



## RESPITE PROGRAM

# CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, hereinafter referred to as “the Service Recipient”, will hold confidential and will not disclose or release to any person or agency at any time either during or following the term of this Agreement, any information or document that tends to identify any individual in receipt of services without the written consent of the individual or the individual’s parent or guardian prior to the release or disclosure of such information or document.

The Service Recipient agrees to ensure that the Service Recipient, its partners, directors, officers, employees, agents, volunteers shall both during and following the term of this Agreement, maintain confidential and secure all material and information which is the property of Central West Specialized Developmental Services (CWSDS) and in the possession or under the control of the Service Recipient pursuant to this Agreement. The Service Recipient agrees that the Service Recipient, its partners, directors, officers, employees, agents, volunteers shall not directly or indirectly disclose or use, either during or following the term of this Agreement, except where required by law, any material and information belonging to CWSDS pursuant to this Agreement, without first obtaining the written consent of CWSDS for such disclosure or use.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Oct/18 (R)



## RESPITE PROGRAM

### WAIVER

I, \_\_\_\_\_, hereinafter referred to as “the Service Recipient”, will, both during and following the term of this agreement, indemnify and save harmless Central West Specialized Developmental Services (CWSDS), its directors, officers, employees and agents, and Her Majesty the Queen in right of Ontario and Her Officials, employees and agents from all costs (including, without limitation, legal costs), losses, damages, judgments, claims, demands, suits, actions or other proceedings in any manner based upon, occasioned by, or attributable to anything done or omitted to be done by CWSDS, its directors, officers, employees, agents, volunteers, or residents in connection with services provided, purported to be provided or required to be provided, by CWSDS pursuant to this agreement, or pursuant to any other acts.

Family/Caregiver (Print Name): \_\_\_\_\_

Family/Caregiver Signature: \_\_\_\_\_

\_\_\_\_\_  
Witness      Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness      Signature

\_\_\_\_\_  
Date



## RESPITE PROGRAM

### AGREEMENT FOR CARE

INDIVIDUAL NAME: \_\_\_\_\_ RB# \_\_\_\_\_

Family/Caregiver (Print Name): \_\_\_\_\_

Family/Caregiver Signature: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

CWSDS Staff Signature \_\_\_\_\_

Date completed \_\_\_\_\_

We hereby recognize and agree that we are entrusting our above named family member to CWSDS and that we have provided and will continue to provide CWSDS with all relevant information concerning our family member and his/her medical status.

We recognize that emergency situations and medical problems may arise while our family member is in the care of CWSDS. We hereby authorize CWSDS to deal with such emergencies and, if and when needed, to make use of community medical services and hospitals. We agree to release CWSDS from any liability that may arise as a result of the care or treatment provided to our family member.

We understand outings may be part of the program (i.e. movies, shopping, zoo, Provincial Parks, Conservation Parks etc.) and will inform respite staff if we do not wish our family member to attend any outings that may be planned during their respite stay. We understand photographs may be taken of outing or special events and if CWSDS wishes to use photographs for media purposes, we will be contacted for special consent.



## RESPITE PROGRAM INDIVIDUAL CONSENT INFORMATION

**Please note that CWSDS Staff cannot give consent**

**Name of Individual:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Name of Individual(s) who can give consent and relationship to individual:

**This must be someone other than parent/guardian**, who can legally make decisions on behalf of the individual, and answer any questions regarding the individual and consent for any procedure while at Respite and parents/guardian cannot be reached.

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone No.** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone No.** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone No.** \_\_\_\_\_

## Cultural Competency

- Central West Specialized Developmental Services Respite Program will provide inclusive services that are non-discriminatory, in an environment that takes into account ethno-cultural, racial, linguistic and ancestral diversity.
- Every person has a right to equal treatment with respect to accommodation of gender specific needs.
- Every effort will be made to meet the needs of lesbian, gay, bisexual and transgender individuals.
- Individuals will be encouraged to participate in those opportunities that are available in leisure and recreational activities that promote physical, social and cultural benefits.
- Individual's Plan of Care will recognize cultural, heritage and religious differences. This will allow individuals to preserve their unique cultural identity.
- Provision of tailored supports will be identified for individuals with unique needs through their Plan of Care.
- Individuals have the right to voluntarily access and benefit from religious and spiritual care as identified in their Plan of Care.
- The information regarding the individual's religious affiliation and or preference will be documented on their Respite Application and Plan of Care.
- The Food Service Manager will be notified of any individual requiring a special religious diet and fasts of their recognized faith group.
- As per policy #30-021 in the CWSDS Policy and Procedures Manual, staff will regularly the Policy on Cultural Competency.
- Access to services will be provided to individuals in a manner that respects their religious affiliation or preference, cultural diversity, sexual orientation and heritage.

Reviewed / Copy Received by: \_\_\_\_\_ Print Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Print Name of Witness \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Date \_\_\_\_\_

## RESPITE PROGRAM

### LEVELS OF SUPERVISION

Dear Parents

Due to Ministry regulations, CWSDS clients/visitors are considered Level One (eyes on, within arm's reach) Support while in the bathtub or shower. If your son/daughter does not require this level of supervision we require your signature below. Please note, if your son/daughter is epileptic they will be considered a level one support. Please also check the appropriate column for swimming.

