Children's Community Network
Réseau communautaire pour enfants
Binoojiinh Naadmaagewzowin

SUPPORT PROVIDER DATABASE

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 Children's Community Network. By signing this consent form, you will be consenting to the collection, use and disclosure of personal information contained in the application form in accordance with the Support Provider Database Privacy Policy and the Terms of Use.

The information that you provide will be used for the following purposes:

- to facilitate connecting you with providers 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) if applicable;
- to facilitate both processes above;
- to send you information, documents or forms required to keep your information up-to-date; and
- 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 (e.g., name, address, phone number, etc).

CONSENT

I_____, have reviewed and fully understood the Statement of Purpose for the Collection, Use, and Disclosure of Personal Information. I understand that I can refuse to provide consent. I also understand that at any time I can access and change my information or withdraw my consent by providing notice in writing to Children's Community Network. I authorize the collection, use, and disclosure of my personal information for all the purposes identified above.

I agree, as the: ☐ Parent ☐ Guardian ☐ Individual

Date: _____

_____ _____

Parent/Guardian/Individual Signature Witness Signature

WITHHOLDING CONSENT

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

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

☐ Compass ☐ NEO Kids ☐ Child & Community Resources

Date: _____

_____ _____

Parent/Guardian/Individual Signature Witness Signature

SUPPORT PROVIDER DATABASE

FAMILY AGREEMENT & RELEASE

TO: The Children's Community Network

THIS IS AN IMPORTANT DOCUMENT. PLEASE READ IT CAREFULLY BEFORE SIGNING IT.

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

The Direct Support Provider is **not** a Children's Community Network employee but is an independent contractor that I/we have contracted with directly, independent of any involvement by *Children's Community Network* which has/have no control or direction over and is/are not responsible for the actions or conduct of the Direct Support Provider I/we have selected and hired, or for any issues that I/we may have with the Direct Support Provider. I/We will resolve any such issues directly with the Direct Support Provider. The Direct Support Provider is not a representative of or authorized to speak on behalf of and is not involved in any services provided to me/us by *Children's Community Network*.

Any Direct Support Provider profile provided to me is being provided to me/us as a possible respite provider. A Direct Support Provider may be removed from the Support Provider Database at any time, in the sole discretion of the Coordinator of *Children's Community Network*. I/we understand that *Children's Community Network* is not responsible to notify us if the Direct Support Provider is removed from the Support Provider Database.

Direct Support Provider profiles are provided as a public service. The contents of any Direct Support Provider profile made available to me/us is provided by, and is the responsibility of, the Direct Support Provider. I/We will use the information provided in the Direct Support Provider profile for our own purposes and at our own risk and without any liability by *Children's Community Network* for our use of the Direct Support Provider profile.

I/We understand that the Direct Support Provider provided an up-to-date Vulnerable Sector Check and contact names and/or letters of reference to the Support Provider Database at the time of their interview for the Support Provider Database. I/We understand that the *Children's Community Network* is not responsible for checking references provided by the Direct Support Provider and may or may not have done so. Even if the Direct Support Provider's references have been checked by the *Children's Community Network*, the information obtained by *Children's Community Network* is confidential and may not be up to date. I/we understand that I/we may also ask for and are encouraged by *Children's Community Network* to check references provided to me/us by the Direct Support Provider. I/we also understand that I/we may also ask the Direct Support Provider to provide me/us with an up to date Vulnerable Sector Check. I/we understand that I/we am/are solely responsible for any failure on my/our part to check references provided to me/us by the Direct Support Provider or obtain an up to date Vulnerable Sector Check for the Direct Support Provider.

I/we understand that I/we may receive confidential information about the Direct Support Provider through the use of the Support Provider Database. By signing this Family Agreement and Release, I/we am/are indicating my/our understanding of my/our responsibilities to maintain the confidentiality of the Direct Support Provider's personal information and agree that I/we will maintain the confidentiality of the Direct Support Provider's personal information and will not disclose that information without the Direct Support Provider's consent or as required or permitted by law.

The Direct Support Provider has acknowledged in writing that:

- They are an independent contractor to me/us and is responsible only to me/us.
- They are solely responsible for any private vehicle they use to transport persons served by the Direct Support Provider; and
- They are solely responsible for their 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 and discharge *Children's Community Network* (which in this Agreement and Release includes all persons for which *Children's Community Network* is/are legally responsible, including, without limitation, the employees, agents, officers, and directors of *Children's Community Network*) from all actions, causes of action, proceedings, claims, demands, losses, damages and liabilities of every nature and kind arising directly or indirectly from my dealings with the Direct Support Provider that I hire to provide respite services to me/us. I/we agree to indemnify *Children's Community Network* 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 Direct Support Provider and the support services provided by the Direct Support Provider to me/us. I/we further agree that I/We will make no claim against anyone that may claim contribution or indemnity from *Children's Community Network*.

