

**PARTICIPANT DIRECTED SERVICES (PDS)
PDS EMPLOYEE TRAINING VERIFICATION**

As a chosen PDS employee, I certify that prior to direct services being initiated, I received training from my PDS employer or in the presence of my PDS employer on:

- Principles of Self-Determination;
- Employee Contracts;
- Employee Background Checks;
- Timesheets & Proper Use of EVV;
- Person-Centered Planning;
- How to Report Fraud, Waste & Program Abuse;
- How to Report Participant Abuse, Neglect, Exploitation & Other Reportable Incidents; and
- Any additional topics required by my PDS employer (Participant or PDS representative), DAIL, or DMS.

PDS Employee Signature

Date

PDS Representative Signature (if applicable)

Date

PDS Case Manager Signature

Date

