

## Consumer Directed Services Management and Training of Service Provider

Service Provider Name (Employee)	First Day of Work	Annual Evaluation Due Date
Name of Individual Receiving Services	Program	Services Delivered
Name of Consumer Directed Services Employer	ı	
I. Purpose		
☐ Initial Orientation ☐ Ongoing Training		
Evaluation	_	
30-Day 3-Month 6-Month Annual	Other	
Supervision		
☐ Verbal Warning: ☐ First ☐ Second ☐ Third	Other	
☐ Written Warning: ☐ First ☐ Second ☐ Third	Other	
Conflict Resolution Other		
II. Documentation of Topics Covered at Initial Orientation or Ongoing Training: (Initial orientation must include training related to the individual's condition and the tasks the service provider will perform as well as any required training described in an applicable addendum to Form 1735, Employer and Financial Management Services Agency Service Agreement.)  Service Provider received orientation and training on individual's condition and all approved tasks to be performed.		
Service Provider demonstrated understanding, knowledge, and competence in performing all approved tasks.		
III. Documentation of Abuse, Neglect and Exploitation Training: (Initial orientation must include training on acts that constitute abuse, neglect or exploitation of an individual.)		
Service Provider trained on identifying acts that constitute abuse, neglect, and exploitation, signs of ANE and methods to prevent ANE.		
Service Provider trained on how to report ANE and understands action will be taken if they are suspected/reported of committing ANE.		
IV. Evaluation/Performance Review:		
V. Corrective Action Plan (if applicable):		
v. Corrective Action Fian (ii applicable).		
Date for follow-up on corrective action plan:		
VI. Service Provider Comments:		
Signature of Service Provider Date	_	
This document has been reviewed with the service provider listed above.		
215	SIGN HERE	
Signature of Employer Date	Signature of	Witness Date
Date sent to FMSA:	Date received by FMSA:	