

COMMUNITY SUPPORT SERVICES: REGISTRATION FORM

You or a designated person may fill out this form but if for any reason you need assistance, please call Family Service Kent at 519-354-6221 ext. 246. Forms can be faxed to 519-354-5152, emailed to info@familyservicekent.com, or mailed to 50 Adelaide St. South Chatham, ON N7M 6K7. **Please retain a copy for your personal files.**

Personal Information		
Name:		City:
Primary Address:		Postal Code:
Primary #:	Alt #:	
Date of Birth (M/D/Y):	Email:	
<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:	<input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> LGBTQI2S+	
Secondary Address (if applicable):		
Emergency Contact or Power of Attorney Information		
Name:		City:
Address:		Postal Code:
Primary #:	Alt #:	Email:
Billing Information		
Please indicate who the invoice or receipt is to be sent to: <input type="checkbox"/> Service User <input type="checkbox"/> POA <input type="checkbox"/> Trustee <input type="checkbox"/> Other (please specify): _____		
Source of Income (may require verification)		
<input type="checkbox"/> ODSP <input type="checkbox"/> OW <input type="checkbox"/> CPP/OAS <input type="checkbox"/> Veteran Affairs <input type="checkbox"/> Trustee <input type="checkbox"/> Other: _____		
Additional Service User Information		
Mobility Aids: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Service Animal <input type="checkbox"/> Wheelchair: Reg (18-24") <input type="checkbox"/> Lg (over 24") <input type="checkbox"/> Motorized Wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
Service(s) Required	Please check all appropriate information	
<input type="checkbox"/> Transportation - CHAP <input type="checkbox"/> Transportation - adVANtage <input type="checkbox"/> Frozen Meals <input type="checkbox"/> Home Help Brokerage <input type="checkbox"/> Client Intervention & Assistance	<input type="checkbox"/> Age 0 - 18 <input type="checkbox"/> Lives alone <input type="checkbox"/> Pet(s) in home: _____ <input type="checkbox"/> Smoker <input type="checkbox"/> Uses oxygen	<input type="checkbox"/> Recovering from surgery <input type="checkbox"/> Dementia <input type="checkbox"/> Responsive Behaviours <input type="checkbox"/> Falls Risk <input type="checkbox"/> Requires Caregiver to Assist <input type="checkbox"/> Other: _____
Consent		
<input checked="" type="checkbox"/> Consents to personal information shared via email: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input checked="" type="checkbox"/> Consents to referrals made: <input type="checkbox"/> within agency <input type="checkbox"/> to community partners <input type="checkbox"/> none		
<input checked="" type="checkbox"/> Has been provided information on client rights, responsibilities & services: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you completed this form yourself, please sign here:		
<input type="checkbox"/> I hereby declare that the information provided above represents my condition and is correct.		
Signature: _____		Date: _____
If someone completed the form on your behalf, please indicate below:		
Name (please print): _____		Role: _____
Signature: _____		Date: _____

Signed Copy Provided: Yes No Declined

Client Rights and Information

Family Service Kent programs embrace the philosophy of providing individualized client-focused care. In keeping with our Mission, Vision and Values; we hold as truth; the dignity, strength, and capabilities of all people. Our actions and decisions are based on mutual respect and care of one another. As a recipient of our service, we respect and promote the rights of every client as stated below.

As a recipient of our services, you have the right to:

1. Be treated fairly with dignity and respect at all times.
2. Quality service that respects your individuality regardless of age, gender, race, creed, sexual preference; ethnic origin, disability, or any other protected ground as defined by the *Ontario Human Rights Code*.
3. Receive courteous services that are safe; responsive to your needs and preferences; respectful of our lifestyle choices; promotes your independence. While in receipt of our services, if your safety is compromised, we will notify your emergency contact through the information that has been provided during your registration. If you have any safety or support concerns, which may impact your involvement with services, please advise at the time of registration.
4. Receive services that promote and encourage your active participation with the development of your plan of care to support you with making informed choices regarding your service.
5. Care that is confidential; respecting privacy and dignity, in a safe non-threatening environment.
6. Be informed about the service(s) you receive and feel comfortable to ask questions when you don't understand or when you need more information.
7. Be informed of policies and procedures that affect the service provided by Family Service Kent.
8. Be informed of any incident(s) that occur as a direct result of the services you are receiving from Family Service Kent.
9. Report concerns about our services without fear of negative consequences or reprisal and expect appropriate, timely, and confidential investigation.
10. Give or withdraw your consent at any time related to the services you receive and/or disclosure of your personal information (health or other). Consent will be documented by obtaining a service user's signature or verbal agreement and/or by a service provider's notation on the form if the service user is unable to sign themselves.
11. Be informed of any consequences related to giving or withdrawing your consent.
12. Have your personal information (health or other) safeguarded as outlined in privacy legislation.

Our staff and volunteers have gone through a screening process. They have agreed to deliver safe, quality services that meet your individual needs. If you have feedback, a complaint, or do not feel comfortable with a situation, we ask that you contact the program manager to discuss your complaint and the steps to resolve it. Please call 519-354-6221 ext. 230 to bring your concern to the attention of Jyl Panjer - Manager, Community Support Services.

By signing this form, you acknowledge you have read, understand and agree to the Client Rights and Information.

Completed by: _____ **Date:** _____

Service User Signature (or verbal consent): _____ **Date:** _____

Signed Copy Provided: Yes No