**Independent Respite Provider - Family Agreement**

This is an agreement between:

**Independent Respite Provider**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And

**Parent/Guardian**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

for the provision of support services on for

**Name of Child**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms of Agreement**

This Agreement for providing respite services is for

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The hours of service will be \_\_\_\_\_\_\_\_\_\_\_\_ **Hours per Week**

The Independent Respite Provider will be paid at a rate of **$\_\_\_\_\_\_\_per hour**

If for any reason, either party wishes to cancel this agreement all outstanding wages must be paid to the Independent Respite Provider in full.

The Independent Respite Provider agrees to follow the duties as instructed by the family recognizing that respite requirements may change from time to time depending on the needs of the child and or family.

The Independent Respite Provider will work with the child on a one to one basis to ensure the safety of the child.

The worker will ensure that all information will be kept private and confidential.

The Independent Respite Provider and the Family will record hours worked daily and the Independent Respite Provider will be paid by the Family in a consistent and timely manner.

**I agree to the above terms**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Independent Respite Provider Parent(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date