

# Respiteservices.com Family Registration



respiteservices.com

Please print clearly/legibly within the spaces provided. All areas must be completed.

<b>Caregiver Name</b>		
<b>Relationship</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	
<b>Languages Spoken</b>	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____	
<b>Address</b>		
<b>Phone</b>	<b>Home:</b>	<b>Cell:</b>
<b>Email</b>		

French language services are available. Does your family require services in French?  Yes  No

**Please note:** Translation services are not provided. If your family requires services in a language other than English/French, please indicate a contact person that can assist your family.

<b>Primary Contact / Service Provider</b>		
<b>Relation to Family</b>		
<b>Phone</b>	<b>Home:</b>	<b>Cell:</b>
<b>Email</b>		

<b>Individual Name</b>		
<b>Gender Identity</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Identifies As: _____	
<b>DOB (dd/mm/yy)</b>	____ / ____ / ____	<input type="checkbox"/> Eligibility confirmed by DSO-TR (18 yrs+)
<b>Diagnosis</b>		

**Additional Information**

- Behaviour Challenges  
  Personal Care (i.e. toileting)  
  Medically Complex (i.e. g-tube)  
 Alternative Communication  
  Assistive Devices (i.e. wheelchair)  
  Medication Administration

**Please Explain:**

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**Requested Support**

- Family Orientation  
  Funding Workshop (ACSD/SSAH)  
  Private Charity Respite Funding Options  
 Camp Options  
  Respite Options  
  CHAP worker

**Are you currently receiving or have you applied to:**

**Assistance for Children with Severe Disabilities (ACSD): Y / N**     
 **Special Services at Home (SSAH): Y / N**  
**President's Choice Children's Charity: Y / N**     
 **Jennifer Ashleigh Children's Charity: Y / N**

**Relevant information** (ex. Funding/programs/services currently being accessed, agencies involved):

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**Return to:**

**Mail: 112 Merton Street, Toronto, ON, M4S 2Z8 Fax: 416 481 1512 email: [info@respiteservices.com](mailto:info@respiteservices.com)**  
**For any inquiries please contact 416-322-6317 x1**

**Office Use only** Date Rcvd in office: \_\_\_\_\_ CYSIS: \_\_\_\_\_ IND ID: \_\_\_\_\_ scanned \_\_\_\_\_  
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