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. A USCIS Form I-9 will be completed and retained for my records as required. Our signatures below verify that we (parent/guardian and respite worker) have received a copy of CCR Title 17, Section 56792(e) and the above-named individual meets the stated requirements.
The designated worker understands this is a part-time position and the maximum 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

date of birth ____/____/_____ gender: male ___ female ___ relation to client: _____

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

mailing address
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direct fax: 805-227-6535
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