



Waiver of 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 and acknowledge that I am responsible for all liabilities whatsoever for injuries to persons or damage to property resulting from a negligent act or omission or from a violation in health and safety that occur while my family member is in the care of the **Family Selected Provider**.

Parent/Guardian's Name: _____
(PLEASE PRINT)

Individual's Name(s): _____
(PLEASE PRINT)

Provider's Name: _____
(PLEASE PRINT)

Parent/Guardian Signature: _____ Date: _____

Provider Signature: _____ Date: _____

1/15/2020

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