



**YARMOUTH ASSOCIATION FOR COMMUNITY RESIDENTIAL OPTIONS**

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**Western Region Respite Program**

***Independent Respite Contractor Agreement***

I, \_\_\_\_\_ agree to the following to

*Independent Respite Contractor*

enhance the successful provision of respite services to a child with a developmental delay, disability and/or complex medical condition.

1. Assume the responsibility for the safety and well-being of the child with regard to medications, personal care, nutrition, etc... Independent Respite Contractors shall not dispense unauthorized medications to clients.
2. All information regarding clients and their families is confidential. Client's concerns are discussed only with the parents or the Respite Services Coordinator. Any breach of confidentiality will result in the termination of both the match and removal from the Registry of Respite Workers.
3. The Independent Respite Contractor shall provide care for the client in the child's home, The Independent Respite Contractor's home or a respite facility.
4. The Independent Respite Contractor will attend an orientation session(s) in the child's home under the direct guidance/direction of the parent(s)/guardian(s).
5. The Independent Respite Contractor agrees to notify the parent(s)/guardian(s) of any their clients as soon as they find out that they will be late for work. Reasons for cancellations must be extremely important and the personal life of the Independent Respite contractor must not interfere with their responsibilities.
6. The Independent Respite Contractor agrees to contact the Respite Services Coordinator immediately for any problems or concerns.
7. The Independent Respite Contractor agrees that he/she is a self employed individual and agrees that he/she must make his/her own arrangements regarding declaration of earnings, income tax, CPP and EI.
8. Yarmouth Association for Community Residential Options will not be responsible or liable in the event of an accident, sickness or injury to the Independent Respite Contractor while he/she is caring for a client.

The Independent Respite Contractor acknowledges the receipt of this agreement and has read and understood the terms and conditions outlined in this document.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_