

# Care Services

Special Needs Resources LLC  
dba We Rock the Spectrum- Austin  
7010 W Hwy 71, Ste 200  
Austin, TX 78735

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

## Waiver for Designation of Caregiver

\*\*\*This document MUST be signed by parents/guardians who have referred an employee to be hired by Special Needs Resources LLC, to work specifically with their family.\*\*\*

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

and we receive services from Medicaid, State of Texas programs, private insurance, and/or are a private paying client. I hereby designate Special Needs Resources LLC and all its employees, to provide Respite Services to my family. I believe this organization and its employees to be of good moral character. The determination in designating this Caregiver is my sole responsibility, based on my personal knowledge of, and relationship with, this organization, and I waive any and all claims and/or actions against for my decision. I understand that if Special Needs Resources LLC finds any of its employees to not be eligible for employment in the United States, that Special Needs Resources LLC may choose to not employ this person and that such findings are highly confidential and may not be shared with me.

Unless revoked, this waiver will remain in effect during my family's service authorization for Respite Services provided by Special Needs Resources LLC.

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

\_\_\_\_\_  
Date