## Commonwealth of Kentucky Cabinet for Health and Family Services Department for Aging and Independent Living & Department for Medicaid Services

## PARTICIPANT DIRECTED SERVICES 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

