

Signature — Employer

## Consumer Directed Services **Applicant Verification for Employees**

| Individual's Name  | Employer Name  |
|--|--|
|  |  |
| Applicant Name   | Applicant Social Security Number   |
|  |  |
| The employer must verify the applicant meets each criterion. The employer must ensure the following forms and/or copies of documentation used to verify the criteria are valid and kept in the employee's personnel file. This form and supporting documentation <b>must</b> be sent to the Financial Management Services Agency (FMSA) for verification before the employer can hire the applicant. |  |
| Employment Qualifications  |  |
| ☐ The applicant is at least age 18.  |  |
| ☐ The applicant is not disqualified based on Form 1734, Service Provider and Employer Certification of Relationship Status for CDS.  |  |
| ☐ The applicant is not barred from employment based on the results of the Texas Department of Public Safety (DPS) criminal conviction history check, the Texas Health and Safety Code Chapter 250 registry checks, or the Medicaid exclusion list (Form 1725, Criminal Conviction History and Registry Checks).  |  |
| ☐ The applicant has completed Form 1728, Liability Acknowledgement.  |  |
| ☐ The applicant has read <i>Notice Concerning Workers' Compensation in Texas</i> (TWC Notice 5).   |  |
| The applicant has current cardiopulmonary resuscitation (CPR) and first aid certification for Medically Dependent<br>Children Program (MDCP) flexible family support and respite services.   |  |
| ☐ The applicant has current hands-on CPR, first aid and choking prevention certification, if providing services in the Deaf Blind with Multiple Disabilities (DBMD) Program.   |  |
| ☐ The applicant has the following educational qualifications, if providing services for DBMD, Home and Community-based Services (HCS), MDCP, Texas Home Living (TxHmL) or Community First Choice (CFC):  |  |
| <ul> <li>has a high school diploma or a certificate recognized by</li> </ul>   | •  |
|  | e employee's experience and competence to perform job tasks, ed by the individual, as demonstrated through a written |
| <ul> <li>at least three personal references from people reactions a safe and healthy environment for the individual</li> </ul>   | not related by blood that evidence the person's ability to provide al.   |
| ☐ The applicant has the following qualifications, if providing services for DBMD:  |  |
| <ul> <li>is fluent in the communication methods used by the individual (for example, American Sign Language, tactile symbols,<br/>communication boards, pictures and gestures) or has the ability to become fluent in the communication methods used<br/>by the individual within three months after beginning to work with the individual.</li> </ul>   |  |
| FMSA Certification   |  |
| The applicant  does  does not meet qualifications for en   | mployment.   |
| Only applicants who meet all qualifications may be employed.   |  |
| Acknowledgement  |  |
| The applicant and employer acknowledge that the applicant meets the qualifications for employment and that a copy of this form must be submitted to the FMSA. The FMSA must verify the applicant's qualifications before the employer offers employment to the applicant.  |  |

Date

Signature — FMSA

Date