



# Individual Support Services

Auglaize County Board of Developmental Disabilities  
Family Support Services  
Non-Certified Provider Assurance

The undersigned hereby agree to the following conditions:

1. The Auglaize County Board of Developmental Disabilities will pay, on behalf of the family receiving respite services, less any family co-pay amount (if applicable) and to the extent that funds are available for this purpose.
2. The provider is required to prepare, sign, obtain family verification of services listed from the recipient family and submit an invoice to:  
Individual Support Services  
Family Support Services Coordinator  
20 East First Street  
New Bremen, Ohio 45869  
The Board will not make any payment under this contract to the provider without verification by the family that services listed were actually received.
3. It is understood that the family receiving services selected the non-certified provider signing below and the Auglaize County Board of Developmental Disabilities is in no way endorsing, employing or contracting with the provider.
4. This assurance will serve as a Release of Liability. The Auglaize County Board of Developmental Disabilities will not be held responsible for any damages or injuries incurred in connection with services provided by the non-certified respite provider.

\_\_\_\_\_

Date

\_\_\_\_\_

Non-Certified Respite Provider

\_\_\_\_\_

Date

\_\_\_\_\_

Family Representative

\_\_\_\_\_

Date

\_\_\_\_\_

FSS Coordinator

\_\_\_\_\_

Date

\_\_\_\_\_

Director of Individual Support Services