

Osage County Special Services

Family Friend Respite Care Provider Agreement

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(573)897-1001
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An orientation and training meeting was held on ____/____/____.

At this time the Respite Care Provider, client and family:

_____ spent time getting to know one another and each other's expectations including daily routine.

_____ discussed any necessary information specific to the client including pertinent medical information and personal care

_____ discussed any information about siblings or extended family members.

_____ toured the home and discussed house rules

_____ discussed provider availability and scheduled hours to work.

Having received an orientation concerning the respite care needs of this family, I agree to provide respite care as arranged by this family consistent with the procedures and instructions from Osage County Special Services. I understand the family will assume responsibility for my supervision and is solely responsible for payment of my services, including any taxes that might accrue.

Respite Care Provider

Date

I, _____, parent/guardian of _____ agree to participate in the Osage County Special Services respite care program. I agree to follow the procedures and instructions of the Osage County Special Services respite care program and to screen, select, schedule, train and supervise respite care providers which I hire. I understand request for financial assistance must be submitted on approved forms and I agree to pay providers for their services before submitting costs of services to Osage County Special Services for reimbursement.

I understand that Osage County Special Services is in no way responsible for any actions or omissions on the part of the respite care provider I select and train.

Parent/Guardian

Date