



Respite, Inc.



serving eligible Tri-Counties Regional Center families
in San Luis Obispo and Santa Barbara Counties since 2003

Parent/Guardian Waiver Designated Respite Worker

I, _____, am the _____ parent _____ guardian of
print your name

_____, a Tri-Counties Regional Center consumer.
print child's name

I hereby designate _____ to provide respite services
print respite worker's name

for my (above named) child. [one waiver must be submitted for each TCRC consumer]

The determination in designating the above named person is my sole responsibility, based on my personal knowledge of, and relationship with this person and I waive any and all claims and/or actions against *Respite, Inc.* and/or its representatives for my decision.

We have received a copy of CCR Title 17, Section 56792(e) _____
initials → parent/guardian respite worker

and the person named above meets the stated requirements. The designated worker realizes this is a part-time position and the number of available work hours is limited to those authorized by TCRC. Transportation of TCRC consumer by the respite worker while providing respite services is not allowed. Unless revoked, this waiver will remain in affect with *Respite, Inc.* for the duration my child's Tri-Counties Regional Center respite services authorization.

parent/guardian signature date phone

respite worker signature date phone

Parent/Guardian initial here if background and reference check are not required: _____

parent/guardian street address city zip code