

Consumer Directed Services

Liability Acknowledgement

Liability Acknowledgement Between the Employer and the Applicant for Employment

The individual receiving services or the individual's legally authorized representative (LAR) is the employer in the consumer Direct Services (CDS) option.

The **employer** employs (hires, manages and terminates) employees. The **employer** is solely responsible and liable for any negligent acts or omission by the employer; the employee; other employee(s) or services provider(s); the individual receiving services; or, if application, the employer's designated representative.

Employees or services providers are not employed or retained by the Texas Department of Aging and Disability Services (DADS); any other state or federal governmental agency; or by the Financial Management Services Agency (FMSA).

As an applicant for employment through the CDS option, I acknowledge that I have read and that I understand the above information regarding the employer and employee liability.

Signature - Employer
(Must be signed by the employer)

Date

Signature - Applicant for Employment

Date

Liability Notice to Applicants for Employment

Section 1:

The employer:

- is a subscriber of Texas Workers Compensation through the Texas Department of Insurance, Division of Workers' Compensation.
- is not a subscriber of Texas Workers Compensation through Department of Insurance, Division of Workers' Compensation.

Section 2:

Employer indicates the correct option in this section if the employer is not a subscriber to Texas Workers' Compensation.

I have made the following arrangement(s) for the employee work-related injuries/illnesses:

- homeowners personal liability insurance;
- self-insurance;
- risk pool insurance;
- renters persona liability insurance;
- medical coverage insurance;
- Other

I have no insurance or other protection against employee work-related injured/illness for my employee(s)

If other

Acknowledgement by Employer and Applicant for Employment

I acknowledge that I have read the above information in Section I and Section II

Signature - Employer
(Must be signed by the employer)

Date

Signature - Applicant for Employment

Date