

**PARTICIPANT DIRECTED SERVICES (FOR ABI AND ABI-LT)
PARTICIPANT/REPRESENTATIVE TRAINING VERIFICATION**

As the consumer or designated representative, I certify that prior to direct services being initiated, I received training on:

- Principles of Self-Determination;
- Employee Contracts;
- Employee Background Checks;
- Timesheets;
- Budget Management Responsibilities;
- Person-Centered Planning;
- Fraud, Abuse, Neglect, and Exploitation;
- Corrective Action Plans;
- Potential Terminations; and
- Any additional topics required by my support brokerage agency, DAIL or DMS.

Participant Signature

Date

Representative Signature (if applicable)

Date

Support Broker Signature

Date