**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 that the individual):** __________________________________________

**Employer/Agent Relationship to Individual:** __________________________________________

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

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### 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?  
  - [ ] Yes  
  - [ ] No

- **b.** Does he/she have dementia, cognitive impairment, or mental retardation?  
  - [ ] Yes  
  - [ ] No

- **c.** Does he/she have the ability to communicate effectively?  
  - [ ] Yes  
  - [ ] No

- **d.** Is he/she available on an on-going basis to act as the employer/agent?  
  - [ ] Yes  
  - [ ] No

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### 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?  
  - [ ] Yes  
  - [ ] No

- **b.** Is he/she able to describe a plan to manage medications?  
  - [ ] Yes  
  - [ ] No

- **c.** Is he/she able to describe the use of assistive devices and/or adaptive equipment?  
  - [ ] Yes  
  - [ ] No

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### 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?  
  - [ ] Yes  
  - [ ] No

- **b.** Is he/she able to describe meal preparation and dietary needs?  
  - [ ] Yes  
  - [ ] No

- **c.** Is he/she able to describe housekeeping needs?  
  - [ ] Yes  
  - [ ] No

- **d.** Is he/she able to identify current sources of paid and unpaid help?  
  - [ ] Yes  
  - [ ] No
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? ......................... oYes oNo
b. Is he/she able to describe how to train and supervise an employee? ......................... oYes oNo
c. Is he/she able to describe what to do if the employee is sick or absent? ......................... oYes oNo

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? ......................... oYes oNo
b. Has he/she demonstrated the ability to track hours worked, calculate totals, and understand pay periods? ................................................................. oYes oNo
c. Has he/she completed and submitted accurate timesheets? ....................................... oYes oNo
d. Has he/she followed program rules and procedures? ................................................ oYes oNo

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 #