



Registration for Caregiver

Relief In-Home Respite

Your Name: _____

Address: _____ City _____ Zip Code: _____

Phone: Home _____ Cell: _____

Name of the Minor Child _____ age: _____

What is his/her Disability? _____

By signing below, I agree to the following terms and conditions:

- I am eligible to receive up to \$100 worth of respite through in my home for my minor child with a disability.
- Funds received from Ability Connection will be used for this specific purpose and no other.
- I am fully responsible for selecting my respite provider, ensuring they are properly prepared to care for my child, and determining the rate of pay.
- I understand the Ability Connection is in no way responsible for any conduct from the respite provider or for any actions that take place during the respite visit.
- I understand that I will be required to submit the respite logs in order to receive payment from Ability Connection and that I am responsible to pay the respite provider
- I understand that Ability Connection may periodically call respite providers to learn about their respite activities and use that information for program promotion

Parent/Caregiver Signature _____ Date _____

___ Approved ___ Disapproved by Ability Connection

Ability Connection Signature _____ Date _____

Please complete and include the W-9 Form with your registration.