



## Respite Assurance Form

Parent/Guardian Name(s): \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

As the parent/guardian of the child(ren) listed above, I/we hereby agree to:

(Initial each line)

\_\_\_\_\_ assure the Williams County Family & Children First Council (WCFCFC) the named respite provider shall provide for the health and safety of my/our child(ren) while he/she is in respite care.

\_\_\_\_\_ assume all liability for the selection of named respite provider.

\_\_\_\_\_ waive my/our rights to have the Williams County Family & Children First Council conduct a background investigation on the named respite provider.

### Respite Provider Information

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

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

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**\*\*Copy of Social Security Card and IRS form W-9 must be provided to Williams County FCFC.**

As the respite provider, I agree: (Initial each line)

\_\_\_\_\_ the child(ren) will continue his/her daily routines in regards to school, sheltered workshop, employment and habilitative programming.

Parent/Guardian Signature(s): \_\_\_\_\_

Date

Respite Provider Signature: \_\_\_\_\_

Date

WCFCFC Coordinator Signature: \_\_\_\_\_

Date