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RESPITE CHECKLIST

I, _____ of New Age Services Inc verify that I have seen the following
Team leader

documentation on _____ respite file; subcontractor to
name

_____ on _____
Name of caregiver/Contractor mm/dd/yyyy

First Aid/CPR	
Police Clearance	
Child intervention Record Check	
Resume	
Interview Questions	
Reference Check #1	
Reference Check #2	
Home Insurance	
Car Insurance	
Driver's License	