We Rock Care Services

We Rock the Spectrum - Clearwater
12505 Starkey Rd, Suite H
Largo, FL 33773
727.240.1785

FOR PARENT/GUARDIAN ONLY

Waiver for Designation of Caregiver

This document MUST be signed by parents/guardians who have referred an applicant to be hired by We Rock the Spectrum - Clearwater to work specifically with their family.

I,_____, am the parent or guardian of _____,
(Print Name) (Print Child's Name)

and we receive services from the Regional Center and/or are a private paying client. I hereby designate _____, to provide One-to-One Attendant and/or In-Home Respite services to
(Print Respite Caregiver's Name)

my family. I believe this person to be of good moral character as I have known them personally for ___ years

___ months as a _____. The determination in designating this Caregiver is my sole responsibility, based on my personal knowledge of, and relationship with, this person, and I waive any and all claims and/or actions against We Rock the Spectrum - Clearwater for my decision. I understand that if We Rock the Spectrum - Clearwater finds this Caregiver to not be eligible for employment in the United States, that We Rock the Spectrum - Clearwater may choose not to employ this person and that such findings are highly confidential and may not be shared with me.

I, the parent or guardian and the designated Caregiver, have received a copy of the job description and the Caregiver described in this waiver meets or exceeds the stated minimum requirements.

Unless revoked, this waiver will remain in effect during my family's service authorization for One-to-One Attendant Care and/or In-Home Respite Services provided by We Rock the Spectrum - Clearwater.

_____ _____
(Parent/Guardian Signature) (Date)