



proudly 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, W-4 and DE 4 must accompany a new worker's first timesheet ~