



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. A parent/guardian cannot be designated as a respite worker. All information on these forms remains confidential.

◆ ----- PARENT/GUARDIAN SECTION ----- ◆

parent/guardian signature _____ date _____ phone _____

parent/guardian street address _____ city _____ zip code _____

▼ ----- DESIGNATED RESPITE WORKER SECTION ----- ▼

respite worker signature _____ date _____ phone _____

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

**~ A completed original Waiver, IRS W-4 and CA EDD DE 4 must be received
by Respite, Inc. before a newly designated worker can be paid ~**