

**DHHS - Region II
Children's Behavioral Health Services
11 State House Station
35 Anthony Ave
Augusta, ME 04333**

RECREATION PROGRAM

**Parental Choice of a Recreation Coach
Assumption of Responsibility**

I have chosen the person identified below to act as a Recreation Coach for my child. In choosing this provider, I understand that I am assuming sole responsibility for his/her performance.

I also understand that the Department of Health and Human Services will not be doing a background check on the identified provider.

Relationship between the Parties:

1. That it is explicitly understood by both of the parties that the provider is an independent contractor only and not an employee of DHHS.
2. That as an independent contractor, DHHS does not exercise supervisory responsibility or require that the provider operates under the policies and procedures of DHHS.
3. That as an independent contractor, the provider is not eligible for workers' compensation or unemployment compensation benefits or time benefits, or any other benefits which DHHS employees are normally eligible for.
4. That the provider shall be solely responsible for the payment of any and all income taxes (e.g. federal, state and local), Social Security contributions and any other taxes on all proceeds realized by the provider as a result of his agreement; DHHS shall not be responsible for withholding, collecting and/or insuring payment of any of the taxes the provider may owe on the income derived from the implementation of this agreement.

Child's Name: _____ SSN: _____

Name of Provider _____ SSN: _____

Address: _____

Phone: _____

Signature of Parent: _____ Date: _____

**DHHS - Region II
Children's Behavioral Health Services
11 State House Station
Greenlaw Building 1st floor
Augusta, ME 04333**

One to One Aide Guidelines

1. Aide needs to be 18 or older.

2. Aide cannot be an immediate family member or anyone living in the household such as grandparents, aunt/uncle, brother/sister or mother/father.

3. Parents need to provide own aide, as DHHS does not provide aides.

4. The service provided by the aide needs to be connected with a service plan and be goal oriented.

5. Parents must show proof of child's diagnosis.

6. Signed copy of guideline returned in order for funds to be paid.

Signed: _____
(Parent or Guardian)

Date: _____