



RESPITE CHOICES REGISTRATION FORM
After School Respite Program
Spring 2017
Confidential

PERSONAL INFORMATION

Name of Individual: _____ Date of Birth: _____
day/month/year

Current Address: _____

Phone #: _____ Gender: Male Female

Health Card #: _____

Immunizations: **Please provide a copy of your yellow Immunization Card**

Diagnosis: _____

Eligibility: Please include a photocopy of your Developmental or Psychological Assessment.

By providing a copy of your assessment, we will be able to determine if an individual is eligible to receive supports and services. It will also help the respite program understand how best to support and plan service goals for your loved one. All information is kept confidential and is only shared with staff providing direct service to your family member.

CONTACT INFORMATION

Caregiver / Parent's Name(s): _____

Phone: _____
Home Cell Work

Email: _____

Emergency Contact (if caregiver cannot be reached): _____

Phone: _____
Home Cell Work

Relationship to Individual: _____

SERVICES

Are you registered with Respiteservices.com? Yes No

Have you connected with DSO-TR? Yes No

Have you received any services from Community Living Toronto in the past? Yes No

Are you currently connected to a worker at Community Living Toronto? Yes No

If 'yes', please provide worker's name: _____

FEES

3-6pm Monday - Friday

\$10.00/day

Families and caregivers will be billed for service the middle of each month. Cheques or money orders should be payable to **Community Living Toronto** and sent to:

Accounting Department
Community Living Toronto
20 Spadina Road, Toronto ON M5R 2S7

To make payment by VISA or Master Card, please contact Accounts Receivable at 416-968-0650, ext. 2232.

By your signature below, you acknowledge that you have read and understood the information on the form including your financial obligations.

Print Name

Signature

Relationship to Individual: _____

***Please indicate your preferred days of the week (There is a limit of 3 days a week for each child. Days will be confirmed once intake has been completed). Please note: the first day of the program is April 3, 2017 and the last day program is offered is June 29, 2017.**

This package of information includes the following forms to be completed:

- Respite Choices Registration Form
- Publicity and Release Form
- Consent to Collect Personal Information, Individuals and Families
- Emergency Medical Treatment Form

Completed forms can be scanned and emailed to respitchoices@cltoronto.ca

