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**FAMILY SUPPORT SERVICES RESPITE CARE PROGRAM**  
**NON-CERTIFIED PROVIDER FORM**

We/I \_\_\_\_\_ have selected \_\_\_\_\_ to  
(Parent/Guardian Name) (Respite Provider Name)

Provide respite care for: \_\_\_\_\_  
(Client/Individual Name)

We/I further understand that \_\_\_\_\_ will be providing care only to  
(Respite Provider Name)  
our family.

**He/she has the necessary skills needed to provide for the health and safety of my/our children, in lieu of the forty hours of respite care training. The Sandusky County Board of MR/DD is not responsible for the health and safety of \_\_\_\_\_ while in the care of the non-certified provider.**  
(Client/Individual Name)

Caregiver's Name: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Effective for services rendered: **7/01/09 through 6/30/10 (Fiscal Year 2010)**

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

BOARD MEMBERS: Burk Tischler, President – Lisa Edris, Vice-President – Nancy Haynes, Secretary  
Janet Michaels– Rob Lytle – Red Haslinger – Kent Weickert

The Sandusky County Board of Mental Retardation/Developmental Disabilities does not discriminate in provision of services or employment because of handicap, race, color, creed, national origin, sex or age.