

**Southwestern Ohio Council of Governments (SWOCOG)**  
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**Instructions: Please fill out all areas, sign, and return. PLEASE PRINT!**  
If your application is illegible, it will delay processing and could result in inaccurate information being used to issue  
vouchers and payments

Individual you are providing respite care for: \_\_\_\_\_

County family enrolled: Clermont

**Provider's Information**

Social Security Number: **PLEASE COMPLETE ATTACHED W9**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address (if applicable): \_\_\_\_\_

**Terms of Agreement**

I understand that if I am selected as a family-selected provider, I will be providing respite services for the \_\_\_\_\_ family. I agree to accept vouchers, to be redeemed with the Family Support Services Program (FSSP) equal to the FSSP co-payment portion of care. I understand that by State requirements, FSSP has up to 45 days to issue a check after the voucher is received in the FSSP office. The family share of the cost, if any, must be collected by me. FSSP ASSUMES NO LIABILITY FOR PAYING THE FAMILY SHARE OF COSTS, IF ANY.

I also understand that if I receive payment for services of \$600.00 or more within a calendar year (January 1- December 31) that a 1099 will be sent to the IRS and I will have to pay taxes on that amount.

**The family selected provider acknowledges that he/she:**

1. Is age eighteen or older.
2. Shall not provide services to any eligible individual whose needs the provider cannot meet, nor accept payment for services not provided.
3. Shall not provide respite services to his/her child or to his/her spouse enrolled in the FSSP.
4. Assures that no liability shall be incurred by CCBDD or SWOCOG for services provided by this provider or the actions of the provider.
5. Does not reside in the same household as the individual receiving services.
6. Is not employed by the Clermont County Board of Developmental Disabilities.
7. Must report all incidents of suspected abuse or neglect, and other major unusual incidents to the Department of Safety and Protection via [investigations@clermontdd.org](mailto:investigations@clermontdd.org), or phone (513) 732-4828 in accordance with 5123:2-17-02 of the Ohio Administrative Code. (Copy provided upon request)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The mission of the Southwestern Ohio Council of Governments is to provide support and solutions to county boards of developmental disabilities through cost-effective shared services that deliver value, satisfaction, and maximization of resources.*