



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**In-Home Supports Waiver**

**Family Member's Statement  
for**

\_\_\_\_\_  
Name of direct support staff

**Select one:**

- I **DO** agree

I **DO** agree with the decision of \_\_\_\_\_ to select  
Name of service recipient

\_\_\_\_\_ as the direct support staff, and  
Name of direct support staff

agree \_\_\_\_\_ has demonstrated adequate  
Name of direct support staff

knowledge and training, and it is unnecessary for this person to complete OKDHS Developmental Disabilities Services Division (DDSD) required training, other than first aid, cardio-pulmonary resuscitation (CPR), and individual-specific training identified in service recipient's Individual Plan. Medication administration training is required when staff is responsible for administering medication.

- I **DO NOT** agree

I **DO NOT** agree with the decision to exempt \_\_\_\_\_  
Name of direct support staff

from OKDHS DDSD required training.

\_\_\_\_\_  
Print name of parent or family member of service recipient

\_\_\_\_\_  
Relationship to service recipient

\_\_\_\_\_  
Parent or family member signature

\_\_\_\_\_  
Date

Valid for one year. May be revoked at any time by writing to DDSD case manager and provider agency.

Form is required when an adult service recipient without a legal guardian has signed Form 06IS037E, In-Home Supports Waiver – Certificate of Competency, requesting to exempt direct support staff from OKDHS DDSD required training. Training requirements are not waived without concurrence of a parent or family member closest to service recipient. **OKDHS may withdraw this exemption from training at any time.**

- Form is provided by DDSD case manager to a parent or family member of adult service recipient.
- Form is used only for service recipients receiving services through In-Home Supports Waiver for Adults.
- Completed form is given to proposed staff. DDSD case manager retains a copy.
- Proposed staff presents original form to provider agency selected. Provider agency who hires the staff retains original form during employment, then returns form to staff upon termination of employment.
- Provider agency may require training not included in this exemption.
- Form is valid only for service recipient named.