

Main Street Community Services (MSCS)



Respite/Residential Program Registration

Client Information:

Client Name: _____ Prefers to be called: _____

Date of Birth: _____ Age at registration: _____

Address: _____

Home phone number: _____

Ethnicity: _____ Religion: _____

Cultural: _____ Place of Worship: _____

Client's OHIP #: _____ Copy of OHIP attached: YES NO

Family Doctor: _____ Phone #: _____

Other Doctor: _____ Phone #: _____

Other Doctor: _____ Phone #: _____

Pharmacy: _____ Phone #: _____

Diagnoses:

Physical Description of the Client:

Height: _____ Weight: _____ Build: _____

Hair Colour: _____ Length: _____ Style: _____

Eye Colour: _____ Glasses or contacts: _____

Scars or Birthmarks:

Other notable features:

Parent/Guardian Information:

Parent(s)/Guardian(s) Name(s):

Address: _____

Home Phone #: _____

Mobile Phone #: _____

Email Address(es):

Place of Employment: _____ Work Phone #: _____

Parent(s)/Guardian(s) Name(s):

Address: _____

Home Phone #: _____

Mobile Phone #: _____

Email Address(es):

Place of Employment: _____ Work Phone #: _____

Emergency Contact Information:

Emergency Contact #1: _____ Relationship: _____

Address: _____ Phone #: _____

Emergency Contact #2: _____ Relationship: _____

Address: _____ Phone #: _____

Religious/ Cultural Information/Gender Identity:

Religion: _____ Prayer Supports: _____

Cultural Supports Utilized;

Gender Identity: _____ Preferred Pronouns: _____

Other Information:

Medical Information:

Allergies: Yes No Please specify: _____

Epipen Required: Yes No

Does the client require medication? Yes No

Name of medication: _____ **Dose:** _____

Time(s) taken: _____

Name of medication: _____ **Dose:** _____

Time(s) taken: _____

Name of medication: _____ **Dose:** _____

Time(s) taken: _____

Name of medication: _____ **Dose:** _____

Time(s) taken: _____

Name of medication: _____ **Dose:** _____

Time(s) taken: _____

Medical conditions:

Medical protocols for the condition(s):

Medical appointments

Date of Last Annual Medical: _____ Next Appointment: _____

Date of Last Annual Eye: _____ Next Appointment: _____

Date of Last Annual Hearing: _____ Next Appointment: _____

Date of Last Annual Dental: _____ Next Appointment: _____

Other: _____ Next Appointment: _____

Other: _____ Next Appointment: _____

Family of Origin Information:

Is the client living with one or both parents:

Marital status of parents:

Does the client have any siblings?

Was the client adopted? Yes No

Service Providers and Support Agencies:

Please provide the following information for current Service Providers and/or Support Agencies your client is involved with:

Name of Agency:

Contact Person: _____ Phone #: _____

Fax Number: _____ Email Address: _____

Name of Agency:

Contact Person: _____ Phone #: _____

Fax Number: _____ Email Address: _____

Name/Address of School:

Contact Person: _____ Phone #: _____

Fax Number: _____ Email Address: _____

School Hours: _____

Driver Name/Number _____

Immunizations attached: Yes No

Health Card attached: Yes No

Social History attached: Yes No

Discharge Summary from pervious placement attached: Yes No N/A

Therapeutic / Clinical Information:

Reason for Admission:

Does the client have the mental capacity and ability to consent to programs and services?

Yes No

Please indicate if there are any self-injurious behaviours of which we should be aware:

If yes, please indicate if you have a specific safety plan in place at home:

Does the client use mobility aids (i.e., wheelchair, service dog, etc.)? Yes No

If yes, please describe

Does the client require any safety accommodations (i.e., helmet, in the car, at swimming)?

Yes No

If yes, please describe

Is the client able to communicate verbally? Yes No

If yes, please describe the level at which the client is able to communicate verbally (i.e., minimal words, full sentences, etc.).

