

## Ashtabula County Board of Developmental Disabilities

Enriching, empowering, and connecting people with their community

## 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)	
Individuals Namo(s):	
Individual's Name(s):	 
(PLEASE PRINT)	
Provider's Name:	
(PLEASE PRINT)	
(PLEASE PRINT)	
Parent/Guardian Signature: Date:	
-	
Provider Signature: Date:	

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