

Acceptance of Responsibility Form

This form is for Colorado Consumer-Directed Attendant Support Services (CDASS) employers. This form tells Public Partnerships LLC (PPL) that you, the CDASS employer, want to hire an attendant with a criminal history. It also gives PPL your written acknowledgement that you accept responsibility for your hiring decision.

Employer Name (first and last):

Member Name (first and last):

PPL ID: _____

Attendant Name (first and last):

PPL ID: _____

PPL, as your Financial Management Services provider, conducts and pays for required criminal background checks on your behalf. It is your responsibility to review the background check report and carefully consider if the individual is appropriate to provide services to the member. After completing the check, PPL sends CDASS employers the following items:

- A summary of the criminal background check results,

- A copy of the background check report,
- This Acceptance of Responsibility form, if necessary,
- The CDASS Crimes of High Risk policy, and
- A document outlining how to request an exception to hire the individual, if applicable.

Acceptance of Responsibility:

PPL has provided you with this form because a person you want to hire has a criminal history. As the CDASS employer, you must complete the following section if you choose to hire the person. Read the statements below and sign to show you accept responsibility for this hire.

By signing below, I confirm that I am the CDASS employer and that I:

- Reviewed and understand the criminal history report for the attendant named above,
- Read all of this form,
- Understand that hiring someone with a criminal background may put the health and safety of the person receiving services (me/CDASS member) at greater risk,
- Understand that it is my role and duty to protect the health and safety of the member,
- Choose to hire the attendant named above even though they have a criminal history,
- Accept the sole responsible for:
 - My decision to employ this attendant knowing they have a criminal history,
 - Any outcome that may occur because of my decision, and

- Hold PPL harmless from any claims and responsibility relating to my hiring decisions.

Employer Signature:

Date: _____

Employer Printed Name:
