

Self Directed FMS Services Employee Statement

I, _____ understand that as an employee
for _____ under the Self Directed Waiver
(FMS) that the participant is my employer. I understand that I am **not considered an
employee of The Arc Central Chesapeake Region** therefore, **not entitled to health
benefits**. I also understand that payments will not be considered until my
qualifications are verified after such time payments will only be made within the
constraints of the budget.

Signature _____

Date _____

Date of Employment _____

Witness _____

Date _____

Please return this statement of understanding to The Arc Central Chesapeake Region with
your New Hire Packet.