VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES INDIVIDUAL SELECTION OF CONSUMER-DIRECTED SERVICES

I have selected	ns. The service facilitator has informed me who will provide my personal assistance, respite, will allow me to exercise my right to direct and
Individual as the Employer	
1. Under the Waiver (insert name of waiver), I choose to employ the attendant(s) who will provide my services. In selecting CD services, I understand that I choose to be the legal employer of the attendants who will provide my services. As their employer, I have the right and responsibility to hire and direct them in the provision of my services and to perform and fulfill the duties of an employer, including recruiting, selecting, hiring, training, supervision, authorization of the payment of wages, and dismissing employees, as necessary. I understand that I can also receive, at my request as needed, assistance from the service facilitator in performing these tasks. I also understand that the Department of Medical Assistance Services or its designated agent will fulfill my payroll an fiscal duties and obligations as an employer by being appointed as my payroll and fiscal agent, to act on my behalf, by signing the necessary forms in the <i>Employment Packet</i> .	
2. Once I select and hire an attendant, I will notify the C sign the required forms in the <i>Employment Packet</i> , in the attendant has been convicted a crime as specified enrolled, I agree to dismiss him or her and search for	ncluding a Criminal History Record Request. If I as a barrier crime for the waiver in which I am
3. I will establish the attendant's schedule to provide ser plan.	rvices within the limits established in my service
4. I understand that I have the primary responsibility for event an attendant is unable to work on a regularly s and neighbors as sources of back-up services where	cheduled workday. I agree to use family, friends,
5. I am responsible for supervising the attendant's recorsignatures on the time sheet attest that all times submunderstand that the Virginia CD Services Programs plan.	nitted for payment are actual and accurate. I
My signature indicates that I have been informed of and employer in the Waiver Program in which I am enrolled	
Individual's/Employer of Record's Signature	Date
CD Service Facilitator's Signature	Date

This form must be signed and a copy maintained in the employer's and the SF's records.

Revised 0709 (originally in 2005 Consumer-Directed Employer Manual)