

**Respite Orientation Guide
Affidavit**

Independent Contract Provider

I _____ certify that I have received a detailed orientation on the topics
(print name)
covered in the MORC, Inc. Respite Orientation Guide and that I am responsible for following the
guidelines contained in it.

Signature : _____

Date: _____
(Expires in 1 year)

Primary Care Giver/Family

I _____ certify that I have provided to _____
(print name) (print name)
a detailed orientation on the topics covered in the MORC, Inc. Respite Orientation Guide and
have explained the responsibility to follow the guidelines contained in it.

Signature: _____

Date: _____
(Expires in 1 year)

Respite Services for: _____
Name (Print)

**A photographic or FAX copy of this authorization may be deemed to be the equivalent of
the original.**

Send or fax to: The Arc of Oakland, Inc.
1641 W. Big Beaver Road
Troy, MI 48084
Fax (248) 816-1906