

**Service provider and Employer Certification of Relationship Status for CDS**

Service Provider Name

Maiden Name (if applicable)

Individual Receiving Services

Employer Name

Service Provider's Relationship to Individual

Designated Representative (DR) - if applicable

Service Provider's Relationship to Employers

Service Provider's Relationship to DR

Service Provider: Place a check mark in the column that describes your status and relationship.

**Section 1: All Programs**

All service providers must answer the following questions.

Service Provider Status and Relationship		Yes	No	N/A
1.	Are you under age 18?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Are you the individual's legally authorized representative (LAR)? (That is, the individual's natural parent, legal/adopted parent, stepparent or managing conservator if the individual is under age 18 [a minor], or the court-appointed guardian of an individual of any age.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Are you the spouse of the individual's (LAR)? (That is, the individual's natural parent, legal/adopted parent, stepparent or managing conservator if the individual is under age 18 [a minor], or the court-appointed guardian of an individual of any age.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Are you the spouse of the individual? (Consumer Managed Personal Attendant Services (CMPAS) service providers mark this item Not Applicable (N/A))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Are you the spouse of the employer? (CMPAS services providers mark this item N/A.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	If the individual is a Texas Department of Family and Protective Services (DFPS) foster child or adult, are you the individual's foster parent? (If the individual is not a DFPS foster child/adult, mark this item N/A.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	If the individual is a Texas Department of Family and Protective Services (DFPS) foster child or adult, are you the individual's foster parent? (if the individual is not a DFPS foster child/adult, mark this item N/A.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Are you the power of attorney (attorney in fact or agent) for financial responsibilities on behalf of the individual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Are you the DR or the CDS employer for the individual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Are you the spouse of the employer's DR?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*Spouse is defined as either a legal marriage or a marriage without formalities (common law marriage) in accordance with the Texas Family Code.

\*\*The spousal relationship in questions 4 and 5 is not applicable for CMPAS. (The spouse may be employed.)

**Section 2: Medically Dependent Children Program (MDCP)**

If providing services in the MDCP program, please answer the following additional questions. (Mark these items N/A if the individual is not enrolled in MDCP.)

Service Provider Status and Relationship		Yes	No	N/A
1.	Are you the parent or primary caregiver of the individual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Are you the spouse of the parent or primary caregiver?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section 3: Home and Community-based Services (HCS) and Texas Home Living (TxHmL)**

If providing respite, adaptive aids or behavioral support services in the HCS or TxHmL program, please answer the following additional questions, as applicable. (Mark these items N/A if the individual is not receiving an applicable HCS or TxHmL service.)

Service Provider Status and Relationship Yes No N/A

1.	Are you a person living in the same household as the individual? (Applies to respite services.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Are you a spouse* of a person living in the same household as the individual? (Applies to respite services.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Are you a person related to the individual within the fourth degree of consanguinity or within the second degree of affinity? (Applies to adaptive aids and behavioral support services.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section 4: Community Living Assistance and Support Services (CLASS) - Respite Service Providers Only**

If providing respite services in the CLASS program and the primary caregiver is the Community First Choice (CFC) Personal Assistance Services/Habilitation (PAS/HAB) service provider, please answer the following additional question. (Mark this item N/A if the individual is not receiving CLASS respite services. Also mark this item N/A if the individual is receiving CLASS respite services, but the primary caregiver is not the CFC PAS/HAB service provider.)

Service Provider Status and Relationship Yes No N/A

1.	Do you live in the same household as the individual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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**Section 5: Primary Home Care (PHC), Community Attendant Services (CAS) and Family Care (FC)**

If providing PHC, CAS or FC, please answer the following additional questions. (Mark these items N/A if the individual is not enrolled in PHC, CAS or FC.)

Service Provider Status and Relationship Yes No N/A

1.	Are you the primary caregiver for the individual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Are you the spouse of the primary caregiver for the individual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Employer and Service Provider Certification**

Employer: Place a check mark to determine eligibility for employment in CDS

If any item above is marked Yes, the service provider is not eligible to be a paid services provider (employee, contractor or vendor) in the CDS option for this individual. If every item above is marked No or N/A, the service provider meets relationship eligibility for employment and the service provider certify that the responses area accurate.

Employer check one: The service provider  is or  is not eligible for employment in CDS for this individual.

Employer Name

Date

Service Provider Name

Date