

EMPLOYER CERTIFICATION REGARDING HIGH SCHOOL DIPLOMA, GED, OR SUBSTITUTE DOCUMENTS

For HCS & TxHmL Consumer Directed Services

PARTICIPANT NAME (Client): _____

APPLICANT NAME (Employee): _____

I _____ certify that I am

- The participant
- The legally authorized representative The designated representative.

I certify that I have a copy of the applicant's (Employee)

- High school diploma
- GED
- The applicant did not have either of these documents.

If the above applicant **did not** have a copy of his/her high school diploma or GED, I have obtained the following:

- documentation of a proficiency evaluation of the employee's experience and competence to perform job tasks, including an ability to provide the services needed by the individual, as demonstrated through a written competency-based assessment; and
- at least three personal references from people not related by blood that evidence the person's ability to provide a safe and healthy environment for the individual.

3 Personal References:

Name/Relation Phone

Name/Relation Phone

Name/Relation Phone

I understand that I must keep these documents in my employee's file and produce them at the request of my case manager/service coordinator, FMSA, and any DADS or HHSC employee, including a utilization review nurse.

Employer's Signature: _____ DATE: _____