We Rock Care Services

We Rock Care LLC
553 E Dundee Rd
Palatine, IL 60074
(847) 496-5674

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
(Print Name)

_____, and we receive services from
(Print Child's Name)

the Regional Center and/or are a private paying client. I hereby designate

_____, to provide One-to-One
(Print Respite Caregiver's Name)

Attendant and/or In-Home 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 _____. 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

_____ _____
(Parent/Guardian Signature) (Date)