**DAIL Choices for Care (CFC) – Home-Based**
**Consumer/Surrogate Directed Employer Agreement**
***(Complete and read entire form.)***

⌧ **Check one:** ☐ Consumer Directed ☐ Surrogate Directed

⌧ Participant Name: _____ ⌧ Date: _____
⌧ Surrogate Name (if applicable):_____ ⌧ Phone Number: _____
⌧ Surrogate Relationship to participant (i.e. spouse, daughter, friend, etc.): _____

**Employer Responsibilities:**

The consumer or surrogate **EMPLOYER** must agree to perform the following ongoing tasks:

- Understand and follow program requirements
- Recruit and select qualified employee(s) that are 18 years of age or older
- Notify selected employee(s) of their responsibilities
- Assure that employment forms are completed and submitted to the payroll agent (See Chapter VIII)
- Train employee(s) to perform specific tasks as needed
- Develop a work schedule based on the approved Service Plan
- Maintain updated copies of approved waiver Service Plan
- Arrange for substitute or back-up employees as needed
- Develop and maintain a list of tasks for the employee(s) to perform based on the Personal Care Worksheet
- Authorize employee(s) timesheets (based on the approved Service Plan and actual time worked)
- Maintain copies of all employee(s) timesheets
- Perform supervisory visits in the home of the individual at least once every thirty (30) days in order to assure that tasks are performed by the employee correctly and completely
- Evaluate employee(s) performance
- Provide ongoing performance feedback to employee(s)
- Terminate employee(s) employment when necessary
- Notify the payroll agent of any necessary changes
- Participate in the assessment and reassessment of CFC eligibility
- Communicate with the case manager on a regular basis (See Chapter IX.)
- If applicable, assure a monthly patient share is paid to the payroll agent (See Chapter VIII.)
- Track use of Respite and Companion service hours, so as not to exceed 720 hours a calendar year (See Chapter IV)
- Avoid conflict of interest with employees, the individual and/or other participating agencies

I, ⌧ _____(consumer/surrogate name), have read and understand the above employer responsibilities. I understand that my eligibility as a consumer/surrogate directed employer must be reviewed by the Case Manager and Waiver Team as necessary and may be re-evaluated at any time. Continued employer eligibility is based on my performance of these responsibilities.

⌧ _____ ⌧ _____
Consumer/Surrogate signature Date

Submit completed form to payroll agent:

**ARIS Solutions**
**P.O. Box 4409**
**White River Junction, VT 05001**
**(802) 295-1658 or (800) 798-1658**

*Original to ARIS, Copy to Employer*