

## ***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 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 Name: \_\_\_\_\_  
(PLEASE PRINT)

Client Name(s): \_\_\_\_\_  
(PLEASE PRINT)

Provider Name: \_\_\_\_\_  
(PLEASE PRINT)

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

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_