

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

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

- Principles of Self-Determination;
- Employee Contracts;
- Employee Background Checks;
- Timesheets;
- Person-Centered Planning;
- Fraud, Abuse, Neglect, and Exploitation; and
- Any additional topics required by my support brokerage agency, DAIL, DMS or employer.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant/Representative/Employer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Support Broker Signature (if applicable)**

\_\_\_\_\_  
**Date**