

**CONFIRMATION OF
MINIMUM PROVIDER QUALIFICATIONS**

This form is to be filled out by the employing individual or family member prior to a provider beginning work.

Any provider paid with Self-Directed Comprehensive or Support funds must meet certain minimum qualifications. They must demonstrate by background, education, references, skills, and abilities that he or she is capable of safely and adequately performing the tasks specified on _____'s Individual Support Plan.

I believe _____, (provider's name) has shown me that he/she has the:

- (A) Ability and sufficient education to follow oral and written instructions and keep any records required;
- (B) Responsibility, maturity, and reputable character exercising sound judgment;
- (C) Ability to communicate with the individual;
- (D) Training of a nature and type sufficient to ensure that the provider has knowledge of emergency procedures specific to the individual being cared for.

Signature

Date