TEXAS Health and Human Services

Form 1736
June 2014-E

Consumer Directed Services (CDS) Option

Documentation of Employer Orientation by Financial Management Services Agency

Individual's Name	Program Name
Employer Name	Relationship to Individual

Financial Management Services Agency (FMSA) Contact Information

Contact Person	Telephone Number	Fax Number

Minimum required attendance — **employer** and **FMSA representative**; and the **designated representative** (DR), if appointed at time of orientation. The orientation must be conducted **in the individual's residence** and must be completed **before** an individual can begin using CDS services.

Orientation Location

Address		
City	State	ZIP Code

Orientation Session

FMSA Representative Name					
Begin Date	Time ☐ **a.m.** ☐ **p.m.**	End Date	Time ☐ **a.m.** ☐ **p.m.**	Length of Training Session Hours	Minutes

Topics Covered (employer to check topics)

- ☐ Employer budget
- ☐ Hiring process/new hire packet
- ☐ Timesheet due dates and payday schedule
- ☐ How to report abuse, neglect and exploitation
- ☐ FMSA's operating hours and complaint procedure
- ☐ *CDS Option Employer Manual*
- ☐ Form 1735, Employer and Financial Management Services Agency Service Agreement, and program addendum with service definitions, provider qualifications, and training and documentation requirements

Certification — I certify the orientation included, at a minimum, the topics listed above; the topics in the current Chapter 41, Consumer Directed Services Option, of the Texas Administrative Code, Title 40, Part 1; and the topics in the *CDS Option Employer Manual*.

Employer

Printed Name

Signature

Date

FMSA Representative

Printed Name

Signature

Date

Others in Attendance (DR is required if appointed at the time of the orientation)

Printed Name

Relationship to Employer

Signature

Date

Printed Name

Relationship to Employer

Signature

Date