**ACKNOWLEDGMENT**

 (Name of Participating Provider Agency) has entered into an Agreement with Licking County Board of Developmental Disabilities (LCBDD) for purposes of participating in LCBDD’s DSP Employment Connections program. As a participant in this program, (Name of Participating Provider Agency) acknowledges the following:

1. (Name of Participating Provider Agency) hereby acknowledges that participation in LCBDD’S DSP Employment Connections program is strictly voluntary.
2. (Name of Participating Provider Agency) hereby further acknowledges that the sole role of LCBDD in the DSP Employment Connections program is to determine an applicant’s eligibility for employment as a Direct Services Provider (DSP).
3. (Name of Participating Provider Agency) hereby further acknowledges that LCBDD and (Name of Participating Provider Agency) are independent entities and that neither agency is an agent, employee, or servant of the other.
4. (Name of Participating Provider Agency) hereby further acknowledges that any and all employment-related decisions regarding DSP Employment Connections program participants shall be made solely by the Participating Provider Agency. LCBDD has no role and provides no input on such decisions.

THE LICKING COUNTY BOARD OF

DEVELOPMENTAL DISABILITIES

Jason Umstot, Superintendent/CEO Date

PARTICIPATING PROVIDER AGENCY

Executive Director Date