

Consumer Directed Services  
**Liability Acknowledgement**

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

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

The **employer** employs (hires, manages and terminates) employees. The **employer** is solely responsible and liable for any negligent acts or omissions by the employer; the employee; other employee(s) or service provider(s); the individual receiving services; or, 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 that I have read and that I understand the above information regarding the employer and employee liability.**

\_\_\_\_\_  
Signature – Employer  
(Must be signed by the employer)

\_\_\_\_\_  
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 below if this option applies.)

**Section II:**

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

I have made the following arrangement(s) for employee work-related injuries/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/illnesses for my employee(s).

**Acknowledgement by Employer and Applicant for Employment**

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

\_\_\_\_\_  
Signature – Employer  
(Must be signed by the employer)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date