

# We Rock Care Services

We Rock Care LLC  
1015 Century Dr.  
Edwardsville, IL 62025  
618-307-5834

## **\*FOR PARENT/GUARDIAN ONLY\***

### Waiver for Designation of Caregiver

\*\*\*This document MUST be signed by parents/guardians who have referred an applicant to be hired by We Rock Care LLC, to work specifically with their family.\*\*\*

I, \_\_\_\_\_, am the parent or guardian of \_\_\_\_\_, and  
(Print Name) (Print Child's Name)

we receive services from the Regional Center and/or are a private paying client. I hereby designate \_\_\_\_\_, to provide One-to-One Attendant and/or In-Home  
(Print Respite Caregiver's Name)

Respite services to my family. I believe this person to be of good moral character as I have known them personally for \_\_\_ years \_\_\_ months as a \_\_\_\_\_.

(#) (#) (Relationship to Caregiver)

The determination in designating this Caregiver is my sole responsibility, based on my personal knowledge of, and relationship with, this person, and I waive any and all claims and/or actions against We Rock Care LLC for my decision. I understand that if We Rock Care LLC finds this Caregiver to not be eligible for employment in the United States, that We Rock Care LLC may choose not to employ this person and that such findings are highly confidential and may not be shared with me.

I, the parent or guardian and the designated Caregiver, have received a copy of the job description and regulations known as CCR Title 17, Section 56792(e) and the Caregiver described in this waiver meets or exceeds the stated minimum requirements.

Unless revoked, this waiver will remain in effect during my family's service authorization for One-to-One Attendant Care and/or In-Home Respite Services provided by We Rock Care LLC.

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

\_\_\_\_\_  
Date