

Consumer Directed Personal Assistance Services and Supports (CD-PASS)
Liability Notice to Employees

Employer Acknowledgement

The Member or his/her court appointed guardian is the employer in CD-PASS. The employer retains control over hiring, supervision, management, and firing of employees.

The CD-PASS service governing agency, the Oklahoma Department of Human Services (OKDHS), any other state or federal agency, or any other contracted provider agency does **not** employ the employee(s) providing these services through OKDHS *Advantage* Program. The employer is solely responsible and liable for any negligent acts or omissions by the employer, employee(s), service providers, the Consumer or, if applicable, the Designated Authorized Representative.

I acknowledge that I have read and understand information in the Employer Acknowledgement:

Signature-Employer	Date	Signature-Employee	Date
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Liability Notice to Employees

Section I:

Employer indicates the correct option:

- I **AM** a subscriber of Workers' Compensation.
- I am **NOT** a subscriber of Workers' Compensation.
(Complete Section II below if you have chosen this option.)

Section II:

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

- I have made the following arrangement(s) for employee injuries/illnesses:
 - Self-insurance;
 - Homeowner's personal liability insurance;
 - Renter's personal liability insurance;
 - Medical coverage insurance; and/or
 - Risk pool insurance.
- I have **NO** insurance or other protection against work-related injuries/illnesses for my employee(s).

Employee/Employer Acknowledgement

I acknowledge that I have read and understand the information in Liability Notice to Employees.

Signature-Employer	Date	Signature-Employee	Date
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