Is the client able to use sign language to communicate? Yes No

Does the client have specific sensory needs (i.e., auditory, visual, tactile, vestibular (movement and positioning), etc.)? Please describe:

Please describe the client's strengths and areas you wish to see developed:

Please describe and explain any safety or clinical plans that are in place at home or school:
Please feel free to attach any clinical documents.

Activities/Sports of Interest:

Activities/Sports Disliked:

What is the client's swimming level?

Please indicate any concerns with the client's ability to participate in swimming:

Please indicate any toileting concerns for the client.

Please indicate food likes/dislikes for the client.

Is the client on a special diet? If so, please describe.

Assessment of Daily Living Activities:

To help us better understand the client's needs and abilities please check the appropriate rating of your child's ability to perform the following daily living activities:

Toilet Use: using the toilet, cleansing self, adjusting clothes, etc.

Independent Limited Assistance Extensive Assistance Dependence

Personal Hygiene: ability to perform personal hygiene (For example combing hair, brushing teeth, washing/drying face and hands)

Independent Limited Assistance Extensive Assistance Dependence

Self-Regulation Skills: ability to regulate and control their emotions when frustrated, anxious, and/or upset.

Independent Limited Assistance Extensive Assistance Dependence

Bathing - ability to take a full bath/shower.

Independent Limited Assistance Extensive Assistance Dependence

Cognitive Ability to Make Decisions

Independent Decisions

Some Difficulty Extensive Difficulty Severely Dependence

Behaviour Symptoms

How often does the client get lost or wander (ex. Moves with no rational purpose, seemingly oblivious to needs or safety)?

Never Sometimes Often

How often is the individual verbally abusive to others? (Others were threatened, screamed at, cursed at, etc.)

Never Sometimes Often

If yes, was the verbal abuse easily altered or re-directed?

Yes No

How often is the individual physically abusive to others (ex. Others were hit, shoved, scratched, etc.)?

Never Sometimes Often

Was the physical abuse easily altered or re-directed?

Yes No

How often does the client exhibit socially inappropriate/disruptive behaviour (ex. Makes disruptive sounds, noisiness, screaming, self-abusive acts, sexual behaviour or disrobing in public, smeared/threw food/feces, hoarding, rummaging through other's belongings, etc.)

Never

Sometimes

Often

Please indicate the inappropriate/disruptive behaviours the client engages in:

Please do not hesitate to include any additional information regarding the client and/or their exceptionality.

Goals

Please identify any goals that are being worked towards in the home, or you would like your child to work towards while they receive care with Main Street Community Services.

Main Street Community Services will complete an annual plan of care for all children receiving respite services. This document will be used as the child's plan of care. Any updates or amendments will be reflected within this document.

Goals			
<i>Goal</i>	<i>Domain</i>	<i>Means</i>	<i>Responsibility</i>

Agreement and Authorization for Services

This agreement ensures that the operator of this residence is properly authorized to provide the care of the child, as required by the Child, Youth, and Family Services Act, Regulation 70, Section 74, or adult, as required by the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, Ontario Regulation 299/10 Quality Assurance Measures. This agreement must be entered into on the day that the child is placed in the residence or soon after. Furthermore, this agreement will be assumed for subsequent placements in the home for a period up to one year. At which point, a new agreement must be entered into. If the child changed guardianship within the one-year period, this agreement becomes null and void.

This agreement hereby authorizes Main Street Community Services to:

1. Provide care for _____

Child's / Adult's Name

at the _____ Residence from the date of admission on the ____ day of _____, _____ in the city of Ottawa.

- 2. Obtain emergency medical and or dental treatment for the above mentioned child/adult; and
- 3. Where applicable, inspect and obtain from the person's or agencies named in the agreement, records, reports and information concerning the above named child/adult.

It is further agreed that financial and other responsibilities will be undertaken in accordance with the Resource Service Agreement, the content of which has been explained and is herein acknowledged.

A review of the agreement to provide services to the child shall occur at the request of the family, parent or agencies arranging the care of the operator.

