

## Family Waiver

**This form is to be completed by the Individual, the Individual's Parent, or the Individual's Guardian if a family-selected respite care provider is being utilized.**

Family-Selected Respite Care Provider for \_\_\_\_\_  
(Name of Individual enrolled)

County: Clermont

The above-named individual is myself / my child / my ward. (Circle the applicable status) I select the following as a respite care provider for the above-named individual:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Name of Provider)

By my signature below, I certify that the health & safety needs of myself / my child / my ward (Circle one) will be met and no liability shall be incurred by the Southwestern Ohio Council of Governments, Butler, Clermont, Greene, Hamilton, Montgomery, or Warren County Board of Developmental Disabilities for any act or omission committed by the provider of service that I have chosen or by person(s) acting on behalf of the provider of service that I have chosen. Furthermore, I release, indemnify, and hold harmless the Southwestern Ohio Council of Governments, Butler, Clermont, Greene Hamilton, Montgomery or Warren County Board of Developmental Disabilities and their respective offices, employees, and agents from any suit or other legal proceedings arising from any act or omission committed by the provider of service that I have chosen or by person(s) acting on behalf of the provider of service that I have chosen.

I will provide, or cause to be provided, any training that may be needed for any person or persons I have chosen to work with me / my child / my ward (Circle one).

I will assure that the provider of service and any person(s) acting on behalf of the provider will be given a copy of, and will read and understand, the Rights of Person with Developmental Disabilities in Ohio Revised Code Section 5123.62.

I will assure that the provider of service and any persons(s) acting on behalf of the provider will acknowledge the obligation by law to report major unusual incidents, as defined in Rule 5123.2-17-02 of the Ohio Administrative Code, to the Office of Incident Review of the County Board of DD, and/or to the appropriate local law enforcement agency, as outlined in Ohio Revised Code Section 5123.61. I acknowledge that I have been given a copy of, and have read, Ohio Revised Code Section 5123.61 and Rule 5123:2-17-02 of the Ohio Administrative Code. I will assure that the provider of service and any persons(s) acting on behalf of the provider will be given, and will read, Ohio Revised Code Section 5123:61 and Rule 5123:2-17-02 of the Ohio Administrative Code.

In Clermont County all incidents of suspected abuse or neglect, and other major unusual incidents must be reported to the Department of Safety and Protection via [investigations@clermontdo.org](mailto:investigations@clermontdo.org) or (513) 732-4828 in accordance with 5123:2-17-02 of the Ohio Administrative Code. (copy provided upon request)

\_\_\_\_\_  
Signature of Individual / Parent / Guardian

\_\_\_\_\_  
Date

**Please sign, date and return this form to:**

**SWOCOG - Family Support Services Program  
412 S. East St. , Lebanon Ohio 45036**

**[Michelle.Hoying@swocog.org](mailto:Michelle.Hoying@swocog.org)...fax (855)763-3050**