (Transfers &
 Lifts) Sign Language Speech & Language/Communication Personal Care
 _____ Not Applicable

Additional Information: _____

How did you hear about supportyourway.ca? _____

Type of respite/direct support required:

In-home or Community Support
 Host Home (Care in the Respite/Direct Support Worker's Home)

Person filling out form: _____

Relationship to Person Requiring Support: _____

Agency assisting in filling out form (if applicable): _____

Who will receive information: Parent/Caregiver Primary Contact

Worker Requirements

Worker Gender: Male Female Either

Rate of Pay: \$14-18 \$18-20 \$20-22 \$\$22+ Negotiable

Requires Driver's License Own Vehicle Requires Vehicle during support

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							
Other:	Summer (months)			March Break	Holidays	Relief	
	Morn	After	Eve	Wkd			

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, CHAP currently looking for connections can view opportunities and request their profile to be sent to families they are interested in supporting. Classified advertisements are posted for six months 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.

The information you provide to us will be used to connect you with support providers, 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 your CHAP Coordinator at either

Empower Simcoe 39 Fraser Court, Barrie, ON L4N 5J5
 Phone: 705-726-9082; Fax: 705-726-6875; www.empowersimcoe.ca
Catulpa Community Support Services 165 Ferris Lane, Barrie ON L4M 2Y1
 Phone: 705-733-3227; Fax: 705-735-6826; www.catulpa.on.ca

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 Catulpa Community Support Services and Empower Simcoe. 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 Respite/Direct Support service providers advertising in the community in order to help you meet your respite/support 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 Catulpa Community Support Services and Empower Simcoe. 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 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

The information you provide to us will be used to connect you with support providers, 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 your CHAP Coordinator at either

Empower Simcoe 39 Fraser Court, Barrie, ON L4N 5J5
Phone: 705-726-9082; Fax: 705-726-6875; www.empowersimcoe.ca
Catulpa Community Support Services 165 Ferris Lane, Barrie ON L4M 2Y1
Phone: 705-733-3227; Fax: 705-735-6826; www.catulpa.on.ca

FAMILY AGREEMENT and RELEASE

This Agreement is between:

- a. _____ and _____ (together and individually, the “**Database User**”);
(parent/individual) (2nd parent if applicable)
and
- b. Catulpa Community Support Services and/or Empower Simcoe (The “**Agency**”), **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. Supportyourway.ca/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 Supportyourway.ca/Respiteservices.com in the Simcoe 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 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.

The information you provide to us will be used to connect you with support providers, 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 your CHAP Coordinator at either

Empower Simcoe 39 Fraser Court, Barrie, ON L4N 5J5
Phone: 705-726-9082; Fax: 705-726-6875; www.empowersimcoe.ca
Catulpa Community Support Services 165 Ferris Lane, Barrie ON L4M 2Y1
Phone: 705-733-3227; Fax: 705-735-6826; www.catulpa.on.ca

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.

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

The information you provide to us will be used to connect you with support providers, 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 your CHAP Coordinator at either

Empower Simcoe 39 Fraser Court, Barrie, ON L4N 5J5
 Phone: 705-726-9082; Fax: 705-726-6875; www.empowersimcoe.ca
Catulpa Community Support Services 165 Ferris Lane, Barrie ON L4M 2Y1
 Phone: 705-733-3227; Fax: 705-735-6826; www.catulpa.on.ca