Dated this _____ day of _____, _____ in the city of Ottawa.

Signed

Executive Director

Witness

Parent/Guardian

Witness

Rights and Responsibilities of Individuals Receiving Care:

Children have the right to:

- Know and understand their rights, in a language suitable to their understanding.
- Be and feel safe
- Be treated fairly no matter of their race, sex, gender, identity, culture, religion, abilities, or sexual orientation
- Have a say about what happens to them and to express their thoughts and feelings in a safe judgement free environment. This includes treatment, education, training, work, creed, community identity, cultural identity, residential care placement/transfer/discharge.
- Raise concerns in a judgement free environment, without interference, fear of coercion, discrimination, or reprisal.
- Be a part of decisions that affect them and their care
- Be properly fed, clothed, and cared for
- Go to school
- Receive medical care, this includes but is not limited to; medical, dental, optical, hearing, psychiatrist, and emergency care.
- Participate in activities of their choice related to their creed, community, or cultural identity.
- Participate in recreational, athletic, and creative activities
- An interpreter if they are not being understood because of language or abilities
- Reasonable privacy and possession of personal privacy
- Receive and open mail with reasonable privacy.
- Receive visits from family
- Participate in my plan of care
- Know and understand the rules, responsibilities, and consequences
- Talk privately with their lawyer, the Ombudsman, their Member of Parliament or an Advocate
- Be told how to contact the Advocacy Office, in a language suitable to their understanding.
- Know that no one may use corporal punishment on them
- Know that they are not to be locked or detained on a premises.
- Know that Physical Restraints are only used when there is imminent risk, and all other interventions have not been successful in maintaining safety.
- Know how to make complaints and make their voice heard.

Children over the age of 12 also have the right to:

- Know that a decision is being made about them in court so that they can go there when it happens
- Ask to have a review or an appeal of your placement

Emergency/ Fire Plan

- Be shown the fire plan upon admission to care, and every 6 months thereafter in a language suitable to their understanding.
- Practice a fire drill every month.

If it doesn't feel fair, maybe it's not right! To call an Ombudsman, dial 1-800-263-2841

Are there any supports that may assist me (child in care) in understanding the information provided above?

If yes, describe actions taken by MSCS to implement these supports. If no, please explain the reasons why the supports could not be implemented by MSCS.

Signature of Parent: _____ Date: _____

Signature of Child: _____ Date: _____

Signature of Staff: _____ Date: _____

CONSENT FOR SERVICES

I, _____ (parent/guardian) agree to have my child
_____ attend MSCS residential programs
from; _____ to _____ 2020.

I understand that Main Street Community Services will not be held accountable for any undue harm my child may receive while engaging in recreational activities.

Parent/Guardian Signature: _____

Dated this _____ day of _____, 2020 in the city of Ottawa.

We are obligated, by the laws governing Children’s Aid Societies and the Child and Family Services Act of Ontario, and Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act Ontario, to report and disclose of information that indicates a suspicion of abuse

RESTRAINT CONSENT

I accept that the qualified staff of MSCS, may use physical restraints in the event that it is necessary to protect my child’s own safety or protect the safety of others. It is understood that a physical restraint refers to the practices acquired in training through CPI (Crisis Prevention Institute). No restraints shall be used as method of punishment. I will be informed if a restraint was used on my child.

Parent/Guardian Signature Date

Cultural Competency

Main Street Community Services (MSCS) wants to ensure that your religious, culture, language, and gender specific needs are met.

How

- MSCS will support your individual right to communicate in your first language.
- MSCS will support your individual right to cultural and religious practices.
- MSCS will ensure that your traditions are acknowledged and supported in a meaningful way.
- MSCS will ensure that your gender-specific needs are met.

Complaints, Grievances, and Appeals

If you are not happy – what do you do?

We support your right to let us know when you are not happy with a decision, an event or with the services you are getting.

- Complaints can be large or small.
- Sometimes problems can be solved directly with the person involved.
- Sometimes problems can be quickly resolved.
- Sometimes problems are harder and more difficult to ask for help.
- You have the right to express your opinion without feeling like your care is at risk.

