## Signed statement

I/we have read this Caregivers Manual Oranga Tamariki services for
CCS Disability Action caregivers. In signing this manual, I/we understand my
role in caring for a tamaiti/rangatahi. I/we acknowledge that I/we have had an opportunity to ask questions and gain clarity where needed about my role
and the supports I/we will provide.

#### Signed by:

Caregiver name:

Date:

Signature:

Caregiver name:

Date:

Signature:

#### Signed on behalf of CCS Disability Action by:

Staff member name:

Role:

Date:

Signature: