

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 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 Family Respite Services). By signing this information, you will be consenting to collection, use and disclosure of personal information contained in the 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 facilitate connecting you with Respite Providers seeking respite work in order to meet your respite needs;
- to facilitate the process of referring you to, or applying for, respite programs and options;
- 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. Your request implies consent to forward your information to these agencies.

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).

Withholding Consent

If there are 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.

Consent

I, _____, Parent/Guardian; **or** I, _____, Individual; who is seeking respite care have reviewed and understand the above Statement of Purpose for the Collection, Use, and Disclosure 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 Family Respite Services. I authorize the collection, use, and disclosure of my personal information for all the purposes identified above.

Date: _____

First Parent or Guardian Signature

Printed Name

Second Parent or Guardian Signature

Printed Name

Witness Signature

Printed Name

Witness Signature

Printed Name

Please return with 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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