Who will I go to?

Firstly, you can tell a Main Street Community Services Supervisor responsible for you or another staff member who you feel comfortable with, or ask someone who cares for you to do this.

A family member, friend, volunteer, other worker or caregiver may help or be a support person for you when you talk to Main Street Community Services staff.

What happens then?

- Your concerns will be acknowledged and addressed within 24 hours.
- Depending on the situation, a response will be provided right away and together we will work through the issues.
- If it is more challenging, we will have an answer to you within 5 days.
- Your complaints will be looked at confidentially if you wish, but the persons involved may need to be spoken to.
- Senior Supervisors at Main Street Community Services may also need to be informed. However, your wishes will be respected.

Parent/Guardian Signature _____ Date _____

Client Signature _____ Date _____

MSCS Vision, Mission Statement, and Goals

Vision:

We are committed to meeting individual needs, community collectiveness and putting humanitarianism back into social services.

Mission:

Celebrating the individuality of children, youth and adults with developmental disabilities and complex mental health needs through the implementation of comprehensive, innovative programs and services focused on improving quality of life.

GOALS:

1. To increase an individual's personal self-determination and improve their own independence through person centered planning
2. To embrace the individual needs of families
3. To always respect the dignity of individuals
4. To honour individuals as valued members of their community
5. Recognize and respond to the goals and priorities of the individuals and families
6. To provide flexible and creative support that reflect changing goals and priorities
7. Provide programs that involve the individuals in their community networks and personal relationships
8. To promote autonomy for people and families to make decisions that reflect their life situations, needs and beliefs
9. Be culturally competent
10. To provide and maintain a transparent service
11. Embrace humanitarianism in all aspects of the business

Parent/Legal Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Consent for Sharing Personal Information

MSCS strives to be a welcoming and family home for all individuals in our care. We want to ensure that all individuals/substitute decision makers have a say in when and how personal information is shared.

The MSCS staff team and maintenance team are required to be in the residence to ensure the care, welfare, safety, and security of individuals in care.

Please check all boxes you DO consent to.

Information that may be visual in the home

- Individual's Schedule (daily/monthly/weekly)
- Individual's Goals
- Individual's Initials
- Individual's Information (important phone numbers, date of birth)
- Individual's Photo's

Other individuals who may visit the home include;

- Clinical Support Workers from outside organizations (Royal Ottawa FACTT-DD, ValorSolutions, Renfrew Behavioural Supports, etc)
- Medical Professionals (CCAC medical professionals, MSCS Physician, etc)
- Outside Maintenance/Delivery workers (furnace repair, furniture delivery, etc)
- Parents, family, friends of other residents.

In the event an individual/substitute decision maker does not want outside parties within the home, the following accommodations can be made.

- Allowing outside parties only in common areas, with no access to bedroom areas.
- Allowing outside parties to only access bedroom areas with a staff present.
- Allowing outside parties to only access the home when other clients are not present.
- Allowing outside parties to only access the home when no clients are home*

Each Individual in care with MSCS has the right to decide how/when/with whom their information is shared. To ensure that all individual's needs are met, there may be updated guidelines put in place in the residence that may impact visits.

I, _____ agree to the sharing of information indicated above

for _____.

Dated this _____ day of _____, 20____.

*This does not include emergency professionals including; EMS, Fire Services, Police, Emergency Time Sensitive Maintenance (Furnace/Water), Resource workers from funding organizations, Ministry representatives, and CAS workers.

AUTHORIZATION FOR USE OF PHOTOS

I, _____, authorize the use of my son or daughter,
_____, photo to be used by Main Street Community
Services for the following purposes.

Please check off any and all of the following photo opportunities that you give us approval for:

_____ Brochures, flyers, etc.

_____ Internal (for example: displays at homes or at the centre, etc.)

_____ Website

_____ Fundraising Initiatives (i.e. slide show for annual fundraiser)

Parent/Guardian signature: _____ Date: _____