This Agreement and Release is binding 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 ITS TERMS.

Dated: _____

_____ _____

Signature of First Parent or Guardian Signature of Witness

_____ _____

Printed Name Printed Name

Children's Community Network
Réseau communautaire pour enfants
Binoojiinh Naadmaagewzowin

SUPPORT PROVIDER DATABASE

FAMILY REGISTRATION

CAREGIVER INFORMATION		
First Name	Last Name	
Primary Telephone	Alternate Telephone	
Email Address	Relationship to Child/Youth ☐ Mother ☐ Father ☐ Grandparent ☐ Legal Guardian ☐ Other: _____	
Street Address	City/Town	Postal Code
Spoken Languages	Will an interpreter be required? ☐ Yes ☐ No	

PRIMARY CONTACT INFORMATION	Same as Caregiver? ☐	
First Name	Last Name	
Primary Telephone	Alternate Telephone	
Email Address	Relationship to Child/Youth ☐ Mother ☐ Father ☐ Grandparent ☐ Legal Guardian ☐ Other: _____	
Street Address	City/Town	Postal Code

CHILD/YOUTH INFORMATION	Same Address as Caregiver? ☐	
First Name	Last Name	
Date of Birth (YYYY/MM/DD)	Gender ☐ Female ☐ Male ☐ Other: _____	
Primary Telephone	Alternate Telephone	
Street Address	City/Town	Postal Code
Interest & Hobbies		

SUPPORT PROVIDER DATABASE

FAMILY REGISTRATION

Child/Youth Diagnosis:

- ☐ Aggressive Behaviours
- ☐ Allergies
- ☐ Asthma
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Autism Spectrum Disorder (ASD)
- ☐ Cerebral Palsy (CP)
- ☐ Challenging Behaviours
- ☐ Developmental Disability
- ☐ Down Syndrome
- ☐ Dual Diagnosis
- ☐ Fetal Alcohol Spectrum Disorder (FASD)
- ☐ Hearing Impairment
- ☐ Medically Complex
- ☐ Mental Health
- ☐ Physical Disability
- ☐ Seizure Disorder
- ☐ Swallowing Difficulties
- ☐ Visual Impairment

Support Required:

- ☐ Catheterization
- ☐ Central Line (CVC)
- ☐ Colostomy Care
- ☐ Epi Pen
- ☐ G/J Tube
- ☐ Glucouse Monitoring
- ☐ Inhalation Therapy
- ☐ Insulin Injections
- ☐ Oxygen
- ☐ Suctioning
- ☐ TPN Feeding
- ☐ Tracheotomy
- ☐ Ventilator
- ☐ Alternative Communication Devices
- ☐ Applied Behaviour Analysis
- ☐ Assistive Devices (wheelchair, etc.)
- ☐ Behavioural
- ☐ Camp Companion
- ☐ CPI/NVCI
- ☐ CPR
- ☐ First Aid
- ☐ Life Skills
- ☐ Meal Preparation
- ☐ Medical
- ☐ Oral Feeding
- ☐ Personal Care (toileting, diapering)
- ☐ Physical (transfers & lifts)
- ☐ Sensory Integration
- ☐ Sign Language
- ☐ Speech & Language / Communication
- ☐ Tutoring

PROVIDER REQUIREMENTS:

Gender

☐ Female ☐ Male ☐ Other: _____

Spoken Languages

Requires driver's license?

☐ Yes ☐ No

Requires vehicle during support?

☐ Yes ☐ No

Provider Duties/Additional Comments

I am generally seeking support on:

- ☐ Weekdays
- ☐ Weekends
- ☐ Summer
- ☐ School Breaks
- ☐ Mornings
- ☐ Afternoons
- ☐ Evenings
- ☐ Overnights

SUPPORT PROVIDER DATABASE

FAMILY REGISTRATION

ADDITIONAL INFORMATION	
I would like to receive provider profiles by: ☐ Mail ☐ Email ☐ Other: _____	Are you currently involved with a Service Coordinator at CCN? ☐ Yes ☐ No
Are you currently receiving any respite funding? ☐ Assistance for Children with Severe Disabilities (ACSD) ☐ Mental Health Respite (Compass) ☐ Direct Funded Respite (CCN) ☐ Special Services at Home (SSAH)	
Person filling out form:	Relationship to child/youth:

Please read and sign the following:

I am interested in being registered as a family with the Support Provider Database. I understand that the information provided will be used to facilitate the process of matching me with providers in my community. I am prepared to select, interview and contract a provider at my own discretion.

_____ _____

Signature Date