

**Department of the Army
Exceptional Family Member Program (EFMP)**

Family Agreement Waiver for Respite Care Provider

1. I, _____, sponsor/parent/guardian of _____ who is enrolled in the EFMP give permission for my Family member* _____ to provide respite care services for _____
2. I understand my Family member will be waived from:
 - a. Respite care provider training.
 - b. Physical examination and tuberculosis testing.
 - c. Cardiopulmonary resuscitation/basic life support requirements.
 - d. Criminal background and Family Advocacy Program registry checks.
3. I affirm that _____ is fully competent to provide respite care services for _____
4. This Family Agreement Waiver is limited to the above sponsor/parent/guardian and Family member and is non-transferable.
5. This agreement may be terminated at any time by sponsor/parent/guardian.

Sponsor/Parent/Guardian

Date

Family Member

Date

Notary Public

Date

* Family member is defined as an individual 18 and over and includes brothers, sisters, grandparents, uncles, aunts and in-laws.