 Ennerdale ☐ Lawson ☐

**RESPITE CHOICES REGISTRATION FORM**

**Confidential**

 Gilley ☐ McMillan ☐ Sibley ☐ Wellesworth ☐

**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: If you are 17 years and under, please include a photocopy of your Developmental or Psychological Assessment. If you are 18 years or older, please include a copy of your DSO application report.

 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**

Daily overnight rate **OR** service provided for more than four (4) hours:

- Under the age of 18 $15.00

- Over the age of 18 $22.00

Service provided for less than four (4) hours, children and adults: $ 5.00

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 647.729.1241

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:

**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