



IN-HOME RESPITE SUPPORT

CLIENT IDENTIFICATION SHEET

Client



CONFIDENTIAL DOCUMENT

To be completed by the parent, guardian, or legal representative.



This sheet contains essential information to ensure safe, tailored, and high-quality in-home respite support. All information remains confidential.

1 BASIC INFORMATION

Full name: _____

Date of birth: _____ Age: _____

Address: _____

Primary phone number: _____

Email: _____

Primary language: French English Other: _____

2 RESPONSIBLE PERSONS

Parent / guardian / representative 1

Name: _____ Relationship: _____

Phone: _____ Email: _____

Parent / guardian / representative 2 (if applicable)

Name: _____ Relationship: _____

Phone: _____ Email: _____

3 EMERGENCY CONTACT

Name: _____ Relationship: _____

Primary phone number: _____

Secondary phone number: _____

Permission to contact this person in case of emergency:

Yes No

This contact will be prioritized in case of emergency if the responsible persons cannot be reached.

4 IMPORTANT MEDICAL INFORMATION

Allergies (food, medication, others): _____

Important medication (name, dosage, time): _____

Medical conditions to be aware of: _____

Specific restrictions (diet, activities, etc.): _____

Treating physician / Clinic: _____ Phone: _____

5 SAFETY INFORMATION

Behaviors to monitor / specific needs: _____

Known triggers: _____

Specific reactions / effective soothing strategies: _____

Protocol to follow in case of crisis or concerning situation: _____

6 AUTHORIZATIONS

Authorize transportation in a vehicle (if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorize outings & outdoor activities (parks, activities, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorize photos / videos for internal use (follow-up, activities)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorize communication with professionals (school, therapists, service providers, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments / details: _____

7 SIGNATURES

I confirm that the information provided is accurate and authorize UniRépît to refer to it in the context of services.

Parent / guardian / representative name: _____

Signature: _____ Date: _____

I have reviewed the information above.

UniRépît representative name: _____

Signature: _____ Date: _____



Every person is unique.



This sheet helps us provide safe, kind, and perfectly tailored in-home respite support.



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Supporting you every day