

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

Service Provider Name:	Maiden Name:	Service Provider Social Security Number:
Individual Receiving Services:	Employer Name:	
Service Provider's Relationship to Individual:	Designated Representative (DR), if applicable:	
Service Provider's Relationship to Employer:	Service Provider's Relationship to DR:	

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

Yes	No	N/A	Service Provider Status and Relationship
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**All Programs – Status of these relationships must be certified for each service provider:**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Are you <i>under</i> age 18?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. If the individual is under age 18, a minor, are you his or her legally authorized representative [LAR] (a natural parent, legal/adopted parent, stepparent or court-appointed guardian)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. If the individual is under age 18, a minor, are you the spouse* of his or her LAR (a natural parent, legal/adopted parent, stepparent or court-appointed guardian)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. If the individual is 18 years or older, are you the court-appointed guardian?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Are you the spouse* of the individual's court-appointed guardian?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Are you the spouse* of the individual? [ <b>**CMPAS = spouse marks "N/A"</b> ]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Are you the spouse* of the employer? [ <b>**CMPAS = spouse marks "N/A" if response is Yes</b> ]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. If the individual is a Texas Department of Family and Protective Services (DFPS) foster child or adult, are you his or her foster parent? If the individual is not with DFPS, mark this item N/A.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. If the individual is a DFPS foster child or adult, are you the spouse* of his or her foster parent? If the individual is not with DFPS, mark this item N/A.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Are you the power of attorney (POA), attorney in fact or agent for financial responsibilities on behalf of the individual? [If Yes, you must be the DR for the individual to participate in CDS. Mark response "Yes."]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Are you the spouse* of the individual's power of attorney (POA), attorney in fact or agent for the individual?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Are you the DR for the individual or the employer for CDS?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Are you the spouse* of the employer's DR?

**Service providers also must respond to the following relationships for individuals in the Medically Dependent Children Program (MDCP):**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Are you the parent or primary caregiver of the individual under age 21?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Are you the spouse* of the parent or primary caregiver?

**Service providers also must respond to the following relationships for individuals in the Home and Community-based Services (HCS) and Texas Home Living (TxHmL) programs:**

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

**Primary Home Care (PHC) Program also must respond to the following relationships:**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Are you the primary caregiver for the individual in either PHC Community Attendant (CA) or PHC Family Care (FC)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Are you the spouse* of the primary caregiver for the individual in either PHC CA or FC?

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

\*\* The spousal relationship is not applicable (N/A) for Consumer Managed Personal Assistant Services (CMPAS).

**Employer and Service Provider Certification:**

If any item above is marked "Yes," the service provider *is not eligible* to be a paid service provider (employee, contractor or vendor) in the CDS for this individual. If every item above is marked "No" or "N/A," the service provider meets relationship eligibility for employment in CDS for this individual unless contraindicated by requirements of the individual's program. (N/A applies only to CMPAS for Items 6 and 7 and only to individuals not in DFPS for Items 8 and 9.) The employer and the service provider certify that the responses are accurate.

The service provider  is or  is not eligible for employment in CDS for this individual.

Printed Employer Name	Signature – Employer	Date
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Printed Service Provider Name	Signature – Service Provider	Date
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