



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



In-Home Supports Waiver

**Certificate of Competency
for**

Name of direct support staff

I certify above named person has demonstrated competency in the care of _____ . I want the above named person employed as a direct support staff to provide services to:

Since above named person has demonstrated adequate knowledge and training, it is unnecessary for this person to complete OKDHS Developmental Disabilities Services Division (DDSD) required training, except first aid, cardio-pulmonary resuscitation (CPR), and individual-specific training identified in service recipient's Individual Plan. Medication administration training (MAT) is required when staff is responsible for administering medication. Neither OKDHS nor the provider agency will be held liable in the event of harm to _____ while in the care of the above named person attributable to lack of training or for any other reason.

Print service recipient name, or, if applicable, legal guardian

Relationship to service recipient

Service recipient, or, if applicable, legal guardian 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 a service recipient, if applicable, legal guardian, or parent(s) of a minor service recipient requests to exempt the direct support staff from OKDHS DDSD required training. The proposed support staff has demonstrated competency in meeting the service recipient's service requirements. When the service recipient is an adult without a legal guardian, Form 06IS038E, In-Home Supports Waiver – Family Member's Statement, is required as 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.**

- DDSD case manager provides form to service recipient, if applicable, legal guardian, or parent(s) of a minor service recipient when the request is made for a friend, neighbor, family member, or other person to provide services who has

already completed first aid, CPR, individual-specific training, and, if applicable, MAT, and demonstrated competency in meeting service recipient's needs.

- Form is used only for service recipients receiving services through In-Home Supports Waiver for Children or 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.