



# Respite, Inc.



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

## Parent/Guardian Waiver to Designate a Respite Worker

I, \_\_\_\_\_, am the parent \_\_\_\_\_ guardian \_\_\_\_\_ of  
print your name

\_\_\_\_\_. Client's gender: male \_\_\_\_\_ female \_\_\_\_\_  
print Tri-Counties Regional Center client's name

I hereby designate \_\_\_\_\_ to provide respite services  
print name of respite worker/person being designated

for the above named TCRC client. UCI: \_\_\_\_\_

The determination in designating this person as our respite worker is my sole responsibility, based on my personal knowledge of, and relationship with, this person and I hereby waive any and all claims and/or actions against *Respite, Inc.*, as an Employer of Record, for my decision.

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

and the named respite worker meets the stated requirements. The designated worker realizes this is an on-going part-time position and the number of available work hours is limited to those authorized each month by TCRC. Transporting a TCRC client by a worker, while providing respite services, is prohibited. Unless revoked, this waiver will remain in effect during my family member's *Respite, Inc.* service authorization. All information remains confidential.

\_\_\_\_\_  
parent/guardian signature date phone

\_\_\_\_\_  
parent/guardian street address city zip code

\_\_\_\_\_  
respite worker signature date phone

respite worker date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ respite worker gender: male \_\_\_\_\_ female \_\_\_\_\_

**Background check and references are not required. Parent/Guardian initials: \_\_\_\_\_**

*A completed original Waiver and W-4 must accompany a new worker's first timesheet*