Bathing

- Fully independent
- Independent with staff checking occasionally
- Total Supervision
- My son/daughter has epilepsy

Swimming

- Fully independent
- One to One Supervision in the pool
- My son/daughter has epilepsy
- Staff on deck supervision

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## RESPITE PROGRAM

### PARENTS RESPONSIBILITIES

1. Parents are responsible for ensuring their satisfaction with the Respite Program/Respite provider initially before engaging the service/provider, and ensuring their continued satisfaction with the Program's services subsequently.
2. We ask that parents comply with the agreed period of Respite, clearly indicating the times when their family member will be dropped off and picked up. If, for any reason, they are unable to meet this commitment they are to contact the program manager.
3. Parents are to supply medication for the length of stay, clearly specifying the dosage, times given and possible side effects. Medications need to be in a clearly labelled dossett.
4. Parents are to supply all medical supplies, diapers if required for the length of stay, as well as clothing and personal toiletries.
5. Parents are to provide any special equipment or special foods, as required, by their son/daughter.
6. Parents need to ensure that information about their son/daughter's care is updated for each respite stay.
7. If respite is being provided in the parent's home, the parent is responsible for contacting their Insurance Company regarding their liability coverage.
8. If 'out of home' respite has been arranged, parents are responsible for picking up and delivering their son/daughter to the program.
9. Full payment is required when the individual arrives at the program.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

## Rights of Individuals

Every person who is in service has rights and protections as described in the Canadian Charter of Rights and Ontario Human Rights Code and the Ministry of Community and Social Services.

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- I have the right to be spoken to, or about, in a respectful and confidential manner.
- I have the right to participate and have a say in my personal support plan and that I receive support in following through on the plan.
- I have the right to be cared for with a polite and kind approach.
- I have the right to help plan activities of my choice and have fun.
- I have the right to talk to people in my life as I choose like my family and friends, advocates and, if necessary, to speak to police, lawyers and doctors.
- I have the right to have a say if I am not happy with the service I am receiving or if I feel I am not being treated fairly.
- I have the right to be educated and supported if I need to talk to someone if I have a complaint.
- I have the right to have the chance to take part in work activities and / or go to school.
- I have the right to go to the doctor or dentist and, if appropriate, say no to going to the doctor or dentist.
- I have the right to be educated about my rights once a year:
  - As a person
  - As a person who receives support through Central West Specialized Developmental Services
- I have the right to go shopping to buy personal belongings.
- I have the right to have a place to put my belongings.
- I have the right to go clothes shopping and pick out my own clothes for summer, winter, spring and fall.
- I have the right to be involved in having a say in how I live if I have the ability to do so.
- I have the right to be supported to live a happy, healthy life every day.
- I have the right to choose to be given religious instruction and to participate in chosen religious activities of my faith.



- I have the right to have my physical and basic needs meet with support of the accessibility assessments.
- I have the right to ask to see the information that is written about me in my record.

This form is to be used to review rights with individuals on an annual basis as per Ethics Policy No. 07-001.

- I have read and / or received information in regards to the Service Agency's Mission / Vision Statements.

\_\_\_\_\_  
Individual

\_\_\_\_\_  
Staff Member

\_\_\_\_\_  
Date

## RESPIRE PROGRAM

### NOTIFICATION TO PARENTS RE: SAFE MANAGEMENT PRACTICES

In an emergency where a person is acting out physically and presents a danger to themselves or to others CWSDS uses Safe Management techniques to safely contain an individual until the immediate crisis has passed.

In a crisis, we may need to use these techniques on your child. You will be notified if this happens and a report will be filed with the ministry.

I am aware that if my child acts out physically that there is a possibility that they will need to be restrained.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## RESPITE PROGRAM

### IF IT'S WRONG, RIGHT IT

Dear Parent/Guardian:

The Ministry of Community and Social Services has published a booklet called "If It's Wrong, Right It" outlining children's rights. Until your child is 18 years of age, their rights are covered by the Child and Family Services Act. As an organization, we are committed to providing your child with a safe and secure place during their stay with us. Your child's rights, as set out in "if It's Wrong, Right It", are as follows:

- the right to be heard and to express oneself
- the right to participate in plan of care decisions
- the right to freedom from any form of corporal punishment
- the right to appropriate health and dental care
- the right to education and religion of choice
- the right to be informed in a language that you understand
- the right to understand rules, discipline practices, and responsibilities
- the right of access and to privacy
- the right to appropriate clothing, recreation, and to live as fully and happily as you can
- the right to the advocacy office and complaint procedures

If for any reason there are difficulties during your child's respite stay with us, please be aware of the following:

- If you have any questions or concerns about your child, the residence, staff, or maintenance, you are encouraged to speak with the staff in-charge and/or the Residential Manager. You will be provided with the in-charge and Residential Manager's name during our admission process.
- If your concerns are not resolved by the in-charge staff or the Residential Manager, parents/guardians can contact CWSDS Designated Manager in Charge at 905-844-7864 ext. 312.
- If there continues to be any questions or concerns, a telephone call or meeting will be arranged with the Residential Manager and/or the Program Director.

Parents/Guardians have the right and freedom to contact:

- Office of Child and Family Services - The Advocacy Office - 1-800-263-2481 (toll free)  
- 416-325-5669 (in Toronto)

If you have any questions, or require further information, please do not hesitate to contact CWSDS at 905-844-7864.

Reviewed / Copy Received by: Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_