

ID: _____

Family Registration**Parent/Caregiver Information**

First Name: _____ Last name: _____ Initial: _____

Apt/Unit: _____

Address: _____

City: _____ Postal Code: _____

Nearest Intersection: _____

Community Region: Kingston _____ Napanee & Area _____ North Frontenac _____

Telephone: _____ Other: _____

Fax: _____ Email: _____

Relationship to Individual: Mother Father Legal Guardian Other

If Other, Specify: _____

Language Spoken at Home: _____

Interpreter Needed: Yes No If yes, Identify Language: _____**Primary Contact Information**Check of 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 Other

If Other, specify: _____

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Family Registration



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.: _____ Male Female

Please list interests and hobbies of your son/daughter:

Diagnosis and Support Needs (please check all that apply for the individual you are registering)

- Developmental Disability
- Autism Spectrum Disorder
- Asperger's Syndrome
- Down's Syndrome
- Hearing Impairment
- Visual Impairment

Additional Diagnosis:

- ADHD/ADD
- Obsessive Compulsive Disorder
- Dual Diagnosis
- Mental Health
- Medically Complex
- Physical Disability
- Seizures

Behaviour Challenges:

- Self-Injurious Behaviours
- Aggression towards others
- Other (please describe): _____

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Family Registration



Individual (son/daughter) Information

Other Needs:

- G/J Tube Oxygen Suctioning Tracheotomy Ventilator

Support Required:

- Experience with ABA Alternative Communication Behavioural Medical
- Assistive Devices (i.e. wheelchairs) Physical Transfers (transfers & lifts) Sign Language
- Speech & Language First Aid CPR CPI Medication Administration
- Personal Care (i.e. toileting) First Aid CPR CPI

Additional Information: _____

Complete this section if you are interested in hiring Private Support Workers:

Worker Requirements:

Worker Gender: Male Female Either?

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

For respite support, do you require a worker with: Driver's License? Own Vehicle?

Worker Duties/Additional Comments: Please include: any personal care necessary, worker expectations, etc.

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Required Worker Availability:

(check days and times required or preferred)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Before School							
Morning							
Afternoon							
After School							
Evening							
Overnight							
Holidays							
PA Days							
Summer							

How did you hear about respiteservices.com? _____

Type of respite support required: In home support Out of home support Both Unsure

Relationship to Service User/Individual: _____

Additional Information:

Parent/Caregiver to receive worker profiles by: mail email fax

Primary contact to receive worker profiles by: mail email fax

Would you like to receive a copy of the Family Information Package? Yes No

Please read and sign the following:

I am interested in being registered with Private 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: _____

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Family Registration



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 Community Living Kingston and District). 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 workers seeking respite work in order to meet your respite needs;
- to facilitate the process of referring you to, or applying 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;
- 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 (i.e. name, address, phone number, etc.)

Consent

I _____, 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 provide or withdraw my consent by providing notice in writing to Community Living Kingston and District. I authorize the collection, use, and disclosure of my personal information for the purposes identified above. Parent I agree Guardian I agree Individual I agree

Withholding Consent

If there are any restriction regarding the collection, use, and disclosure of the information provided please provide the details.

If you do not authorize the disclosure of your information to other respite agencies, please indicate those agencies below:

Parent/Guardian/Individual Signature (required): _____

Witness Signature: _____

Date: _____

ID: _____

Family Registration



FAMILY AGREEMENT AND RELEASE

By signing this Agreement and Release, I/We acknowledge and agree that:

The Private Support Workers is not a Community Living Kingston and District employee, but an independent contract worker that I/We have hired directly, independent of any involvement by Community Living Kingston and District which has/have no control or direction over and is/are not responsible for the action or conduct of the Worker. I/We have selected and hired, or for any issues that I/We may have with the Worker. I/We will resolved any such issues directly with the Worker. The Private Support Worker is not a representative of or authorized to speak on behalf of and is not involved in any services provided to me/us by Community Living Kingston and District.

Any Private Support Worker profile provided to me is being provide to me/us as a possible respite worker. A Worker may be removed from the Respiteservices.com worker database at any time, in the sole discretion of the Respite Advisor of Community Living Kingston and District. I we/understand that that Community Living Kingston and District are not responsible to notify us if the Private Support Worker is removed from the worker database.

Private Support Worker profiles are provided as a public service. The content of any Worker profile made available to me/us is provided by, and is the responsibility of the Worker. I/We will use the information provided in the Worker profile for our own purposes and at our own risk and without any liability by Community Living Kingston and District for our use for the Worker profile.

I/We understand that the Private Support Worker provided an up to date Police Reference Check and contact names and /or letters of reference to Respiteservices.com at the time of their interview for the worker database. I/We understand that Community Living Kingston and District are not responsible for the checking references provided by the Worker. I/We understand that I /we may also ask for and are encouraged by Community Living Kingston and District to check references provided to me/us by the Worker. I/we also understand that I/we may also ask the Worker to provide me/us with an up to date Police Reference Check. I/we understand that I/we am/are solely responsible for any failure on my/our part to check reference provided to me/us by the Worker or obtain an up to date Police Reference Check for the Workers.

I/We understand that I/We may receive confidential information about Private Support Workers through the use of the Respiteservices.com worker database. By signing this Family Agreement and Release, I/We am/are indication my/our understanding of my/our responsibilities to maintain the confidentiality of the Worker's personal information and agree that I we will maintain the confidentiality of the Worker's personal information and will not disclose that information without the Worker's consent or as required or permitted by law.

Continued on the next page

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Family Registration



FAMILY AGREEMENT AND RELEASE continued

The Private Support Worker has acknowledged in writing that:

- She/he is an independent contractor to me/us and is responsible only to me/us
- She/he is solely responsible for any private vehicle she/he uses to transport persons served by the Worker, and
- She/he is solely responsible for his/her own health, accident, and liability insurance, payment of taxes, contributions to Employment Insurance and CPP, and benefits plan.

By signing this Family Agreement and Release, I/we release Community Living Kingston and District (which in this Agreement and Release includes all person for which Community Living Kingston and District is/are legally responsible, including, without limitation, the employees, agents, officers, and director of Community Living Kingston and District from all actions, causes of action, proceedings, claims, demands losses, damages and disabilities of every nature and kind arising directly or indirectly fort my dealing with the Worker that I hire to provide respite services to me/us. I/we agree to indemnify Community Living Kingston and District from all liabilities, loss, claims, demands costs and expenses incurred by it/them as a result of my/our actions and conduct in respect of the Worker and the support services provided by the Worker to me/us. I/we further agree that I/we will make no claim against anyone that may claim contribution to indemnity from Community Living Kingston and District.

This Agreement and Release is binging on my/our 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 TIS TERMS

_____ Signature of First Parent or Guardian	_____ Printed Name
_____ Signature of Witness	_____ Printed Name
_____ Signature of Second Parent or Guardian	_____ Printed Name
_____ Signature of Witness	_____ Printed Name

Date: _____