



OHIO AAA7 VETERAN-DIRECTED SERVICES Employee Agreement Form

Employee Name:	
Employee Physical Address:	
Mailing Address (if different):	
Employee City/State/Zip:	
Employee Phone Number:	
Employee Email Address:	

Name of Veteran	
Employer Name (if different than veteran):	

Terms of Employment

I recognize that my employment is contingent upon the enrollment of the veteran in this Program. If my veteran is no longer in the Program, I may no longer be employed. In order to acknowledge the terms of my employment, I agree to the following:

1. I understand and acknowledge that the veteran or their representative is my employer. My employer is not Acumen or any other entity involved with this Veteran Directed Program.
2. I will accept payment from Acumen as payment in full for the services provided. I cannot accept any additional compensation for the hours I have worked.
3. I will provide only the services that have been approved by my employer and authorized in the veteran's Spending Plan.
4. I will immediately notify a person designated by the employer of any veteran medical emergency or illness.
5. I agree to complete all required paperwork including the background check forms and that I must be approved **prior** to providing any services under this program.
6. I understand that the results of my background checks will be made available to my prospective employer and other program staff as necessary and/or required.
7. I understand and acknowledge that any untruthful submission of services provided in an attempt to obtain improper payment is subject to investigation as Fraud. Fraud is a felony and can lead to substantial penalties and/or imprisonment.

By signing below, I confirm that I have read this "Employee Agreement Form". I also confirm by signing below that I understand what is being required of me and agree to follow its terms and conditions.

Employee Signature: _____ Date: _____