



**PORTAGE COUNTY FAMILY SUPPORTS SERVICES PROGRAM
WAIVER of PROVIDER TRAINING**

Waiver for Provider Training for Family Selected Providers

The Ohio Administrative Code states that families can select their own providers. Family selected providers can be relatives or friends and do not require any training.

I understand that by signing this waiver, the family assumes that all health and safety needs of the individual will be met by the **Family Selected Provider**. I also understand that I assume all responsibility for liabilities for injuries resulting from a violation in health and safety, while my family member is in the care of the **Family Selected Provider**.

Parent/Guardian Full Name: _____
(PLEASE PRINT)

Parent/Guardian Address: _____
Street City Zip

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____
(PLEASE PRINT)

Client Name(s): _____
(Individual(s) Enrolled in FSSP - PLEASE PRINT)

Provider Name(s): _____
(PLEASE PRINT)

Parent/Guardian Signature: _____ Date: _____

I have received the MUI brochure and given copies to the providers listed above.

Remit To:

Email to: Portagefss@neoncog.org
Or mail to: North East Ohio Network (NEON)
Attn: Portage FSSP
721 Boardman-Poland Rd., Suite 103
Boardman, Ohio 44512
Ph: 234-254-5874 Fax: 330-793-8284