

**PARTICIPANT DIRECTED SERVICES (PDS)
PDS PARTICIPANT / PDS REPRESENTATIVE TRAINING VERIFICATION**

As the PDS consumer or designated PDS representative, I certify that prior to direct services being initiated, I received training 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;
- Corrective Action Plans;
- Potential Terminations; and
- Any additional topics required by my PDS employer (Participant or PDS representative), DAIL, or DMS.

Participant Signature

Date

PDS Representative Signature (if applicable)

Date

PDS Case Manager Signature

Date

