

## Employer/Agent Certification Form

**Directions:** This form is used to certify employers under the Choices for Care Consumer & Surrogate directed option and employers/agents under the Attendant Services Program. The employer/agent must meet **all** of the following standards to be eligible to direct services under the Choices for Care Home-Based setting or the Attendant Services Program. **IMPORTANT:** Surrogate employers or agents must live within close proximity to the individual in order to adequately monitor services and supervise employees.

Complete all questions for a new employer/agent. For annual reassessments with a previously certified employer/agent, only #5 is required. Obtain information directly from the prospective employer/agent. If needed, information may be obtained from other relevant sources. The assessor must clearly record responses and provide detailed examples as needed.

**Status** (check one):       New Employer/Agent       Re-certification of Employer/Agent

**Program** (check one):       Attendant Services Program  
    Consumer Directed – Choices for Care  
    Surrogate Directed – Choices for Care

**Individual Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employer/Agent Name** (if different than the individual): \_\_\_\_\_

**Employer/Agent Relationship to Individual:** \_\_\_\_\_

**Approximately how far does the surrogate/agent live from the individual?** \_\_\_\_\_ **miles**

**1. Communication and Decision Making:** The employer/agent must be legally competent to make decisions, and must be able to effectively communicate verbally, in writing, or via assistive technology or other means.

- a. Does the prospective employer/agent have a legal Guardian?..... oYes oNo
- b. Does he/she have dementia, cognitive impairment, or mental retardation?..... oYes oNo
- c. Does he/she have the ability to communicate effectively..... oYes oNo
- d. Is he/she available on an on-going basis to act as the employer/agent..... oYes oNo

**2. Knowledge of Disability and Related Conditions:** The employer/agent must have knowledge of the individual's disability and related conditions, and must be able to describe this knowledge to others. This may include use of written information, lists, devices, etc.

- a. Is the prospective employer able to describe the disability and related conditions?..... oYes oNo
- b. Is he/she able to describe a plan to manage medications? ..... oYes oNo
- c. Is he/she able to describe the use of assistive devices and/or adaptive equipment? ..... oYes oNo

**3. Knowledge of Personal Assistance Needs:** The employer/agent must have detailed knowledge of the personal assistance needs of the individual, including ADLs and IADLs, and the ability to identify safe and unsafe practices and/or situations.

- a. Is the prospective employer able to describe a routine day and give examples of assistance needed?..... oYes oNo
- b. Is he/she able to describe meal preparation and dietary needs?..... oYes oNo
- c. Is he/she able to describe housekeeping needs? ..... oYes oNo
- d. Is he/she able to identify current sources of paid and unpaid help? ..... oYes oNo

**4. Ability to Manage Employees:** The employer/agent must be able to direct recruitment, interviewing, hiring, scheduling, training, supervising, and termination of employees. This may include support or use of materials, such as the Home Share VT handbook, manuals, etc.

- a. Is the prospective employer able to describe how to hire an employee? ..... Yes No
- b. Is he/she able to describe how to train and supervise an employee? ..... Yes No
- c. Is he/she able to describe what to do if the employee is sick or absent?..... Yes No

**5. Ability to follow program requirements once on the program:** At reassessment, the employer/agent must be able to understand and follow the requirements of participation in the program. This includes submitting all enrollment forms, submitting accurate timesheets as required by the payroll schedule. This may also include use of resources, such as a calendar, calculator, etc.

- a. Is the employer/agent able to describe basic program procedures? ..... Yes No
- b. Has he/she demonstrated the ability to track hours worked, calculate totals, and understand pay periods?..... Yes No
- c. Has he/she completed and submitted accurate timesheets?..... Yes No
- d. Has he/she followed program rules and procedures? ..... Yes No

**SUMMARY** - Assessor's summary of strengths and weaknesses identified above.

**-CERTIFICATION DECISION -**

The prospective / current (circle one) employer/agent:

\_\_\_\_\_ **does not** meet all standards to direct services at this time.

\_\_\_\_\_ **does** meet all standards to direct services with the understanding that this decision is contingent upon continued eligibility and compliance with employer qualifications and standards, and must be reviewed at least annually.

\_\_\_\_\_  
Assessor/Case Manager - print name

\_\_\_\_\_  
Assessor/Case Manager's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Phone #