



**RESPITE CHOICES REGISTRATION FORM**  
**After School Respite Program**  
**Winter 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 January 9, 2017 and the last day program is offered is March 31, 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](mailto:respitchoices@cltoronto.ca)**