

**LICKING COUNTY**  
*— Board of —*  
**DEVELOPMENTAL DISABILITIES**

**2017 Family Support Services Respite Acknowledgement Form**

Families **must** complete this  
Form annually *if FSS funds are used for respite.*

**I am recommending the following person(s) to provide care for \_\_\_\_\_ :**

**Provider Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Provider Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

**Provider Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

I understand as the parent, guardian or family member that I am responsible for training family approved providers to care for my family member so that he or she will be healthy and safe in my absence. I accept full responsibility for using this provider, and will not hold the Licking County Board of Developmental Disabilities (LCBDD) accountable for any undesirable consequence that may occur while my family member is in this provider's care.

I further understand that if respite care is given in a place other than my home, I am responsible for visiting the location and determining that it is a safe and appropriate place for my family member to receive respite care. Respite must be provided by an individual not living in the same address as the individual receiving services.

Lastly, I understand that the family-approved respite provider is paid a rate that is acceptable to me and to the provider. I understand that I am responsible for costs that exceed the FSS allocation for respite.

*Return this form with your FSS Request Form to:*  
Licking County Board of DD  
Attention: *(Put your Service Coordinator's Name Here)*  
565 Industrial Parkway  
Heath, OH 43056

By signing this form, I agree that all information is correct to my knowledge. I also agree to reimburse any family selected provider for services rendered. I understand that LCBDD has the right to terminate FSS services if payment is not made to the provider as agreed.

Parent/Guardian/  
Family Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_