



Parent/Guardian Waiver for Designation of Respite Caregiver

I, _____, am the parent (or guardian) of
(Print name)

_____, who receives TCRC or NLACRC funding
(Print child's name)

services. I hereby designate _____ to provide in- home
(Print chosen Respite Caregiver's name)

respite services for my (above named) child. I believe this person to be of good morale character, as I

have known them personally for _____ years as a(n) _____
(Print number) (Relationship: friend, neighbor, relative...)

The determination in designating this Respite Caregiver 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 Channel Islands Social Services (CISS) for my decision. I understand that if CISS finds this Caregiver to have a criminal record or not be eligible for employment in the United States, that CISS may choose to not employ this person and that such findings are highly confidential and may not be shared with me.

We, the parent or guardian and the designated Respite Worker, have received a copy of the job description and regulations known as CCR Title 17, Section 56792(e) and the Respite Caregiver described in this waiver meets or exceeds the stated minimum requirements as witnessed here by our initials:

_____ (Respite Caregiver Applicant)

_____ (Parent/Guardian)

Unless revoked, this waiver will remain in effect during my child's service authorization for In-Home Respite Services provided by Channel Islands Social Services.

(Parent/Guardian Signature)

(Date)

(Respite Caregiver Signature)

(Date)