

FAMILY SELECTED PROVIDER REGISTRATION

NAME OF PROVIDER: _____

ADDRESS: _____

PHONE NUMBER: _____

Is this person related to you?	Yes___	No___
Does this person live in your home?	Yes___	No___
Has this person cared for your family member on previous occasions?	Yes___	No___
The hourly rate you will be paid:	<u>\$3.50</u> per hour	
	<u>\$35</u> per day	

Provider Signature

I understand that the Logan County Family & Children First Council has not trained the above mentioned person. Nor has the individual's home been certified as a respite home. The Logan County Family & Children First Council is in no way responsible for the care of my family member when services are being provided by this provider, and I shall hold the Logan County Family & Children First Council harmless of any and all liability of any nature whatsoever associated with this provider rendering services.

Parent/Guardian Signature

Date

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FOR OFFICE USE ONLY

Approved _____ Date received _____

By: _____
Director of Logan County Family & Children First Council

Reason if not approved _____

LOGAN COUNTY FAMILY & CHILDREN FIRST COUNCIL

Respite Care Liability Release

I understand that the Logan County Educational Service Center (on behalf of the Logan County Family & Children First Council) is working as a coordinator to provide the distribution of State Support Services funds to local individuals. In order to utilize the interagency funds, I agree to and understand the following:

1. All respite care providers, both family recommended and board approved, are self-employed and answer directly to the parents/family for whom service is provided.
2. Providers are not Logan County Educational Service Center (on behalf of Logan County FCFC) employees while providing respite care, and they are not covered under any type or form of insurance or worker's compensation, nor any other benefits of the Logan County Educational Service Center which is offered to its employees.
3. Providers are personally responsible to report and pay taxes, tips and other fees to the I.R.S., as necessary.
4. In the event of illness or accident, Logan County Educational Service Center is released from liability.
5. All board contracted Providers receive forty (40) hours of training or equivalent and must be certified in CPR and First Aid. Out-of-home Board Approved Provider must also meet home safety and fire inspections.
6. Family Recommended Providers have no training requirements. However, training may be available at your request. The family understands that they are waiving all training and inspection requirements by choosing a family recommended provider.
7. Furthermore, it is the family's responsibility to hire respite care providers to arrange for scheduling of respite care, not Family & Children First Council.
8. When choosing a family selected provider, the family shall assume responsibility for the health and safety needs of the individual family member and further understand that the Logan County Educational Service Center shall incur no liability.

I have read the above statements and understand and agree to this liability release.

Family Member/Parent/Guardian Signature

Date