**VERIFICATION OF TRAINING COMPLETION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been trained to provide direct care services to individuals with intellectual and developmental disabilities.

1. I have received information on the **use of restraints** in accordance with 40 TAC 9.179 and agree to adhere to these principles.
2. I have received training in “**Abuse, Neglect, or Exploitation of an individual**”. And

I understand that I am required to report acts such as these, or suspicion of such acts, to DFPS **IMMEDIATELY,** but no later than **ONE HOUR** after having knowledge or suspicion. The DFPS toll free number is 1-800-647-7417.

1. I have been trained and meet competency in the practices that **safeguard individual against infection and communicable disease.**
2. I have received information about the **Rights of the individuals** in the HCS Waiver Program.
3. I have received information about the **Complaint Procedure.**

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Signature, Service Provider and Title

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HCS Program Director Signature

Date of Initial Training \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Training Updated Date

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Training Update Date



Elizabeth Montgomery

512-367-9049