

Consumer Directed Services  
**Liability Acknowledgement**

**Liability Acknowledgement Between the Employer and the Applicant for Employment**

The person who receives services or the person's legally authorized representative (LAR) is the employer in the Consumer Directed Services (CDS) option.

The employer hires, manages and terminates service providers employed as employees. The employer is solely responsible and liable for any negligent acts or omissions by the employer, the employee, other service provider(s) or contractors, the person who receives services, and if applicable, the employer's designated representative.

Employees or service providers are **not** employed or retained by the Texas Health and Human Services Commission (HHSC), 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 I have read and understand the above information about the employer and employee liability.**

\_\_\_\_\_  
Signature – Employer  
The employer must sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Applicant for Employment

\_\_\_\_\_  
Date

**Liability Notice to Applicants for Employment**

**Section I**

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 the Texas Department of Insurance, Division of Workers' Compensation.  
Employer completes Section II if this option applies.

**Section II**

Employer checks the correct option if the employer is not a subscriber to Texas Workers' Compensation.

- I have made the following arrangement(s) for employee work-related injuries or illnesses:
- self-insurance,
  - homeowner's personal liability insurance,
  - renter's personal liability insurance,
  - medical coverage insurance,
  - risk pool insurance,
  - other: \_\_\_\_\_

- I have **no** insurance or other protection against employee work-related injuries or illnesses for my employee(s).

**Acknowledgement by Employer and Applicant for Employment**

I acknowledge I have read and understand the information in Section I and in Section II.

\_\_\_\_\_  
Signature – Employer  
The employer must sign

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Applicant for Employment

\_\_\_\_\_  
Date