

FM ID: _____ IN ID: _____ (For office use only)



Family Respite Services Windsor / Essex
Service de répit familial Windsor / Essex
3295 Quality Way, Unit 101A Windsor, ON N8T 3R9
Tel (519) 972-9688 Fax (519) 972-8902
www.familyrespite.org



respiteservices.com

Family Respite Provider Registry Registration

Parent/Caregiver Information

First Name: _____ Last Name: _____ Initial: _____

Address: _____

Apt/Unit: _____ City: _____ Postal Code: _____

Nearest Intersection: _____

Telephone: _____ Other: _____

Email: _____ Fax: _____

Relationship to Individual: Mother Father Legal Guardian Self

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: _____

Email: _____ Fax: _____

Relationship to Individual: Mother Father Legal Guardian Self

If other, specify _____

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Please return completed registration form, to the Respite Provider Registry: Family Respite Services 3295 Quality Way
Unit 101A Windsor, Ontario N8T 3R9 Phone: 519-972-9688 ext. 136 Fax: 519-972-8902 or email sluelo@familyrespite.org

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Type of respite support required:
 In-home Respite Provider 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
 Preferred Spoken Languages: _____

Worker Requirements

Preferred Spoken Languages: _____
 Worker Gender Preference: Male Female Either

Rate of Pay: \$10-\$12 \$12-\$15 \$15+ Negotiable
 Requires: 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 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	Note:			

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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, Respite Providers 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.

FAMILY CLASSIFIED DETAILS

Description of Individual: _____

Worker's Duties/Activities: _____

Additional Information

Parent Caregiver to receive profiles by: mail fax email

Primary Contact to receive profiles by: mail fax email

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

Are you approved for and/or receiving any of the following funding?

- SSAH Yes No
- ACSD Yes No
- Respite Yes No
- ASD Yes No
- Enhanced Respite Yes No
- Other Yes No

If other: _____

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Please read and sign the following:

I am interested in registering with the Respite Provider Registry. I understand that the information provided will be used to facilitate the process of matching myself with Respite Providers. I agree to have my profile/information shared with the Respite Provider for matching purposes. The facts set forth above in my application for work are true and complete. I understand and agree that a false statement (on my resume, application form or during my activation meeting) may disqualify me from being matched with a Respite Provider or result in removal from the registry.

Dated: _____

First Parent or Guardian Signature

Second Parent or Guardian Signature

Printed Name

Printed Name

Individual Signature

Printed Name

Please return completed & signed forms to the Respite Provider Registry

**Respite Provider Registry:
Family Respite Services 3295 Quality Way Unit 101A
Windsor, Ontario
N8T 3R9**

- 1. Registration Form**
- 2. Family Agreement & Release**
- 3. Family Consent Form**

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