



***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 and acknowledge that I am responsible for all liabilities whatsoever for injuries to persons or damage to property resulting from a negligent act or omission or from a violation in health and safety that occur while my family member is in the care of the **Family Selected Provider**.

Parent/Guardian's Name: _____
(PLEASE PRINT)

Individual's Name(s): _____
(PLEASE PRINT)

Provider's Name: _____
(PLEASE PRINT)

Parent/Guardian Signature: Date: _____

Provider Signature: Date: _____