

ACADIANA COMMUNITY BASED SERVICES

ASSUMPTION OF RESPONSIBILITY

INSTRUCTIONS:

Any time a client who is receiving **24-hour coverage** is being released into the care of his/her family member, that family member must sign the following agreement.

AGREEMENT:

CLIENT NAME (print): _____

FAMILY MEMBER NAME (print): _____

I agree to take full responsibility for the care and well being of the above named client during the following time period:

FROM DATE: _____ TIME: _____

TO DATE: _____ TIME: _____

Family Member Signature

Date