



Consumer Directed Services
New Employee Packet Cover Sheet

Name of Individual Receiving Services	Employer Name
Employee Name	
Date of Hire	First Day of Work

Employer	Agency	FMSA	Document Description / Form Information
Before Hire: (1) Original or Copy for Employer's Personnel Files and (2) Original or Copy to FMSA			
<input type="checkbox"/>	HHSC	<input type="checkbox"/>	HHSC Form 1725, Criminal Conviction History and Registry Checks
<input type="checkbox"/>	HHSC	<input type="checkbox"/>	HHSC Form 1729, Applicant Verification for Employees; HHSC Form 1734, Service Provider and Employer Certification of Relationship Status for CDS
<input type="checkbox"/>	USCIS	<input type="checkbox"/>	USCIS Form I-9, Employment Eligibility Verification
<input type="checkbox"/>	HHSC	<input type="checkbox"/>	HHSC Form 1728, Liability Acknowledgement
<input type="checkbox"/>	HHSC	<input type="checkbox"/>	Professional license verification (nursing, professional therapies)
At Time of Hire: (1) Original or Copy for Employer's Personnel Files and (2) Original or Copy to FMSA			
<input type="checkbox"/>	IRS	<input type="checkbox"/>	IRS Form W-4, Employee's Withholding Allowance Certificate — Due before first payroll check is calculated; provide to the Financial Management Services Agency (FMSA) on date of hire.
<input type="checkbox"/>	OAG	<input type="checkbox"/>	Texas Employer New Hiring Reporting Form (www.employer.texasattorneygeneral.gov)
<input type="checkbox"/>	HHSC	<input type="checkbox"/>	HHSC Form 1730, Wage and Benefits Plan Employee Compensation, and any court-ordered garnishment(s); HHSC Form 1731, Employee Work Schedule and Assigned Tasks; HHSC Form 1737, Employer and Employee Service Agreement; HHSC Form 1739, Service Provider Agreement
<input type="checkbox"/>	HHSC	<input type="checkbox"/>	CLASS, DBMD and MDCP only: Cardiopulmonary resuscitation (CPR) certification — Effective at time of service delivery initiation, and maintained. <i>Verify again before expiration date.</i>
<input type="checkbox"/>	HHSC	<input checked="" type="checkbox"/>	Texas Department of Public Safety driver's license (if transporting client) — <i>Verify again before expiration date.</i>
<input type="checkbox"/>	HHSC	<input checked="" type="checkbox"/>	Proof of minimum auto insurance (if transporting client)
<input type="checkbox"/>	CDC OSHA	<input checked="" type="checkbox"/>	HHSC Form 1727, Occupational Exposure to Bloodborne Pathogens (Acknowledgement: Hepatitis B Vaccination and Universal Precautions)
<input type="checkbox"/>	TWCC	<input checked="" type="checkbox"/>	Notice to Employees Concerning Workers' Compensation in Texas (TWC Notice 5)
<input type="checkbox"/>	HHSC	<input type="checkbox"/>	<i>If hiring a nurse:</i> HHSC Form 1747, Acknowledgment of Nursing Requirements
<input type="checkbox"/>	CDS HHSC	<input type="checkbox"/>	<i>If applicable:</i> HHSC Form 1733, Employer and Employee Acknowledgement of Exemption from Nursing Licensure for Certain Services Delivered through Consumer Directed Services
<input type="checkbox"/>	HHSC	<input type="checkbox"/>	HHSC Form 1732, Management and Training of Service Provider — Initial training must be conducted within 30 days of hire.
Ongoing: (1) Original or Copy for Employer's Personnel Files and (2) Original or Copy to FMSA			
<input type="checkbox"/>	HHSC	<input type="checkbox"/>	HHSC Form 1732, Management and Training of Service Provider — Evaluation, employment status changes, documentation of training, documentation of conflict and job performance issues. (The employer must send the original or a copy to the FMSA within 30 calendar days of an initial orientation or annual evaluation and when an action affects the service provider's continued status with the employer, e.g., termination, change in payment.)
<input type="checkbox"/>	HHSC	<input checked="" type="checkbox"/>	HHSC Form 1732-EMR, Management and Training of Service Provider Addendum — Must be signed by the employee within five days of hire.
<input type="checkbox"/>	HHSC	<input type="checkbox"/>	Time sheets/service logs — HHSC Form 1745, Service Delivery Log with Written Narrative/Written Summary, or facsimile approved by the FMSA
<input type="checkbox"/>	Vendors	<input type="checkbox"/>	Receipts and invoices

Code	Action
<input type="checkbox"/>	Employer checks off each item for the personnel file and retains original or copy.
<input type="checkbox"/>	Employer checks each required item when completed and sends original or copy to the FMSA as indicated. Employer retains original or copy.
<input checked="" type="checkbox"/>	Items the employer is not required to send to the FMSA, but which the employer must maintain on file in the employee's personnel file .

Code	Agency
CDC	Centers for Disease Control and Prevention
CDS	Consumer Directed Services
HHSC	Texas Health and Human Services Commission
IRS	Internal Revenue Service
OAG	Office of the Attorney General, State of Texas
OSHA	Occupational Safety and Health Administration
TWCC	Texas Workers' Compensation Commission
USCIS	U.S. Citizenship and Immigration Services (formerly known as the INS, Immigration and Naturalization Services)